ANNEX A: EVALUATION METHODOLOGY

1.1 Purpose, objectives and scope

The purpose of the strategic thematic evaluation was twofold:
- Accountability, to assess the results of UNHCR's work on GBV prevention, risk mitigation and response, and additional core action areas covered by the GBV Policy, and to understand the internal and external factors that have facilitated or impeded progress.
- Learning, to provide an analysis of UNHCR's strategic positioning in the GBV ecosystem and recommendations for future programming and policy development.

Thus, the evaluation had both summative and formative elements to deliver on two core objectives:
- To assess the relevance, coherence, effectiveness, efficiency, impact and strategic positioning of results achieved for the people with and for whom UNHCR works with respect to its GBV programming.[1]
- To inform the review of the 2020 GBV Policy and related supporting strategies and operational guidance in 2025.

The scope of the evaluation covered five domains.
- **Contextual**: the evaluation covers all contexts in which UNHCR works, including refugee, internally displaced person (IDP), and mixed situations.
- **Temporal**: the evaluation focuses on the temporal period covered by the GBV Policy (2020 - 2024) but also incorporates data and learning from UNHCR's GBV programming preceding the policy as appropriate, including through analysis of secondary data. Expanding the temporal scope pre-policy, predominantly through desk review, allowed the Evaluation Team to draw attention to any shifts in the broader normative environment resulting from the GBV Policy, and wider shifts in effectiveness between pre- and post-policy contexts.
- **Geographic**: the geographic coverage is global, with 9 countries covered, four in-depth and five light-touch. Three Regional Bureaus (RBs) have also been visited.
- **Policy action areas**: the evaluation focuses on the three main GBV action areas in the GBV Policy - prevention, risk mitigation and response - and also covers the six additional policy action areas in the policy, including i) case management, ii) assessment and monitoring, iii) planning, prioritization and resource allocation, iv) partnerships and coordination, v) staffing, vi) knowledge and capacity.
- **Cross cutting areas**: Advocacy is a crosscutting activity within the policy, occurring both inside and outside of operational settings, and has been thus integrated into the evaluation. Further, while protection from sexual exploitation and abuse (SEA) is not a policy action area, it is relevant to several policy action areas, particularly GBV response and risk mitigation.

According to the evaluation Terms of Reference (ToR) (see Annex A), the primary intended users of the evaluation are the global GBV team in the Field Protection Service (FPS), including Community-Based Protection (CBP) colleagues, and the wider DIP as well as other Headquarters (HQ) Divisions including the Division of Human Resources (DHR) and DSPR. The evaluation results are also of interest to UNHCR RBs and country offices, particularly the 9 countries included as evaluation case studies. Externally to UNHCR, evaluation results may also be of interest to other strategic partners including governments, donors, other UN agencies and funded partners (FPs).[2]

The evaluation has engaged a wide range of stakeholders, which have been classified by the Evaluation Team according to seven categories (see Table 1). The full stakeholder mapping and analysis for the evaluation is included in Annex C.

TABLE 01. Description of evaluation stakeholder categories

Category	Brief description
Primary Users	Primary intended users of the evaluation (see section 3.2) and additional stakeholders who will be closely engaged in the evaluation process, including the Evaluation Reference Group (ERG).
Decision makers	Senior leadership within UNHCR who significantly influence policymaking and decision making in the organization.
Operations (UNHCR)	UNHCR staff at regional, country and project levels who are involved in GBV Policy implementation through the nine core actions plus advocacy.
Influencers	Actors outside of UNHCR who significantly impact programming, resources, and access, including donors and humanitarian leadership.
External Partners	Actors with whom UNHCR works which include funded partners, government partners, Women led organizations, and coordination partners including UN Agencies, INGOs and civil society partners.
People with and for whom UNHCR works	Individuals and communities with and for whom UNHCR works, especially through GBV prevention, response or risk mitigation.
Interested Actors	Advisory groups, academics, Special Rapporteurs and GBV experts who are not working with UNHCR but who have insight into their work.

1.2 Evaluation approach and methodology

The image below summarizes the GBV Phase II evaluation approach and methodology, including the evaluation principles, design, criteria, questions, methodological approaches, data collection methods, and approach to analysis and synthesis, as summarized in Figure 1.

FIGURE 01.   Summary of evaluation methodology
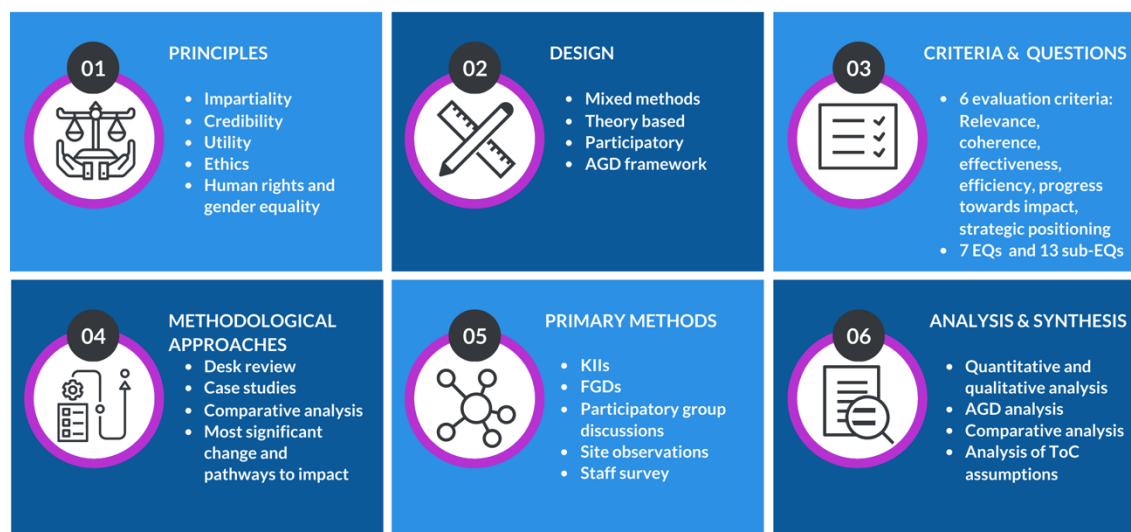
1.2.1 Evaluation principles

The GBV evaluation have been guided by UNHCR's three core evaluation principles, as outlined in the UNHCR Evaluation Policy:

- **Impartiality**: The Evaluation team has ensured objectivity, professional integrity and absence of bias at all stages of the evaluation process. Impartiality has been supported through various structures and processes, including the Evaluation Team's internal and UNHCR's external quality assurance (QA) protocols and inputs from the Evaluation Reference Group (ERG).
- **Credibility**: The Evaluation team has ensured the credibility of the evaluation through the team's rigorous, professional, ethical and culturally competent design and implementation of all evaluation activities. The

evaluation's mixed-methods, participatory approach has ensured that the evidence generated and conclusions made are based on appropriate methodologies and reflective of the lived realities of people with and for whom UNHCR works.

- **Utility**: The GBV evaluation has been utilization focused, with an emphasis on the needs and participation of the intended users throughout the evaluation process, including through ongoing consultation and validation. The utility of the evaluation is framed around its contribution to accountability for results, and the organizational learning that will inform the future review and update of the GBV Policy.

The GBV evaluation has been grounded in two additional principles as outlined in UNEG's guidance on evaluation norms:

- **Ethics**: While ethical evaluation is incorporated in the principle of credibility, the Evaluation Team recognized the fundamental importance of grounding any research and evaluation on GBV in appropriate ethical, safeguarding and do no harm protocols. These protocols are compliant with UNHCR and UNEG ethical guidelines, WHO guidelines on research and evaluation related to GBV, Standard 16 of the GBV Minimum Standards (particularly Guidance note 3 and 4) and other relevant guidance.
- **Human rights and gender equality**: In line with UNHCR's Age, Gender and Diversity (AGD) policy, the evaluation has been grounded in principles supporting respect for human rights and gender equality. It has done so through all interactions with and inclusion of people in data collection, and by applying an AGD lens across the evaluation methodology.

1.2.2 Evaluation design

The evaluation design has been a mixed-methods, theory-based evaluation informed by participatory approaches and an AGD framework.

- *Mixed methods*: The evaluation is based on a mixed methods design to ensure a comprehensive response to the evaluation questions contained in the Evaluation Matrix (see Annex E), ensuring triangulation of information sources for each evaluation criterion. The evaluation team conducted **primary data collection** based on several qualitative and quantitative methods. Qualitative methods included semi-structured key informant interviews (KIIs) and focus group discussions (FGDs) with a range of stakeholders, including UNHCR staff, partners and the people with and for whom UNHCR works. In addition, the evaluation team conducted structured observation in key locations, including camps and other locations where UNHCR and its partners are providing GBV services and delivering other types of GBV programming. An online survey has been conducted with UNHCR management and operational staff involved in oversight and implementation of GBV and protection programming, including mainstreamed risk mitigation, at regional, country and sub-country levels. The evaluation team also reviewed secondary data through a comprehensive desk review and synthesis of data from a range of UNHCR datasets relevant to GBV policy implementation and results. The desk review also analyzed results from internal and external UNHCR reports relevant to GBV and protection.
- *Theory based*: The period of GBV Policy implementation covered by the evaluation was not guided by a ToC. Instead, during the inception period a ToC was under development by UNHCR based on lessons learned from GBV Policy implementation to date to inform global strategic planning. However, its purpose is to inform future policy implementation and not to explain past actions. With this in mind and given the practical issue that the ToC was not available to the Evaluation Team in time for this evaluation, the Evaluation Team developed an analytical framework to guide an understanding of the factors underlying the GBV Policy and the causal pathways implicit in the Policy and associated guidelines. This is reflected in the evaluation analytical framework in Figure 2 below. Due to timing challenges with receiving the ToC, the evaluation analytical framework was not co-created with UNHCR primary users; however, they did comment favorably on the framework in the first version of the inception report and felt it captured well the GBV policy framing and commitments. This analytical framework allowed the Evaluation Team to assess the two 'streams' of GBV Policy implementation: 1) delivery; and 2) institutional strengthening. The nine 'core areas' as per the GBV Policy and corresponding guidelines fall into these two categories, presented in blue and green, respectively. 'Strong delivery' is the intended outcome reflected in green, and 'strong institutions' is the intended outcome reflected in blue. In line with the policy, the institutional (blue) pathway is further separated into actions related to the operations management cycle (assessment and planning in dark blue) and enablers (partnerships, staffing and capacity in lighter blue). The two outcome pathways together are meant to contribute towards the two higher-order objectives of the GBV Policy shown in the box at the top of the figure: 1) GBV risk is reduced; and 2) GBV services reach all those in need. Age, gender and diversity as well as advocacy cut across both groupings. In the center of

the diagram are the different contexts in which UNHCR works (emergencies, protracted displacement and mixed) and the different groups with and for whom UNHCR works (refugees, IDPs, asylum seekers and stateless persons).

As the higher order objectives associated with GBV risk and response are achieved not just through the actions of UNHCR and its directly contracted partners, even in situations where UNHCR is the main delivery agency, progress towards these objectives will include an assessment of contribution by UNHCR and consideration of attribution to UNHCR's actions. Contributions are direct, specific to what is delivered through UNHCR and through its contracted partners, and are also indirect in terms of the efficacy of UNHCR engagement with other actors within and outside the UN system.

Further, contributions are additive in the sense that functioning collaboration and the emergence of a broader coherent response with a range of actors in broad agreement on strengthening systems and delivering to target populations is expected to yield results beyond what is delivered. This is especially important when considering both impacts and sustainability (the latter of which is considered in this evaluation under strategic positioning, focused on formative considerations).

FIGURE 02.   Evaluation analytical framework
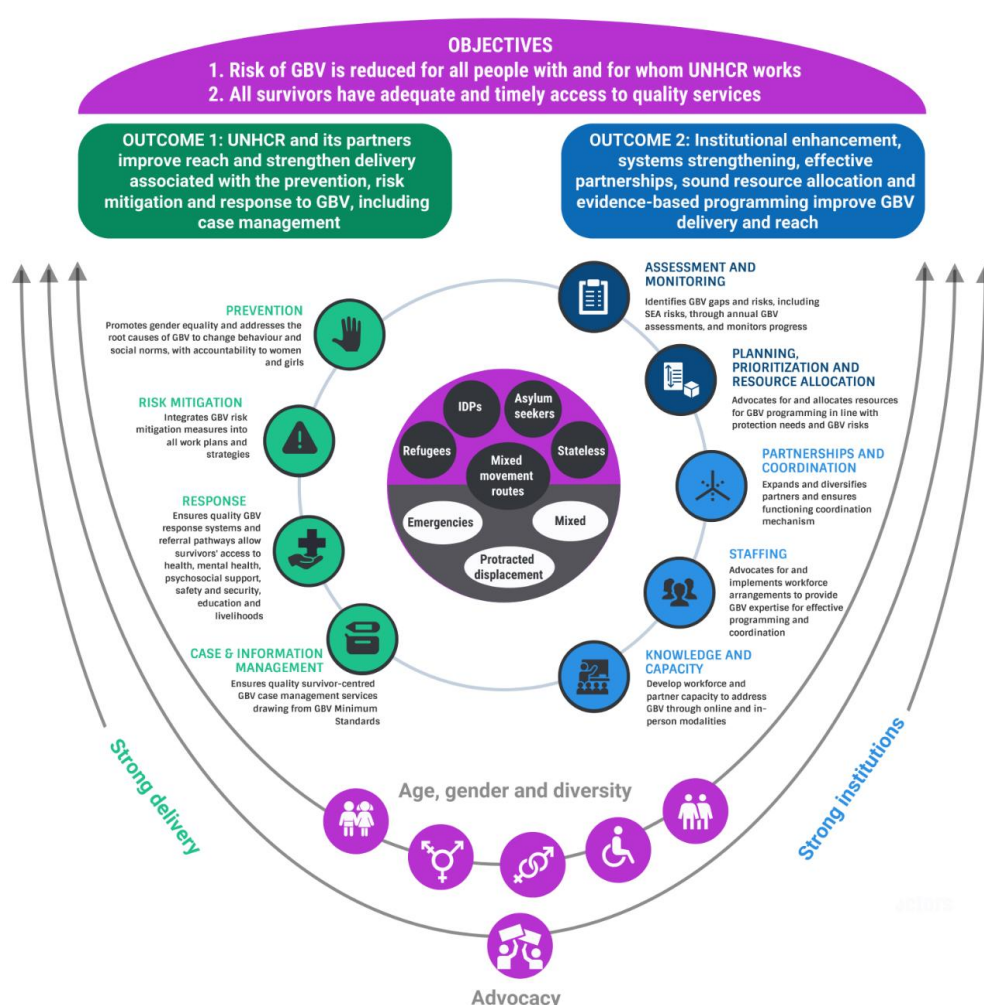
- *Participatory:* The evaluation design was grounded in four participatory approaches to ensure the meaningful engagement of a wide range of stakeholders across all phases of the evaluation.
  - **Ongoing stakeholder engagement throughout the evaluation cycle**: The Evaluation Team engaged with the primary users of the evaluation, and other stakeholders as appropriate, through each phase of the evaluation. This included in-person and remote consultations during the inception period,

data collection phase, and analysis and reporting phase. This included engagement with the ERG, both through structured meetings and individual consultations as needed.

- o **Participatory methods**: The evaluation drew from participatory methods that prioritize inputs from stateless and forcibly displaced persons and those working to support them, as outlined in the evaluation ToR (see Annex A). These methods included adapted versions of Most Significant Change (MSC) and Pathways to Impact (PTI).

- o **Validation of evaluation findings**: The Evaluation Team ensured that primary users and key stakeholders were meaningfully engaged in the validation of evaluation findings through several processes: At the end of each country and RB visit, the Evaluation Team held a debriefing session with UNHCR staff to share preliminary observations from case study field trips. After completing data collection, the Evaluation Team presented and validated case study findings in individual meetings with focal points from all countries participating in in-depth country case studies and with focal points from three countries participating in light touch country case studies. The Evaluation Team has then validated the evaluation findings from all synthesized data with UNHCR primary users in two validation meetings prior to submitting the evaluation report.

- o **Co-creation of evaluation recommendations with primary intended users and other stakeholders as appropriate**: To provide practical and operational recommendations that are co-produced with key stakeholders, fit for purpose and fit for context, the Evaluation Team facilitated a workshop to co-create evaluation recommendations based on the results.

- *Age, Gender and Diversity (AGD) framework:* In line with the expectations outlined in the GBV evaluation ToR, the evaluation design integrated an AGD perspective, including an intersectional approach. The Evaluation Team applied an AGD lens to the evaluation at two key levels:

  1. Embedding an AGD perspective in all primary data collection activities and secondary analysis of data.

  2. Assessing the extent to which UNHCR's GBV results are aligned with the AGD policy objectives and core actions.

  The Evaluation Team integrated an AGD perspective in all primary and secondary data collection activities carried out as part of the evaluation. This has be done through a range of approaches that are aligned with three of the six AGD Policy core areas of engagement that are most important for the evaluation, presented in Table 2.[1]

TABLE 02. Evaluation approaches in line with AGD policy areas of engagement

AGD area of engagement	GBV evaluation approaches
AGD inclusive programming	• Disaggregation of primary and secondary data by age, gender and other categories of diversity (e.g., disability, LGBTI) where possible.[2] • Consideration of how GBV may have a heightened or diverse impact on women and girls with disabilities, of diverse ethnic and religious origins, or with diverse gender identity or sexual orientation, and how these impacts may differ among people with intersecting characteristics.
Participation and inclusion	• Targeted and intentional recruitment of evaluation stakeholders from diverse groups, albeit within the parameters of the evaluation ethical approach (see section 5.8). This also includes partners, civil society or other types of organizations or groups working with diverse groups. This may include organizations of persons with disabilities, particularly those led by women with disabilities, and other organizations led by women with diverse characteristics. • Acknowledging risks for LGBTQI+ survivors and balancing inclusion with protection needs and risks; for example, not sampling LGBTQI+ people if there is risk in doing so, and seeking alternative methods and approaches to reduce risk (e.g., conducting individual interviews rather than group discussions, and being careful to ensure full anonymity when disaggregating data and reporting on it. • Use of participatory methods to enhance engagement, particularly with individuals from diverse groups with and for whom UNHCR works.

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[1] The three other AGD areas of engagement are more associated with UNHCR-specific strategies and, for the purpose of this evaluation, any associated evaluation approaches are subsumed under other areas of engagement in Table 2.

[2] The ability of the Evaluation Team to disaggregate secondary data by key AGD characteristics will depend on the quality and content of the secondary data.

AGD area of engagement	GBV evaluation approaches
	• Gender representation in all data collection activities, and conducting sex segregated FGDs where appropriate (e.g., among people with and for whom UNHCR works). • Ensuring that, where relevant, female consultants interview female participants and are accompanied by female interpreters. • Ensuring that interview locations are accessible and appropriate for diverse groups (e.g., physically accessible for people with disabilities, or using women and girl safe spaces for interviews with female community members).
Communication and transparency	• Pursue appropriate and accessible modalities for communication, such as ensuring that sign language capabilities are available if needed and ensuring that national experts or translators are able to speak the languages of diverse groups.

To understand the extent to which GBV results are aligned with UNHCR's AGD Policy objectives and core actions, the Evaluation Team has developed an AGD framework (see Figure 3). The framework draws from an adapted version of the Gender Equality Continuum Framework,[3] incorporating attention to diverse categories of social inclusion to align with UNHCR's AGD approach. The framework also draws from other tools included in UNHCR's Gender Toolkit, including the Ladder of Participation.[4]

FIGURE 03.   AGD framework

AGD discriminatory	AGD non-sensitive	AGD sensitive	AGD responsive	AGD transformative
Program activities reinforce or take advantage of inequitable gender norms or social inequalities, such as reproducing stereotypes or deepening inequality by exploiting women and people from diverse groups. When participation of these groups does occur, it is usually tokenistic. AGD discriminatory programming reproduces inequalities and causes harm.	Gender inequality, harmful social norms, unequal power relations, and discrimination of diverse groups have not been considered in the design or delivery of program activities. Decisions for women, girls and those from diverse groups continue to be made by those holding more power. AGD non-sensitive programming does not necessarily do direct harm, but may indirectly support the status quo.	Gender and social inequalities and discriminations are acknowledged as important to the program context but not included substantively in the design and implementation of activities. Approaches are based more on addressing the practical needs of people from diverse groups. Women, girls and people from diverse groups may be convened to contribute to meetings and decision making processes, but are not supported to 'have a seat at the table'.	Program activities acknowledge the importance of gender equality and inclusion of diverse groups, and incorporate corresponding focus on accountability. Programs address the enabling environment for inclusion, empower individuals to collaborate in decision making, and build their capacities and resources to do so, but without addressing underlying causes of exclusion.	Program activities intentionally challenge and transform gender and social inequalities, harmful social norms and unequal power relations. Programs support and strengthen systems for collective action, sustainable change, and accountable pathways for marginalized groups. Women and girls and people from diverse groups are supported to engage in meaningful participation and and shape the agenda equally to men and other powerful stakeholders.

The AGD framework contributed to an analysis of the extent to which the GBV policy and corresponding program activities have contributed to transformative change in norms, values, power structures and the root causes of inequalities, discrimination and social exclusion. The AGD framework maps the results of GBV program activities across a five-point continuum ranging from AGD discriminatory, non-sensitive, sensitive, responsive, or transformative. The framework can be used as both a results-focused tool to understand the extent to which UNHCR's GBV programming is grounded in AGD areas of engagement, and a learning-

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[3] Interagency Gender Working Group (2017) Gender Integration Continuum.

[4] UNHCR (2020) UNHCR Gender Equality Toolkit.

oriented and forward-looking tool that can assist stakeholders to understand where an activity or intervention sits on the continuum, and what needs to be done to move to the next level.

1.2.3 Evaluation criteria and questions

The evaluation drew from an Evaluation Matrix (see Annex E) shaped around six adapted evaluation criteria, as outlined below. The criteria are drawn and adapted from four sources: specific reference to strategic positioning in the ToR; OECD-DAC criteria; the Active Learning Network for Accountability and Performance (ALNAP) criteria for use in humanitarian evaluations; and a recent UNHCR strategic thematic evaluation[5] A description of the six criteria is outlined below.

1. **Relevance: Is the intervention doing the right things?** Relevance considers the extent to which the intervention objectives and design respond to rights-holders, global, country and partner/institution needs, polices and priorities, and continues to do so if circumstances change.
2. **Coherence: How well does the intervention fit?** Coherence considers the compatibility of the intervention with other interventions in a sector, country or institution, or a combination.
3. **Effectiveness: Is the intervention achieving its objectives?** Effectiveness refers to the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
4. **Efficiency: How well are resources used?** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
5. **Progress towards impact: What difference does the intervention make?** The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. Progress towards impact refers to the results that are evident from the intervention reflecting broader change, and not just the impacts themselves.
6. **Strategic positioning: How well is UNHCR positioned in the GBV ecosystem?** Strategic Positioning for the GBV evaluation refers to UNHCR's role and comparative advantage within the protection mandate as part of a multi-agency approach.

The seven main EQs and corresponding 14 sub-EQs are presented in Table 3. The full Evaluation Matrix, with EQs and sub-EQs mapped against corresponding stakeholders and methods is included in Annex E. Where reference is made in the EQs to all levels and contexts, this means global, regional, national, and sub-national levels, and all the types of contexts UNHCR works in (protracted crises, sudden onset emergencies, and mixed situations).

TABLE 03.   Evaluation questions and sub-questions

Evaluation Questions	Evaluation Sub-Questions
Relevance: Is the Policy doing the right things?	
EQ1: To what extent does UNHCR's approach to GBV prevention, risk mitigation and response respond to the needs of the people with and for whom UNHCR works?	• EQ1.1: Is the design and implementation of the GBV Policy and corresponding guidelines responsive to the needs of the people with and for whom UNHCR works, including focused attention to AGD? • EQ1.2: Is the design and implementation of the GBV Policy and corresponding guidelines relevant to the needs of UNHCR at regional and country level and its funded partners, including focused attention to AGD?
7. **Coherence: How well does the Policy fit?**	
EQ2: To what extent is UNHCR's current approach to GBV prevention, risk mitigation and response aligned in terms of corporate policy and strategy?	• EQ2.1: Is the design and operationalization of the GBV Policy and corresponding guidelines aligned with overall corporate policies and strategies? What enabled and constrained this alignment?
EQ3: To what extent is UNHCR's current approach to GBV prevention, risk mitigation, and	• EQ3.1: Is UNHCR's operationalization of the GBV Policy and corresponding guidelines and protocols consistent with the UN and broader approach to GBV in humanitarian settings?

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[5] The Strategic positioning criterion definition was inspired from a recent UNHCR evaluation: UNHCR (2023) Evaluation of UNHCR's engagement in situations of internal displacement (2019-2023).

response aligned in terms of the broader UN system, other partners, and countries?	• EQ3.2: Have the GBV Policy and corresponding guidelines enabled UNHCR to exercise its comparative advantages vis-à-vis other actors?
10. **Effectiveness: Is the Policy achieving its objectives?**	
EQ4: What progress has been made towards achieving UNHCR's commitments to GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?	• EQ4.1: To what extent has UNHCR delivered against its objectives in the GBV Policy, including the effectiveness of different types of partnerships? • EQ4.2: To what extent has UNHCR created the institutional infrastructure and capacity necessary to deliver against the objectives in the GBV Policy, both internal to UNHCR and with partners?
12. **Efficiency: How well are resources used?**	
EQ5: How efficient is delivery of GBV programming under the Policy?	• EQ5.1: How adequately have required resources (e.g., financial, human, management decision-making) been made available and utilized to support the achievement of planned results? • EQ5.2: How are decisions made in a resource scarce environment that enables or undermines efficiency?
14. **Progress Towards Impact: What difference does the Policy make?**	
EQ6: To what extent has the GBV Policy contributed to progress made in GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?	• EQ6.1: To what extent is there evidence that GBV Policy and corresponding guidelines implementation has resulted in progress in preventing, mitigating risks against, and/or responding to GBV among target populations? • EQ6.2: To what extent has UNHCR implementation of the GBV Policy and corresponding guidelines strengthened state and non-state actors and institutions to enable long-term progress in the broader GBV ecosystem?
16. **Strategic Positioning: How well is UNHCR positioned in the GBV ecosystem?**	
EQ7: Looking forward, what should UNHCR do to ensure that it is strategically positioned and ready to deliver on its objectives to address GBV?	• EQ7.1: How does UNHCR use its protection mandate to better advance overall GBV objectives? • EQ7.2: How does UNHCR best position itself to work with other GBV actors using its comparative advantage?

The EQs have been developed and worded in a manner intended to support evaluability. Nevertheless, there are some possible risks to the evaluability of some sub-EQs. These are outlined alongside proposed mitigations in the Evaluability Assessment in Annex Q.

1.2.4 Methodological approaches

The EQs have been answered through four core methodologies: (1) desk review, (2) case studies, (3) a comparative analysis of UNHCR's role vis-a-vis other GBV actors, and (4) participatory methodologies including MSC and PTI stories.

- *Desk review*: A preliminary desk review was conducted in the first phase of the inception period. The objective of this review was to conduct a stock take of available documents and extract important content to enable the design of the evaluation and the preparation of the inception report. This was done through a mapping exercise where the Evaluation Team summarized approximately 200 key documents and mapped the utility and relevance of each against core inception outputs in an Excel matrix, to support the preparation of the inception report and key annexes. These core inception outputs included, for example, the stakeholder analysis, comparative analysis, development of evaluation criteria and questions, country case studies etc.). During the second phase of the inception period and the data collection phase, an in-depth desk review has be conducted with four main objectives:
  - To code core documents from the inception rapid review into the Evaluation Team's Dedoose database[6], to prepare documentation for synthesis;
  - To complete stage 1 of the comparative analysis, which comprises a desk review and mapping of the external GBV programming ecosystem;
  - To review and code additional documentation that has emerged during the primary data collection. This included internal and external documents that complemented and triangulated evaluation

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[6] Dedoose is a web-based qualitative coding and research management application.

findings. Internal documents were shared by UNHCR's Evaluation Office (e.g. global policy and strategic documents, evaluations) and by Country Offices (e.g. partnership contracts, monitoring data);

- o To conduct secondary analysis of data extracted from UNHCR's GBV and other data portals. . This included the analysis of Results Monitoring Survey (RMS) data for DRC and the report on *Socio-demographic distribution of GBV outcomes: Analysis of population-based surveys using UNHCR Results Monitoring Surveys*, analyzing data from 22 countries.

  Approximately 250 additional documents were reviewed during this second phase, with a total of 450 documents reviewed for the evaluation.

- *Case studies:* The evaluation team conducted primary data collection through a series of case studies implemented at country level. This included four[7] countries covered through in-person data collection (Kenya, Ecuador, Central African Republic and Moldova), and five countries covered in a light-touch way through remote interviews (Malaysia, Italy, Peru, Democratic Republic of Congo and Syrian Arab Republic). The nine country case studies have been complemented with short, in-person visits to three Regional Bureaus (RBs): East and Horn of Africa and Great Lakes, Americas and Middle East and North Africa.

  Table 4 summarizes the case study countries and RB. Profiles of the 9 selected countries can be found in Annex G. The types of stakeholders and GBV programming in each country are included in the stakeholder mapping and analysis (Annex C).

TABLE 04. Case study regions, countries and RBs

Region	In-depth country case study	Light touch country case study	Regional Bureau visit
Americas	Ecuador	Peru	Yes
Asia and the Pacific		Malaysia	
East and Horn of Africa and Great Lakes	Kenya		Yes
Europe	Moldova	Italy	
Middle East and North Africa		Syrian Arab Republic	Yes
Southern Africa		Democratic Republic of Congo	
West and Central Africa	Central African Republic		

Primary data collection through the nine case study countries and RB visits has been complemented by additional methods at global, regional and country level (see section 1.2.4).

- *Comparative Analysis:* The aim of the analysis has been to explore partnerships with other GBV actors concerning GBV programming and seek feedback from others on how UNHCR's positioning and guidance have enhanced the overall response to GBV in humanitarian settings. The first stage of the coparative anaysis has been a desk review of mandates of international actors, host government policies, strategies and laws and IASC roles and responsibilities, existing guidance and Memoranda of Understanding (MOU). The second stage comprised primary data collection at the national level though the field level work in four countries The Evaluation Team also gathered feedback by actively engaging with a wider range of GBV actors globally, using online and in-person FGDs and workshops. Further data has been gathered through the five light touch country case studies conducted remotely. The third stage of the comparative analysis is the synthesis and validation stage, in which primary and secondary data has been synthesised for further discussion and validation with primary intended users of the evaluation. The findings of the comparative analysis provided valuable insights that have enhanced the overall evaluation report, and the in-depth country case studies. A stand-alone comparative analysis report has been developed and can be found in Annex K.

- *Most Significant Change (MSC) and Pathways to Impact (PTI):* The MSC (approach is a participatory methodology used to collect and analyze stories of change, focusing on identifying the most significant

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[7] Originally, Tanzania was also planned as in-country case study. However, the Tanzania case study was canceled due to unforeseen circumstances and delays in obtaining the necessary permits to conduct the mission.

changes and the processes that led to them. It is complemented by the PTI method, which delves deeper into why changes occurred, the effectiveness of interventions, and external factors influencing these outcomes. Together, these methods aimed to evaluate progress toward impact. The MSC approach is comprehensive, involving multiple participatory phases. For this evaluation, it has been adapted to include three core steps: defining domains of change, collecting stories of change, and selecting the most significant stories. These domains, unlike traditional indicators, are intentionally broad to allow for diverse interpretations of change. They have been tailored for each country by engaging with UNHCR focal points to understand GBV programming. After insights from the evaluation pilot, the domains were simplified and aligned with specific programming areas such as prevention interventions (e.g., SASA! Together) and response activities (e.g., Women and Girl Safe Spaces). The process of collecting stories involved targeted questions designed to capture significant positive and negative changes resulting from UNHCR's GBV programming. Stakeholders then collaboratively selected the most significant stories in a participatory and iterative manner, fostering inclusive discussions about impact. The PTI approach complemented MSC by using visual tools to map the factors contributing to or hindering change. Participants analyzed how various individuals, organizations, or institutions influenced outcomes, making the evaluation process interactive and engaging.

1.2.5 Primary methods

The primary data collection methods were aligned with the Evaluation Matrix (see Annex E) an drew from both qualitative and quantitative approaches, in line with the evaluation's mixed-methods design. Five main methods of data collection have been employed, each with its associated tools.

- Key informant interviews
  Semi-structured KIIs have been conducted with a range of stakeholders, at the global, regional, national and sub-national level. Face-to-face KIIs took place during the four country and three RB field visits, with:
  o Decision makers and operations staff in UNHCR (at regional, national and sub-national levels)
  o Influencers, including key donors and government officials (at national level).
  o External partners, including other UN agencies, international and national non-governmental organizations (NGOs), WLOs, other civil society organizations (CSOs), and government entities, delivering GBV programming in partnership with UNHCR (at national and sub-national levels).
  Remote KIIs took place for the five remote country case studies and wider global data collection, including with:
  o Decision makers and operations UNHCR staff (at global, regional, and national levels).
  o External partners including UNHCR's key GBV partners (at national and sub national levels).
  o Interested actors, including GBV experts, staff of Advisory groups such as Group of Friends of the Elimination of Violence against Women and Girls, The Call to Action on Protection from GenderBased Violence in Emergencies, and the Special Rapporteur on Violence Against Women.
  At the global and regional level, stakeholders for KIIs were selected based on their engagement with UNHCR, as identified in the stakeholder analysis (Annex C) and discussed during the inception phase. At the country level, the Evaluation Team used the stakeholder analysis to provide each Country Office (CO) with a list of desired stakeholder categories for interviews, which the COs then scheduled accordingly. The KII tools were designed to respond to the evaluation questions contained in the Evaluation Matrix (Annex E) and integrate items linked to the comparative analysis (as outlined in Annex K). A copy of the KII tools is available in Annex K.
- Focus group discussions (FGDs)
  FGDs have been conducted with various stakeholders at global, regional, national, and sub-national levels. Face-to-face FGDs at regional, national and sub-national levels took place during the four country and three RB field visits with:
  o Operations UNHCR staff (at regional, national, and sub-national level)
  o External partners (at national and sub-national level)
  Remote FGDs took place as part of the light touch country case studies, including with operations UNHCR staff (country level).
  At the global and regional level, stakeholders for KIIs were selected based on their engagement with UNHCR, as identified in the stakeholder analysis and discussed during the inception phase. At the country level, the Evaluation Team used the stakeholder analysis to provide each CO with a list of desired stakeholder categories for interviews, which the COs then scheduled accordingly. At the global level, the

Evaluation Team also conducted an online FGD with external partners to replace the survey with partners originally contained in the evaluation ToR. A copy of the FGD tools is available in Annex K.

- Participatory group discussions (PGDs)
  Participatory group discussions took place with the people with and for whom UNHCR works at sub-national level and at national level (e.g., in urban contexts). Participatory group discussions integrated semi-structured questions based on the EQs and Evaluation Matrix, and participatory approaches, including MSC and PTI activities. GBV survivors and people accessing GBV services have not been solicited as participants in line with the evaluation's ethical approach. Rather, PGDs have been conducted with other stakeholders with and for whom UNHCR works to support GBV prevention, risk mitigation and response, focusing on members of grassroots organizations participating in community-based initiatives or GBV programming, such as RLOs and WLOs. The Evaluation Team recommended limiting participation in each PGD to ten people, however, in some instances, discussions included as many as 50 participants. A copy of the PGD tools is available in Annex K.

- Observation during site visits
  At the sub-national level, the Evaluation Team conducted observation during site visits to locations in which UNHCR and its partners are implementing GBV programming.The aim of the observations was to help the Evaluation Team understand the context and physical environment in which GBV programming is taking place. Observation methods were necessarily fluid and shaped to the context given that GBV programming look different across country contexts. Thus, a flexible tool, including a checklist, had been designed to support the Evaluation Team to record key observations in line with the evaluation questions. The tool has been developed by drawing from and adapting the Availability, Accessibility, Acceptability and Quality (AAAQ) framework, which is a tool designed to identify potential barriers to accessing services in humanitarian settings.[8] A copy of the observation tools is available in Annex K.

- Survey with UNHCR staff
  In order to broaden the range of stakeholders consulted to strengthen triangulation of findings and secure additional insights, an online survey has been conducted with UNHCR staff. Originally, the survey was targeting respodents in 72 countries countries that have selected GBV outcome areas as part of planning and delivery, the 10 case study countries, and RB staff members. Regional Bureaus directors, however, shared the survey with all Country Representatives in their regions, expanding the pool of potential respondents to all UNHCR staff. Details about the demographic characteristics of staff survey respondents and survey results are provided in Annex J. Structurally, the online survey guided respondents to different sections depending on their position in the organization. The online survey tool was available in English, French, Spanish and Arabic, in line with UNHCR's recommendations based on a review of the countries covered by the survey.
  The core evaluation questions asked to all personnel focused on the two questions indicated in the ToR that cover Effectiveness (EQ4) from a summative perspective and Strategic Positioning (EQ7) from a formative perspective, as indicated in the evaluation matrix. Other relevant evaluation questions were directed to different officers as per the positions in the organization, covering other EQs as outlined in the Evaluation Matrix (see Annex E). A copy of the staff survey tool is included in Annex I.

The evaluation approach and methods were fully piloted in Kenya in the first week of June 2024. The evaluation team traveled to Nairobi to complete data collection for the first country case study in Kenya and also conducted data collection at UNHCR's RB for East and Horn of Africa and the Great Lakes. It also provided an opportunity to refine data collection methods and tools ahead of the inception report and broader data collection phase. Key learnings from the pilot informed revisions to the evaluation approach and tools. The staff survey as well has been piloted with a small group of UNHCR staff to ensure its effectiveness, assess the clarity and comprehensibility of the translations, and validate its functionality before wider dissemination.

The sampling design for the evaluation has been based on both rigor, to enable sufficient data to answer the evaluation questions, and pragmatism, due to scope and resourcing constraints. The Evaluation Team planned to gather data at the global, regional, national, and subnational levels involving a wide range of stakeholders under the categories of Decision-makers, Influencers, Operations UNHCR, External Partners, People with and for whom UNHCR works and Interested Actors, through in-person and remote methods. The majority of the stakeholders that the Evaluation Team planned to engage with were Operations UNHCR and External

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[8] UNICEF (2019) Availability, Accessibility, Acceptability and Quality Framework.

Partners. Operations UNHCR includes Protection staff, Multifunctional Teams, and support to programs and operations, including DHR, DER, M&E and DSPR to engage with these staff at all levels. Likewise, External Partners included funded partners, government partners (on the GBV-related work), and coordination partners. Decision-makers were mainly at the global level but regional and country level leadership also fall into this category also. Influencers and Interested Actors were planned to be engaged with at the global and national level. People with and for whom UNHCR works were planned to be engaged at the subnational level.

The original country selection process was carried out by the UNHCR Evaluation Office. Beyond ensuring geographical coverage globally, the initial selection of countries took into account budgetary allocations of GBV-related programs, caseload based on population figures, causes of displacement and the operational context, the broader factors relevant to GBV programming, approaches and experiences of coordination, and evaluation coverage in the country. These criteria allowed to pre-select 26 countries across all UNHCR's regions of work. The shortlist was then discussed with the colleagues of the Division of International Protection and the Senior Regional Evaluation Officers in UNHCR, and with the Independent Evaluation Team in charge of this evaluation. The initial list was further refined using strategic, operational, and evaluability criteria, including e.g. learning potential of the case study, GBV data availability, and accessibility for in-person case studies. A critically important additional factor was also the willingness of the CO to participate. A revised list of 12 potential countries was then shared with corresponding RB focal points, who responded with various recommendations. These included changes in countries from in-person to remote (e.g., due to resourcing or other constraints in accommodating the Evaluation Team) and the proposed addition of new countries thought to be relevant to the evaluation.

The final set of ten country case studies selected included five that were meant to be carried out in-depth and five light touch using remote methods. The fieldwork plan also included three regional visits to ensure comprehensive coverage globally as highlighted in Table 4 above.
As already mentioned in section 1.2.4, the Tanzania case study was eventually canceled due to unforeseen circumstances and delays in obtaining the necessary permits to conduct the mission.

The methodology utilized by the Evaluation Team for stakeholder identification for both the country and regional levels is as follows. During the Geneva inception meetings, the Evaluation Team gained an understanding of how UNHCR operates, which helped them understand whom to identify for KIIs and FGDs during the data-gathering phase. Regarding identifying stakeholders at the country and regional level, the Evaluation Team used purposive sampling with recommendations from UNHCR complemented by a desk review provided to identify the initial list of stakeholders. A designated GBV focal point from each of the nine countries and three RBs then offered a list of stakeholders for the Evaluation Team to select from considering priorities and time constraints. The Evaluation Team has received significant support from the UNHCR Evaluation Office and the respective countries and RBs for the setting up and implementation of the data gathering plan.

Suggestions for global-level actors were made during the Geneva Inception meetings. The Evaluation Team has contacted primary users (including the GBV Unit in Geneva and the ERG) for suggestions on individuals to interview and be involved. The UNHCR Evaluation Office has also connected the Evaluation Team with a contact from the International Council of Voluntary Agencies (ICVA) for suggestions for global level actors. This input were used for the comparative analysis and contributed to evidence generated to answer the wider EQs.

Table 5 below summarizes the number and type of qualitative data collected per typology (country office, regional bureau, global interviews) and gender of respondents. KIIs, FGDs and PGDs were conducted with a wide range of stakeholders, including UNHCR staff, funded and operational partners (such as UN agencies, government bodies, NGOs, and local civil society organizations), other interested actors, including donors, and the people with and for whom UNHCR works. Special attention was given to marginalized groups in line with the AGD approach.[9] For instance, FGDs were conducted with LGBTQI+ groups and people with disabilities in Dadaab, and organizations representing these groups were also engaged, such as Humanity and Inclusion, which participated in a partner FGD in Kakuma Camp, and Fundación Equidad, an LGBTQI+ organization we interviewed in Ecuador. Interviews and group discussions conducted during the data collection phase were complemented with 27 interviews and three FGDs with UNHCR global and regional stakeholders and a

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[9] Respondents belonging to specific AGD categories are detailed in Annex D.

debriefing with UNHCR's evaluation office conducted during the inception period to support the evaluation design. A total of 610 people were interviewed through qualitative methods, and 735 through the staff survey.

TABLE 05. Sample of qualitative methods disaggregated by gender

	Site visit observations	KIIs	FGDs	PGDs	Debriefing and validation with UNHCR
In-depth country case studies					
Kenya	5	18 (12F, 7M)	10 (42F, 47M)	8 (110+F, 9+M)	6
Ecuador	4	28 (28F, 12M)	2 (18F)	2 (8F)	1
Moldova	5	33 (28F, 5M)	2 (5F, 3M)	2 (6F)	1
Central African Republic (CAR)	1	10 (13F, 5M)	3 (3F, 6M)	2 (33F, 32M)	1
Malaysia		11 (10F, 2M)			1
Italy		10 (8 F, 3M)			
Syrian Arab Republic		8 (7F, 1M)	2 (5F, 1M)		1
Peru		8 (7F, 1M)			1
Democratic Republic of Congo (DRC)		14 (8F, 6M)			
Americas		15 (16F, 8M)	3 (4F, 4M)		
East and Horn of Africa and Great Lakes		7 (5F, 5M)			
Middle East and North Africa		6 (7F, 3M)	3 (6F, 4M)		
Asia Pacific		1 (F)			
Europe		1 (M)			
Southern African		1 (F)			
West and Central Africa		1 (F)			
UNHCR and other UN agencies' staff, GBV experts, donors, other interested actors		31 (29F, 6M)			
UNHCR staff at global and regional levels		27 (25F, 7M)	3 (5F, 1M)		1

Table 6 includes a breakdown of stakeholders engaged classified per typology.

TABLE 06. Stakeholder engagement per typology and gender

Stakeholder category	Number of stakeholders	Females	Males	Mixed
UNHCR Operations	164 individuals	106 individuals	58 individuals	Not applicable
Decision makers	31 individuals	16 individuals	15 individuals	Not applicable
External partners	113 consultations	80 consultations	27 consultations	6 consultations
People with and for whom UNHCR works	12 groups	8 groups	3 groups	1 group
Influencers	14 individuals	11 individuals	3 individuals	Not applicable
Interested actors	2 individuals	2 individuals	0	Not applicable

1.2.6 Analysis and synthesis

The Evaluation Team's approach to analysis and reporting has been based on three methodological strands of work that cut across our evaluation activities:

1. The use of mixed-methods primary data collection,
2. The secondary analysis of data to triangulate, contextualize and verify findings from the primary data collection,
3. Ongoing consultation and validation of evaluation data and findings with internal and external stakeholders, and co-creation of recommendations.

The Evaluation Team used Dedoose to assemble data from secondary and primary sources. Dedoose is a qualitative software package that allows the user to interrogate information using a range of key words from various sources, and also allows the user to sub-sort by, for example, primary data collection tool used, country, or similar. Dedoose can also accommodate processed quantitative data (quantitative data will be processed in STATA). The Dedoose file was managed by the team's Research Assistant, working closely with the Team Leader, who developed a coding framework to guide the coding, synthesis, and triangulation process.

In addition to key word coding, the information assembled in Dedoose has been tagged by evaluation criteria and evaluation question/sub-question, as per the Evaluation Matrix. Further, the questions in the field instruments were also linked to the evaluation questions/sub-questions, to help ensure that findings from the field interviews effectively informed analysis. The Evaluation Team conducted an AGD analysis by using the AGD framework to analyze the strength of AGD integration into UNHCR's GBV programming and the extent to which this programming is transformative as part of this coding and analysis process. The AGD Analysis can be found in Annex N.

All qualitative transcripts have been transcribed and translated to English (for non-English interviews), and all qualitative transcripts, relevant desk review documents, and inputs recorded from consultations and validation sessions, have been brought together and coded into the Dedoose database. The coding framework has been developed and used through a hybrid approach: a series of codes have been developed deductively based on the EQs; further codes have been developed during the coding process to ensure that the evaluation picks up on unintentional impacts or other unanticipated results. The Team Leader developed a system to strengthen intercoder reliability to maintain consistency across the Evaluation Team members.

As per the quantitative data, the following processing and analysis took place:

- Quantitative data collected through the staff survey has been imported into STATA database for analysis;

- Through the desk review, the Evaluation Team also conducted secondary analysis of available UNHCR GBV and other relevant monitoring data. This complemented both the country case study reports, and the global evaluation report.

Given the range of data collection approaches employed and the importance of ensuring a coherent approach to analysis and report, the Evaluation Team used a four-pronged approach to triangulation:

1. Data triangulation – collecting data from multiple sources, including across different timeframes, stakeholders, and geographic locations.
2. Methodological triangulation – using different methods to gather data, including primary and secondary data, and qualitative and quantitative methods.

3. Evaluator triangulation – the members of the Evaluation Team sharing the data they have collected, and collectively processing, analyzing, and interpreting the findings.
4. Key user triangulation – discussing and validating the findings from the three processes outlined above with key users of the evaluation.

As noted above when describing the Evaluation Team's approach to a theory-based evaluation, in the absence of a 2020 ToC, the Evaluation Team used the Evaluation Analytical Framework to guide the evaluation.

Another analytical approach that has been used to support the analysis, triangulation, and synthesis of data is the comparative analysis exercise. While the comparative analysis supports the wider evaluation and answering of the EQs, it has also been designed as a specific process that fed into a standalone document (see Annex K).

An important component of our analytical approach has been the validation of evaluation findings through ongoing stakeholder engagement, and the co-creation of recommendations with the primary intended users of the evaluation. This has been done through debriefing and validation meetings with UNHCR country offices, and validation and co-creation workshops with the evaluation's primary intended users to validate the evaluation findings and co-create useful and actionable recommendations.

ANNEX B: STAKEHOLDER MAPPING AND ANALYSIS

Aim and Scope of the Stakeholder Analysis

The Stakeholder Analysis plays a vital role in the evaluation process by guiding who is targeted, what information is sought, and how the Evaluation Team engages with stakeholders. The primary aim is to create a comprehensive map of stakeholders, categorizing them based on their position and influence and developing a framework to engage with them that keeps their concerns and expectations in mind. Integrating stakeholder feedback makes the evaluation process more dynamic and responsive, leading to more accurate and actionable insights. Ultimately, a clear stakeholder analysis clarifies who the Evaluation Team targets and how the evaluation process is done.

Types of Stakeholders

The Stakeholder Analysis table below identifies seven types of stakeholders that the Evaluation Team will engage. These include 1) Primary users, 2) Decision makers, 3) Influencers, 4) Operations (UNHCR), 5) External Partners, 6) People for and with whom UNHCR works, and 7) Interested Actors. The implementation of the GBV Policy has been influenced by these multiple stakeholders, both directly and indirectly. [1]

Table 1 summarizes the type of stakeholder, how the stakeholder is defined, their role in the evaluation, their level of involvement, how the Evaluation Team will engage them, and their relevance to the evaluation. The definitions and who the Evaluation Team will target are elaborated below.

Table 1: Stakeholder analysis table[2]

Name	Definition	Role in evaluation	Level of engagement	Relevance
Primary Users	The primary intended users of the evaluation findings	The main counterparts for the Evaluation Team will provide advice and detailed feedback.	Frequent and as needed and provide feedback and advice during evaluation.	Critical
Decision makers	UNHCR at leadership level staff whose decisions impact operations.	Provide insight into how decision-makers direct and/or influence the implementation of the GBV Policy.	Both KII and as part of the validation meeting at the country and global level.	High

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[1] *The 2020 GBV Policy lays out clear accountabilities, responsibilities, and roles for implementing and monitoring the policy, aligning with the focus of the stakeholder types. See UNHCR Policy on the prevention of, risk mitigation, and response to gender-based violence (2020) p.12*

[2] *Adapted from United Nations Evaluation Group, Integrating human rights and gender equity in evaluation: towards UNEG guidance, UNEG, 2012 p.23*

Name	Definition	Role in evaluation	Level of engagement	Relevance
Influencers	Outside of UNHCR, influential over UNHCR's decisions through funding and own interests and prioritization	Essential to understand how these broader forces impact GBV programming both positively or negatively and whether there is scope for further engagement	KIIs or small groups of the same or similar level. Remote at the global level, regional and country visits in person.	Medium to High
Operations UNHCR	All UNHCR staff participate in regional, country, or project operations.	Essential to understand how policy requirements are 'translated' and operationalized.	Primary engagement will be through KIIs and FGDs, staff surveys, and validation workshops.	High, main focus of regional and country visits
External Partners	Include funded, government, and coordination partners at the regional, country, and project level	Are the partners supported sufficiently? Is UNHCR collaborating with the right partners? Should partners be doing more or less?	KII, small groups/FGDs, participatory workshops.	High
People with and for whom UNHCR works	Community-based organizations (CBO), Women-Led Organizations) (WLO, men's groups, staff of organizations that support GBV survivors, camp leadership, and the broader community	Understanding what is working and not working well for those who benefit from the programs.	KII Participatory workshops. Safeguards will be in place to identify individuals and engage them.	High
Interested Actors	GBV experts, advisory groups, special rapporteurs, and advocacy organizations engaged with GBV work but not operational partners.	Unbiased feedback on the role of UNHCR and GBV work in the humanitarian response.	KII, FGDs, workshops, and/or a roundtable discussion	Medium to High

The Primary Users

Primary Users include those with whom the Evaluation Team frequently engages for advice and feedback throughout the evaluation process.

- ✓ The Geneva UNHCR Evaluation Office (EVO) regularly meets with the Evaluation Team, providing ongoing guidance and support.
- ✓ The GBV Unit in DIP in Geneva who oversees global policy, strategy, and guidance on the GBV Policy and coordinates the Safe from the Start Program.
- ✓ Focal points for the Evaluation Team will be designated among senior GBV staff at both regional and country levels. The Evaluation Team will receive detailed briefings about the relevant contexts, and GBV focal points will also assist in identifying key stakeholders and providing advice to the Evaluation Team on regional and country visits.
- ✓ The Evaluation Reference Group (ERG) has been established to assist with evaluation oversight and quality control. It has been established as an independent entity that does not fall within the UNHCR structure. The designated ERG members include member states, UNHCR, other UN agencies, multilateral organizations, research partners, civil society, and academia with expertise in GBV (see Annex U). Members were selected to ensure the quality and independence of the evaluation by providing impartial reflection

and accountability. Their central engagement will be focused on advising on stakeholder engagement and feedback on the inception and final reports.

Decision-makers

Decision-makers, particularly senior leadership, play a crucial role in shaping organization-wide policies and programs, including those related to GBV. Within the Senior Executive Team (SET), the Evaluation Team will meet the Deputy High Commission (DHC), the Assistant High Commissioner for Protection (AHC-P), and the Assistant High Commission for Operations (AHC-O).[3] Furthermore, the team will interview members of the Senior Management Committee (SMC), including senior leaders at the Headquarters level including from DIP, DESS, DRS, DSPR, DER, and DHR. The Evaluation Team will also interview senior members of the SMC in the Regional Bureaus given their role in supporting the Country Offices (COs) to ensure compliance with monitoring requirements, including the GBV Policy.[4] The Division of Strategic Planning and Results (DSPR) and the Transformation and Change Service (TCS) who worked closely with the GBV Unit, providing critical support to the policy development process will also be kept up to date on our progress. Country Representatives or Deputy Country Representatives are also considered decision makers as they decide about resourcing, staff allocations, and programming at the country level. They are also responsible for overseeing the program implementation and monitoring of the GBV Policy, making the senior leadership team at the country level a vital target at this level.

Influencers

Influencers are actors outside of UNHCR that significantly impact overall GBV programming because of their influence over resource allocation, which could impact the prioritization of GBV work. At the global level, this includes Executive Committee members who decide on overall programming and resources. This also includes Global Refugee Forum (GRF) Core Pledge Facilitation members, including Germany, which leads on the Call-to-Action Platform, and the UK, also a member. [OBJ] The US, especially the Bureau of Population Refugees and Migrants (BPRM), are major UNHCR donors and champions addressing GBV and key targets.

Operations UNHCR

Operations UNHCR includes all UNHCR staff at the regional, country, and project levels engaged in operations directly or in support of operations related to GBV programming.

Table 2: UNHCR operational staff

Area	Operations	In support of operations
Regional & Country	Protection staff including GBV/CP/CB, Interagency, DRS-, MHPSS, SEA-DHR, DESS	DHR, DIMA, EVO, DSPR
Sub-office/Project level	Head of sub office, Field-based leadership program officer, Interagency staff, Protection staff, and Community Liaison	

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[3] *The SET is the Senior Executive Team which also includes the Chef de Cabinet.*
[4] *UNHCR's decentralization process, which started in 2019, saw a significant shift in its operational structure, aiming to enhance the effectiveness and responsiveness of its programs. By moving decision-making closer to the ground, regional bureaus and country offices gained more autonomy in their work, including monitoring and implementing the GBV policy.*

The Evaluation Team will engage with Operations staff through KII and FGDs at the Regional, national, and subnational levels. KIIs will be done with senior level protection staff including the senior level GBV focal point and staff in DHR, DIMA, EVO, and DSPR, and project leadership. FGD will be done with broad protection staff and multi-functional teams.

- ✓ Those in senior protection roles, as well as personnel responsible for GBV, child protection, community-based protection, and the protection from sexual exploitation and abuse (PSEA)
- ✓ Members of multi-functional teams such as Field Protection Staff (FPS) from DRS (education, health, livelihoods, shelter, etc.), Division of Emergency Service (DESS), and Mental Health Psychosocial Support (MPHSS).
- ✓ Staff members include DER who work in coordination, partnerships, and advocacy. The involvement of DER staff members in resource mobilization and donor relations will also be sought out.
- ✓ Staff members supporting operations include information management, including the Data Information Management Assessment (DIMA) team, Evaluation staff, monitoring and evaluation staff, and DHR.
- ✓ Sub-national UNHCR such as Heads of Office and protection and community liaison staff.

External partners

External partners comprise both coordination and funded partners including UN Actors, INGOs, intergovernmental organizations, government actors, and women's led organizations (WLO).

UNHCR partners with UN agencies including United Nations Population Fund (UNFPA), who is the global led of the GBV Area of Responsibility(AOR), the International Organization for Migration (IOM), United Nations Children's Fund (UNICEF), World Health Organisation (WHO), Office of the High Commission for Human Rights (OHCHR), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), World Health Organization (WHO), and World Food Programme (WFP) etc.

Among the INGOs that play a crucial role in GBV programming and coordination include the International Rescue Committee (IRC), the Norwegian Refugee Council (NRC), Save the Children (SCF), and the Danish Refugee Council (DRC), etc. which differ depending on the country and specific circumstances.

The government institutions partnering with UNHCR on GBV work are varied and encompass ministries, departments, and agencies in health, gender, legal, police, social protection, gender, and women. These are the government agencies that the Evaluation Team will prioritize.

UNHCR provides funding and works in partnership with national NGOs, including faith-based and WLO involved in the coordination and the GBV programming work.

People for and with whom UNHCR works.

People for and with whom UNHCR works include individuals and communities with and for whom UNHCR works, primarily through prevention, response, or risk mitigation efforts. These populations may comprise community-based organizations (CBO), WLOs, men's groups, staff of organizations that support GBV survivors, camp leadership and the broader community. Through participatory group discussions, the Evaluation Team will primarily engage with People for and with whom UNHCR works, as well as UNHCR's external partners. (See section 5.5.1 in the inception report for an explanation of participatory group discussions)

Given the large number of children who are at risk of experiencing GBV or are survivors of GBV, it will be critical to engage with UNHCR's Child Protection Officer, UNICEF, and Child Protection (CP) partners to ensure that the Evaluation Team gains insight into the strengths and weaknesses of the GBV programming vis-à-vis children rather than engaging with them.

In line with the evaluation's ethical and safeguarding approach, the Evaluation Team will not engage with GBV survivors or children directly (See Annex O – Evaluation ethical approach - for more on the Evaluation Team's approach to research ethics).

Interested Actors

Interested actors should know UNHCR's GBV programming but are not current operational partners in the countries where in-depth country studies will occur. They can be selected globally, regionally, or at the country level.

At the global level, this would include ICVA members engaged in GBV work and the NGOs engaged in GBV work, which will be engaging in the global consultations in Geneva. Others are advisory groups, academics, Special Rapporteurs, and GBV experts. This feedback will be fed into the comparative analysis work (see Annex K).

Key Stakeholders to target

Table 3 provides a sampling of the organizations and position types that will be followed up on within each stakeholder category.

Table 3: Organizational and position sampling according to stakeholder type

Type of Stakeholder [5]	Various levels	Departments/ Positions/Types
Primary Users	Global Headquarters	GBV unit DIP, EVO, Transformation, and Change (TCS), Strategic Planning and Analysis Unit, and possibly the Evaluation Reference Group (ERG).
Decision makers	Headquarters Regional Country	Senior Executive Team (SET), DHC, ACP, ACO, Regional Directors, and Country Directors/ Representatives
Influencers	Member states, Donors,	Executive Committee members include US, UK, Sweden, and donors, including USAID (Safe from the Start), Germany, Japan, and the EU. UK-FCDO
Operations UNHCR	Headquarters Regional Country level Project level	Focal Point GBV and protection staff, SEA/DHR, SRH/DPH, other DHR, DRS-Sectors, DESS, Multi-functional teams DSPR, DHR, DER, M&E
External Partners	Global Headquarters Regional Country Project	UN Agencies, INGOs, Host/National governments (ministries of health. Gender. legal), national partners, WLOs, social enterprises,
People for and with whom UNHCR works	Country level Project level	WLOs, medical staff, mental health personnel, camp leaders, community-based organizations,
Interested Actors	Global actors Regional	Group of Friends of the Elimination of Violence against Women and Girls, Interagency Forums. Regional or country-level networks, such as The Call to Action on Protection from Gender-Based Violence in Emergencies and the GBV sub-cluster, Special Rapporteur on Violence Against Women.

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[5] *Adapted from* *UNEG Principles for Stakeholder Engagement Final Nov2017.pdf*

The Evaluation Team will engage at the global level with decision makers, Influencers, Operations, External Actors, and Interested Actors as highlighted above.

International coverage

At the global level the Evaluation Team will meet with some members of the Senior Executive Team (SET), including the Deputy High Commission (DHC), the Assistant High Commissioner for Protection (AHC-P), and the Assistant High Commission for Operations (AHC-O).[6] Furthermore, the Evaluation Team will interview members of the Senior Management Committee (SMC), including senior leaders at the Headquarters level who will be selected from DIP, DESS, DRS, DSPR, DER, and DHR.[7]

The Evaluation Team will also meet with at least three Influencers, including at least one Executive Committee member such as a representative from the US government given their active engagement and role as a donor. The Evaluation Team also intends to meet with Germany who leads the call-to-action platform of the Global Refugee Forum (GRF) Core Pledge Facilitation. The Evaluation Team will also engage with the ERG given their wide representation. Two FGDs are also planned at the global level including one with ICVA partners online and another with external partners of UNHCR that are part of the Global Consultations taking place in June 2024 in Geneva. It is still being determined whether these will be online or in person.

Table 4 provides an overview of the variety of stakeholders the Evaluation Team will engage with at the global level including a total of 20 KII and two FGD.

Table 4 Overview of Global Stakeholders

Type of stakeholder	KII Remote global	FGD Remote global	In person global
Decision Makers	9	---	---
Influencers	3	---	---
Operations (UNHCR)	---	---	---
External Partners	4	---	---
Interested Actors	4	1	1
Total	20	1	1

Regional coverage and country visits

The Evaluation Team will visit regions and undertake country-specific visits. The Evaluation Team will visit the Regional Bureau for the Americas, Middle East and North Africa (MENA), as well as a rapid visit to the Regional Bureau for East and Horn of Africa and the Great Lakes. The Evaluation Team will also take five in-depth visits (Ecuador, Kenya, Tanzania, Central African Republic, and Moldova) and five countries that are lighter touch (Peru, Syrian Arab Republic, Democratic Republic of Congo, Malaysia, and Italy). Table 5 shows regions, corresponding

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[6] *The SET is the Senior Executive Team which also includes the Chef de Cabinet.*
[7] *UNHCR's decentralization process, which started in 2019, saw a significant shift in its operational structure, aiming to enhance the effectiveness and responsiveness of its programs. By moving decision-making closer to the ground, regional bureaus and country offices gained more autonomy in their work, including monitoring and implementing the GBV policy.*

locations for regional and country visits, and light touch countries for remote data collection. See Annex J for more detailed information on how countries were selected.

Table 4 Designated regions and countries

Regions	Regional Visits	Countries- in-depth	Countries- light touch remote
Americas	Panama	Ecuador	Peru
East and the Horn of Africa and the Great Lakes	Kenya	Kenya Tanzania	
Middle East and North Africa	Jordan		Syrian Arab Republic
Southern Africa			Democratic Republic of Congo
West and Central Africa		Central Africa Republic	
Asia and the Pacific			Malaysia
Europe		Moldova	Italy

A more detailed focus on the regions and countries the Evaluation Team will focus on is further elaborated below.

Southern Africa[8]:

Forced displacement in the region was mainly triggered by insecurity in the Democratic Republic of the Congo (DRC) and Mozambique, southern Africa's most severe humanitarian crises. The region is also home to protracted refugee situations in Botswana, Malawi, Namibia, Zambia, and Zimbabwe. In particular, in alignment with the 2022 DRC Regional Refugee Response Plan, 71 partners are working together to respond to the needs of refugees from the DRC in Angola, Burundi, the Republic of the Congo, Rwanda, Uganda, the United Republic of Tanzania and Zambia. [OBJ]

West and Central Africa:

In 2022, West and Central Africa hosted 11.2 million forcibly displaced and stateless people, including 7.8 million internally displaced people (IDPs), 1.6 million refugees and asylum-seekers, and 931,200 stateless persons. 1.1 million people were newly displaced due to armed conflicts, insecurity and human rights violations, including 800,000 IDPs in Burkina Faso, Cameroon, the Central African Republic (CAR) and Mali, and 138,000 refugees from Burkina Faso, Cameroon, Mali, Nigeria and Sudan. Heavy rains and floods displaced people in Chad, Cameroon, Niger and Nigeria. Insecurity hampered humanitarian access, inflation raised operating costs, and the funding fell short of the need**s.** Over 6.7 million women and girls were forcibly displaced or stateless. They were at heightened risk of gender-based violence due to conflicts, food insecurity, gender inequality, and harmful traditional practices.

Asia and the Pacific:

With some 10.7 million refugees, IDPs, and stateless people as of mid-2022, the Asia and the Pacific region presents a complex set of situations, from emergencies requiring an immediate humanitarian response to contexts needing innovative, longer-term, and sustainable solutions. In Afghanistan, UNHCR rapidly scaled up its operation, assisting almost one million individuals. Over a million Rohingya refugees have fled violence in Myanmar in successive waves of displacement

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[8] *Southern Africa | Global Focus (unhcr.org)*

since the early 1990s. Other emergencies included Typhoon Rai in the Philippines, where UNHCR's emergency response team provided protection and technical expertise to severely affected and hard-to-reach communities. ⌦

Europe:

UNHCR operates in 49 European states, including 27 EU member states and one territory. Europe has a long history of offering sanctuary to refugees. By the end of 2022, it hosted more than one-third of all refugees globally. Notable countries in this region include Moldova, which has been significantly impacted by the conflicts in Ukraine.

Americas:

The Americas region faces a forced displacement crisis due to violence, insecurity, inequalities, and climate change. By mid-2022, nationals of Latin American and Caribbean countries made 42% of new asylum applications worldwide. Peru currently ranks as the second destination country for Venezuelan refugees and migrants after Colombia, hosting more than 1.5 million people. ⌦ In the regional office (RO), there is one staff member dedicated to GBV.

Middle East and North Africa

This region hosts 15.6 million forcibly displaced and stateless people. Countries like Sudan, Ethiopia, Somalia, Syria, and Yemen have faced conflicts, economic challenges, and climate-related disasters. UNHCR works to protect, assist, and find durable solutions for affected populations in this region.

East, Horn of Africa, and the Great Lakes[9]

This region is expected to host 23.6 million forcibly displaced and stateless people by the end of 2024. Millions have fled conflicts in Sudan, Ethiopia, Somalia, and the Democratic Republic of the Congo (DRC). Climate change exacerbates their difficulties. UNHCR provides essential aid, cash assistance, and shelter in response to these crises. Two staff members at the regional level, one at PR4 and the other at PR3 are dedicated to addressing GBV. There is one dedicated to SGBV.

Visits to the Regional Bureaus

The main focus of the regional visits is to engage with the UNHCR staff, both Decision-makers and Operations UNHCR. If there is time others such as External Partners, Influencers, and Interested Actors could also be engaged. Meetings with decision makers will all be KIIs; however, the meetings with operations-UNHCR will be a mix of KIIs and FGD. There will also be a validation meeting at the end of each visit with UNHCR senior leadership in the regional bureau. The Evaluation Team will only cover the other regions, including Southern Africa, West and Central

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[9] *East and Horn of Africa and the Great Lakes | Global Focus (unhcr.org)*

Africa, Asia and the Pacific, and Europe, through its focus on DRC, Central African Republic (CAR), Malaysia, and Moldova/Italy, respectively.

Table 6 below provides an overview of the types of stakeholders the Evaluation Team will engage with at the regional level.

Table 6: Overview of stakeholders for consultation at the regional level

Countries	Americas	The Middle East and North Africa	The East Horn of Africa and the Great Lakes
Decision makers	Deputy or Regional Bureau head Regional Refugee Coordinator	Regional or Deputy Regional Bureau Head Regional Refugee Coordinator	Deputy Regional Bureau Head
Influencers	US-BPRM	World Bank	US-BPRM
Operations	Senior GBV Staff (Focal Point) All Protection staff Operations-Multi-functional Team Staff Interagency Coordination Support to Operations DHR, DER, M&E	Senior GBV Staff (Focal Point) All Protection staff Operations-Multi-functional Team Interagency Coordination Support to Operations DHR, DER, M&E	Senior GBV Staff (Focal point) All Protection Staff Operations-multi-functional team Staff Support to Operations DHR, DER, M&E
External Partners	UN and INGO coordination and GBV partners, The World Bank	UN and INGO coordination and GBV partners	UN and INGO coordination and GBV partners

In terms of overall numbers of stakeholders, the Evaluation Team will engage with these include a total of 10 in person KIIs and one FGD. As highlighted in Table 7 the main focus will be with UNHCR staff including both Decision makers and Operations UNHCR.

Table 7 Number of regional stakeholders

Type of stakeholder	KII In person regional	FGD In person regional
Decision Makers	3	---
Influencers	1 ---	---
Operations (UNHCR)	6	1
External Partners	---	
Interested Actors	--- ---	---

Total	10	1
Number of RBs	3	3
Total	**30**	**3**

Country Visits [10]

The Evaluation Team will conduct in-depth assessments in Kenya, Tanzania, the Central African Republic, Ecuador, and Moldova, and lighter evaluations in the DRC, Syria, Peru, Malaysia, and Italy. Each country's summary will be provided below.

In-depth Countries:

The in-depth case studies will include a five-day visit to the country. The first two days are dedicated to national-level engagements with decision-makers, country representatives, and UNHCR operations, focusing on protection. Multifunctional teams will be consulted for insights into risk mitigation, and support functions such as human resources and external relations will be involved. Also, external partners, including funded entities, government bodies, coordination partners, and donors, will be engaged. Two sub-regional locations in each country will be selected for interactions with the people and communities UNHCR serves, UNHCR staff, and external partners.

Visits to the capitals will offer opportunities to meet with decision-makers, influencers, and to observe UNHCR operations and collaborations with external partners. The majority of the visit will take place in subnational areas, allowing the Evaluation Team to interact with UNHCR field staff, external partners, and the people and communities for whom UNHCR works.

Kenya[11]

In Kenya, there is an emergency and protracted setting with 491,983 refugees, 184,463 asylum seekers, and 10,359 stateless individuals. The population includes individuals from Somalia, South Sudan, DRC, Ethiopia, Burundi, etc. Nairobi is the CO, with one GBV staff member (PR3) and 21 Protection Case Management staff. UNHCR also has a presence in Kakuma and Dadaab, including 2 GBV staff in Dadaab. UNHCR has projects in Kalobeyei, including an integrated settlement and surrounding urban locations. The table below provides a summary of the proposed stakeholders.

Following the RCM guidelines, UNHCR and its partners assume shared leadership in the SBGV Working Group to prevent and address GBV in refugee camps and urban areas. UNHCR's prevention programming focuses on Girl Shine, a program targeting adolescent girls.[12]

In 2023, the country met 76% of its GBV needs. In addition, it has GBVIMS but not RMS in place. There has not been a recent GBV-related evaluation or audit in Kenya.

Table 8: Types of actors and targets in Kenya

Types of actors	Target
Decision makers	Regional Deputy Representative UNHCR Country Representative or Deputy country representative

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Influencers	Resident Coordinator or UN Country Team Representatives, USAID, US-BPRM
	EU, Germany, UK, Department of Refugee Services, Refugee Affairs Secretariat
Operations	UNHCR GBV staff Protection Staff, multi-functional teams, DER, interagency staff
External partners	UNICEF, UNFPA, UN Women, IOM, WFP, FAO, UN-Hábitat
	DRC, HIAS, CVT, RCK, HESED, Kituo, RefuShe, Coptic Hospital
People with and for whom UNHCR works	Camp leadership, WLOs, CBOs

United Republic of Tanzania [13]

Tanzania is considered a protracted refugee context based on RCM. The context comprises 231,042 refugees, 28,149 asylum seekers, and 20,223 stateless people. The majority are from Burundi, with some from the DRC and other countries such as the Comoros, Eritrea, Kenya, Iran, Lebanon, Somalia, Syria, South Sudan, Türkiye, Uganda, and Yemen[5]. UNHCR has a presence in Dar as Salaam (CO), Kasuli, Kibondo, and Kigoma. In Kibondo, two GBV related staff members are at the PR3 level. UNHCR co-leads the SGBV Working group with IRC. In Tanzania. In terms of protection programming UNHCR implements Girl Shine and SASA Together. ⌗ The country met only 20% of its GBV needs and has both RMS and GBVIMS available.

Table 9: Types of actors and targets in Tanzania

Types of actors	Target
Decision-makers	UNHCR Country Representative, UNCT members
Influencers	Key donors
Operations	UNHCR Head of Kasuli FO, Multi-functional teams,
External Partners	IRC, NRC, UNICEF,
	Police, Gender and Children desks, PSEA Taskforce
People with and for whom UNHCR works	Men's groups, Camp leadership, Safe Spaces,

Central African Republic (CAR)[14]

In CAR, there is an L2 emergency, with 550,000 IDPs, 14,000 refugees, 500 asylum seekers, and 1,100,000 CAR citizens who are in danger of becoming stateless. Because of the increase in refugees and asylum seekers from Sudan and Chad, the RCM has been activated. UNHCR is taking the lead in coordinating the response for refugees, working closely with the National Commission for Refugees (NCR). UNHCR has a presence throughout CAR, including in Bangui (CO), Bambari, Bangassou, Berberati, Birao, Bour, Bria, Kaga Bandoro, Mongoumba, and Obo. Two GBV colleagues are in Bangui at the PR3 and GS6 levels. UNHCR in the country met 40% of its GBV needs and leads the implementation of GBVIMS.

Table 10: Types of actors and targets in CAR

Types of actors	Target
Decision makers	Country Representative or Deputy Country Representative, Refugee Coordinator
Influencers	Canada, European Union, France, Germany, US
Operations	Senior regional GBV staff member
	Protection staff, multi-functional teams, DER, Interagency staff
External Partners	WFP, UNFPA, UNICEF, IOM, UN Women, UNDP, FAO, WHO, UNAIDS, OCHA, MINUSCA, UNOPS, World Bank, the AfDB

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[13] *Joint Evaluation: Evaluation of the protracted refugee situation (PRS) for Burundians in Tanzania*

[14] *UNHCR CAR Operational update - November December 2023.pdf*

People with and for whom UNHCR works	TBD

Ecuador[15]

In Ecuador, UNHCR supports 135,880 refugees, including 75,803 from Colombia and 62,217 with active cases, while also assisting 474,945 Venezuelan refugees and migrants. UNHCR, as part of the United Nations Country Team (UNCT) efforts, is co-leading the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) in Ecuador. ⌷ The response is being coordinated through a collaboration between UNHCR and IOM. UNHCR has a presence in numerous locations throughout the country. Including Quito (CO), the other field locations include Solanda, Ambato, Cuenca, Esmeraldas, Guayaquil, Huaquillias, Ibarra, Lago Agiro, Manta, and Tulcan. The Quito CO protection staff is robust. However, there is no dedicated GBV staff in Ecuador. UNHCR and UNFPA are working together on the GBV response. Women's Refugee Commission has researched urban refugees in Ecuador.

Table 11: Types of actors and targets in Ecuador

Types of actors	Target
Decision makers	Country Representative or Deputy Country Representative, Refugee Coordinator
Influencers	Australia, Italy, Germany, Japan, Korea, Spain UK, US
Operations	Senior regional GBV staff member Protection staff, multi-functional teams, DER, Interagency staff
External Partners	World Bank, UNFPA, and members of the SGBV WG
People with and for whom UNHCR works	TBD

Moldova

Moldova is a mixed setting with 106,945 refugees, 1,725 asylum seekers, and 3,307 stateless people. In 2022, a GBV Safety Audit report (Ukraine Response Moldova) was conducted. UNHCR Moldova works closely with the government and UNFPA. Moldova hosts the highest number of refugees per capita.

Of the 38-protection staff in Chisinau, (CO), four GBV staff are at PR3, NOA, and GS5 levels. The government of Moldova (GoM) has accomplished considerable achievements in providing protection and assistance to refugees. Under the state of emergency declared by the government, refugees from Ukraine can enter and remain in Moldova without being subject to the 90-day limit of stay that usually applies to foreigners. Refugees from Ukraine can also apply for asylum in Moldova, access education (primarily as audience members and receive primary and emergency medical care. The GoM established a Single Crisis Management Centre established by the GoM to coordinate the refugee response in collaboration with UNHCR.[16]

Table 12: Types of actors and targets in Moldova

Types of actors	Target
Decision makers	Country Representative or Deputy Country Representative, Refugee Coordinator
Influencers	EU, US
Operations	Senior regional GBV staff member Protection Staff, multi-functional teams, DER, Interagency staff

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[15] *UNHCR Ecuador - Operational Update September 2023 ENG.pdf*

[16] *GBV Safety Audit report (Ukraine Response Moldova)*

External Partners	National Agency for Social Assistance (ANAS), ACTED, Catholic Relief Services/CARITAS, the Law Centre for Advocates (LCA), P4EC, CCF Moldova, AO Artemida, AO Homecare, The Honor and Right of the Contemporary Woman, Terre des Homme.
People with for whom UNHCR works	TBD

Light-touch countries case studies

For the light touch country case studies, the Evaluation Team will conduct nine KIIs and one FGD targeting a range of stakeholders. As I highlighted in Table 14 these include UNHCR staff (decision-makers and Operations UNHCR), External Partners, and influencers, and one FGD with Operations (UNHCR). Table 13 below summarizes what this looks like by country

Table 13: Remote country visits

Countries	DRC	Syria	Malaysia	Peru	Moldova
Decision maker	Deputy Representative Assistant Representative -Programme, Assistant Representative Protection	Deputy Representative Assistant Representative - Programme, Assistant Representative Protection	Deputy Representative Assistant Representative - Programme, Assistant	Deputy Representative Assistant Representative -Programme, Assistant Representative Protection	Deputy Representative Assistant Representative -Programme, Assistant Representative Protection
Influencers	Humanitarian Coordinator Donor	Donor	Resident Coordinator Donor	World Bank Donor	Humanitarian Coordinator (UNFPA) Donor
Operations UNHCR	Senior GBV Officer Regional Level, Heads of field offices, Protection staff and multi-functional staff	Heads of office, Protection staff, multi-functional teams	Community Based Protection, Multi-functional teams	Senior GBV Officer Regional Level, Heads of field offices, Protection staff, and multi-functional staff	Senior GBV Officer Regional Level
External Partners	Head of GBV Coordination	Head of GBV Coordination	Head of GBV Coordination	Head of GBV Coordination	Head of GBV Coordination

Syrian Arab Republic[17]

Syria is a mixed setting with an L2 emergency. The country has 6,900,000 IDPs, 12,500 refugees (mainly from Iraq), 7,500 asylum seekers, and 160,000 stateless people. The majority of refugees (Iraqis) live near Damascus. In Syria, UNHCR is in various locations across the country, such as Aleppo, Daraa, Deir Ezzor, Homs, Qamishli, Sweida, Tartous, and the capital city of Damascus. UNHCR does not have dedicated GBV staff in Syria. UNFPA is responsible for

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[17] *Syria situation | Global Focus (unhcr.org)*

leading Syria's GBV Area of Responsibility (AOR). In 2024, according to an analysis conducted by UNFPA, accessibility faced many challenges due to increasing needs met by worsening funding cuts. Both Engaging Men in Accountable Practice (EMAP) and Girl Shine are being actively implemented in terms of prevention.

Malaysia[18]

Malaysia is a refugee setting with 136,020 refugees, 47,795 asylum-seekers, and 9,040 stateless people. Most (86 percent) of the 182,990 refugees and asylum-seekers registered with UNHCR in Malaysia at the end of 2022 were from Myanmar. There is no staff member within the Protection Staff in Kuala Lumpur dedicated to GBV. The Malaysian Government has yet to accede to the 1951 Convention relating to the Status of Refugees and the 1951 Refugee Convention. Currently, refugees and asylum-seekers, particularly new arrivals, have limited or no access to justice or detention alternatives. In terms of prevention programming UNHCR is engaged in EMAP. Malaysia only met 30% of its GBV needs and does not have RMS or GBVIMS.

The Democratic Republic of Congo (DRC)[19]

The DRC is protracted and prone to emergencies, a mixed setting with refugees, IDPs, and stateless individuals. Most individuals served by UNHCR in Southern Africa come from the DRC. UNHCR has a presence throughout the DRC, including 14 different locations. [20] There are 9 GBV-related positions throughout the country, including 1 in Bukavu, 1 in Gbadolite, 4 in Kalemie, 1 in Katanga, 1 in Kinshasa (CO), and 1 in Tacoma**.**

In 2022, insecurity in the country was exacerbated by a spike in violence in the eastern provinces of Ituri, North Kivu, and South Kivu, which displaced hundreds of thousands of people average of 6,700 protection incidents per month, with a high prevalence of violations of physical integrity and gender-based violence. In addition, due to farming activities being disrupted by relentless conflict and continuous displacement, an estimated 26.4 million people were food insecure across the DRC, making it the most food insecure country in the world. In 2023 UNHCR only meet 39% of its GBV needs in the country. UNHCR leads on GBVIMS, but no RMS is implemented yet.

Peru

Peru is a refugee setting working under the RCM. Since 2017, Peru has actively received forcibly displaced people, mainly from Venezuela. Peru currently ranks as the second destination country for Venezuelan refugees and migrants after Colombia, hosting more than 1.5 million people. Additionally, it holds the highest number of asylum applications from Venezuelans worldwide, with nearly 533,000 requests. In Peru there are three GBV- related protection positions two in Lima (CO) and one in Arequipa. UNHCR actively works to enhance the capacities of the Special Commission for Refugees (CEPR) – the government institution responsible for receiving and processing asylum claims- while guaranteeing that asylum-seekers have access to documentation.**[21]**

Italy

Italy is a refugee setting that uses the RCM. From January to September 2023, there were 133,655 arrivals by sea and 7,642 arrivals by land between January and August 2023. Search and Rescue (SAR) operations led to the disembarkation of 58% of those who arrived by sea. Tunisia was the main departure point for sea crossings, with Libya and Türkiye following closely

[18] https://www.unhcr.org/my/mid-year-trends
[19] Democratic Republic of the Congo situation | Global Focus (unhcr.org)
[20] Baraka, Beni, Bili, Bukavu, Bunia,Faradje,Gbadolite,Goma,Kalemie,Kananga,Kinshasa,Libenge, Tshikapa Uvira, and Yacoma
[21] Document - UNHCR PERU - Factsheet October 2023)

behind. New arrivals mainly originated from Guinea, Côte d'Ivoire, and Tunisia. Land arrivals saw a 20% increase compared to the same period in 2022, with the top three arrivals coming from Afghanistan, Bangladesh, and Pakistan.[22]

UNHCR has a presence throughout Italy, including cities such as Bari, Cagliari, Catania, Crotone, Florence, Lampedusa, Milan, Palermo, Taranto, Trieste, and Roma, the CO, which has one GBV position. Italy does not have RMS or GBVIMS implemented. The financial data available is at the Italy MCO level, showing that Italy's MCO reached 103% of its GBV needs. Looking at its capacity to secure funding, their advocacy work for asylum-seekers and refugees in Europe and integrating UNHCR's work with national anti-violence networks will be incorporated into the focus of the work.

Table 14 provides an overview of 10 country visits by method and stakeholders conducted during in-country visits, including at the national and sub-national levels.

Table 14 Country stakeholder engagement (10 countries)

Type	KII		FGD		Participatory group discussion
	In person	Remote	In-person	Remote	In-person
Decision Makers	3	2	---	---	---
Influencers	2	---	---	---	---
Operations UNHCR	5	5	2	1	---
External Partners	6	2	2	---	---
People with and for whom UNHCR works	---	---	---	---	4
Interested actors	1	---	---	---	---
Total	15	9	4	1	2
Number of countries	5	5	5	5	5
Grand Total	**75**	**45**	**20**	**5**	**10**

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[22] *Italy bi-annual fact sheet: September 2023 (unhcr.org))*

ANNEX C: EVALUATION MATRIX

Evaluation Questions and Sub-Questions	Stakeholders[1]	Sources and Methods[2]
Relevance: Is the Policy doing the right things?		
EQ1: To what extent does UNHCR's approach to GBV prevention, risk mitigation and response respond to the needs of the people with and for whom UNHCR works?		

• EQ1.1: Is the design and implementation of the GBV Policy and corresponding guidelines responsive to the needs of the people with and for whom UNHCR works, including focused attention to AGD?
• EQ1.2: Is the design and implementation of the GBV Policy and corresponding guidelines relevant to the needs of UNHCR at regional and country level and its implementing partners, including focused attention to AGD?
	• Primary stakeholders
	• Decision-makers
	• UNHCR operations
	• External partners
	• People for and with whom UNHCR works
	• Influencers
		Sources:
		  • UNHCR materials
		  • Knowledge products relevant to GBV and to UNHCR target populations
		  • Primary data collection
		Information Collection Methods:
		• KIIs – management, specialists, partners, influencers
		• FGDs with UNHCR multi-functional teams at country and regional levels
		• FGDs with external partners at global level
		• Dataset review and internal reports review and interviews with M&E officers and information users
		• UNHCR staff survey
		• Participatory group discussions – camp committees, women's groups, partners

Coherence: How well does the Policy fit?		
EQ2: To what extent is UNHCR's current approach to GBV prevention, risk mitigation and response aligned in terms of corporate policy and strategy?		

• EQ2.1: Is the design and implementation of the GBV Policy and corresponding guidelines aligned with overall corporate policies and	• Primary stakeholders
	• Decision-makers
	• UNHCR operations
		Sources:
		  • UNHCR materials
		  • Knowledge products relevant to an assessment of alignment
		  • Primary data collection

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[1] *The definitions for stakeholder groupings are included in the stakeholder analysis (Annex C).*
[2] *'Sources' refer to means to secure information. 'Methods' refers to evaluation methods, including: 1) key informant interviews; 2) focus group discussions; (3) observations at field level; 4) participatory group discussions; and 5) UNHCR staff survey.*

Evaluation Questions and Sub-Questions	Stakeholders[1]	Sources and Methods[2]
strategies? What enabled and constrained this alignment?		Information Collection Methods: • KIIs – management, specialists, influencers • FGDs with UNHCR multi-functional teams at country and regional levels • UNHCR staff survey
EQ3: To what extent is UNHCR's current approach to GBV prevention, risk mitigation, and response aligned in terms of the broader UN system, other partners, and countries?		
• EQ3.1: Is UNHCR's implementation of the GBV Policy and corresponding guidelines and protocols consistent with the UN and broader approach to GBV in humanitarian settings? • EQ3.2: Have the GBV Policy and corresponding guidelines enabled UNHCR to exercise its comparative advantages vis-à-vis other actors?	• Primary stakeholders • Decision-makers • UNHCR operations • Influencers • External partners • Interested actors	Sources: • UNHCR materials • Materials from other UN agencies • Materials from other agencies • Knowledge products relevant to GBV alignment • Primary data collection Information Collection Methods: • KIIs – management, specialists, partners, influencers • FGDs with UNHCR multi-functional teams at country and regional levels • FGDs with clusters • FGDs with external partners at global level • UNHCR staff survey • Participatory group discussions – partners
Effectiveness: Is the Policy achieving its objectives?		
EQ4: What progress has been made towards achieving UNHCR's commitments to GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?[3]		
• EQ4.1: To what extent has UNHCR delivered against its objectives in the GVB Policy, including the effectiveness of different types of partnerships?	• Primary stakeholders • Decision-makers • UNHCR operations	Sources: • UNHCR monitoring system, progress reports, similar • Knowledge products relevant to GBV and to UNHCR target populations • Partner reports, both specific to UNHCR engagement, and broader learning products

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[3] *All levels and contexts means global, regional, national, and sub-national levels, and all the types of contexts UNHCR works in (protracted crises, sudden onset emergencies, and mixed situations).*

Evaluation Questions and Sub-Questions	Stakeholders[1]	Sources and Methods[2]
• EQ4.2: To what extent has UNHCR created the institutional infrastructure and capacity necessary to deliver against the objectives in the GBV Policy, both internal to UNHCR and with partners?	• Influencers • External partners • People for and with whom UNHCR works • Interested actors	• Primary data collection Information Collection Methods: • KIIs – management, specialists, partners, influencers, decision-makers, external partners, interested actors • FGDs with UNHCR multi-functional teams at country and regional levels • FGDs with prevention cluster/GBV sub-cluster • FGDs with external partners at global level • Dataset review and internal reports review and interviews with M&E officers and information users • UNHCR staff survey • Participatory group discussions – camp committees, women's groups, partners

Efficiency: How well are resources used?

EQ5: How efficient is delivery of GBV programming under the Policy?

• EQ5.1: How adequately have required resources (e.g., financial, human, management decision-making) been made available and utilized to support the achievement of planned results? • EQ5.2: How are decisions made in a resource scarce environment that enables or undermines efficiency?	• Primary stakeholders • Decision-makers • UNHCR operations	Sources: • UNHCR materials • Knowledge products relevant to an assessment of cost effectiveness • Primary data collection Information Collection Methods: • KIIs – primary stakeholders, decision-makers, UNHCR operations • FGDs with UNHCR multi-functional teams at country and regional levels • UNHCR staff survey

Progress Towards Impact: What difference does the Policy make?

EQ6: To what extent has the GBV Policy contributed to progress made in GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?[4]

• EQ6.1: To what extent is there evidence that GBV Policy and corresponding guidelines	• Primary stakeholders • Decision-makers	Sources: • UNHCR monitoring system, progress reports, similar • Knowledge products relevant to GBV and to UNHCR target populations

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[4] *All levels and contexts means global, regional, national, and sub-national levels, and all the types of contexts UNHCR works in (protracted crises, sudden onset emergencies, and mixed situations).*

Evaluation Questions and Sub-Questions	Stakeholders[1]	Sources and Methods[2]
implementation has resulted in progress in preventing, mitigating risks against, and/or responding to GBV among target populations? • EQ6.2: To what extent has UNHCR implementation of the GBV Policy and corresponding guidelines strengthened state and non-state actors and institutions to enable long-term progress in the broader GBV ecosystem?	• UNHCR operations • Influencers • External partners • People for and with whom UNHCR works • Interested actors	• Studies on impacts from other UN agencies and partner agencies • Primary data collection Information Collection Methods: • KIIs – management, specialists, partners, influencers, decision-makers, external partners, interested actors • FGDs with UNHCR multi-functional teams at country and regional levels • FGDs with prevention cluster/GBV sub-cluster • FGDs with external partners at global level • Dataset review and internal reports review and interviews with M&E officers and information users • Participatory group discussions – camp committees, women's groups, partners

Strategic Positioning: How well is UNHCR positioned in the GBV ecosystem?

EQ7: Looking forward, what should UNHCR do to ensure that it is strategically positioned and ready to deliver on its objectives to address GBV?

• EQ7.1: How does UNHCR use its protection mandate to better advance overall GBV objectives? • EQ7.2: How does UNHCR best position itself to work with other GBV actors using its comparative advantage?	• Primary stakeholders • Decision-makers • UNHCR operations • Interested actors	Sources: • UNHCR materials • Knowledge products relevant to an assessment of cost effectiveness • Primary data collection Information Collection Methods: • KIIs – primary stakeholders, decision-makers, UNHCR operations • FGDs with UNHCR multi-functional teams at country and regional levels • FGDs with external partners at global level • Participatory group discussions – partner organizations at local level • UNHCR staff survey

AGD focus area	AGD discriminatory	AGD non-sensitive	AGD sensitive (minimum policy compliance)	AGD responsive	AGD transformative
	Program activities reinforce or take advantage of inequitable gender norms or social inequalities, such as reproducing stereotypes or depending inequality by exploiting women and people from diverse groups. When participation of these groups does occur, it is usually tokenistic. AGD discriminatory programming reproduces inequalites and causes harm	**Gender inequality, harmful social norms, unequal power relations, and discrimination of diverse groups have not been considered in the design or delivery of program activities. Decisions for women, girls and those from diverse groups continue to be made by those holding more power. AGD non-sensitive programming does not necessarily do direct harm, but may indirectly sujpport the status quo.**	**Gender and social inequalities and discriminations are acknowledged as important to the program context but not included substantively in the design and implementation of activities. Approaches are based more on addressing the practical needs of people from diverse groups. Women, girls and people from diverse groups may be convened to contribute to meetings and decision making processes, but are not supported to 'have a seat at the**	**Program activities acknowledge the importance of gender equality and inclusion of diverse groups, and incorporate corresponding focus on accountability. Programs address the enabling environment for inclusion, empower individuals to collaborate in decision making, and build their capacities and resources to do so, but without addressing underlying causes of exclusion.**	**Program activities intentionally challenge and transform gender and social inequalities, harmful social norms and unequal power relations. Programs support and strengthen systems for collective action, sustainable change, and accountable pathways for marginalized groups. Women and girls and people from diverse groups are supported to engage in meaningful participation and shape the agenda equally to men and other powerful stakeholders**
Data disaggregation and analysis	No examples of AGD discriminatory results found	Further, there are challenges with lack of resourcing to conduct appropriate analysis to identify barriers to help seeking for marginalised groups, and gaps in using data to inform programming.	* Protection monitoring data and safety audit data is mostly collected and disaggregated by age and sex, at a minimum, across country contexts. * Outcome 4 reporting is disaggregated by displacement status where relevant (e.g., DRC, Syria), but not by other characteristics.	* Other diversity characteristics, including disability and LGBTQI+ identity, are not systematically measured, nor is socio-economic data. * There are some challenges with tools used to measure disability and LGBTQI+ identity (AGD evaluation).	* Some but limited evidence of systematic intersectional analysis of data considering multiple identities and characteristics. * Some examples of intersectional disaggregation of at least two characteristics (e.g., sex and age, or sex and displacement status) in protection monitoring or country profiles (e.g. Kenya, Ecuador). * Ecuador does intersectional analysis of data to identify needs and enable prioritization of support.
Participatory methodologies	No examples of AGD discriminatory results found	* Multiple examples of partners' AGD non-sensitive participatory engagement of LGBTQI+ people and people with disabilities across countries due to lack of resourcing or capacity to engage these groups, or contextual factors that limit access to them * In Kenya, challenges with multiple languages and ethnic groups in Kakuma camp settings but with poor translation of information to reach people from diverse groups.	Participatory methodologies are employed during the operations management cycle, including through participatory assessments.	* Examples identified of supporting refugee women / WLO leadership in GBV platforms, and reducing barriers to their engagement through legalisation of organisations and entry to global advocacy spaces. * Examples also observed of strengthening capacities of government stakeholders to deliver equitable services to LGBTQI+ groups.	
Programming	No examples of AGD discriminatory results found	* Poor implementation of GBV response, including case management, for men and boys and LGBTQI+ people found in CAR, Kenya, Malaysia, Peru and Syria (e.g. male survivors unable to access PEP). Particularly strong protection risks among LGBTQI+ men in Dadaab, Kenya. * In DRC and Syria, operations don't work directly with LGBTQI+ survivors due to risks and complex operational environment. * Gaps in case management and access to safe shelters for trans women in Ecuador. While response services communicate their provision of services to women in all their diversity, limited capacity to support. * Poor organisational and technical capacity to address the needs of people with disabilities across all countries, and limited resources to make appropriate accommodations. * Gaps in several countries addressing the needs of older population groups, particularly in Ecuador and Syria.	* Countries have SOPs that outline general guidance on how to deliver survivor centred response and case management services for men and boys, LGBTQI+ people, and people with disabilities, although SOPs lack some detail and utility for operations. * Minimum provision of services and appropriate accommodations for people with physical disabilities, but challenges with addressing the needs of those with other types of disabilities (sensory, cognitive) (e.g. Syria). * UNHCR staff show support for LGBQTI+ people through presence in emblematic events like Pride, particularly in contexts that are not affected by criminalisation of same-sex sexual relationships.	* In Italy, one UNHCR implementing partner does not provide GBV services for men and boys or LGBTQI+ people, leading UNHCR to establish new partnerships to ensure adequate coverage of services to these groups. * In Moldova UNHCR has partnered with UN Aids to ensure provision of services for marginalised groups, including sex workers and HIV+ people. Moldova also has a partner for disability programming that provides targeted case management and support to people with disabilities, reducing GBV risks. People with disabilities are consistently included across partners' activities, including GBV partners, and are also part of the targeted groups for cash assistance, a GBV risk mitigation measure. * In Ecuador, UNHCR established partnerships with LGBTQI+ civil society organisations and government to enhance GBV response. There are appropriate referrals to civil society and government services. * In Peru, UNHCR and GBV subsector working group did advocacy and capacity	* Partnerships with WLOs for prevention programming have transformative capacity when coupled with institutional strengthening but challenges with funding WLOs, particularly when they lack legal registration, limit sustainable change. UNHCR Grant Agreements are a strong shift towards navigating these challenges. * Ethnic groups that suffer a high level of discrimination. In Moldova UNHCR has worked to improve the inclusion and protection of Roma refugees through the Roma Task Force, which mapped over 1,500 Roma refugees and enhanced access to essential services. In 2024, UNHCR hosted a regional conference in Chisinau to promote cultural sensitivity and best practices for Roma refugee support. These efforts have led to increased community participation, better service accessibility, and stronger social cohesion between Roma refugees and host communities.

ANNEX E: COMPARATIVE ANALYSIS

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The Phase 1 report and Geneva mission discussions emphasize the importance of defining a clearer strategic position for UNHCR to enhance Gender-Based Violence (GBV) programming and coordination in humanitarian settings. This comparative advantage analysis focuses on several key aspects, including:

1. Agency presence: Each agency's geographical presence and operational capabilities on the ground.

2. Partnerships: The ability of agencies to establish and maintain robust partnerships with local governments, civil society, and other stakeholders.

3. Fundraising: The capacity of agencies to secure funding and resources to support their GBV initiatives.

4. Coordination: The effectiveness of agencies in coordinating efforts with other UN bodies and external partners.

5. Organizational mandate: How the mandate is perceived as an advantage in addressing GBV.

The analysis aligns with the evaluation questions outlined in Table 1, which address strategic positioning, effectiveness, and coherence. While they help to guide the discussion, these questions are not answered directly and are instead addressed more comprehensively in the global evaluation report.

TABLE 01. Alignment with the evaluation criteria and questions

Strategic positioning
• EQ7.1: How does UNHCR use its protection mandate to better advance overall GBV objectives?
• EQ7.2: How does UNHCR best position itself to work with other GBV actors using its comparative advantage?
Effectiveness
• EQ4.1: To what extent has UNHCR delivered against its objectives in the GBV Policy, including the effectiveness of different types of partnerships?
Coherence
• EQ3.2: Has the GBV Policy and corresponding guidelines enabled UNHCR to exercise its comparative advantages vis-vis other actors?

1.1 UNHCR GBV Policy

UNHCR's GBV Policy emphasizes the importance of partnerships and coordination with various organizations, including women-led organizations (WLOs), national and international non-governmental organizations (NGOs), Red Cross and Red Crescent National Societies, United Nations agencies, and community-based organizations (CBOs).

This collaborative approach aims to provide better protection and assistance to those affected by GBV. The policy outlines that UNHCR leads or co-leads GBV coordination in refugee contexts under the Refugee Coordination Model (RCM), working with partners to enhance the effectiveness of response efforts. The policy encourages UNHCR to promote GBV risk mitigation and mainstreaming, ensuring that GBV considerations are included in assessments and funding submissions. Additionally, UNHCR is responsible for identifying and addressing critical gaps in GBV services, and in situations of mixed settings has their own GBV programing and supports the GBV AoR in fulfilling its responsibilities. The policy also underlines the need for proper resource mobilization and advocacy to support GBV programming. UNHCR operations are encouraged to advocate for establishing or strengthening national coordination mechanisms and include local and national responders in inter-agency coordination such as identifying local organizations with GBV expertise, particularly WLOs, to work closely with and build capacity.

UNHCR' in Refugee Settings

UNHCR plays a crucial role in protecting refugees and stateless people from GBV. Recognizing that forcibly displaced individuals face heightened risks of physical, sexual, and psychological violence, UNHCR collaborates with partners, governments, women-led organizations, and communities to implement quality programming aimed at preventing and responding to GBV. Their efforts focus on reducing the risk of GBV for all people of concern and ensuring that survivors have timely access to quality services that meet their needs. UNHCR also leads several sub-sector working groups, such as the GBV Sub-Sector Working Group, which coordinates efforts to create and implement unified prevention, response, and risk mitigation strategies.[1] Additionally, UNHCR advocates for resources to support specialized programs for women and girls, while also addressing the needs of male survivors and individuals with diverse sexual orientations and gender identities.

UNHCR in IDP and Mixed Settings

UNHCR's role in IDP settings is distinct from its role in refugee contexts.[2] According to the January 2019 UNHCR/IOM Joint Note, in mixed situations involving refugees, IDPs, asylum seekers, and stateless persons, the responsibility for coordination lies with UNHCR and the Office of Coordination of Humanitarian Affairs (OCHA) through an appointed Humanitarian Coordinator.[3] In such contexts, UNHCR leads the Protection Cluster[4] and also leads or co-leads Shelter and Camp Coordination and Camp Management (CCCM) clusters.[5]

UNHCR in Mixed Movements Migration

In mixed movements, which involve refugees, asylum-seekers, migrants, and stateless persons traveling along the same routes and facing overlapping protection risks, GBV coordination varies by context. In Latin America, where UNHCR and IOM formally collaborate under the IOM-UNHCR Framework of Engagement (2022), GBV response may be coordinated by UNHCR, IOM, or UNFPA, depending on national and regional arrangements. Elsewhere, mixed movement responses do not follow a single global coordination model; instead, GBV coordination falls under existing protection mechanisms, often led by UNHCR in refugee settings, UNFPA through the GBV Area of Responsibility (AoR) in IDP contexts, or national authorities and civil society organizations in migration-focused responses.[6]

1.2 Findings from the Case Study Countries

Among the nine countries included as case studies in the GBV global evaluation, Moldova, Kenya, Malaysia, and Italy follow the RCM, a state-driven focus indicating a structured approach to refugee coordination where UNHCR is the main agency in charge of all aspects of the response, including GBV. UNHCR's leadership in GBV coordination is evident in its role in 45 refugee and mixed settings, as noted in its 2023 Global Report.[7]

Three other countries assessed include the Democratic Republic of Congo (DRC), the Central African Republic (CAR), and Syria, where OCHA leads the overall coordination via the Resident

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[1] UNHCR | Emergency Handbook

[2] Policy on UNHCR's Engagement in Situations of Internal Displacement | Refworld

[3] Joint IOM-UNHCR letter on coordination - 25 January 2019 | UNHCR

[4] Protection Cluster | UNHCR

[5] Cluster Approach | UNHCR

[6] Key guidance documents applicable to GBV coordination in mixed movements include the IOM-UNHCR Framework of Engagement (2022), the Global Compact on Refugees (2018), the Global Compact for Migration (2018), and, where applicable, the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action (2015).

[7] https://reporting.unhcr.org/global-report-2023

or Humanitarian Coordinator. In these countries, a mix of forcibly displaced populations, including both refugees and IDPs, coexist. In the CAR, a mixed setting saw an RCM initiated in April 2023 in response to the Sudanese crisis, showing how mandate responsibilities can quickly change. According to 2023 statistics UNHCR is in 31 settings where they lead the Protection Cluster.[8]

The situation in Latin America is unique due to the complex mix of internal displacement, cross-border movements, and migration flows, commonly referred to as mixed movements.[9] UNHCR and the International Organization for Migration (IOM) co-lead the Regional Inter-Agency Coordination Platform for Venezuelan refugees and migrants, the R4V Platform, which is active in the two Latin American case study countries, Ecuador and Peru.[10] This platform facilitates a coordinated and comprehensive response, bringing together various UN agencies, NGOs, and other stakeholders to address affected populations' protection and assistance needs. UNHCR entered the region in the last decade and is playing a critical role alongside other UN agencies. The coordination structures in Peru and Ecuador have evolved organically in response to migrant movements. Unlike global guidance, regional arrangements like the R4V structure have emerged to address specific crises.

Table 2 provides a detailed overview of the coordination structures in the nine case study countries, focusing on the overall coordination frameworks and the entities responsible for GBV coordination. The findings indicate that UNHCR plays a significant role in GBV coordination in refugee settings, while UNFPA is more prominent in mixed settings as outlined in the guidance and elaborated further below.

TABLE 02. Coordination structures in nine case study countries

Country	Coordination types	Overall Coordination	GBV Coordination National	GBV Coordination Sub-national level
Moldova	RCM	UNHCR/ Government	UNHCR and UNFPA co-leading the GBV sub sector working group	NA
Ecuador	Mixed Movements Migrants	IOM/ UNHCR/ Government	UNHCR, UNFPA[11]	Various
CAR	RCM, Mixed Settings IDPs	OCHA/ Government	UNFPA coordinates the GBV AoR	UNFPA partners and UNHCR and partners in Birao - for Sudanese Refugees
Kenya	RCM	UNHCR	UNHCR co-leads	Dadaab with WLO Kakuma - UNHCR co-leading with department of refugee services

Peru	Mixed Movements Migrants	IOM/UNHCR/ Government	UNHCR, UNFPA	Various
DRC	Mixed Setting IDPs	Humanitarian Coordinator	UNFPA coordinates GBV AoR	Various
Syria	Mixed Setting IDPs	OCHA	UNFPA[12] - Damascus	UNFPA-Gaziantep
Malaysia	Government leads UNHCR supports	Government	UNHCR	N/A
Italy	Government leads UNHCR supports	Government	UNHCR	N/A

1.3 UNHCR's role in GBV in the Case Study Countries

Highlighting the nine countries demonstrates the range and types of coordination structures UNHCR engages in. It is guided by its mandate as a refugee agency in charge of protection and by global agreements and subsequent guidance delineating various actors' roles.

Kenya

UNHCR's approach to GBV coordination in Kenya operates at multiple levels, ensuring a comprehensive response to the needs of refugees and asylum seekers. At the national level, UNHCR collaborates with government agencies, international organizations, and local partners to develop and implement policies and programs to prevent and respond to GBV. This coordination is crucial for aligning efforts and resources, ensuring that GBV survivors receive holistic support. In urban settings like Nairobi, UNHCR works closely with local authorities and community-based organizations to provide medical care, psychosocial support, legal assistance, and safe shelters. The establishment of GBV One Stop Centers (OSCs) in Nairobi facilitates access to multiple services in one location, enhancing the efficiency and effectiveness of the response.

In the refugee camps of Dadaab and Kakuma, UNHCR's GBV response is tailored to the unique challenges of these settings. In Dadaab, the GBV OSC in Hagadera Camp has significantly improved access to services for survivors, although challenges such as staffing shortages and access to justice remain. The Kalobeyei GBV OSC in Kakuma, linked with sexual and reproductive health services, has also seen an increased uptake of services, particularly after awareness-raising efforts. Across these camps, UNHCR supports community-based response activities, including safe home volunteers who provide temporary shelter and care for survivors. Despite funding constraints, UNHCR's GBV programming in Kenya prioritizes case management and response services, which are recognized as strengths of their approach. However, gaps remain, particularly in services for marginalized groups such as men, boys, and LGBTQI+ individuals.

Moldova

Case study findings revealed that UNHCR took a leading role on GBV issues within the RCM settings at the national level in Moldova. This leadership was further supported by UNFPA, which co-led the GBV sub-sector working group alongside UNHCR. Their collaborative efforts in

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[12] UNFPA Whole of Syria: Gender-Based Violence Strategy 2024 – 2025 - Syrian Arab Republic | ReliefWeb provides an overview of the structures and highlights that Global Communities co-leads the GBV AOR with UNFPA. Global Communities is an international NGO that works at the intersection of humanitarian assistance, sustainable development, and financial inclusion.

Moldova involved coordinating with diverse stakeholders to ensure comprehensive support and protection for refugees, particularly by integrating GBV risk mitigation into broader protection strategies. Moreover, UNHCR and UNFPA jointly advocated for enhanced data collection on GBV cases, aiming to improve the response mechanisms and policies in place to address these critical issues.

UNHCR was crucial in addressing GBV through its partnership with the Ministry of Labour in Moldova. This collaboration focused on providing systemic support and capacity building for GBV issues. UNHCR offered technical assistance and training to Ministry staff to develop and implement effective GBV prevention and response strategies. They worked together to create policies that adhered to international standards and best practices, ensuring that the protection and rights of refugees were central to their efforts.

Additionally, UNHCR supported the Ministry of Labour in enhancing data collection and analysis related to GBV. This effort was vital for identifying trends, assessing the effectiveness of interventions, and making informed decisions to improve GBV services.

The collaboration between UNHCR and the Ministry of Labour in Moldova highlights a comprehensive approach to tackling GBV with the aim of creating a safer environment for refugees and other vulnerable populations.

Malaysia

In Malaysia, coordination differs from the refugee coordination and response model seen in other contexts, where there is more systematic coordination with the government. In Malaysia, there is not a single overarching coordination model; instead, it is divided by sector. There is an inter-agency preparedness group, but it operates parallel to the sector platforms and lacks an overarching coordinating body.

Sector groups include mental health and psychosocial support, public health, education, legal protection, child protection, and GBV. These groups do not always communicate with each other, but UNHCR strives to make their activities complementary. They achieve this by integrating sessions on mechanisms and referral pathways for child protection (CP) and GBV into other sector groups. The CP and GBV group, coordinated by UNHCR and UNICEF, focuses on prevention, risk mitigation, and response, involving RLOs and refugee women-led organizations (RWLOs). This group does not handle case management directly but works on broader prevention and response strategies.

A separate inter-agency GBV network harmonizes case management and establishes referral protocols, meeting more frequently and ensuring stronger coordination. The UN Gender Results Group, which concentrates on gender mainstreaming and GBV, collaborates closely with UNFPA, who chairs the group. UNHCR contributes significantly to this group, although it is currently not very active.

Italy

In Italy, UNHCR's efforts have been focused on supporting refugees and migrants, particularly in regions like Sicily and Lampedusa, where many arrivals occur. They collaborate with government agencies, such as the Ministry of Equal Opportunities, to draft national GBV plans and provide capacity building. Their work has expanded to include partnerships with civil society organizations to address GBV and other protection needs.

Additionally, UNICEF and UNHCR have a strong collaborative framework in Italy, formalized through a Letter of Understanding (LoU) and a joint work plan covering 2024-2025.

Democratic Republic of Congo (DRC)

In the DRC, UNFPA leads the GBV AoR within the Protection cluster (led by UNHCR) and UNHCR is an active member of the GBV AoR. Feedback from stakeholders found that UNFPA

and UNHCR are working together to enhance GBV activities. UNFPA highlights the importance of working together to advocate for funding, ensure improved data collection on GBV cases, integrate GBV risk mitigation into broader protection efforts, and emphasize social cohesion. The coordination structure in the DRC involves collaboration with multiple stakeholders, including the government and NGOs, providing comprehensive services such as medical care, legal support, and economic recovery for GBV survivors. This model aims to improve quality and position protection issues more effectively at all levels, including with donors and other stakeholders.

The Central African Republic (CAR)

In the CAR, the UNHCR provides protection and assistance to forcibly displaced individuals, including refugees, IDPs, returnees, and stateless individuals. The UN OCHA leads overall coordination, except for refugee and returnee responses, which UNHCR coordinates through the RCM. UNFPA manages the GBV AoR, and UNHCR plays a significant role, particularly in areas outside Bangui where UNFPA is not physically present.

Starting in April 2023, an RCM was activated to accommodate Sudanese refugees and Chadian asylum seekers. UNHCR has established a fully operational RCM in Bangui, chaired by the government. Together with the government counterpart CNR, UNHCR is active in the main refugee-hosting areas, collaborating with other partners to support the refugee response. This model aims to enhance response efficiency by integrating with existing local structures rather than creating new ones.

UNHCR collaborates closely with partners and community members in these areas to implement GBV interventions, ensuring that services reach even the most remote locations. This collaboration is vital in a country where political instability and security challenges often hinder humanitarian efforts. The coordination between UNHCR and UNFPA, along with other partners, aims to create a cohesive and effective response to GBV, addressing the needs of survivors and working towards long-term solutions.

The "Ma Mbi Si" initiative, which means "listen to me too" in Sango, is a flagship program developed by UNHCR and its partners to support female GBV survivors. Piloted in 2021, it has expanded to cover fifteen out of the twenty prefectures in the CAR, providing essential psychosocial support, case management, and practical assistance to survivors. The program is aligned with UNHCR's protection monitoring strategy and collaborates with the GBV AoR to avoid duplicating efforts.

Despite challenges such as limited funding and the need for more comprehensive services, the Ma Mbi Si initiative has made significant strides in supporting GBV survivors across the country. Coordination of GBV efforts in CAR involves multiple stakeholders, with UNFPA leading the GBV AoR in the capital, Bangui. However, UNFPA's limited presence outside the capital necessitates a more significant role for UNHCR.

Syria and Surrounding Region

In Syria, adopting a whole-of-Syria approach, both UNHCR and UNFPA have a presence to address the IDP situation in the country and across the region in Lebanon, Jordan, Turkey, and Iraq to support the Syrian refugees who have been forced to move to these locations. While UNFPA leads the GBV AoR in Syria, UNHCR is an active member. Both organizations have a presence in these settings to support coordinated GBV response and prevention efforts. In Lebanon, Jordan, and Turkey, UNHCR and UNFPA work together to support Syrian refugees who have been displaced to these countries. Their joint efforts focus on GBV risk mitigation, advocacy for funding, and integrating GBV response into broader protection activities. This collaboration ensures a comprehensive approach to supporting survivors and addressing the needs of displaced populations.

Peru

In Peru, the UNHCR has actively addressed GBV within the broader context of refugee protection and mixed migration settings. Alongside UNFPA, the UNHCR plays a formal role in GBV coordination, focusing on the prevention and response to GBV among refugees and IDPs. The organization works through a multi-faceted approach, integrating GBV risk mitigation into broader protection efforts and ensuring that all GBV activities are well-coordinated and effectively managed.

The collaboration involves working closely with other UN agencies and INGOs to enhance the protection and support services offered to GBV survivors. These efforts include providing medical care, legal support, and economic recovery services. By advocating for increased funding and improving data collection on GBV cases, UNHCR aims to ensure that GBV issues are effectively addressed and that survivors receive the comprehensive support they need.

Ecuador

The overall response coordination in Ecuador is multifaceted and involves various stakeholders, including UNHCR, local government authorities, and civil society groups. The primary platform for coordination linked to UNHCR's work is the Working Group for Refugees and Migrants (GTRM). This platform facilitates collaboration and joint programming among different actors. However, the complexities of the mixed movement setting in Ecuador, involving refugees, IDPs, and migrants, sometimes lead to confusion among partners regarding coordination mechanisms. Despite these challenges, UNHCR is crucial in supporting local referral pathways and mechanisms, disseminating information, and raising awareness about them.

The coordination of GBV initiatives is more substantial at the local sub-national levels than at the national level. This is attributed to the faster coordination of actions and the ease of mitigating duplication at local levels. UNHCR's collaboration with local organizations and stakeholders ensures a holistic approach to addressing GBV, providing essential services like medical care, legal assistance, and psychological support. UNHCR focuses on integrating GBV risk mitigation into broader protection efforts, ensuring that all GBV activities are well-coordinated and effectively managed.

UNHCR's GBV prevention, risk mitigation, and response work has been comprehensive and impactful. The organization has exceeded its targets for GBV case management, integrating and centralizing organizational tools and data through proGres, despite some challenges with data entry and partner accessibility. UNHCR has effectively used data to inform decision-making and produce new systems and tools to overcome existing challenges. Their funding support for infrastructure and equipment in GBV shelters, comprehensive service centers, and safe spaces has been highly appreciated. Additionally, their technical capacity and commitment to addressing the root causes of GBV through innovative approaches have been recognized as good practices globally.

1.4 Coordinated Efforts in Addressing GBV Globally

While UNHCR and UNFPA have formal GBV coordination roles in humanitarian settings (refugee and IDP/Mixed settings), as has already been highlighted through the case study findings other UN agencies and INGOs also play crucial roles in GBV prevention and response in humanitarian and development settings. These agencies contribute to the refugee response and the GBV AoR driven by their mandates and broader global agreements. Table 3 below provides an overview of UN and international actors, their overall mandate, their central role in GBV, and their GBV policy/strategy.

TABLE 03. Mandates, strategies and policies on GBV among UN and International actors

International Actor	Mandate	IASC responsibilities	Internal GBV
UNHCR	Protection Mandate to strengthening coordination and programming to protect women and girls from GBV	Leads under the Refugee Coordination Model (RCM), in IDP and mixed settings leads Protection and participates in the GBV AOR.	UNHCR Policy on Prevention of, risk mitigation, and response to Gender-Based Violence (2020)
UNFPA	Aims to scale up and strengthen interventions on GBV in emergencies	IASC-mandated lead for GBV coordination in non-refugee emergencies	UNFPA Strategy and Operational Plan to Scale Up and Strengthen Interventions on GBV in Emergencies 2023-2025
UNICEF	Prevent and respond to GBV in emergencies, focusing on the unique needs of girls and women	Active member of the GBV AOR in non refugee settings and has LOU with UNICEF in refugee contexts. And Leads the CP AOR under the Protection Cluster.	UNICEF Approach [to GBV]
WHO	Extends beyond GBV, covering health and well-being globally	Member of the GBV AOR and works with UNHCR in refugee contexts especially on health-related aspects of GBV with a focus on system strengthening.	WHO VAW
WFP	Addresses hunger and food insecurity globally	A member of the GBV AOR and GBV sub-sector WG in refugee settings. Leads the Food Security Cluster.	Standard Operating Procedures (SOPs) for GBV Interventions in Humanitarian Settings
UN Women	Promotes gender equality and women's empowerment in humanitarian settings	Engages in gender mainstreaming and advocacy in both humanitarian and development contexts [13]	What we do: Ending violence against women	UN Women – Headquarters
IOM	Related to migration, including displacement and mobility	Core member of the GBV AOR and collaborates with UNHCR in refugee and Mixed Movement setttings. [14]	Institutional Framework for Addressing Gender-Based Violence in Crises (GBViC Framework)

[13] iasc-gender-accountability-framework-report-2023-en.pdf
[14] https://emergencymanual.iom.int/gender-based-violence-crises

UNDP	Focuses on sustainable development and poverty reduction	Integrates GBV into developmental programming,,	Institutional Framework for Addressing Gender-Based Violence in Crises
World Bank	Provides financial and technical assistance for development projects	Focuses on GBV in fragile, conflict and violent settings.[15]	Gender-Based Violence (Violence Against Women and Girls) (worldbank.org)
International Rescue Committee	Provides humanitarian assistance and support to refugees and displaced populations	Active member of the GBV AOR and the GBV sub sector working group in refugee settings where they operate.	Violence Prevention and Response at the International Rescue Committee	International Rescue Committee (IRC)

There is a solid commitment to addressing GBV in refugee and IDP/mixed settings responses, with agencies like UNICEF, WFP, and WHO as instrumental. UNICEF ensures that GBV programs include child protection elements and integrate GBV prevention into safe learning spaces.[16] WFP incorporates GBV risk mitigation into food distribution programs,[17] while WHO provides essential health services, including clinical management of rape and mental health support for GBV survivors.[18]

UN Women and UNDP play significant roles in both humanitarian and development settings. UN Women plays a significant role in addressing GBV in humanitarian settings by providing practical guidance and tools for humanitarians and affected communities to coordinate, plan, implement, monitor, and evaluate essential actions for the prevention and mitigation of GBV across all stages of disaster and emergency management.[19] Their efforts focus on three main goals: reducing the risk of GBV, promoting resilience by strengthening national and community-based systems, and aiding recovery by supporting local and national capacity to create lasting solutions. UN Women leads efforts to promote gender equality and empower women through programs addressing GBV. UNDP operates fully in this space with strong commitments to ensure development approaches address underlying causes of humanitarian and peacebuilding needs; and in leading relevant international deliberative fora and inter-agency mechanisms to ensure development perspectives are ingrained deeply in our joint approaches to resolving the causes and consequences of crises.[20]

UNDP integrates GBV risk mitigation and response into governance and rule of law programs, ensuring legal frameworks protect survivors and hold perpetrators accountable.

UNHCR (Bilateral) LoU/MoU at the global level

In addition, at the global level, UN agencies collaborate bilaterally, including UNHCR and other UN agencies, through formal arrangements like Letters of Agreement (LoA) and Memoranda of Understanding (MoU). These agreements outline partnership terms and are vital for coordinated approaches to addressing GBV. Notable agreements include:

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[15] World Bank (2018) Gender Based Violence in Fragile, Conflict, and Violence (FCV) Situations : Five Key Questions to be Answered

[16] https://www.unicef.org/media/84166/file/Addressing-GBV-in-Emergencies-Why-GBV-Matters.pdf

[17] https://gbvguidelines.org/wp/wp-content/uploads/2018/05/WFP-GBV-Manual.pdf

[18] https://www.who.int/news-room/fact-sheets/detail/violence-against-women

[19] GBV AoR (2020) Implementation Strategy for the revised Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

[20] https://www.undp.org/crisis/humanitarian-development-and-peace-nexus

- **UNHCR and UN Women**: This MoU focuses on improving efforts to prevent and respond to GBV through collaborative programming. The collaboration aims to enhance gender equality initiatives in refugee camps and among displaced populations. By combining resources and expertise, both agencies work to implement comprehensive GBV prevention strategies, provide support services for survivors, and promote women's empowerment through education and vocational training programs.[21] In 2024, UNHCR and UN Women signed an agreement in the CAR that aligned with the global MoU.[22] Addtionally in Jordan, UNHCR and UN Women have implemented joint programs to support Syrian refugees, including establishing safe spaces for women and girls, providing psychosocial support, and offering vocational training to promote economic empowerment.

- **UNHCR and UNICEF**: In 2020, they launched a Blueprint for Joint Action to enhance child protection efforts, including addressing GBV.[23] This initiative aims at creating safe environments for children in refugee and IDP camps by integrating GBV prevention into child protection activities. The collaboration evolved into the UNICEF-UNHCR Strategic Collaboration Framework in 2023, which broadened the scope to include more robust measures for health, education, and psychosocial support for children and adolescents affected by GBV.[24] In Uganda, this initiative has led to the creation of Child-Friendly Spaces in refugee settlements, where children can receive educational and psychosocial support, and GBV prevention is integrated into child protection activities. Ecuador was also a pilot country prior to the more formal agreements made with the Strategic Collaboration Framework. In Italy UNHCR and UNICEF have a joint work based on a LoU. Their collaboration spans child protection and GBV, including:

  o Advocacy: The agencies coordinate to ensure key messages are unified and represented across various advocacy platforms, with each agency leading specific areas related to their expertise.

  o Capacity Building: Joint development of e-learning modules and training courses, including the adaptation of the international GBV Pocket Guide to the Italian context.

- Coordination: Ensuring smooth cooperation between their respective partners like Save the Children and D.i.Re. (National Coordination Platform of Anti-Violence Centers)UNHCR and UNFPA initially joined forces in a 1995 MoU to respond to the sexual and reproductive health needs of displaced populations, including the collection of accurate population-based data, which helps humanitarian agencies provide more effective response.[25] In 2008, an agreement was signed to enhance the collaboration between UNHCR and UNFPA in addressing the sexual and reproductive health needs of populations displaced by crisis. This partnership aimed to provide GBV survivors with comprehensive reproductive health services, including maternal health, family planning, and prevention of sexually transmitted infections. It also ensured that GBV survivors received integrated care, including medical treatment.[26] In 2018, UNFPA and UNHCR signed a cooperation understanding on strengthening emergency preparedness and response that addresses GBV, including on UNFPA's strengthened GBV coordination in non-refugee settings.[27] According to UNHCR's GBV Unit, the global MOU is currently in the process of revision.

- Feedback from UNFPA in Kenya noted that UNHCR and UNFPA were currently adapting a global MoU between the two agencies for the Kenyan context given that the global MoU

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[21] https://www.unhcr.org/media/strategic-partnership-including-coordination-ec-72-sc-crp-6

[22] UNHCR and UN Women sign partnership agreement in CAR | UN Women – Africa

[23] UNHCR-UNICEF Blueprint for Joint Action for Refugee Children | UNICEF

[24] UNICEF-UNHCR Strategic Collaboration Framework | UNHCR US

[25] UNHCR (1997) Memorandum of Understanding Between the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Population Fund (UNFPA).

[26] UNFPA (2008) UNFPA Strengthens Partnership with UNHCR.

[27] UNFPA (2018) UNFPA-UNHCR Cooperation Understanding on Strengthening Emergency Preparedness and Response.

lacked relevance. UN Women also shared positive feedback about coordination with UNHCR at camp level in the roll out of partner activities.

Both agencies work together to develop community-based programs that raise awareness about GBV and promote gender equality. In Bangladesh, this partnership has been crucial in the Rohingya refugee camps, where UNHCR and UNFPA provide comprehensive reproductive health services, including maternal health, family planning, and prevention of sexually transmitted infections. Additionally, they ensure that GBV survivors receive integrated care, including medical treatment, mental health support, and legal assistance.

Other UN agencies LOU/MOU at the global level

In addition, other UN agencies have also formed bilateral formal agreements to address GBV comprehensively. These LoUs and MoUs facilitate joint efforts, leveraging each agency's strengths to provide coordinated responses in various settings.

- **IOM and UN Women**: This collaboration address GBV within migration policies and works to create safe environments for refugees and migrants. Programs like IOM's "Counter Trafficking and Protection of Migrants" and UN Women's "Gender and Humanitarian Action" are pivotal in tackling GBV in migration contexts.[28]
- **UNFPA and UNICEF**: These agencies enhance joint programs for children, integrating GBV prevention into broader child protection activities. Initiatives like the "Global Programme to End Child Marriage" and the "Safe Schools Declaration" exemplify their collaborative efforts to protect children from violence and exploitation.[29]
- **UNDP and UN Women**: Their collaboration on post-conflict recovery and GBV emphasizes the development and enforcement of legal frameworks to safeguard survivors and promote gender equality. They jointly implement programs such as the "Women, Peace, and Security" agenda, which aims to ensure women's participation in peace processes and post-conflict reconstruction.[30]

Despite global and bilateral commitments, implementation on the ground can vary significantly by context. This discrepancy arises due to several factors, including resource limitations, different local infrastructure levels, and differing urgency and needs in various regions. For instance, in conflict zones or areas with high levels of displacement, the focus might be more on immediate response and protection measures. In contrast, in more stable settings, efforts might lean towards long-term prevention and integrating GBV mitigation into broader development programs. Such context-specific challenges highlight the importance of flexible and adaptive strategies that can respond to the unique needs and circumstances of each setting, making understanding each agency's comparative advantage important in each setting to leverage responses, especially as needs continue to rise and resources are not available to meet the needs.

1.5 UNHCR's comparative advantage

This comparative advantage analysis focused on several key areas: the geographical presence and operational capabilities of each agency on the ground, their ability to establish and maintain strong partnerships with local governments, civil society, and other stakeholders, their capacity to secure funding and resources to support GBV initiatives, and the effectiveness of coordination efforts with other UN bodies and external partners. Additionally, the analysis considered the organizational mandate of each agency and how mandates could further enhance comparative advantage in GBV programming and coordination in humanitarian settings.

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[28] IOM and UN Women Scale-up Efforts to Advance Women's Rights | IOM Blog
[29] Gender Based Violence and Child Protection Framework_EN_FINAL_0.pdf
[30] Access to justice for women and girls: UNDP and UN Women launch the Gender Justice Platform | United Nations Development Programme

Territorial Presence

Global interviews and examples from case study countries reinforced that UNHCR's extensive field presence is where it has its greatest comparative advantage. This widespread presence ensures that UNHCR can directly reach those in need, assess situations on the ground, and provide immediate support. Currently UNHCR is present in 136 countries worldwide.[31] Case studies and beyond show that in both refugee and IDP settings UNHCR has a significant presence covering large portions of countries including in some of the hardest to reach areas of countries.

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In more detail, UNHCR is equipped to operate in both refugee camps and urban environments, effectively covering large portions of countries, including some of the most challenging and remote areas. This extensive reach allows UNHCR to implement its programs efficiently, addressing the immediate and long-term needs of refugees and IDPs.

Furthermore, UNHCR's field teams are well-versed in local contexts and can quickly adapt to changing circumstances, which is crucial in conflict or disaster-stricken areas. They work closely with local governments, civil society organizations, and other stakeholders to ensure a coordinated and comprehensive GBV prevention and response approach. This collaboration not only enhances the effectiveness of their interventions but also builds local capacity for more sustainable solutions.

The ability to conduct on-the-ground assessments means that UNHCR can prioritize resources and tailor its programs to the specific needs of the population it serves. These assessments guide their work, from setting up safe spaces and providing essential services advocating for policy changes that protect the rights of refugees and other vulnerable groups.

In summary, UNHCR's geographic and operational capabilities, combined with its strong partnerships and capacity for securing resources, ensure that it can deliver timely and effective responses to GBV in various settings around the world.

- In **Kenya**, UNHCR operates in both the Dadaab and Kakuma camps, providing direct and ongoing support to refugees.
- In the **CAR**, the "Ma Mbi Si" initiative, which means "listen to me too" in Sango, is a flagship program that has expanded to cover fifteen out of the 20 prefectures in the CAR. The program is aligned with UNHCR's protection monitoring strategy,
- In **Syria**, UNHCR has established safe spaces and essential services for displaced populations, significantly protecting women and children from GBV.
- In the **DRC**, UNHCR's immediate response in conflict zones has been vital in mitigating GBV risks and supporting survivors.
- In **Ecuador**, UNHCR has a strong presence at the subnational level.

Protection Mandate as a mandated refugee agency

UNHCR's comprehensive protection strategy includes GBV prevention and response, offering holistic refugee support and addressing protection needs from legal aid to psycho-social services. This broad mandate integrates various forms of protection into its operations, ensuring a multifaceted approach starting with protection assessments. Protection assessments guide UNHCR's work, setting priorities despite limited resources.

In the CAR, GBV remains one of the key protection issues, as highlighted by the protection monitoring conducted by UNHCR and its partners. UNHCR's immediate response in conflict zones has been vital in mitigating GBV risks and supporting survivors through comprehensive

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[31] Where we work | UNHCR

programs that include legal aid, medical services, and psycho-social support. In Ecuador, Peru, and Malaysia, UNHCR's legal advocacy for refugee rights, including documentation and legal status, provides critical protection from GBV.

Coordination and Collaboration

Strong interagency coordination, particularly in refugee settings, allows UNHCR to lead or co-lead GBV efforts and collaborate effectively with local and international partners. This leadership ensures efficient resource use and cohesive strategies. In IDP, mixed settings, and mixed movements, UNHCR has also played important coordination roles through its expansive presence.

With government:

- In **Kenya**, within the Comprehensive Refugee Response Framework (CRRF), UNHCR ensures that refugees can access essential services, including GBV services.
- In **Moldova**, as part of the Ukraine Response Plan, UNHCR works closely with the Gender Unit of the Ministry of Labour to ensure that refugees are integrated into the response efforts and provided with services.
- In **Italy**, UNHCR collaborates with the government to address issues faced by refugees and asylum seekers, including working with the Department of Equal Opportunities. This partnership ensures that the protection mechanisms in place are inclusive and responsive to the needs of the refugee population.
- In **Malaysia**, UNHCR facilitates access to GBV services for the stateless Rohingya community, extending beyond what any other UN agency could do.

With other UN agencies:

- In **Moldova**, UNHCR demonstrated its role as a convenor, coordinating with civil society and government to ensure comprehensive GBV responses. The coordination of the Safety Audit with an array of UN and other partners conducted two years in a role is one concrete example.
- In **Latin America**, joint efforts with IOM in data collection and program implementation ensure well-coordinated protection responses for women.
- In the **Americas**, the RB developed joint work plans and other joint coordination with UNPFA and UN Women.

Localization

UNHCR has also been recognized for its localization efforts in support of WLO, ensuring culturally sensitive and contextually relevant GBV responses, empowering local communities, and enhancing sustainability. This partnership model fosters a more inclusive and effective response to GBV.

Overall, UNHCR's localization efforts reflect a commitment to empowering local communities and fostering culturally sensitive and contextually relevant GBV responses. By partnering with local organizations and building their capacity, UNHCR enhances the sustainability and effectiveness of its GBV initiatives, ensuring that they are rooted in the lived experiences and cultural contexts of the communities they serve.

Examples include:

- In **Ecuador**, UNHCR's strong presence at the subnational level means it has strategic advantages in coordination and advocacy. This allows for timely interventions and the implementation of localized protection mechanisms. These efforts include partnering with local women's organizations to co-lead GBV sub-sector working groups, providing capacity-building support to grassroots organizations, and fostering community-based protection networks.
- In **Kenya**, UNHCR's collaboration with WLOs in Dadaab has set a precedent for effective localization. By co-leading the GBV sub-sector working group and providing capacity-building

support, UNHCR has empowered local actors to take a leading role in GBV prevention and response efforts. This partnership model not only ensures culturally sensitive and contextually relevant GBV responses but also enhances the sustainability of these initiatives by building local capacity.

- In the **CAR**, UNHCR collaborates closely with partners to empower community-based organizations and build capacity across communities with protection focus points. This approach has facilitated the development of localized protection mechanisms that are responsive to the unique challenges faced by different communities. By engaging with local actors and providing them with the necessary tools and resources, UNHCR ensures that GBV prevention and response efforts are rooted in the lived experiences and cultural contexts of the communities they serve.
- In **Moldova**, UNHCR is among the few UN agencies providing support to the most marginalized groups. This support includes building the capacity of local organizations to seek out other forms of assistance, thereby fostering a more inclusive and effective response to GBV. By prioritizing the empowerment of local communities, UNHCR not only addresses immediate protection needs but also contributes to the long-term resilience of these communities.
- In **Malaysia**, UNHCR's localization efforts have focused on strengthening partnerships with local NGOs and community-based organizations. This collaboration has enabled UNHCR to implement GBV interventions that are culturally appropriate and tailored to the specific needs of local populations. By enhancing the capacity of local actors and fostering a sense of ownership among community members, UNHCR ensures that GBV prevention and response initiatives are sustainable and effective.

Resource Mobilization

UNHCR is a recognized agency, especially in refugee settings, which grants the organization access to funding with the confidence of donors. This has been the case in Moldova, where their established mandate has helped secure resources for GBV interventions. UNHCR's recognized mandate helps attract funding, crucial for sustaining long-term GBV interventions, particularly in refugee contexts. However, their funding structure is not conducive to aggressive fundraising, limiting their ability to secure additional resources. Despite these challenges, their established credibility ensures a steady flow of essential funding for critical initiatives.

Conclusion

UNHCR's strengths are evident in refugee settings where their extensive presence and operational capacity allow for immediate and direct support. This enables them to conduct thorough protection assessments and respond swiftly to humanitarian emergencies, effectively coordinating GBV initiatives.

UNHCR is widely recognized for its commitment to GBV case management work. However, their true distinction lies in their overarching refugee and protection mandate, coordination abilities, community-based approaches, and prompt emergency responses. While UNHCR holds respect for its GBV technical knowledge, this often depends on the expertise of specific staff members rather than being a consistent organization-wide attribute. This contrasts with UNFPA's reputation for clinical management of rape or WHO's focus on systems strengthening related to GBV.

For example, in Moldova, UNHCR was praised for its GBV technical expertise due to the presence of an expert, unlike other contexts where this knowledge was not as prominently highlighted. Additionally, the GBV Unit within the Division of International Protection (DIP) is noted for its strong technical proficiency in GBV matters.

1.6 The comparative advantage of other UN agencies

The comparative advantage of various UN agencies (UNFPA, UNICEF, UN Women, and WHO), in addressing Gender-Based Violence (GBV) has evolved significantly over time, reflecting their unique mandates and areas of expertise. Together, these agencies form a multifaceted and

robust response to GBV, each contributing their specialized knowledge and resources to address this pervasive issue comprehensively and sustainably.

UNFPA

UNFPA plays a critical role in addressing GBV through a focus on sexual and reproductive health and rights. Their strengths lie in their ability to provide comprehensive GBV services, including clinical management of rape, psychosocial support, and safe spaces for women and girls. UNFPA's integration of GBV into reproductive health programs ensures a holistic approach to women's health and well-being. In contrast, UNFPA has leveraged its expertise in sexual and reproductive health to offer comprehensive GBV services, including clinical management of rape and psychosocial support. Their integration of GBV into broader health programs ensures a holistic approach to women's health and well-being. Despite some challenges in advocacy and funding, UNFPA's establishment of Regional Emergency GBV Advisors (REGAs) highlights their commitment to coordination and localization.

A 2023 review of UNFPA's GBV AoR role has shown that UNFPA has made progress in recognizing and institutionalizing its role, providing valuable support to GBV coordination efforts at global, regional, and country levels. Particularly noted has been UNFPA's establishment of Regional Emergency GBV Advisors (REGAs), and its engagement in global advocacy and partnerships has been pivotal. Additionally, according to the report the organization has demonstrated a strong commitment to localization, promoting local leadership in GBV sub-clusters and supporting local actors, especially during the COVID-19 pandemic. However, the report also highlights several weaknesses in UNFPA's approach. There is a perceived lack of strong advocacy for GBV within high-level UN discussions, often overshadowed by a focus on sexual and reproductive health (SRH). Which has led to coordination challenges arise from confusion about whether UNFPA's advocacy represents its own GBV programming or the broader GBV AoR Inadequate staffing, high turnover, and insufficient financial resources also hinder GBV coordination at the country level. The organization also faces issues with the accessibility of resources and the navigation of the GBV AoR website. Finally, the relationship between the GBV AoR and the broader Protection Cluster reveals structural challenges, affecting the effectiveness of GBV programming.[32]

UNICEF

UNICEF's strength lies in addressing GBV through child protection programs and educational initiatives, focusing on the needs and rights of children, including girls. Their effective fundraising capabilities support their extensive operational presence in numerous countries. Findings from interviews is that UNICEF is well-regarded for focusing on the needs and rights of children, including girls, addressing GBV through its comprehensive child protection programs and educational initiatives. Their work on social protection and advocacy for children's rights is recognized, and they excel at fundraising, which supports their strong operational presence in numerous countries.

UN Women

Meanwhile, UN Women excels in policy advocacy, legal reforms, and capacity building for GBV, although their field presence remains limited. UN Women has a dedicated focus on gender equality and women's empowerment, recognized for its focus on policy advocacy, legal reforms, and capacity building for GBV. They are leaders in these areas but have a light footprint in terms of their operational presence or coordination in the field especially humanitarian presence.

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[32] https://gbvaor.net/node/1964

WHO's role in GBV has been particularly crucial in the health sector, providing guidelines for health services and training healthcare providers. However, their impact is less pronounced in humanitarian settings due to scalability issues. WHO focuses on the health aspects of GBV, providing guidelines for health services, training healthcare providers, and integrating GBV responses into health systems. While WHO has a clear comparative advantage in health-related aspects, their lack of consistent presence in humanitarian settings and their inability to quickly scale up making their broader coordination and direct service provision roles in GBV less emphasized.

An evaluation on the EU's Spotlight Initiative looking at UN Agencies' comparative advantages in different areas related to GBV found that the findings were also aligned with our own observations and analyses, with certain nuanced exceptions regarding UNHCR's areas of expertise. While the report highlights UNHCR's strengths in providing protection and support within refugee camps, our assessment suggests a broader comparative advantage as including their territorial presence highlighted on page extends into additional contexts beyond those mentioned. [33]

1.7 Conclusion

UNHCR's comparative advantage is evident across various refugee and IDP/Mixed settings, characterized by their extensive field presence, operational capacity, and ability to provide immediate and direct support. By leveraging these strengths, UNHCR ensures comprehensive protection assessments, swift responses to humanitarian emergencies, and effective coordination of GBV initiatives. Their ability to establish strong partnerships with local governments, civil societies, and other stakeholders further enhances their effectiveness. This combination of factors positions UNHCR uniquely to address GBV in complex and diverse contexts.

In comparison, other UN agencies such as UNFPA, UNICEF, UN Women, and WHO have distinct strengths in specific aspects of GBV work. However, UNHCR's holistic approach, which integrates GBV prevention and response into its broader protection mandate, sets it apart. Through strategic collaborations and a commitment to empowering local communities, UNHCR can implement sustainable and culturally appropriate GBV interventions, making a significant impact on the lives of those affected by violence.

Thus, recognizing and utilizing UNHCR's comparative advantage is crucial for the success of global GBV initiatives. By continuing to build on their strengths and fostering collaborative efforts, UNHCR can lead the way in creating safer environments for refugees and displaced persons, ensuring that GBV prevention and response remain integral to humanitarian efforts worldwide.

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[33] UNFPA: Known for its expertise in reproductive health and rights, UNFPA has leveraged its strengths in addressing GBV, increasing its budget allocation for GBV programming in recent times.
- UNICEF: Focusing on the needs and rights of children, including girls, UNICEF addresses GBV through its child protection programs and educational initiatives.
- UN Women: With a dedicated focus on gender equality and women's empowerment, UN Women leads in policy advocacy, legal reforms, and capacity building for GBV.
- UNDP: Contributing through development programs, UNDP strengthens governance, promotes women's economic empowerment, and supports legal frameworks to combat GBV.
- UNHCR: Specializing in protecting and assisting refugees, UNHCR provides safe spaces, legal assistance, and psychosocial support for women and girls in refugee camps to address GBV.
- WHO: WHO focuses on the health aspects of GBV, offering guidelines for health services, training healthcare providers, and integrating GBV responses into health systems. For more information see https://spotlightinitiative.org/sites/default/files/2024-12/Spotlight%20Initiative%20Final%20Evaluation%20Summary.pdf?form=MG0AV.

ANNEX F: EVALUABILITY ASSESSMENT

Each sub-EQ is presented in the following table, followed by a statement of evaluability, challenges to evaluability, and where relevant means of mitigation. Areas of evaluability risk and means of mitigation are highlighted in dark red in the table.

Evaluation Sub-Questions	Evaluability Issues and Means of Mitigation
Relevance: Is the intervention doing the right things?	
EQ1.1: Is the design and implementation of the GBV Policy and corresponding guidelines responsive to the needs of the people with and for whom UNHCR works, including focused attention to AGD?	• None anticipated. Methods employed are expected to secure sufficient information to respond to EQ1.1.
EQ1.2: Is the design and implementation of the GBV Policy and corresponding guidelines relevant to the needs of UNHCR at regional and country level and its implementing partners, including focused attention to AGD?	• None anticipated. Methods employed are expected to secure sufficient information to respond to EQ1.2. • To support field and remote interviews, the staff survey will aim to measure against EQ1.2.
Coherence: How well does the intervention fit?	
EQ2.1: Is the design and implementation of the GBV Policy and corresponding guidelines aligned with overall corporate policies and strategies? What enabled and disabled this alignment?	• None anticipated. Methods employed are expected to secure sufficient information to respond to EQ2.1. • During the inception consultations conducted in Geneva mostly with headquarters personnel (but also regional interviews), this issue was covered in several discussions and responses clear. It is anticipated that this will continue during the regional, country, and remaining online interviews.
EQ3.1: Is UNHCR's implementation of the GBV Policy and corresponding guidelines and protocols consistent with the UN and broader humanitarian approach to GBV?	• Insights and information on external coherence is expected to be sufficient from primary and secondary sources. • The team needs to ensure that there is a clear understanding of who is included in the 'broader humanitarian approach to GBV', what this includes and what this excludes. Should this not be well defined, this is a risk to evaluability. • Mitigation: Full mitigation possible by clear definitions by the team, agreed with UNHCR EvO.
EQ3.2: Has the GBV Policy and corresponding guidelines enabled UNHCR to exercise its comparative advantages vis-à-vis other actors?	• None anticipated. Methods employed are expected to secure sufficient information to respond to EQ3.2.
Effectiveness: Is the intervention achieving its objectives?	
EQ4.1: To what extent has UNHCR delivered against its objectives in the GVB Policy, including the	• Gaps in reporting against higher order outcomes around reach and coverage will hamper an assessment of effectiveness.

Evaluation Sub-Questions	Evaluability Issues and Means of Mitigation
effectiveness of different types of partnerships?	• Mitigation: Partial mitigation through exploration of various UNHCR datasets and through interviews with UNHCR, partners and other actors to solicit informed opinions. • Mitigation: Strength of evidence will be built through triangulation of multiple methods and sources of data.
EQ4.2: To what extent has UNHCR created the institutional infrastructure and capacity necessary to deliver against the objectives in the GBV Policy, both internal to UNHCR and with partners?	• Insights and information on effectiveness for EQ4.3 is expected to be sufficient from primary and secondary sources. • Nevertheless, there are alternative approaches to 'create institutional infrastructure and capacity necessary', and results from initial discussions suggest that there are differences of opinion about what would work best. • Mitigation: Further explore the issue at regional and country levels and in discussions with partners and other stakeholders. Present alternative approaches discussed as part of the evaluation. Consider for Strategic Positioning.
Efficiency: How well are resources used?	
EQ5.1: How adequately have required resources (e.g., financial, human, management decision-making) been made available and utilized to support achievement of planned results?	• Data on allocation of human and financial resources for GBV are often mixed with allocation to protection overall. • Data on allocation of human and financial resources for GBV are not usually broken down by delivery environment. • Mitigation: Partial mitigation is possible by reporting where data are clear, and noting where data are mixed with other protection allocations.
EQ5.2: How are decisions made in a resource scarce environment that enables or disables efficiency?	• Insights and information on efficiency for EQ5.2 will come from interviews with stakeholders within UNHCR at headquarters, regional, and country levels, focused on discussions with management and others involved in resource allocation. • This question will be considered in terms of trends in resourcing, with attention to the growth in GBV response with the adoption of the Policy, and the consequent challenges arising from financial shortfalls. • Nevertheless, it will be difficult to establish patterns of response as it is likely to vary by location and situation. • Mitigation: Sufficient field interviews to establish this variation, and present as much information as possible in this regard.
Progress Towards Impact: What difference does the intervention make?	
EQ6.1: To what extent is there evidence that GBV Policy and corresponding guidelines implementation has resulted in progress in preventing, mitigating risks against, and/or responding to GBV among target populations?	• Data are expected to be scarce in terms of evidence of Impact, with *ad hoc* studies the main source of quantitative data in this regard. GBV indicators that focus beyond outputs will offer some limited data as well. • Mitigation: Securing data from UNHCR monitoring datasets, as made available through the EvO.

Evaluation Sub-Questions	Evaluability Issues and Means of Mitigation
	• Mitigation: Meetings with M&E officers at regional and country levels to secure available evidence. • Mitigation: The evaluation considers both Impact as evidenced from available reporting on studies and impact as elaborated by informed opinions, and insights on Progress Towards Impact that suggests emergent trends.
EQ6.2: To what extent has UNHCR implementation of the GBV Policy and corresponding guidelines strengthened state and non-state actors that enables long-term progress?	• Insights and information on Progress Towards Impact for EQ6.2 will come from country level interviews within UNHCR, and from country reports. It will also come from interviews with some of these stakeholders at country and sub-country levels. This includes getting information (including reporting) on examples of where this has happened and how, and where limitations remain. • Nevertheless, it is likely that at least some of the information secured will be more anecdotal than systematic. • Mitigation: Raise the issue across several actors at country and sub-country levels. Interviews with regional UNHCR officials will also cover EQ6.2. • Mitigation: The Evaluation Team will exercise care when considering findings from primary data collection if the information is too scattered and anecdotal.
Strategic Positioning: How well is UNHCR positioned in the GBV ecosystem?	
EQ7.1: How does UNHCR use its protection mandate to better advance overall GBV objectives? EQ7.2: How does UNHCR best position itself to work with other GBV actors using its comparative advantage?	• Evaluability issues and means of mitigation are similar for EQ7.1 and EQ7.2. • The approach to the evaluation as envisaged by UNHCR and as implemented by the Evaluation Team should allow robust analysis and proper reflection to draw conclusions and recommendations vis-à-vis UNHCR's strategic positioning. • Mitigation: The Evaluation Team will jointly prepare core conclusions and recommendations with the evaluation users and other stakeholders, including the ERG, through validation workshops and other engagement as required.

ANNEX G: STRENGTH OF EVIDENCE ASSESSMENT

The evaluation team assessed the strength of evidence for all findings in the evaluation report. This annex presents the evaluation team's approach to the classification of strength of evidence and the outcome of this classification as presented in the evaluation report. The strength of evidence assessment defines one single source of data as one of the following:

- Two or more evaluation case studies
- A global or regional key informant interview or focus group discussion
- A document, including an independent evaluation, assessment, or review
- Secondary analysis (whether by UNHCR or the evaluation team) of a UNHCR dataset
- The global staff survey

The strength of evidence is classified according to the number of single sources of data, with strong evidence comprising three sources, medium strength of evidence comprising two sources, and limited evidence comprising one source of data. In some cases, the evaluation team has adjusted the strength of evidence rating where there are fewer sources of data as defined above but many examples within sources (e.g., all country case studies). In the table below and in the evaluation report, strength of evidence is colored coded for each of the 30 key findings of the evaluation. Details of the specific sources of data, including country case studies, documents, and secondary data sources are referenced in the evaluation report.

Classification	Definition
Strong	Three sources of data
Medium	Two sources of data
Limited	One source of data

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
Finding 1: The GBV Policy has been an important tool to focus and provide direction for GBV programming, highlighting that GBV is everybody's responsibility, and providing a platform for GBV and protection focal points to advocate for GBV resourcing. However, this has not necessarily led to tangible change in the visibility and ownership of GBV and the GBV policy across all levels of the organization or strengthened accountability for its implementation.	**Strong**	X	X			X
Finding 2: The GBV Policy and associated guidance and tools are highly relevant in contexts governed by the Refugee Coordination Model but are perceived to be less relevant to operations in IDP settings, mixed population (refugee/IDP) settings, mixed movement	**Strong**	X	X	X		

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
(refugee/migrant) settings, and advocacy settings.						
Finding 3: UNHCR support to GBV response is most effective when integrating multiple response services in the same location. Integrated, multisectoral GBV response services provide enhanced survivor-centered care and facilitate greater reporting and access to services by survivors; however, some implementation limitations may be reducing quality and putting survivors at risk.	**Strong**	X	X	X		
Finding 4: UNHCR GBV response implemented through community-based protection approaches can help to plug gaps in GBV service delivery and can strengthen the contextualization of GBV programming approaches but can also carry risks for community members and volunteers.	**Medium**	X		X		
Finding 5: UNHCR plays a vital role in securing justice for GBV survivors in refugee settings, despite systemic barriers. Through advocacy, capacity-building, and survivor-centered approaches, UNHCR has achieved some progress in enhancing legal protection for GBV survivors. However, challenges with weak judicial systems, traditional justice practices, and funding constraints highlight the need for sustained investment and stronger coordination with partners to ensure meaningful access to justice.	**Medium**	X		X		
Finding 6: UNHCR's leadership in GBV case management remains a cornerstone of its response, widely recognized by partners and external stakeholders. UNHCR has expanded access to life-saving GBV services, improving service availability and survivor satisfaction, particularly in refugee settings where targeted investments have yielded positive outcomes. Despite these strengths, the evaluation identified multiple challenges to effective case management, largely linked to funding constraints. These include staff burnout and turnover, limited ability to monitor quality of case management, challenges adapting protocols for different settings and population groups, and challenges with case management data systems. These challenges are leading to reduced implementation quality.	**Strong**	X	X	X	X	X
Finding 7: UNHCR demonstrates commitment to GBV risk mitigation and mainstreaming,	**Strong**	X	X			X

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
particularly through multifunctional sector teams, reflecting its core protection mandate. However, the extent to which this commitment translates into ownership varies across contexts, influenced by operational settings, communication from leadership, GBV capacity, resource constraints, and weak accountability mechanisms.						
Finding 8: Despite variations in ownership for GBV risk mitigation, the evaluation has found strong examples of effective mainstreaming of GBV risk mitigation across multiple sectors, enhancing protection for at-risk populations. However, gaps remain, with the evaluation also identifying inconsistencies in implementation, lack of safety audits, challenges in prioritizing risk mitigation in resource-constrained settings, and poor documentation of risk mitigation results.	**Strong**	X		X	X	
Finding 9: Despite focused global attention on the primary prevention of GBV, UNHCR and its partners have increasingly shifted towards awareness raising activities, particularly in contexts where funding cuts have impacted prevention efforts. Where primary prevention was implemented comprehensively over time, efforts were more effective in achieving results when programs were carefully tailored and adapted to local realities, including in humanitarian and displacement contexts where long-term social norms and behavior change initiatives are challenging to implement.	**Strong**	X	X	X		
Finding 10: UNHCR is increasingly supporting GBV prevention through partnerships with WLOs, with strong examples emerging in Moldova and Kenya. However, prevention is often deprioritized due to perceptions that it is less lifesaving than response, limited evidence of its impact, and concerns about whether UNHCR, as a humanitarian agency, is best positioned to lead long-term prevention efforts.	**Strong**	X	X	X		
Finding 11: The evaluation has found some strong examples of how UNHCR collects and uses data to strengthen GBV programming, including through safety audits and participatory assessments, and through survivor satisfaction data, demonstrating a commitment to monitoring service quality. However, there are gaps in measuring the broader impact of GBV programming, particularly in risk mitigation and prevention, due to inconsistencies in data	**Medium**	X	X			

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
collection and limited baseline and endline assessments. When appropriate data is collected, this is not always analyzed or used, largely due to resource constraints and inconsistent prioritization.						
Finding 12: Globally, GBV sector funding in humanitarian settings has increased over time but not proportionately to the large increase in GBV funding needs. While UNHCR's GBV programming has experienced similar funding constraints, trends vary across regions and operations. The analysis of UNHCR's GBV Outcome Area 4 (OA4) planning and expenditure data indicates that while GBV programming remains underfunded, UNHCR has overall utilized these funds in line with budgetary allocations for GBV.	**Strong**	X		X	X	X
Finding 13: UNHCR's commitment to GBV prioritization through resource allocation varies across operational contexts, but the data shows an overall increase in prioritization relative to other outcome areas. This is not necessarily linked to the GBV policy, with widespread perceptions within UNHCR that prioritized resourcing continues to be exercised by those who were already supportive pre-policy.	**Strong**	X	X		X	
Finding 14: UNHCR has maintained GBV as a global strategic priority, leading GBV inter-agency coordination in 45 refugee and mixed settings, partnering with over 200 organizations to implement GBV programming, and investing $146 million in GBV programming in 2023. However, despite this prioritization, there is a perception both internally and externally that senior leadership does not consistently champion GBV, with concerns about insufficient communication and lack of coherence between global policy commitments and operational resourcing for mandatory GBV policy implementation.	**Medium**		X	X		
Finding 15: The evaluation identified strong examples of strategic advocacy with donors and government stakeholders, particularly at operations level, including through campaigns and research. However, greater visibility and advocacy are needed to solidify recognition of UNHCR as a key GBV actor among global humanitarian funding sources. Visibility is influenced by several factors, including the ability to measure impact, the communication of	**Strong**	X	X	X		

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
achievements, internal programming models and clarity around UNHCR's role in global GBV leadership and coordination.						
Finding 16: There is emerging evidence suggesting that the UNHCR GBV Policy has begun to positively influence resource mobilization efforts for GBV programming. Although progress in this area is constrained by broader institutional challenges inherent to UNHCR's core funding model, the recently introduced Resource Allocation Framework represents a step toward addressing these barriers and strengthening future resource mobilization.	**Strong**	X	X	X		X
Finding 17: UNHCR is clearly increasing its commitment to localization and engaging with WLOs, particularly refugee WLOs, in GBV prevention, response, and joint advocacy. While several strong examples emerged of UNHCR partnerships with WLOs, with visible progress towards impact, important gaps were also identified in the effectiveness of UNHCR approach to localization in some contexts, including dense bureaucratic administrative requirements.	**Strong**	X	X	X		
Finding 18: UNHCR maintains diverse partnerships across country contexts, collaborating with international and national NGOs, WLOs, RLOs, and other UN agencies to implement GBV response, case management, and prevention programs. However, in some contexts, there has been a shift toward generalist protection partners able to cover multiple thematic workstreams rather than specialized GBV organizations, partly due to funding constraints and the need to streamline activities. This has sometimes led to reduced GBV expertise and service quality, particularly where resources were constrained.	**Strong**	X	X	X		
Finding 19: UNHCR has identified gaps in inter-agency coordination and proactively took steps to fill these gaps through the development of Memoranda and Letters of Understanding with UN partners, some of which have evolved into common practices.	**Strong**	X	X	X		
Finding 20: UNHCR demonstrates strong GBV coordination at the sub-national level, leveraging its ground presence to fill gaps where other agencies are less active or present.	**Medium**	X		X		

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
However, gaps remain in UNHCR's participation in national-level GBV coordination mechanisms where it is not the lead, largely due to resource constraints and overstretched staff, highlighting the need for strategic engagement to maintain credibility and influence in inter-agency coordination.						
Finding 21: The GBV workforce has steadily increased over time, with a reduction in positions more recently, particularly at P-grades. Lack of human resourcing and lack of financial resourcing are interrelated. As seniority of GBV positions reduces, so does staff ability to occupy leadership spaces and advocate for GBV prioritization, including funding allocations.	**Strong**		X	X	X	X
Finding 22: The evidence shows strong results associated with UNHCR having GBV specialization at country level. However, in a context of declining resources, UNHCR stakeholders are very divided on the question of GBV specialization versus generalist positions in protection. Where there is more consensus is the need to have GBV specialists in specific contexts. However, the practice of excessive multi-hatting among generalist staff, at both operations and RB level, is having a negative impact on GBV programming.	**Strong**	X	X	X		
Finding 23: UNHCR is building stronger e-learning platforms and systems to support internal GBV capacity-building in a more efficient and effective way. However, the evaluation found a number of gaps in staff access to GBV capacity-building opportunities, some of which are clearly linked to reduced resourcing.	**Strong**	X	X	X		
Finding 24: Across multiple contexts, a UNHCR strength, recognized by multiple partners, is its technical capacity to support protection outcomes, including on GBV. In some settings most affected by constrained resources, there is a shift towards partners taking on capacity-building responsibilities, although this is more effective when done through peer-peer learning modalities. There is also a focus on building government partners' GBV capacity, with strong examples observed.	**Medium**[1]	X				

[1] Although this finding is based only on one source of data, country case studies, the strength of evidence rating has been upgraded given that evidence emerged from eight out of nine case studies.

Finding	Strength of evidence	Source of data				
		Case study	Global or regional KII	Document review	Secondary data analysis	Staff survey
Finding 25: The design and implementation of the GBV policy are relevant to the lives of people with and for whom UNHCR works overall, particularly women and girls, and UNHCR is largely complying with minimum standards of AGD policy implementation with reference to GBV. However, there are some gaps in policy content and implementation in relation to certain AGD areas of engagement and populations, particularly LGBTQI+ populations, men and boys, and people with disabilities.	**Strong**	X	X	X		
Finding 26: UNHCR has achieved strong progress in relation to advocacy with government actors on GBV, with tangible impacts observed. However, the strength and success of advocacy efforts vary substantially according to contextual factors on the ground. The evaluation findings suggest that across different contexts, sub-national advocacy efforts are most effective, including in highly challenging settings.	**Strong[2]**	X		X		
Finding 27: The greatest comparative advantage of UNHCR is its territorial presence, which facilitates several strengths in access, partnership and coordination, and its protection mandate, particularly as a refugee agency. UNHCR territorial presence can also be a disadvantage given that UNHCR is often the one left when others are absent from or leave the field.	**Strong[3]**	X	X	X	X	
Finding 28: UNHCR has made strides in advocating for GBV prevention and response in various high-level forums like Standing Committee meetings, the Global Refugee Forum (GRF), and the IASC Centrality of Protection Task Force. However UNHCR could also further enhance its global advocacy by making full use of its influence in these forums by ensuring that GBV is more central to discussions consistently and participating more actively in a broader range of platforms where GBV is discussed.	**Medium**		X	X		

[2] Although this finding is based on two sources of data, the strength of evidence rating has been upgraded to strong given that evidence emerged from all nine case studies.
[3] See Comparative Analysis (Annex M) for comprehensive evidence.

ANNEX H: EVALUATION ETHICAL APPROACH

Overview

The Evaluation Team's ethical approach is designed to ensure that all primary research and related data collection involving individuals, communities, and other program stakeholders is conducted in an ethical, inclusive, and safe manner that prioritizes the rights and dignity of all evaluation participants and protects them from harm.

The Evaluation Team will not be able to acquire ethical approval from an institutional review board or other ethics committee due to the institutional arrangements and length of time required to obtain multi-country approvals, which do not align with the evaluation timelines. Nor is ethical approval required according to the contract between UNHCR and the Evaluation Team. Due to the sensitive nature of the evaluation subject, the Evaluation Team has developed a rigorous approach to ensure that it operates with the highest ethical standards, to protect the people with and for whom UNHCR works and the integrity of the evaluation.

The GBV evaluation's ethical approach is compliant with key policies, frameworks, and strategies, including UNEG's evaluation ethical guidelines[1] and code of conduct,[2] and UNHCR's evaluation policy[3] and data protection policy.[4] The evaluation is also compliant with ethical guidelines specifically designed to support research and evaluation on GBV that may come into contact with GBV survivors or adults or children at risk of violence. In particular, the Evaluation Team has drawn from protocols presented in WHO's two main sets of ethical guidelines for research and evaluation on GBV.[5] In addition to the documents outlined above, the evaluation's ethical approach draws from other UNHCR ethical guidance and training,[6] and is grounded in AGD principles.

Do no harm

It is well known that collecting data from GBV survivors carries a number of risks, including the possibility of survivors feeling distress and retraumatized if discussing their experiences of violence. In order to avoid causing this type of harm, the Evaluation Team will NOT request any identifiable information about survivors receiving services. Nor will the team seek out, target or directly engage with GBV survivors for any type of data collection, in line with UNHCR guidance.[32] Instead, the Evaluation Team will focus on sampling other types of stakeholders with and for whom UNHCR works who will still have insights into the effectiveness and impact of UNHCR's GBV prevention, risk mitigation and response interventions, including camp committees, local civil society groups, staff providing response services, community volunteers supporting GBV prevention, risk mitigation or response activities etc.

Despite using this approach, given that GBV is prevalent in any population, particularly populations affected by displacement, the Evaluation Team may still inadvertently recruit GBV survivors into data collection activities. To ensure doing no harm to survivors, the Evaluation Team will use the following risk mitigation strategies:

- The evaluation tools will not include any questions aimed at understanding prevalence or experience of GBV, to avoid traumatization.

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[1] UNEG (2020) Ethical guidelines for evaluation. United Nations Evaluation Group.

[2] UNEG (2008) UNEG's Code of Conduct for Evaluation in the UN System.

[3] UNHCR (2022) Policy for Evaluation in UNHCR.

[4] UNHCR (2015) Policy on the Protection of Data of Persons of Concern to UNHCR; WHO (2022) Genera Policy on Personal Data Protection and Privacy.

[5] WHO (2001) Putting Women First; Ethical and Safety Recommendations for Research on Domestic Violence Against Women; WHO (2016) Ethical and safety recommendations for interventions research on violence against women.

[6] UNHCR (2024) Guidance on Oversight Audits or Evaluations of GBV Case Management Services; UNHCR (nd) Safe disclosure of gender-based violence (GBV) incidents. How to safely handle disclosures of GBV incidents and refer GBV survivors. (Training package)

- The Evaluation Team will liaise with UNHCR focal points to establish appropriate referral pathways for each country and sub-national setting, including clear instructions on which services are available and how to access them.

- The Team Leader, who specializes in ethics and safeguarding in GBV research and evaluation, will ensure that the Evaluation Team, including international and national experts, are fully trained in the evaluation's ethical approach.

- All Evaluation Team members conducting fieldwork will participate in any mandated UNHCR training related to do no harm principles and protocols and will participate in any relevant briefings with UNHCR protection focal points, including on appropriate referral mechanisms and how these operate in the countries in which data collection will take place.

- Appropriate support and referral pathways will be put in place. In practice this means the following:
    - The Evaluation Team training will include how to observe verbal and non-verbal signs of distress and how to respond.

    - If any person shows signs of distress, interviews will be paused and the interviewer will offer to listen (but without asking details about the GBV incident). The interviewer will ask the person if they would like to take a break or terminate the interview, or whether they would like support from a professional. If the person asks for support, the referral pathway will be activated, with the person's consent.

    - If any person discloses an experience of violence, the Evaluation Team will activate the referral mechanism so the person can receive support if they wish to, but only with the person's consent.

    - In FGDs or participatory group discussions, responding to distress or disclosures of violence can be more complex given the group environment. There are several ways to handle this. If a person is showing clear distress, one of the Evaluation Team members (international or national expert) will ask them if they would like to take a break and if so take them away from the group to have a glass of water etc. The referral pathway can then be activated with the person's consent. If somebody discloses an experience of violence within a group setting, the Evaluation Team will not try to remove the person from the group, which can be stigmatizing, but will look for signs of distress and act accordingly. Following the FGD/workshop, the Evaluation Team will speak to the person and activate the referral mechanism, with the person's consent.

    - Sometimes distress can take place after an interview has finished. The Evaluation Team will coordinate with each UNHCR country focal person to arrange clear referral mechanisms for post-interviews, including information that can be shared with participants on how they can access services at a later stage if needed.

    - Sometimes, a person may disclose violence against another person. In these cases, the Evaluation Team will provide information about services and encourage the person to share this information safely and confidentially with the survivor.

    - Only female Evaluation Team members will interview women with and for whom UNHCR works in cases where it is deemed that these women may have experienced GBV. In practice, this means that national experts accompanying the international team to the field will be women, and in some cases where the male international expert is conducting fieldwork, the female national expert may need to conduct an interview or participatory group discussion alone. We do not expect this to be an issue with all respondent groups, such as committees or civil society organizations. This will be discussed with UNHCR country focal points prior to the field missions.

- The Evaluation Team will ensure that all protocols related to safeguarding against sexual exploitation and abuse (SEA) are strictly followed. The Team will also establish protocols for how to proceed if we receive any reports related to SEA (e.g., if a person participating in an interview shares an experience of having been subjected to SEA from UNHCR staff, partners or others in the field). These protocols will include activating appropriate referral pathways, not attempting to obtain additional information about the SEA case, and reporting the case to

appropriate UN channels (respecting the wishes of the survivor if they choose not to disclose their name or other identifying details).

Consent

Primary data collection will only take place with individuals who have freely given their informed consent to participate. The Evaluation Team will adopt the following protocols to ensure informed consent is obtained from all participants.

- Prior to any KII, FGD or participatory group discussion, the Evaluation Team will provide a description of the evaluation, the content and purpose of the interview, any benefits and risks of participation, and how the data will be used, stored and kept secured. The Evaluation Team will also emphasize that the person's participation is entirely voluntary and they are free to refuse participation or withdraw at any time. The Evaluation Team will ask for verbal consent from all participants and will only move forward if consent if given. A copy of the information to be shared before starting any interview or other form of data collection is included in Annex 1 at the end of this document.

- The Evaluation Team will ask for consent to audio record interviews.[7] In cases where a person consents to participate in an interview but does not consent to be audio recorded, the Evaluation Team member/s conducting the interview will take detailed notes.

- If a person refuses to participate in an interview or wants to withdraw their participation at any time, the Evaluation Team will respect their wishes and terminate the interview.

Confidentiality and privacy

Ensuring confidentiality of the data collected and the anonymity of the persons with whom the research is being conducted is extremely important for doing no harm. The Evaluation Team will adopt the following protocols to protect confidentiality and privacy.

- Face-to-face individual interviews will be done in a private location. In any cases where physical privacy is difficult to obtain, auditory privacy is acceptable (when an interview can be seen but not heard).

- When interviewing people with and for whom UNHCR works, no personal identifiers will be written down on any research materials (i.e., names or other identifying details).

- Names and positions of UNHCR staff, external partners etc. will be recorded by the Evaluation Team, but no names or positions will be used in any evaluation reports or outputs. There may be some cases in which individuals are more clearly identifiable, despite removing their name or position. In these cases, the limits of confidentiality will be explained prior to data collection. This may include, for example, key decision makers or others in leadership positions.

- Confidentiality in FGDs, participatory group discussions or other types of data collection in groups is more difficult to ensure given that more than one person is involved. Interviews and FGDs will not seek to collect data on experience of violence or other sensitive topics, and so the risks of confidentiality breaches are lessened. However, the Evaluation Team will mitigate risks in several ways. When starting the FGDs or participatory group discussions, the Evaluation Team will set the 'ground rules' and will request that people respect the privacy and confidentiality of others in the group. The Team will also ask participants to not share any identifiable information about incidents of violence that they have experienced, heard about or that have been disclosed to them.[8] Participants will also be asked not to refer to names or identifying details of other people when sharing stories of change. If sensitive information is inadvertently shared, the Evaluation Team will ask that this information is not shared any further, and will shift the topic of discussion.

- Confidentiality will also be ensured through rigorous data protection protocols, as outlined below.

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[7] *In face-to-face interviews, this will be through the use digital audio recorders, and for online interviews recording and transcription will be used (i.e., through Teams or Zoom).*

[8] *UNHCR (nd) Safe disclosure of gender-based violence (GBV) incidents. How to safely handle disclosures of GBV incidents and refer GBV survivors.* (Training package)

Data protection

Data protection involves appropriate anonymization of data and the secure handling of data through all phases of the evaluation. While data protection regulations are important for all data generated for the evaluation, there are specific regulations to protect the data of the people with and for whom UNHCR works. The Evaluation Team will follow the data protection protocols outlined below.

- As noted above, the Evaluation Team will NOT request any identifiable information about survivors receiving services. Nor will the team seek out, target or directly engage with GBV survivors for any type of data collection.

- All primary and secondary data collected for the evaluation will be stored in Lattanzio's secure Sharepoint in a folder only available to the Evaluation Team.

- In person interviews and FGDs will be audio recorded with password protected devices, and audio files will be uploaded directly into Lattanzio's secure Sharepoint folder, backed up and then deleted from recording devices. For remote interviews that are recorded, Zoom or Microsoft Teams recording will be uploaded into the Sharepoint.

- In cases where interviews have not been audio recorded, notes that are taken will be typed up and processed and uploaded to the Sharepoint.

- Transcriptions of interviews will be checked by the Team Leader and Project Manager for quality control and will be stored in Lattanzio's Sharepoint and then uploaded to the project's Dedoose database.

- All identifiers and potentially disclosive information (including unusual combinations of occupation and location) will be removed from evaluation reports in a manner that is proportional to the risk of identification and sensitivity of the context.

- At the end of the evaluation contract, all hardcopy data files that have been generated from the evaluation (which have been digitized) will be destroyed, and digital data files will be archived for five years in Lattanzio's secured Sharepoint, after which it will be destroyed.

Training

As noted above, all Evaluation Team members who will be collecting and handling data, including international and national experts, will participate in an online training led by the Team Leader. The training will cover all technical content of the evaluation to ensure quality, and all characteristics of the evaluation ethical approach.

Age, gender and diversity

Special efforts will be needed to ensure the safety and protection from harm of persons with diverse characteristics, in line with UNHCRs AGD Policy, and guidance on working with persons with disabilities.[9] These efforts are outlined below.

Children will not be sampled for data collection as the risks have been identified as high, particularly among children with and for whom UNHCR works, who may be survivors of GBV and who may be in active situations of vulnerability. Opinions differ on the position that research and evaluation teams should take on the disclosure of abuse by children. In some countries there are mandatory reporting requirements for disclosures of abuse by children. These requirements usually apply to people from certain professions (e.g., teachers, healthcare providers etc.) and not always to researchers. Nevertheless, the Evaluation Team has weighed up the benefits of interviewing children against the possible risks of disclosures of violence from children. We have deemed the risks too high given that mandatory reporting is not always in the best interests of children and can be harmful.[10]

When collecting data with **persons with disabilities** (PWD), appropriate provisions and accommodations will be made, as outlined below.

- Prior to the fieldwork missions, the Evaluation Team will engage with country focal points to understand the population of PWD with and for whom UNHCR works in different locations, and

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[9] UNHCR (2019) Working with Persons with Disabilities in Forced Displacement. Need to Know Guidance 1.

[10] There is no agreement in the ethics literature on the best way to handle risks associated with mandatory reporting of violence against children. For a helpful presentation on debates in the field on this issue, see page 58 in: CP MERG (2012) Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children: A review of available literature. Statistics and Monitoring Section/Division of Policy and Strategy, UNICEF, New York.

the types of disability-inclusive support and accommodations already available in those locations. The Evaluation Team will then develop appropriate disability-inclusive strategies as appropriate.

- When obtaining informed consent from PWD, the Evaluation Team will facilitate supported decision-making rather than substituted decision-making (e.g., from a carer or family member). This means that an individual is supported to make their own decisions rather than delegating decision-making to another person, which is in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).[11]

- In some cases, PWD may require assistance from an intermediary (e.g., family member, interpreter) to participate in an interview. There are several implications of using intermediaries, which may limit the person's confidentiality and could put them at risk of harm. To minimize harm and prioritize the safety of PWD, the Evaluation Team will support the person to identify a trusted intermediary. If an appropriate intermediary cannot be identified, other options may be to approach a local DPO or UNHCR partner. These options will be discussed with each country focal point prior to the field missions.

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[11] *Past ethical guidance on obtaining consent from PWD has encouraged seeking consent from individuals' carers or guardians; however, guidance has shifted towards embracing UNCRPD values of supported decision-making as much as possible.*

Annex 1: Introduction and consent script

Hello, my name is _____ and I am part of an evaluation team conducting interviews to evaluate UNHCR's programming to support prevention, risk mitigation and response to gender-based violence. We are conducting interviews with stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?

It is up to you to decide whether or not to take part in this interview. However, we would sincerely appreciate it if you do share your thoughts with us. If you choose not to take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and you can refuse to answer question you don't feel comfortable answering.

What does participation in the evaluation involve?

If you agree to take part, I will ask you to verbally give consent and then you take part in an interview or group discussion with me. The interview will take approximately one hour (2 hours for participatory group discussions). There are no right or wrong answers and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?

Your answers will be confidential. With your permission, I would like to audio record the interview so that I can capture our discussion correctly. We will not be recording your name or position anywhere in the write up of the evaluation. Only our external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits

There are no direct benefits to you by participating in this interview, although your help in responding to these questions will be used to provide recommendations on how UNHCR's GBV programming can be improved.

What if I have questions about the evaluation or my rights as a participant?

You have the right to ask, and have answered, any questions you may have about this research and your participation. If you have questions, complaints, or concerns please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed

Do you consent to participate? _____ yes _____ no

Do you consent to have the interview audio recorded? _____ yes _____ no

ANNEX I: COUNTRY PROFILES OF CASE STUDY COUNTRIES

1.1. Kenya

Country context

Kenya is an emergency and protracted crisis setting. At the time of conducting the evaluation field mission at the start of June 2024, the country was hosting 774,370 registered refugees and asylum seekers, mainly (86%) in camp settings.[1] Approximately 80% of the population comprises women and children, and 60% are minors under the age of 18.[2] The country also hosts an estimated 9,800 stateless persons.[3]

The two largest refugee camp complexes in Dadaab and Kakuma were established over 30 years ago (1991 and 1992 respectively). Since then, there have been continual influxes of new populations in response to regional conflict, crisis, and displacement, predominantly from Somalia (56%) and South Sudan (24%), but also from DRC, Ethiopia, and Burundi.[4]

At the beginning of June 2024, there was also a significant proportion of refugees (13%) living in urban areas,[5] including in Nairobi, Mombasa, Nakuru, Eldoret, Kitale, Meru-Maua, Isiolo and Bungoma. Most urban refugees reside in Nairobi (89%), Mombasa (7%), and Nakuru (4%).[6]

During the field mission, UNHCR and partner focal points shared current projections of 200,000 refugees expected in 2025. Dadaab continues to receive new arrivals mainly from Somalia due to drought, insecurity, climate change, as well as lack of basic services in some parts of Somalia. Between May 2022 and April 2023, a total of 135,967 individuals / 31,432 households were profiled across three camps in Dadaab.[7] Kakuma Camp and the Kalobeyei Integrated Settlement also continue to receive new arrivals, including 13,123 individuals from January to April 2024.[8]

Over the years, there have been several government announcements to close the camps, including one in March 2021, leading to coordinated efforts to develop an implementation plan for the Kenyan Refugee Act 2021, initially called the 'Marshal Plan'.[9] This has transformed into the Socioeconomic Hubs for Integrated Refugee Inclusion in Kenya (Shirika) Plan, which is a government-led roadmap for the transition from refugee camps to integrated settlements, and the integration of refugees into national services and economic development.[10] The Shirika Plan has built on several existing initiatives, including Kenya's Comprehensive Refugee Response Framework, the Kalobeyei Integrated Socio-Economic Development Plan (KISEDP) and the Garissa Integrated Socio-Economic Development Plan (GISEDP).[11]

GBV context

There is no rigorous national GBV prevalence data available for refugees and asylum seekers. Some trends can be observed from the GBVIMS, protection monitoring and safety audit data. However, this data is concentrated in camp settings and largely based on reported cases rather than prevalence, with no corresponding data identified in urban settings in Kenya. For example, recent GBVIMS trend analysis reporting

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[1] Kenya Statistics Package May 31, 2024
[2] Ibid
[3] UNHCR (n.d.)
[4] Kenya Statistics Package May 31, 2024
[5] Ibid.
[6] World Bank and UNHCR (2022) Understanding the Socioeconomic Conditions of Refugees in Kenya, Volume C: Urban Refugees. Results from the 2020–21 Urban Socioeconomic Survey
[7] UNHCR (2023) Operational Update - East and Horn of Africa, and the Great Lakes Region. July - September 2023
[8] UNHCR (2024) Kenya January 2024 Operational Update; UNHCR (2024) Kenya February 2024 Operational Update; UNHCR (2024) Kenya March 2024 Operational Update; UNHCR (2024) Kenya April 2024 Operational Update
[9] UNHCR (2023) Annual Results Report 2022 Kenya
[10] UNHCR (2024) Annual Results Report 2023 Kenya
[11] Government of Kenya SHIRIKA Plan: An Update, July 2023

from Dadaab refugee camps found that 861 GBV incidents were reported in 2023 (805 women and girls and 56 men and boys), a 34% increase from the 565 cases reported in 2022.[12] Protection monitoring data collected by UNHCR's partner Danish Refugee Council (DRC) in Dadaab, Kakuma, and Kalobeyei camps suggests that physical assault and intimate partner violence (IPV) are the most common forms of GBV across all camp settings (ranging between 16% and 30% of cases). Non-partner sexual violence also occurs, particularly in Dadaab, where 16% of GBV cases reported in December 2023 were related to sexual violence, with this figure reducing to 11% in February 2024. Protection monitoring also suggests that female genital mutilation/cutting (FGM/C) increased in Dadaab in early 2024 due to new arrivals who were not aware of the risks associated with the practice. Forced marriage is also prevalent in all camps, with an increase in early 2024 particularly observed in Kalobeyei.[13] During the field mission in Kakuma, stakeholders also mentioned abductions of South Sudanese girls to facilitate forced marriage in South Sudan after which girls are returned married to Kakuma.

There is evidence to suggest that GBV has increased in the face of humanitarian emergencies. In 2023, a safety audit conducted in Turkana County, including in Kakuma, found that reports of GBV had increased substantially during the drought period.[14] More recently food shortages in camps are also reported to be leading to increased GBV. UNHCR's 2023 Kenya Annual Results Report notes that food rations had been reduced in camps to 60% of the recommended standard due to cuts in humanitarian funding.[15] At the time of the evaluation mission to Kenya in June 2024, food rations had been further cut to 40%. *Bamba Chakula*, the World Food Programme (WFP) food voucher program, was also recently cut in Dadaab and Kakuma, deepening food insecurity. Multiple stakeholders, including partners and people with and for whom UNHCR works, reported alarming increases in GBV driven by hunger, poverty, and growing participation in transactional and survival sex.

UNHCR's work in Kenya

In Kenya, UNHCR operates under the Refugee Coordination Model. In this setting, UNHCR leads overall in coordination. It also leads on GBV in the camps, supported by UNFPA. UNFPA is the lead in other emergencies in the country, supported by UNHCR.

Overall, UNHCR prevents and responds to gender-based violence in refugee camps and urban settings. Access to registration, RSD, and civil documentation, healthcare, education, security, GBV and child protection risks, inadequate services for youth, and limited livelihoods opportunities remain the main challenges. Protection incidents are reported through the UNHCR Protection Helpline, refugee leaders, community-based organizations, workers and volunteers.[16]

UNHCR in Kenya has agreements with numerous organizations, including the following implementing partners.

Organization	Location	GBV-related activities
Danish Refugee Council	Dadaab	Prevention, risk mitigation, response, case management
Jesuit Refugee Services	Kakuma	Risk mitigation, response, case management
HIAS Kenya	Nairobi	Prevention, case management
Halgan	Dadaab	Prevention, risk mitigation

In 2024, the UNHCR Kenya CO met 65% of its GBV budgetary needs. It does not have the RMS in place.

In the results framework, UNHCR reports three core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of GBV survivors who receive psychosocial support, case management and referral
- # of forcibly displaced and stateless persons and stakeholders who are trained on GBV prevention and response

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[12] UNHCR (2023) GBVIMS Trends Analysis Report
[13] DRC (2024) Protection Monitoring in Kenya: Garissa & Turkana Counties (Dadaab, Kakuma & Kalobeyei) - Protection Monitoring Report January 2024. Danish Refugee Committee; DRC (2024) Protection Monitoring in Kenya: Garissa & Turkana Counties (Dadaab, Kakuma & Kalobeyei) - Protection Monitoring Report February 2024. Danish Refugee Committee
[14] IRC and UNFPA (2023) Turkana County Drought Emergency Safety Audit. International Rescue Committee and United Nations Population Fund
[15] UNHCR (2024) Annual Results Report 2023 Kenya
[16] Kenya Country Profile

- # of forcibly displaced and stateless persons and stakeholders trained on SEA prevention, mitigation and response
- # of GBV coordination meetings held with partners
- # of known SEA victims who have access to appropriate services
- # of Non-Technical staff completing a 3 days training on PSEA and GBV

1.2. Central African Republic

Country context

The Central African Republic (CAR) is an L2 mixed setting. The CAR is a country with rich natural resources juxtaposed against its status as one of the world's poorest nations. The political turmoil since the 2013 coup has led to widespread violence and displacement. The presence since 2014 of the United Nations peacekeeping force, the Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), underscores the international community's efforts to stabilize the region. However, the peace agreement signed in 2019 has seen slow implementation, and armed groups continue to operate in large areas, underscoring the country's ongoing fragility.[17] Parts of the country are also difficult to access by road, especially during the rainy season, which lasts from April to October, with heavy rains for 3-4 of those months.

In July 2024, when the evaluation team undertook a field mission to the CAR, the number of persons of concern to UNHCR included approximately 450,301 IDPs,[18] 43,704 refugees, and 8,223 asylum-seekers.[19] Moreover, 11,000 people from the CAR are stateless or at risk of statelessness.[20] Since the beginning of the Sudan crisis in April 2023, the CAR has received tens of thousands of refugees from Sudan. Other significant refugee populations are from the Democratic Republic of Congo (DRC), Chad, and South Sudan.[21] Refugees live mostly in rural areas (48%) and in camp settings (46%). Women and children represent about 82% of the population, and 59% are minors under 18.[22]

There are also over 740,000 CAR citizens living as refugees in neighbouring countries. As of June 2024, there are 2,486 refugees in South Sudan, 210,483 in the DRC, 11,008 in Sudan, 34,321 in the Republic of Congo, 346,061 in Cameroon, and 137,405 in Chad.[23] Significant movement also occurs within these populations, mainly because of the volatility of the context in the CAR and the surrounding countries. Upon their return to the CAR, UNHCR assists the government in reintegration efforts, with the vast majority of returnees being women and children.

GBV context

GBV is one of the key protection issues in the CAR, as highlighted by the protection monitoring conducted by UNHCR and its partners. For example, in 2023, UNHCR's Protection monitoring recorded 32,876 protection incidents, including 8,344 GBV incidents.[24] Cases of GBV are documented through the GBVIMS with enhanced information provided by the security and safety audits that UNHCR partners conduct on a regular basis. In 2023, the total number of cases of GBV reported by the GBVIMS represented an increase of 8% compared to incidents reported in 2022.[25] As part of GBV case management through the GBVIMS, 6,462 incidents were documented, representing an increase of 55.37% compared to the 4,159 GBV incidents reported in 2022.[26] Intimate partner violence (IPV) is a significant issue in the CAR. According to partners and

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[17] According to UNICEF armed groups do not really control territory, however, they carryout frequent incursions in areas where the government is weak or has vacated.
[18] https://data.unhcr.org/en/country/caf
[19] https://data.unhcr.org/en/documents/details/110372
[20] Statelessness in CAR is often linked to issues such as lack of birth registration, complex nationality laws, and displacement due to ongoing conflict. Efforts are being made to address this issue, including initiatives to improve birth registration and legal assistance to help individuals obtain nationality documents.
[21] https://data.unhcr.org/en/documents/details/110372
[22] Ibid.
[23] https://data.unhcr.org/en/situations/car
[24] Analysis of the situation of Gender based Violence (GBV) in the prefectures covered by UNHCR and its partners. January to December 2023.
[25] Ibid.
[26] CAR Analysis of the situation of Gender Based Violence in the Prefectures covered by UNHCR and its Partners 2023

highlighted in GBVIMS data and security audits, IPV is reported frequently, underlining that women and girls are at risk in their homes and in their communities.[27]

In 2023, the CAR saw a significant increase in conflict-related sexual violence (CRSV).[28] This rise in violence was attributed to ongoing conflict, arms proliferation, and increased militarization.[29] The situation remains dire in 2024. The Monitoring, Analysis, and Reporting Arrangements (MARA) play a role in documenting and reporting on CRSV cases in CAR.[30]

UNHCR's work in CAR

In this mixed setting, UN OCHA leads overall in coordination (except for refugee and returnee response, coordinated by UNHCR). UNFPA manages the Area of Responsibility (AoR) for Gender Based Violence (GBV) within the interagency and Cluster system with UNHCR also playing a significant role, especially in areas outside Bangui where UNFPA is not physically present. Starting in April 2023, a Refugee Coordination Model was activated to accommodate refugees from Sudan and asylum seekers from Chad. UNHCR has established a fully operational Refugee Coordination Model in Bangui, chaired by the government. Together with the government counterpart, the National Commission for the Refugees (CNR), UNHCR is active in the main refugee-hosting areas, collaborating with other partners who are available to support the refugee response. This model aims to enhance response efficiency by integrating with existing local structures rather than creating new ones.

UNHCR in CAR has agreements with numerous organizations, including the following implementing partners.

Organization	Location	GBV-related activities
INTERSOS	Nana-Gribizi, Ouaka, Ouham-Fafa, Bamingui-Bangoran, Haute-Kotto prefectures	Prevention, risk mitigation, response
FCA	Lobaye, Nana Mambere, Mambere Kadei, Ombella Mpoko	Prevention, risk mitigation,
COOPI	Obo and Zemio, Alindao, Bangassou	Prevention, risk mitigation, response, case management

In 2024, UNHCR in the CAR met 29% of its GBV needs. It leads on the implementation of GBVIMS in the country.

In the results framework, UNHCR reports three core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of community-based mechanisms established in IDP locations for prevention and/or response to GBV
- # of people who benefitted from specialized GBV programmes (IDPs)
- # of community-based mechanisms established in refugee locations for prevention and/or response to GBV
- # of people who benefitted from specialized GBV programmes (refugees)
- # of people who benefitted from specialized GBV programmes (returnees)
- # of GBV survivors receiving psychosocial counselling (IDPs)
- # people who benefitted from specialized GBV programmes (SB refugees)

[27] Ibid

[28] The United Nations documented 138 cases, affecting 170 victims, including eighty-nine girls and 77 women CRSV see Sexual assaults rise in Central African Republic. Wagner, bandits https://apnews.com/article/central-african-republic-sexual-assault-01f787a77f53ae1fc225e46026949078.

[29] Human rights situation in Central African Republic still of serious https://www.ohchr.org/en/statements-and-speeches/2024/03/human-rights-situation-central-african-republic-still-serious.

[30] Monitoring, Analysis and Reporting Arrangements (MARA) – United Nations Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict.

1.3. Moldova

Country context

Moldova has Europe's lowest GDP and second-highest inflation rate, and one in four Moldovans live below the absolute poverty line.[31] Its economy faces with the consequences of the COVID-19 pandemic, the 2020 drought, the 2021 gas crisis, and significant socio-economic and security issues due to the Ukraine invasion.[32] Moldova is a mixed setting hosting, in mid-2023, 106,945 refugees, 1,725 asylum seekers, and 3,307 stateless people.[33] It is among the top five refugee-hosting countries in Europe, with the highest refugee-to-host population ratio in the continent (4.2%).[34]

Nearly all refugees and asylum seekers in the country are from Ukraine, with very small minorities from the Syrian Arab Republic and Türkiye.[35] Since the beginning of the Ukraine invasion and up to July 2024, when the evaluation field mission was conducted, more than 1.8 million people have arrived in Moldova from Ukraine.[36] In July 2024, about 125,000 refugees from Ukraine were staying in the country. More than half (58%) were women and girls, 43% were children, and 18% were older persons. About 10% of households had at least a family member with a disability.[37] This includes female-headed households and unaccompanied or separated children, who are at increased risk of child protection issues, gender-based violence (GBV), and trafficking.[38] Other vulnerable groups in the refugee population include LGBTIQ+ people, people living with HIV, sex workers, and Roma people.

In the next few years, the refugee population is expected to remain relatively stable.[39] As of November 2023, 98% of refugees were staying in private accommodations (including with host communities) either with family, acquaintances, or under rental arrangements. The remaining 2% were hosted in Refugee Accomodation Centers (RACs) set up by the government.[40]

GBV context

Refugees and host communities in Moldova face multiple GBV risks, including GBV in accommodation (particularly in private accommodation) and in public spaces such as transportation, Intimate Partner Violence, technology-facilitated GBV, and trafficking in persons.[41] Persons with disabilities, Roma women, adolescent girls and boys, and women who engage in the sale and exchange of sex are at higher risk of GBV.[42]

The country does not have the GBVIMS in place, which makes GBV-related data for the country difficult to get. In general, widespread and systematic violence against women in Moldova is underpinned by patriarchal attitudes and gender inequality and violence-enabling norms.[43] In a recent study by the OSCE, 80% of the interviewed women living in Moldova reported experiences of GBV, including intimate partner psychological violence (71%), sexual harassment (49%), physical and/or sexual violence (40%), and stalking (10%).[44] Physical and/or sexual violence was perpetrated mostly by previous partners (37%), but also by current partners (25%) and non-partners (17%). The study also found low levels of reporting in cases of violence, as well as silencing and victim-blaming attitudes.

[31] UNHCR (2023) Annual Results Report 2023 Moldova
[32] https://reporting.unhcr.org/operational/operations/republic-moldova
[33] UNHCR (2024) Moldova Fact Sheet, February 2024
[34] https://reporting.unhcr.org/operational/operations/republic-moldova
[35] UNHCR (2024) Moldova Fact Sheet, February 2024
[36] UNHCR (2024) Ukraine Situation: Moldova - Operations Update (July 2024)
[37] UNHCR (2024) Ukraine Situation: Moldova - Gender-Based Violence (GBV) Snapshot (January- June 2024)
[38] https://reporting.unhcr.org/operational/operations/republic-moldova
[39] https://reporting.unhcr.org/operational/operations/republic-moldova
[40] UNHCR and UN Women (2024) Moldova Gender Task Force for the Ukraine Refugee Response: 2023 Year In Review
[41] UNHCR, UNFPA, UNICEF, IOM (2024) GBV Safety Audit Report: Ukraine Refugee Response, Republic of Moldova
[42] Ibid.
[43] VOICE and HIAS (2023) Gender-based violence in the Republic of Moldova in the context of the humanitarian crisis produced by the war in Ukraine Assessment Report
[44] OSCE (2019) Well-being and Safety of Women. Moldova Results Report

Access to GBV services is hindered by distrust in service providers, lack of awareness about available services, language issues, harmful social norms, fear of stigma and victim-blaming attitudes and challenges in physical accessibility, particularly for marginalized groups.[45]

UNHCR's work in Moldova

In Moldova, UNHCR operates under the Refugee Coordination Model. The refugee response is coordinated by the government,

Organization	Location	GBV- related activities
UNAIDS, in collaboration with Initiativa Pozitiva, Genderdoc-M, Uniunea pentru Echitate si Sanatate, Alliance for Public Health (Tiraspol), Pas cu Pas Regiunea Sud	Chisinau, Balti, Cahul, Tiraspol	Response
Tarna Rom	Entire country	Prevention, response, case management
Association Against Domestic Violence - Casa Marioarei	Chisinau, Falesti, Causeni, Ungheni	Prevention, risk mitigation, response, case management
Centrul de Drept al Avocatilor (CDA)	Entire country	Response
INTERSOS	South Moldova	Prevention, response

In 2024, the UNHCR Moldova CO met 41% of its GBV budgetary needs.

It does not have the RMS in place. In the results framework, UNHCR reports on the three mandatory core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of persons at risk of GBV and survivors who received psychosocial support (including case management)
- # of trained participants (UNHCR and partner workforce and government authorities) who increased their GBV knowledge and skills on prevention and response

1.4. Ecuador

Country context

Ecuador is an emergency and protracted crisis setting. It is also a mixed movement setting and is both a country of destination and transit. The almost totality of refugees and asylum seekers in Ecuador (95%) come from Colombia, but the largest proportion of people on the move is constituted by Venezuelans, comprising 444,778 refugees and migrants in July 2024[46] (more than 80% of the total).[47] Overall, 55% of forcibly displaced people in Ecuador are women and girls, while 39% are minors under 18.[48]

The population in transit includes Venezuelans moving towards Peru and Chile and migrants and refugees moving by land to Peru or Chile from Colombia. The latter transit through Ecuador due to accessible road routes and wanting to avoid the risks associated with crossing the Colombia-Peru border because of illegal armed activity.[49] Monitoring of mixed movements in Central America found that 10% of individuals transiting

[45] UNHCR, UNFPA, UNICEF, IOM (2024) Gender-Based Violence Safety Audit Report: Ukraine Refugee Response, Republic of Moldova
[46] UNHCR (2024) Ecuador Operational Update N.71, July 2024
[47] https://www.acnur.org/sites/default/files/2024-07/tendencias-nacionales-desplazamiento-forzado-ecuador-2024.pdf
[48] Ibid.
[49] Marcus, R. et al. (2023) Children on the Move in Latin America and the Caribbean: Review of the evidence, United Nations Children's Fund, Panama City.

through the region in the first six months of 2024 had resided in Ecuador for at least six months before continuing the journey.[50]

Ecuador is also the source of mixed movements, with almost 100,000 Ecuadorians having crossed the Darien Gap between Colombia and Panama since 2022, making it the second largest population doing so after Venezuelans.[51] Ecuadorians fleeing the country are doing so for several reasons, including economic and political instability, and a dramatic increase in armed violence and crime. Currently, there is an average of 47.25 violent deaths per 100,000 residents, making Ecuador the most violent country in South America after having been considered the second safest in the region (after Chile) just 10 years ago.[52] A recent participatory diagnostic on refugee and other displaced persons' perceptions about violence and insecurity revealed multiple acts of theft, assault, threats, extortion ('vacunas') and kidnapping that are deeply affecting feelings of security in the locations covered by the assessment.[53]

GBV context

The lifetime prevalence of violence against women in Ecuador is two in three (65%), which is much higher than the global average of one in three women.[54] Rates of femicide are very high in Ecuador: between August 2014 and September 2023, 692 femicides and 1457 violent deaths from 'other causes' were registered in Ecuador.[55]

The country does not have a GBVIMS, and there are no national statistics on the prevalence of GBV among refugees, migrants and asylum seekers. However, the available data suggests that almost half of the people in situations of human mobility are women who are at high risk of GBV.[56] In a study on security in Ecuador conducted by UNHCR and HIAS, female refugees identified unknown persons as the most common perpetrators of violence (45%) followed by armed groups (13%), partners or ex-partners (13%), members of organised criminal gangs (8%), state security personnel (police or military) (7%), other state functionaries (5%) or other persons (9%).[57] Another study conducted by UN Women and HIAS in 2020 found that two in three women in situations of mobility in the northern frontier of Ecuador had experienced sexual violence through coercion, force, or at gun point in their lifetime. Moreover, one in four women experienced sexual violence under blackmail, deception or threats in the preceding 12 months.[58]

The 2024 needs assessment conducted by the Working Group for Refugees and Migrants (GTRM)[59] found that 9% of migrant and refugee households planning to remain in Ecuador had a member who experienced psychological violence, while 4% experienced physical violence, 2% economic violence and 1% sexual violence. At the national level, 14% of households felt unsafe or very unsafe in their community/city with respect to the risk of experiencing GBV. Among the population in transit, 18% reported feeling unsafe during the journey, which increased to 38% for women.

In 2023, more than 50% of femicides occurred in the context of organised violent crime. Ecuador has also seen a rise in assassinations of women in political leadership and decision making positions in government.

UNHCR's work in Ecuador

In Ecuador, UNHCR operates under the Refugee Coordination Model. Coordination is based mainly on the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), at the regional level, complemented by the GTRM at the national level. The GTRM is co-led by UNHCR and IOM and relies on an operational coordination structure composed of several technical working groups, including the protection

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[50] UNHCR, WFP, UNICEF (2024) Mixed Movements Monitoring Report | Q1 2024; UNHCR, WFP, UNICEF (2024) Mixed Movements Monitoring Report | Q2 2024

[51] Ibid.

[52] Alvarez, C. (2024) Paradise Lost? Firearms Trafficking and Violence in Ecuador. Fundación Panamericana Para el Desarrollo, y Observatorio Ecuatoriano de Crimen Organizado.

[53] UNHCR (2023) Diagnostico Participativo 2023. UNHCR.

[54] INEC (2018) Encuesta Nacional de Salud y Nutricion (ENSANUT). Instituto Nacional de Estadistica y Censos.

[55] MEGECI (2023) Informe de situacion de la violencia basada en genero en el Ecuador. Mesa de Genero de la Cooperacion Internacional. Grupo de Trabajo de Eliminacion de la Violencia Contra las Mujeres.

[56] Ibid.

[57] UNHCR & HIAS (2023) Nuestro Derecho a la Seguridad Capitulo Ecuador. UNHCR and HIAS.

[58] HIAS & ONU Mujeres (2020) Frontera Norte, Diagnóstico: Mujeres en Movilidad Humana y Violencia basada en Género. Quito.

[59] GTRM Ecuador (2024) Evaluación Conjunta de Necesidades 2024

working group. The protection working group, in turn, includes the GBV sub-working group and is co-led by UNHCR and the Norwegian Refugee Council.

UNHCR in Ecuador has the RMS in place. It prevents and responds to gender-based violence in urban and periurban settings. Food, employment, shelter/housing, and documentation remain the main challenges.[60] In 2023, UNHCR38ù5 provided safe spaces for 3,861 refugees, asylum-seekers, and host community GBV survivors and managed 1,207 gender-based violence cases. It also assisted 10,739 people through specialized services (legal orientation, psychosocial care, and protection shelters). Over 3,400 individuals participated in workshops on gender-based violence prevention, protection measures for survivors, referrals to services, and digital gender-based violence, among others.[61]

In Ecuador, UNHCR collaborates closely with the government, in particular the Ministry of Women Affairs and Human Rights, and with and local autonomous decentralised governments and provincial authorities. as well as with several non-governmental partners. Among others, it also collaborates with the following organizations.

Organization	Location	GBV- related activities
Federación de Mujeres de Sucumbios	Lago Agrio	Prevention, risk mitigation, response
Fundación María Amor	Cantón Cuenca	Prevention, response
HIAS	San Lorenzo, Tulcán, Ibarra, Lago Agrio, El Coca, Santo Domingo, Quito, Ambato, Guayaquil, Manta, Machala, Huaquillas, Cuenca	Prevention, risk mitigation, response, case management
Movimiento de Mujeres de El Oro	Machala, Huaquillas, Santa Rosa, El Guabo	Prevention, response, case management

In 2024, the UNHCR Ecuador CO met 50% of its budgetary needs for GBV.

In the results framework, UNHCR reports on the three mandatory core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of people who benefitted from specialized GBV programmes
- # of GBV survivors admitted to shelters
- # of GBV survivors for whom UNHCR works who receive psychosocial care
- # of people for whom UNHCR works identified as GBV survivors
- # of people receiving legal orientation and assistance for prevention, mitigation and response to GBV
- # of people from organizations trained on GBV prevention, risk mitigation and response
- # of people for whom UNHCR works and from host community who participate in GBV prevention, risk mitigation and response
- # of people from organizations and institutions trained in protection from sexual exploitation and abuse (PSEA)
- # of persons for whom UNHCR works and of host communities who are trained in protection from sexual exploitation and abuse (PSEA)

1.5. Democratic Republic of the Congo

Country context

The Democratic Republic of Congo (DRC) is a mixed setting with protracted crisis. As of 2023, an estimated 74.6% of the population lived in extreme poverty, according to the World Bank. The humanitarian situation in the country is among the most complex protection crises globally, stemming from structural weaknesses within

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[60] https://reporting.unhcr.org/operational/operations/ecuador
[61] UNHCR (2023) Annual Report 2023 Ecuador

the state and persistent security challenges tied to numerous armed and inter-communal conflicts, often resulting in forced displacement and severe human rights violations, including gender-based violence and attacks on basic social services.[62] These issues are further exacerbated by power struggles among various national and foreign actors, involving approximately 150 armed groups, as well as recurring floods in certain areas, high-impact epidemics such as Ebola, cholera, and COVID-19, and the inadequacy of the country's infrastructure.[63]

At the end of July 2024, when the online interviews were conducted, the country hosted 7.3 million IDPs, 518,389 refugees, and 6,122 asylum seekers.[64] The DRC's IDP population is the largest in Africa, after South Sudan's.[65] The lack of a proper civil registration system puts many at risk of statelessness, and implies a complete lack of data on the issue.[66] The DRC is also a country of origin, with more than one million Congolese citizens displaced across Africa.[67]

Refugees and asylum seekers in the DRC come mostly from the Central African Republic (CAR), Rwanda, South Sudan and Burundi.[68] The refugee population is roughly equally subdivided between women and girls (52%) and men and boys (48%), but comprises mostly women and children (81%).[69] The majority (75%) live in rural areas, 24% in settlements (mostly in Lusenda, Meri, and Inke) and only 1,4% lived in urban areas (Lubumbashi, Goma, Bukavu, Kinshasa).[70] Most refugees live in the provinces of North Kivu, North Ubangi, South Kivu, Lower Uélé, Upper Uélé, and South Ubangi.[71]

Disaggregated data for IDPs are not available, but it is estimated that about 60% of them are children, over 50% are women, between 2% and 4% are elderly and about 15% are persons living with disabilities.[72] The majority of IDPs live with host families and only about 20% in displacement sites.[73]

The main protection challenges for refugees, asylum seekers, internally displaced persons (IDPs), returnees, and stateless individuals in the DRC include a weak legal framework and civil registration, governance and security issues, socio-economic exclusion, limited local government capacity (especially in rural areas), and housing and land challenges.

GBV context

The situation of GBV is alarming throughout the country, and particularly in the eastern part, due to the presence of multiple armed actors, insufficient humanitarian assistance and basic social services, and difficult living conditions in IDP sites and host families,[74] in a context of limited or non-existent access to access for the survivors.[75] In addition to conflict, natural disasters including torrential rains and flooding also increase the needs of vulnerable populations and the risk of GBV.[76] According to the GBV AoR, in the first half of 2024 61,346 survivors of GBV were assisted in holistic care services.[77] Almost half of these cases were reported in the Eastern provinces, which are most affected by conflict and natural disasters. The large majority of cases (89%) concerned women and girls, 40% concerned children, 58% adults, and 2% elderly people.[78] According to the MARA report for the second quarter of 2024,[79] the percentage of girls affected by conflict-related sexual violence (CRSV) has increased. Victims often do not access care services for a reasons including fear of reprisals, lack of local care facilities in certain areas, fear of community stigmatization, weak legal support

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[62] UNHCR (2024)

[63] Ibid.

[64] UNHCR (2024) Democratic Republic of the Congo - DRC At A Glance - 31 July 2024

[65] Ibid.

[66] Ibid.

[67] Ibid.

[68] Democratic Republic of the Congo - Monthly Statistics of Refugees and Asylum Seekers - 31 July 2024

[69] Ibid.

[70] Ibid.

[71] Ibid.

[72] UNHCR (2024)

[73] Ibid.

[74] DRC Protection Cluster (2024) Democratic Republic of Congo Protection Analysis Update October 2024

[75] PHR (2024) "Massive Influx of Cases" Health Worker Perspectives on Conflict-Related Sexual Violence in Eastern Democratic Republic of the Congo, October 2024

[76] DRC GBV AoR (2024) République Démocratique du Congo: Bulletin d'information du GBV AoR Avril - Juin (T2) 2024 (Août 2024)

[77] Ibid.

[78] Ibid.

[79] As cited in DRC Protection Cluster (2024) Democratic Republic of Congo Protection Analysis Update October 2024

services and impunity for perpetrators of GBV.[80] In addition to the factors that exacerbate the risk of GBV linked to insecurity, insufficient humanitarian aid, particularly in terms of education, food insecurity, the lack of sustainable economic resilience mechanisms and acute vulnerability force women and girls to adopt negative survival strategies, such as survival sex, early and/or forced marriage, and the sexual exploitation of minors in brothels.[81]

UNHCR leads on the implementation of the GBVIMS. It does not share the number of users of its and its' partners GBV response services, but provides data about the types of incidents. Virtually all survivors reporting a GBV incident in the first half of 2024 were women (58.3%) and girls (41.6%). Most incidents were cases of rape (36%), physical assault (24%), and physical and emotional violence (19%), with significant reports also of denials of resources and opportunities (10%), sexual assault (7%) and forced marriage (5%). Perpetrators were mostly civilians (72%), but also armed groups (11%), members of the Congolese Armed Forces (4%), family members (2%), members of the Congolese National Police (1%), and bandits (0.6%).

UNHCR's work in DRC

In this mixed setting, a Humanitarian Coordinator leads overall in coordination. UNFPA and, to a lesser extent, UNICEF[82] manage the AoR for Gender Based Violence (GBV).

UNHCR in DRC worked on GBV in 12 provices in the first semester of 2024.[83] For GBV response, it provided mostly community and psychosocial support (80% of cases) and medical assistance (48%), including within 72 hours (26%). To a lesser extent, it also provided legal assistance (15% of cases), safety and security (10%), economic reintegration (7%) and material assistance (6%).[84] It also conducts prevention and risk mitigation activities. In the first half of 2024, it reached over 109.000 individuals through awareness sessions and trained 1.150.[85] In 2023, prevention activities were conducted with the support of 119 community groups, women's associations, men's groups advocating against GBV, and community radios.[86]

UNHCR in DRC has agreements with numerous organizations, including the following implementing partners.

Organization	Location	GBV-related activities
Femmes Mains dans la Main pour le Développement Integral (FMMDI)	Kasai, Kasai Oriental, Kasai Central, Lomami and Kinshasa	Prevention, response
INTERSOS	Ituri, Haut Uélé	Prevention, risk mitigation, response
Panzi Foundation	South Kivu (Fizi territory, Kale territory - Minova)	Prevention, response
AIDPROFEN	North Kivu (Goma)	Prevention, response

In the results framework, UNHCR reports on the three core outcome indicators relating to OA 4 for both IDPs and refugees and asylum seekers, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of people who benefitted from specialized GBV programmes
- Proportion of persons at risk of GBV and survivors who received legal assistance
- Proportion of persons at risk of GBV and survivors who received medical assistance
- # of women and girls who participate in targeted empowerment activities as part of GBV prevention programs

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[80] Ibid.
[81] Ibid.
[82] Global Protection Cluster (2016) République Démocratique du Congo : Termes de référence du Groupe de Travail sur les Violences Basées sur le Genre (VBG)
[83] UNHCR (2024) Democratic Republic of Congo - Gender-Based Violence (January - June 2024)
[84] Ibid.
[85] Ibid.
[86] UNHCR (2023) Annual Results Report 2023, Democratic Republic of the Congo

- # of individuals that received information on available protection services related to GBV, sexual exploitation and abuse and trafficking
- # of trained participants (UNHCR and partner workforce and government authorities) who increased their GBV knowledge and skills on prevention and response
- # of individuals that received information on available protection services related to GBV, sexual exploitation and abuse and trafficking

In 2024, the UNHCR Kenya CO met 29% of its GBV budgetary needs. The RMS is not yet in place in the country.

1.6. Syria

Country context

The Syrian Arab Republic is a mixed setting with an L2 emergency. As of the end of 2021, 97 per cent of the Syrian population was estimated to be living at or below the poverty line, with 65 per cent living in extreme poverty.[87] More than 16 million people need life-saving and life-sustaining assistance in 2024.[88]

The population of refugees and asylum seekers has been decreasing since 2017.[89] At the end of July 2024, the country hosted 11,405 refugees and 4,620 asylum seekers, mostly from Iraq (77%), with minorities from Afghanistan, Sudan, Yemen, and Pakistan.[90] Most refugees and asylum seekers lived in the districts of urban and rural Damascus (46%), but also in Al-Malikeyyeh, Quamishli, and Al-Hasakeh.[91] The large majority of refugees and asylum seekers were women and children (73%), about one in ten were older persons, and 38% were persons with specific needs. Female-headed households represented about half of the total (47%). In North-West Syria, female-headed households were found to face acute hardship more than male-headed ones, with 94% adopting emergency, crisis or stress coping strategies.[92]

The Syrian Arab Republic is not a party to the 1951 Convention and has not enacted refugee or asylum-specific legislation. UNHCR is the only agency that provides registration services and documentation for asylum-seekers and refugees under its mandate in Syria. documents.[93]

The Syrian Arab Republic is also a country of origin for refugees and asylum seekers. The humanitarian situation began in 2011 with the eruption of the civil war and remains one of the largest displacement crises in the world.[94] In 2024, the crisis affected 6.8 million IDPs and 5.2 million refugees, hosted mainly in the neighboring Egypt, Iraq, Jordan, Lebanon and Türkiye.[95] There are also significant numbers of Syrian refugees who regularly choose to return to the country (19,729 in the first six months of 2024).[96]

North-West Syria has been particularly affected by the protracted conflict, deteriorating socioeconomic conditions, and persisting impact of the 2023 earthquake.[97] In May-June 2024, the area hosted 3.4 million IDPs, mostly (79%) women and children.[98]

GBV context

The country does not have the GBVIMS in place. According to the GBV AoR analysis, 8.5 million people in Syria require GBV assistance in 2024, with 93% being women and girls.[99] These groups are disproportionately affected by the ongoing economic crisis, conflict, earthquake impacts, and limited access to essential services and opportunities. This increases their vulnerability to SEA and other forms of GBV.

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[87] UNHCR (2024a)
[88] OCHA (2024) Syrian Arab Republic: 2024 Humanitarian Needs Overview (February 2024)
[89] UNHCR (2024) Syrian Arab Republic: Overview of Refugee and Asylum-Seeker Population (As of 31 July 2024)
[90] Ibid.
[91] Ibid.
[92] OCHA (2024) Syrian Arab Republic: 2024 Humanitarian Needs Overview (February 2024)
[93] UNHCR (2024) Syrian Arab Republic: Overview of Refugee and Asylum-Seeker Population (As of 31 July 2024)
[94] UNHCR (2024b)
[95] Ibid.
[96] UNHCR (2024) UNHCR - Syria Fact Sheet (July 2024)
[97] UNHCR (2024) North-west Syria Operational Update (May - June 2024)
[98] Ibid.
[99] OCHA (2024) Syrian Arab Republic: 2024 Humanitarian Needs Overview (February 2024). Information in the following paragraphs, unless otherwise indicated, was sourced from this report.

Violence against women and girls, including intimate partner violence, domestic violence, sexual harassment, and exploitation, is rising both at home and in public spaces, particularly in camps and crowded settings. There is a persisting trend of child marriage and early pregnancy, with a 2023 survey in Aleppo and Idleb finding that 1 in 5 teenage girls (15-19 years old) was either pregnant, lactating, or had children. Another survey, conducted by UNICEF, showed that 13% of women aged 20 to 24 were married before the age of 18. [100]Forced marriages mainly affect divorced and widowed women and girls. Women and girls forced into second marriages are less likely to be able to leave violent relationships and suffer denial of basic rights such as custody of children and rights to inheritance.

Limited access to GBV services and Women and Girls Safe Spaces exacerbates insecurity and isolation, reducing opportunities to seek help. Cultural and social constraints further restrict women's freedoms, such as male family members controlling their earnings and limiting movement, education, and livelihood opportunities. Humanitarian service delivery points and distribution areas are identified by communities and GBV experts as locations where GBV occurs. Overcrowded camps and poorly designed humanitarian service points heighten GBV risks for women and girls.[101]

UNHCR's work in Syria

UNHCR in Syria has a country office in Damascus and sub-offices in Homs, Aleppo, and Al-Hasakeh. In 2024, it met 77% of its GBV needs. It does not have the RMS in place.

UNHCR and its partners in Syria provide GBV survivors with multi-sectoral referrals to health care, psychosocial support, legal and safety assistance, as well as referral to safe accommodation for survivors facing life-threatening risks.[102]

In 2023, UNHCR Syria delivered 7,643 GBV response services including referrals and case management by 16 partners in 14 governorates to IDPs (39%), returnees (37%), host community members (22%), and refugees and asylum-seekers (2%).[103]

For GBV prevention, UNHCR informs communities on response and support services through awareness-raising interventions. In 2023, about 132,000 women, men, boys and girls from IDP, returnees, refugees and host communities attended awareness-raising sessions on GBV root causes, women's empowerment, and forms and consequences of GBV. Additionally, UNHCR trained its staff on the Girl Shine curriculum and rolled it out in 11 locations with girls and caregivers, focusing on gender transformative programming to tackle the causes of gender inequality. UNCHR also established 158 community-based committees (130 women's committees, 28 men's committees) and trained its partners' staff on Engaging Men Through Accountable Practice, as well as 667 humanitarian workers (including UNHCR and partner staff) on various topics on GBV prevention and response.

In 2023, UNHCR Syria conducted awareness raising and capacity sessions on PSEA involving 80,887 people, including people with and for whom UNHCR works and partners and UNHCR staff and volunteers.[104] Activities took place in 117 community centers in 14 governorates.[105]

UNHCR in Syria has agreements with numerous organizations, including the following implementing partners.

Organization	Location	GBV-related activities
Nada Organization for Women's Development	Damascus and Rural Damascus	Prevention, response, case management
Syria Trust	Damascus, Rural Damascus, Aleppo, and Lattakia	Prevention, response, case management
Al Batoul	Tartous, Latakia	Prevention, response, case management

In the results framework, UNHCR reports on two core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services and the proportion of survivors who are satisfied with GBV case management services.

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[100] UNHCR (2023) Annual Results Report 2023 Syria
[101] UNFPA (2023) An overview of gender-based violence risks in the 2023 Syria earthquake response
[102] UNHCR (2023) Annual Results Report 2023 Syria
[103] Ibid.
[104] UNHCR (2024) Fact sheet: Protection from Sexual Exploitation and Abuse (PSEA) in Syria, January - December 2023
[105] Ibid.

1.7. Peru

Country context

Peru is a refugee and protracted crisis setting with 6,712 refugees and 508,429 asylum-seekers.[106] It hosts the highest number of Venezuelan asylum-seekers globally and is the second-largest host country for forcibly displaced Venezuelans after Colombia, with over 1.5 million forcibly displaced from the country residing in Peru.[107] The majority of asylum seekers live in Lima, the country's capital city.[108] About 35% of them are residing in the country irregularly.[109] About 30% are children below the age of 15,[110] while 52% are women and girls.[111]

The arrival of the Venezuelan forcibly displaced population in Peru started in 2017, and coincided with some of the most significant challenges for the country, including the economic effects of the COVID-19 pandemic, which affected disproportionately urban areas, where Venezuelan residents are concentrated.[112]

Peru is also a country of transit for individuals involved in mixed movements.[113] Monitoring of mixed movements in Central America found that 11%-15% of individuals transiting through the region in the first six months of 2024 had resided in Peru for at least six months before continuing the journey.[114]

GBV context

Peru does not have the GBVIMS in place. According to data from the Ministry of Women and Vulnerable Populations (MIMP), asylum seekers, refugees and migrants face several risks related to gender-based violence, such as sexual violence, trafficking for sexual and labour exploitation, survival sex and various forms of domestic violence, sexual harassment, physical violence and femicide, which have been on a steady growth path between 2018 and 2023.[115] Venezuelan migrants and refugees are more affected by their Peruvian peers by femicide attempts and human trafficking.[116] Existing services for survivors are not fully equipped to respond to the needs of vulnerable people in transit and survivors of gender-based violence,[117] and many migrants and forcibly displaced do not know where to file complaints for GBV episodes.[118]

In the country, cases of GBV are reported to the Peruvian National Police, the Public Prosecutor's Office or the courts of the Judicial Branch; however, survivors often prefer to approach specialized services such as the Women's Emergency Centers (CEM) of the MIMP.[119] CEMs provide services of legal, psychological and social orientation to survivors of VAWG and family members and survivors of sexual violence. They are one of the services provided by AURORA, the National Program for the Prevention and Eradication of Violence against Women and Family Members. The program also provides an Urgent Care Service, Temporary Shelters, a Rural Care Service, an Institutional Care Service and a chat and telephone consultation service.[120]

In 2023, CEMs attended 166,313 survivors, of which 85.5% were women. The most frequent type of violence reported was psychological (43%), followed by physical (38%), sexual (19%) and economic violence (0.4%).[121]

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[106] UNHCR (2024)UNHCR, WFP, UNICEF (2024) Mixed Movements Monitoring Report | Q2 2024
[107] UNHCR (2024) Peru Operational Update August 2024
[108] Ibid.
[109] UNHCR (2024) Un encuentro de oportunidades: La movilidad humana de Venezuela y el desarrollo del Perú
[110] Ibid.
[111] Joint Data Center for Forced Displacement (2023) Venezolanos en Chile, Colombia, Ecuador y Perú. Una oportunidad para el desarrollo
[112] UNHCR (2024) Un encuentro de oportunidades: La movilidad humana de Venezuela y el desarrollo del Perú
[113] UNHCR, WFP, UNICEF (2024) Mixed Movements Monitoring Report | Q2 2024
[114] UNHCR, WFP, UNICEF (2024) Mixed Movements Monitoring Report | Q1 2024; Ibid.
[115] UNHCR (2024)
[116] UNHCR (2024) Un encuentro de oportunidades: La movilidad humana de Venezuela y el desarrollo del Perú
[117] Ibid.
[118] DRC and Encuentros SJS (2024) Snapshot de Protección: PERÚ Agosto-Septiembre 2024
[119] UNHCR (2023) Annual Report 2023 Peru
[120] Ministerio de la Mujer y Poblaciones Vulnerables (2023) Programa Nacional AURORA. Boletin estadístico. 2023/diciembre
[121] Ibid.

About 2% of the survivors were migrants, forcibly displaced or stateless.[122] Among them, 83% were Venezuelans, 89% were women and 33% were children under 18. Physical violence was more common in this population (42% of the violence episodes).[123]

For women survivors, violence is perpetrated mostly by partners or family members, except for sexual violence.[124] For elder survivors, violence is largely psychological and perpetrated by family members.[125] Males affected by violence are mostly boys (75%), and the most common types of violence are psychological (53%) and physical (38%), perpetrated almost always by family members.[126] Men and boys constitute a larger proportion among LGBTQIA+ and elder survivors and survivors with disabilities, with respect to other groups.[127]

UNHCR's work in Peru

In Peru, UNHCR operates under the Refugee Coordination Model. Coordination is based mainly on the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V), at the regional level, complemented by the Working Group for Refugees and Migrants (GTRM) at the national level. The GTRM is co-led by UNHCR and IOM and relies on an operational coordination structure composed of several technical working groups, including the protection working group. The protection working group, in turn, includes the GBV sub-working group, which is co-led by UNHCR and UNFPA.

In 2023, it supported the access of GBV survivors to multi-sectoral services, including the Peruvian National Police, the Public Prosecutor's Office and the courts of the Judicial Branch.[128] Survivors, however, often preferred to approach specialized services such as CEMs of the Ministry of Women, where they received free support before or after the reporting or when they did not wish to file a complaint.[129]

In 2023, UNHCR supported authorities and local NGOs with the improvement of three CEMs, a temporary shelter, and a facility providing services to GBV survivors and LGBTIQ+ population. It consolidated specialised GBV response teams within partner NGOs, assisting 969 cases at risk of GBV and/or GBV survivors. To prevent and mitigate GBV risks, it trained 340 government officials, staff, partners and community leaders nationwide. For PSEA, it trained 155 people, including forcibly displaced and stateless people, UNHCR staff and partners.

UNHCR in Peru has agreements with numerous organizations, including the following implementing partners.

Organization	Location	GBV-related activities
Asociación Protección Población Vulnerable (APPV)	Lima	Prevention
Rosas Mujeres de Lucha	Lima	Prevention, Response
Encuentros	San Juan de Lurigancho, San Juan de Miraflores, San Martín de Porres, Cercao de Lima, Colonial, Tumbes, Ica	Response
HIAS	Tumbes, La Libertad, Lima and Tacna	Case management

In 2024, the UNHCR Peru CO met 24% of its GBV budgetary needs. It does not have the RMS in place. In the results framework, UNHCR reports on two core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of GBV sensitization activities

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[122] Registro de casos del CEM/SGICT/AURORA/MIMP (2023) Mujeres e la Violencia. Periodo Enero-Diciembre 2023
[123] Ibid.
[124] Registro de casos del CEM/SGICT/AURORA/MIMP (2024) Mujeres e la Violencia. Periodo Enero-Octubre 2024; Registro de casos del CEM/SGICT/AURORA/MIMP (2023) Mujeres e la Violencia. Periodo Enero-Diciembre 2023
[125] Registro de casos del CEM/SGICT/AURORA/MIMP (2024) Casos de Adultos Mayores. Periodo Enero-Octubre 2024; Registro de casos del CEM/SGICT/AURORA/MIMP (2023) Casos de Adultos Mayores. Periodo Enero-Diciembre 2023
[126] Registro de casos del CEM/SGICT/AURORA/MIMP (2024) Hombres y la Violencia. Periodo Enero-Octubre 2024; Registro de casos del CEM/SGICT/AURORA/MIMP (2023) Hombres y la Violencia. Periodo Enero-Diciembre 2023
[127] Registro de casos del CEM/SGICT/AURORA/MIMP (2024) Casos de personas LGBTI atendidos en los CEM. Enero-Octubre 2024; Registro de casos del CEM/SGICT/AURORA/MIMP (2023) Casos de personas LGBTI atendidos en los CEM. Enero-Diciembre 2023
[128] UNHCR (2023) Annual Report 2023 Peru
[129] Ibid.

- # of people who benefitted from specialized GBV programmes
- # of families receiving accompaniment and/or case management
- # of persons attended at risk of GBV or GBV survivors

1.8. Malaysia

Country context

Malaysia is a protracted refugee context. At the end of June 2024, the country hosted 137,943 refugees, 51,533 asylum seekers, and 119,046 stateless people.[130] The large majority of refugees (93%) were from Myanmar (mostly from the Rohingya and Chin ethnic groups); other countries of origin include Pakistan, Somalia, Afghanistan, and Sri Lanka.[131] There were also consistent numbers of asylum seekers from Syria and Yemen.[132] As of October 2024, most refugees were men (65%), and 28% were children.[133]

The Malaysian Government is not a signatory of the 1951 Convention relating to the Status of Refugees, nor of the 1967 Protocol Relating to the Status of Refugees. It has also not yet signed the 1954 Convention relating the Status of Stateless Persons. More generally, it has no domestic or administrative framework that governs refugees and their rights.[134] As a consequence, refugees and asylum-seekers (including those registered with UNHCR), especially new arrivals, face restricted access to justice[135] and are constantly at risk of arrest, detention, and refoulement.[136,137] Lacking legal status, they struggle to access basic rights and services, such as formal employment, healthcare and education.[138]

GBV context

While there is no national GBV prevalence data available for refugees and asylum seekers (with no GBVIMS in place), a report by the Women's Aid Organization provides a comprehensive picture of the GBV context for refugees and asylum seekers.[139] Refugee women in Malaysia face an elevated risk of GBV, due to their lack of legal status and to cultural norms around violence in refugee communities. Without legal recognition, they are often employed in the informal labor market, where they are vulnerable to sexual harassment, exploitation, and violence, but also reluctant to seek help from authorities, due to fear of detention or deportation. The lack of status also makes women more dependent on their partners and more vulnerable to domestic violence, and makes it more difficult to leave perpetrators (as marriages cannot be registered either).[140,141] Within refugee communities, including Rohingyas,[142] violence is often normalized, and domestic violence, psychological abuse, and sexual violence are prevalent, with gender roles and cultural norms in some communities perpetuating harmful attitudes.

Refugee women face significant barriers in accessing protection, justice mechanisms, and support services for GBV. With limited awareness of their rights and no clear pathways to report violence, survivors often find themselves isolated. Existing support systems, such as shelters for survivors, are inadequate, and language barriers or fear of backlash can further discourage women from seeking help. Healthcare access for GBV

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[130] UNHCR (2024) Malaysia - Data on forcibly displaced populations and stateless persons

[131] Ibid.

[132] Ibid.

[133] UNHCR (2024a)

[134] Asylum Access Malaysia (2023) Contribution to the List of Issues to be Compiled by the Committee on the Convention on the Elimination of Discrimination Against All Women (CEDAW). Refugee and Asylum-Seeker Women. State Party: Malaysia

[135] UNHCR (2024b)

[136] Asylum Access Malaysia (2023) Contribution to the List of Issues to be Compiled by the Committee on the Convention on the Elimination of Discrimination Against All Women (CEDAW). Refugee and Asylum-Seeker Women. State Party: Malaysia

[137] CEDAW (2018) Concluding observations on the combined third to fifth periodic reports of Malaysia

[138] Ibid.

[139] Women's Aid Organisation (2021) Sexual and Gender-Based Violence Among Refugee Communities in Malaysia. Information in the following paragraphs, unless otherwise indicated, was sourced from this report.

[140] UNHCR (2024) Refugee Women and Children at Risk

[141] E. Pittaway, L. Bartolomei, G. Doney, S. Thambiah, A. Faiz, R. Tan (2019) Refugee Women and Girls: Key to The Global Compact on Refugees. Kuala Lumpur Consultations Report, September 2019

[142] Welton-Mitchell, C., Bujang, N. A., Hussin, H., Husein, S., Santoadi, F., & James, L. E. (2019). Intimate partner abuse among Rohingya in Malaysia: Assessing stressors, mental health, social norms and help-seeking to inform interventions. Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 17(2), 187-196.

survivors is also difficult, particularly for asylum seekers,[143] due to fear of retaliation, language barriers, limited understanding of their rights, and financial constraints.[144]

Due to the lack of safe legal pathways for refugees to seek asylum, refugee women and children have been subject to coercion, forced marriage, and trafficking and have largely been excluded from the protection of the national anti-trafficking framework.[145]

Refugee women from different ethnic groups reported a high incidence of GBV against children.[146] For younger girls (0-12 y.o.), this included rape and sexual harassment by stepfathers, in particular when mothers had remarried to seek protection for themselves and their children, and when there was a lack of parental supervision while parents were at work. Sexual violence on older girls (13-17 y.o.) was reported to be "endemic", including in and on the way to school. In general, forced and early marriage is a major problem, and a major manifestation of GBV among refugees in Malaysia. While early marriage is often attributed to 'culture', refugees indicated its structural causes in displacement, including lower access to education for girls. The phenomenon is exacerbated by the lack of access to government schools, fees in private and community schools and lack of other meaningful activities, high levels of sexual violence, poverty, and the view that marriage is a means of protecting young girls from rape and sexual harassment.

UNHCR's work in Malaysia

In Malaysia, UNHCR operates under the Refugee Coordination Model. In 2023, UNHCR and its partners recorded 710 new GBV refugee survivors for violences occurred in Malaysia or in the home country.[147] Less than 5% were willing to lodge police reports due to fears of arrest, retaliation, or further stigmatization.[148] Services provided by UNHCR and partners included case management, temporary shelter, psychosocial support, facilitated access to police, safe spaces for women and girls, and women empowerment programs. They also conduct awareness-raising and prevention activities.

UNHCR in Malaysia has agreements with numerous organizations, including the following partners.

Organization	Location	GBV- related activities
Cahaya Surya Bakti	Johor	Prevention, case management
International Catholic Migration Commission	Klang Valley, Penang, Kedah (accessible nationwide via hotline remote services)	Prevention, response, case management
Women's Aid Organization	Klang Valley (accessible nationwide via hotline and remote services)	Response, case management
MSF (operational partner)	Kedah, Penang, Perak	Response

The UNHCR Malaysia Operation met 46% of its GBV needs in 2024. It does not have a RMS in place.

In the results framework, UNHCR reports on the three core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of women and girls who participate in targeted empowerment activities as part of GBV prevention programs
- # of people who benefitted from specialized GBV programmes
- Proportion of persons at risk of GBV and survivors who benefitted from emergency safe shelters

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[143] Rajaratnam, S., & Azman, A. (2022). Refugee and Asylum Seeker Women's Experiences with Healthcare and Social Environment in Malaysia. International journal of environmental research and public health, 19(11), 6542.
[144] UNHCR (2024) Refugee Women and Children at Risk
[145] Ibid.
[146] E. Pittaway, L. Bartolomei, G. Doney, S. Thambiah, A. Faiz, R. Tan (2019) Refugee Women and Girls: Key to The Global Compact on Refugees. Kuala Lumpur Consultations Report, September 2019
[147] UNHCR (2023) Annual Results Report 2023 Malaysia
[148] UNHCR (2024) Refugee Women and Children at Risk

- Proportion of persons at risk of GBV and survivors who received psychosocial support (including case management)

1.9. Italy

Country context

Italy is a refugee setting. According to UNHCR, it hosts 372,102 refugees, 182,220 asylum seekers, and 3,031 stateless persons.[149] The large majority of refugees and asylum seekers come from Ukraine (40%); other countries of origin with significant refugee and asylum seekers populations include Bangladesh (7%), Pakistan (7%), Nigeria (5%) and Egypt (4%).[150]

Between January and July 2024, 56,813 people arrived in Italy by sea (59%), land, and air, excluding arrivals from Ukraine.[151] Most migrants arriving by sea were men (74%), while most children arrived unaccompanied or separated (14% of total sea arrivals).[152] Sea crossings departed mainly from Libya (67%) and Tunisia (24%), while arrivals by land mostly happened through the border with Slovenia, with migrants who had followed the Western Balkan Route.[153]

Italy also receives a minority of asylum seekers through resettlement, humanitarian corridors and humanitarian evacuations (1,525 people between January and July 2024).[154] The countries of origin of these groups of migrants are mostly Afghanistan, Eritrea, Palestine, Sudan, and Syria.[155]

In Italy, asylum seekers who are granted international protection fall into one of three categories: refugees, beneficiaries of subsidiary protection, or beneficiaries of special protection. At the end of July 2024, 137,288 beneficiaries of international protection and asylum seekers were included in the national reception system.[156] The system is articulated in three levels: "hotspot" structures (hosting 0.5% of the population), where people remain briefly after arrival via sea for health screenings and identification procedures, "first reception" structures (73%), where people remain while waiting for the results of their request for international protection, and "second reception" structures at the local level (27%), hosting asylum seekers with specific needs and beneficiaries of international protection.[157]

GBV context

The country does not have the GBVIMS in place. At the national level, data about gender-based violence are often outdated. According to the most recent national study (2014)[158] almost one third of women and girls aged 16-70 report to have been affected by some form of physical (20%) or sexual violence (21%) in their life. Moreover, 26% reported to have experienced psychological or economic violence by their current partner, while 46% experienced it from a former partner. About 22% was stalked by a former partner, while 10% was stalked by others. Overall, 26% of women reported to have experienced intimate partner violence in their lifetime.[159]

Another study found that 14% of women and 2% of men aged 15-70 had experienced sexual harassment at work, and 15% of women experienced sex-related blackmail at work in their lifetime.[160] Outside of the

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[149] UNHCR (2024)

[150] Ibid.

[151] UNHCR (2024) Italy Fact Sheet July 2024

[152] Ibid.

[153] Ibid.

[154] Ministry of Interior (2024) Dossier Viminale. L'attività del Ministero dell'Interno.

[155] Ibid.

[156] Ministry of Interior - Central Directorate of Civil Services for Immigration and Asylum (2024) Cruscotto statistico giornaliero. 31 luglio 2024

[157] Ibid.

[158] Istat (2015) La violenza contro le donne dentro e fuori la famiglia. Anno 2014. Data on violence against women in Italy was sourced from this report, unless otherwise indicated.

[159] FRA, EIGE, Eurostat (2024), EU gender-based violence survey – Key results. Experiences of women in the EU-27, Publications Office of the European Union, Luxembourg.

[160] Istat (2024) Le molestie: vittime e contesto | Anno 2022-2023

workplace, 6% of women and 3% of women reported to have experienced sexual harassment in the previous three years, including technology-facilitated harassment.

Almost one in four women and one in three men report to be worried or very worried of experiencing sexual violence.[161] Overall, 15% consider some at least one form of intimate partner violence as always acceptable or acceptable under particular circumstances.[162]

According to UNICEF,[163] many women and girls arriving in Italy have experienced GBV such as child marriage, domestic abuse, female genital mutilation, and trafficking in their country of origin or during the migration journey. The central Mediterranean route, particularly through Libya, poses extreme risks of sexual violence.[164] Even after reaching Italy, women and girls remain vulnerable to further GBV due to inadequate support systems.[165] Barriers to accessing GBV support include the absence of linguistic and cultural mediators, limited multicultural training for service providers, a lack of awareness about available services, as well as fear and distrust of public services, often related to their legal status.[166]

A safety audit of GBV risks in reception centers found that women and girls face numerous challenges related to GBV.[167] Staff often lack sufficient training on GBV, cultural sensitivity, and survivor-centered care, and there is limited awareness of available support services. Many facilities suffer from overcrowding, a lack of privacy, and inadequate security measures. Sanitation facilities are poorly maintained, frequently lacking locks.

UNHCR's work in Italy

UNHCR in Italy is a multi-country office including operations also in the Holy See and San Marino. It supports refugees, asylum-seekers and stateless individuals focusing on three key areas, namely improving the protection environment and government policies for forcibly displaced and stateless people, facilitating access to sustainable solutions for refugees, asylum-seekers, stateless people, and host communities, and expanding opportunities for complementary pathways and promoting the inclusion of forcibly displaced and stateless people.

The country does not have the RMS implemented. In 2024, the UNHCR MCO met 85% of its GBV funding needs. The inclusion of refugee survivors in national GBV response systems in Italy is done by UNHCR in partnership with the national anti-violence network D.i.Re.[168] D.i.Re and UNHCR have also established a system of disaggregated data collection including residence status, age, and nationality.

UNHCR in Italy has agreements with numerous organizations, including the following implementing partners.

Organization	Location	GBV- related activities
Centro Astalli	Rome	Response
LHIVE	Eastern Sicily (Catania, Syracuse, Agrigento)	Prevention, risk mitigation, response
Associazione Differenza Donna	Lazio region	Response, case management
D.i.Re	Lampedusa	Response, case management

In the results framework, UNHCR reports three core outcome indicators relating to OA 4, namely the proportion of people who know where to access available GBV services, the proportion of people who do not accept violence against women, and the proportion of survivors who are satisfied with GBV case management services. They also report the following output indicators:

- # of PoC targeted with information-sharing activities on GBV
- # of PoC who participate in targeted empowerment activities as part of GBV prevention programs

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[161] Istat (2024) La percezione della sicurezza | Anno 2022-2023
[162] Istat (2023) Stereotipi sui ruoli di genere e l'immagine sociale della violenza
[163] UNICEF (2021) Italy – Refugee and migrant response. Gender-based Violence Programme Overview
[164] UNICEF (2020) Making the Invisible Visible. The identification of unaccompanied and separated girls in Bulgaria, Greece, Italy and Serbia
[165] Refugee Rights Europe (2020) An Overlooked Crisis: Trafficking and sexual, and gender-based violence against displaced women in Italy
[166] Ibid; UNICEF (2021) Italy – Refugee and migrant response. Gender-based Violence Programme Overview
[167] UNHCR and UNICEF (2023) Safety Audit - Surveys on Gender-Based Violence Risks in Reception Centres under Articles 9 and 11 of Legislative Decree 142/2015
[168] UNHCR (2022) Gender-Based Violence Prevention, Risk Mitigation And Response In Europe: Promising Practices And Recommendations For The Way Forward

- # of trained participants (UNHCR and partner workforce and government authorities) who increased their GBV knowledge and skills on prevention and response
- # of GBV risk mitigation and PSEA initiatives
- # of trained participants (UNHCR and partner workforce and government authorities) who increased their GBV knowledge and skills on prevention and response
- # of people who benefitted from specialized GBV programmes

ANNEX J: UNHCR GBV POLICY CHALLENGES IN NON-RCM SETTINGS

IDP and mixed settings

UNHCR GBV focal points in DRC and Syria have highlighted the need for greater visibility of GBV issues and more training and guidance on how to effectively advocate for GBV prevention and response. As UNHCR contributes to advocacy through the GBV AoR, they felt that more needed to be done. In Syria, UNHCR stakeholders reported confusion regarding GBV coordination roles particularly since UNFPA leads the GBV AoR. However, the GBV Policy is clear, as it aligns with international guidance on the division of responsibilities. There was also uncertainty regarding whether UNHCR as the Protection Cluster lead had a responsibility to act as the provider of last resort on GBV in IDP contexts. Since UNFPA leads the GBV AOR and serves as the provider of last resort, this confusion suggests that either international guidance is not well understood or that agencies are not fully adhering to their respective roles.

To address these challenges, there is a need for more training on existing GBV coordination guidance, such as the Joint UNHCR-OCHA Note on Mixed Situations.[1] In refugee situations such as Moldova and Kenya, UNHCR's GBV advocacy is shaped around refugee inclusion in government systems, whereas in Syria and DRC, UNHCR contributes to GBV advocacy through the GBV AoR rather than leading GBV coordination. Strengthening training and awareness of existing international guidance will be key to enhancing clarity on roles, improving inter-agency collaboration, and ensuring effective GBV prevention and response.

Mixed movement settings and Route-Based Approaches

The topic of GBV policy relevance in mixed movement settings emerged extensively during the Evaluation Team's visits to the regional bureaus in the Americas and Middle East and Northern Africa (MENA). A key issue to emerge across both regions was the challenges in providing GBV services and case management for populations on the move, particularly in complex cases involving sexual violence, including sexual exploitation and abuse by UN and partner personnel. This is often further complicated by survivors being an IDP in one setting and a migrant, refugee or asylum seeker in another, in a short space of time. This can lead to complexities around the inter-agency coordination of services, including across borders, and challenges making mixed movement routes safer. In the Americas RB in Panama, UNHCR and interagency partners are adopting alternative, Route-Based Approaches (RBAs) to human mobility focused on countries of origin, transit, destination, and return, which address the needs of people rather than focusing on their status.[2] These approaches require close interagency collaboration that sometimes surpasses mandate. UNHCR stakeholders in the Americas noted that the GBV policy monitoring framework was not a useful tool to engage with these operational complexities. They also emphasized that the region was in great need of appropriate guidance for coordinating GBV inmixed movement setting where there appears to be a gap.[3]

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[1] The Joint UNHCR-OCHA Note on Mixed Situations provides guidance on leadership and coordination in settings where populations of concern include refugees, internally displaced persons (IDPs), and other affected groups. In such contexts, the Refugee Coordination Model (RCM) outlines UNHCR's role and responsibilities, while the cluster system, led by OCHA, addresses broader humanitarian needs. The Note aims to clarify the respective accountabilities, roles, and responsibilities of the Humanitarian Coordinator and the UNHCR Representative in these complex environments.
[2] UNHCR (2024) A Route-Based Approach. Strengthening protection and solutions in the context of mixed movements of refugees and migrants.
[3] Serving and Protecting Together: IOM/UNHCR Framework of Engagement" (June 30, 2022) is the framework relevant in these contexts but there is no direct reference to GBV coordination.

Advocacy settings[4]

Two UNHCR stakeholders interviewed at global and regional levels shared perceptions that the GBV policy had not been as well socialized in advocacy settings, and lacked relevance due to the policy's emphasis on more operational programming. The staff survey also found that fewer staff in countries where UNHCR has an advocacy presence stated that the GBV policy was very useful (41 percent) when compared to staff in operational contexts (56 percent). One UNHCR stakeholder participating in a global interview also shared their recent experience supporting a European UNHCR office to shift from advocacy to operational focus due to the Ukraine crisis. They highlighted the complexities of implementing the GBV policy in this context where there was limited GBV capacity both within UNHCR and the state apparatus and challenges mobilizing funding towards GBV policy implementation given donor assumptions that this should be covered by the European Union (EU).

Contexts of criminality

UNHCR stakeholders in Ecuador and more widely in the regional bureau for the Americas emphasized the current challenges implementing the GBV policy in contexts of increasing criminality in Latin America and the Caribbean. In Ecuador, UNHCR stakeholders and partners shared the significant changes occurring in the country with increasing presence of organized criminal groups (OCGs) linked to territorial disputes over transnational drug trafficking. UNHCR and its partners are facing numerous challenges in GBV response where a GBV survivor's partner is linked to an OCG. This can lead to heightened risks in supporting case management, safe referrals and relocation of survivors given that OCGs can put survivors and staff at risk of armed violence and retaliation. GBV focal points in Ecuador emphasized the need for GBV policy guidance to support UNHCR and its partners to address these challenges.

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[4] These are settings in which UNHCR supports government advocacy for refugee inclusion and service quality but does not support direct service delivery. The evaluation results are less comprehensive for GBV in advocacy operational settings given that none of the case studies were conducted in such settings.

ANNEX K: SUMMARY OF UNHCR GBV BUDGET TRENDS (2020-2023) IN NINE CASE STUDY COUNTRIES

FIGURE 01.   UNHCR GBV funding need, expenditure and percent need met in nine case study countries (2020-2023)
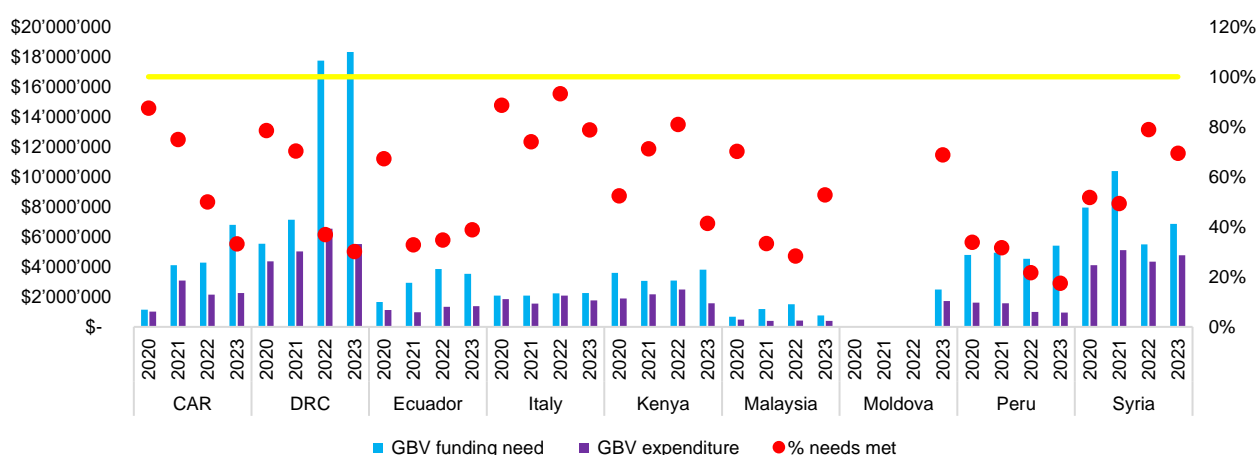
TABLE 01. UNHCR GBV budget trends (2020-2024) in nine case study countries

CAR	From 2020 to 2023, GBV expenditure increased overall. However, GBV expenditure increases over time have not reflected needs, with GBV needs met falling from 87 percent in 2022 to 33 percent in 2023.
DRC	From 2020 to 2022, GBV expenditure gradually increased, as did the expenditure for GBV as a proportion of the overall budget (from 4 percent to 6 percent). Although GBV expenditure reduced in 2023 by about 16 percent compared to the previous year's budget, this reflects an overall budget reduction, with the GBV expenditure as a proportion of the overall expenditure staying the same. Nevertheless, the percent of GBV needs met has declined from 37 percent in 2022 to 30 percent in 2023.
Ecuador	From 2020 to 2023, GBV expenditure fluctuated with an overall slight decrease, with expenditure for GBV as a proportion of the total budget increasing from 3.4 percent in 2020 to 5.5 percent in 2023. Despite fluctuations, GBV needs met has gradually risen from 33 percent in 2021, to 35 percent in 2022 and to 39 percent in 2023.
Italy	From 2020 to 2023, GBV expenditure fluctuated with an overall slight decrease. Expenditure for GBV as a proportion of the total budget lowered and increased in alignment with GBV budget fluctuations but consistently represented the largest proportion across all nine countries, reaching 15 percent and 13 percent in 2022 and 2023 respectively. GBV needs met have mirrored these trends, increasing from 74 percent in 2021 to 93 percent in 2022 and then decreasing to 79 percent in 2023.
Kenya	From 2020 to 2022, GBV expenditure increased gradually but only slightly, dropping in 2023. Expenditure for GBV as a proportion of the total budget has increased slightly between 2020 and 2023 although the proportion has remained low (2.2 percent in 2023). While the percentage of GBV needs met increased from 71 percent in 2021 to 81 percent in 2022, it then dropped substantially between 2022 and 2023 (to 41 percent).

Malaysia	From 2020 to 2023, GBV expenditure decreased slightly, as did expenditure for GBV as a proportion of the total budget, from 3.4 percent in 2020 to 3 percent in 2023. GBV needs met also increased from 28 percent in 2022 to 53 percent in 2023. These patterns reflect large reductions in funding overall alongside the maintenance of or even slight increase in funding allocated to GBV.
Moldova	For Moldova, data are available for 2023 only. In 2023, the proportion of GBV needs met was 69 percent. GBV expenditure represented 1.6 percent of total expenditure.
Peru	From 2020 to 2023, GBV expenditure has gradually decreased, as expenditure for GBV as a proportion of the total expenditure, falling from 8.1 percent in 2020 to 4.5 percent in 2023. GBV needs met has remained relatively stable, dropping slightly from 22 percent in 2022 to 18 percent in 2023; however, the percentage of GBV needs met has consistently been the lowest among all nine countries.
Syria	From 2020 to 2023, there was a slight increase in GBV expenditure, with a large increase in expenditure for GBV as a proportion of total expenditure in 2023 (increasing from 2.8 percent in 2022 to 3.7 percent in 2023). Nevertheless, GBV needs met fluctuated from 79 percent in 2022 to 69 percent in 2023.

ANNEX L: GBV GLOBAL SECTOR HUMANITARIAN FUNDING

TABLE 1: GBV global sector humanitarian funding reported by UN agencies to UNOCHA's Financial Tracking System (2021-2024)[1]

Year	Funding type	UNFPA	UNHCR	UN Women	WFP	IOM	UN agencies (confidential)[187]	UNICEF
2021	On plan	$127,274,408	$17,544,426	$2,920,661	$13,059,229	$5.531.498	$5.630.631	$4,029,014
	Off plan	$12,271,300	$3,345,905	$8,011,789	$1,050,000	$2,278,054	$0	$139,307
	Total	$139,545,708	$20,890,331	$10,932,450	$14,109,229	$7,809,552	$5,630,631	$4,168,321
2022	On plan	$92,879,959	$24,059,289	$2,989,078	$1,015,521	$7,549,007	$13,250,720	$7,433,761
	Off plan	$14,837,870	$267,602	$1,906,616	$349,854	$0	$0	$1,512,000
	Total	$107,717,829	$24,326,891	$4,895,694	$1,365,375	$7,549,007	$13,250,720	$8,945,761
2023	On plan	$125,522,609	$28,886,601	$1,448,624	$1,480,732	$9,887,337	$5,928,566	$20,599,538
	Off plan	$14,881,363	$343,000	$2,016,970	$49,427	$0	$0	$1,977,764
	Total	$140,403,972	$29,229,601	$3,465,594	$1,530,159	$9,887,337	$5,928,566	$22,577,302
2024	On plan	$144,176,230	$7,147,970	$461,433	$39,948	$3,011,448	$2,642,008	$5,176,296
	Off plan	$20,840,024	$0	$581,395	$533	$2,572,505	$0	$923,000
	Total	$165,016,254	$7,147,970	$1,042,828	$40,481	$5,583,953	$2,642,008	$6,099,296

TABLE 2: GBV global sector humanitarian funding reported by top five reporting International NGOs over four years to UNOCHA's Financial Tracking System (2021-2024)[2]

Year	Funding type	IRC	IMC UK	CARE International	DRC	Medecins du Monde
2021	On plan	$4,208,062	$4,122,096	$2,166,464	$1,160,665	$915,587
	Off plan	$3,465,794	$0	$1,481,668	$0	$91,600
	Total	$7,673,856	$4,122,096	$3,648,132	$1,160,665	$1,007,187
2022	On plan	$14,959,884	$6,659,488	$1,930,203	$4,369,245	$1,760,464
	Off plan	$2,546,634	$0	$1,420,751	$0	$0
	Total	$17,506,518	$6,659,488	$3,350,954	$4,369,245	$1,760,464
2023	On plan	$10,997,666	$4,637,184	$5,549,430	$6,314,422	$5,567,363
	Off plan	$265,806	$0	$0	$0	$0
	Total	$11,263,472	$4,637,184	$5,549,430	$6,314,422	$5,567,363
2024	On plan	$15,566,462	$4,543,828	$9,309,309	$8,102,194	$10,225,772
	Off plan	$661,186	$0	$1,300,000	$0	$218,750
	Total	$16,227,648	$4,543,828	$10,609,309	$8,102,194	$10,444,522

TABLE 3: GBV global sector humanitarian funding for RRPs reported by top five reporting UN agencies over four years to UNHCR's Refugee Funding Tracker (2021-2024)[3]

Year	UNHCR	UNFPA	UNICEF	IOM	UN Women
2021	$0	$1,530,000	$0	$0	$0
2022	$12,046,697	$2,541,597	$3,699,569	$0	$255,802
2023	$0	$3,929,926	$500,000	$0	$0
2024	$34,757,485	$18,774,505	$809,438	$1,245,215	$605,504

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[1] Source: <u>UNOCHA Financial Tracking System</u>. GBV global sector data is not available prior to 2021 due to Protection AoRs not previously breaking down financial requirements within response plans.
[2] Ibid.
[3] Source: UNHCR Refugee Funding Tracker

TABLE 4: GBV global sector humanitarian funding for RRPs reported by top five reporting International NGOs over four years to UNHCR's Refugee Funding Tracker (2021-2024)[4]

Year	IRC	IMC	Plan International	Intersos	DRC
2021	$0	$0	$0	$0	$0
2022	$1,709,918	$1,148,914	$1,185,388	$169,474	$0
2023	$1,466,359	$1,250,000	$0	$0	$0
2024	$4,300,658	$1,349,928	$673,599	$720,089	$705,747

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[4] Ibid.

TERMS OF REFERENCE

EVALUATION OF UNHCR'S APPROACH TO GENDER-BASED VIOLENCE (GBV) PREVENTION, RISK MITIGATION AND RESPONSE

STRATEGIC THEMATIC EVALUATION (PHASE II)

Key information	
Title:	Evaluation of UNHCR's Approach to Gender-Based Violence (GBV) Prevention, Risk Mitigation and Response
Timeframe covered:	2020 - 2024
Type:	Strategic Thematic Evaluation (Centralised)
Date	October 2023
Evaluation commissioned by:	UNHCR Evaluation Office

Summary

Preventing, mitigating and responding to gender-based violence (GBV) is a core component of the United Nations High Commissioner for Refugees' (UNHCR) protection mandate. The strategic importance of addressing GBV is underlined through its inclusion as one of eight focus areas to be reinforced over 2022 – 2026 under the aegis of UNHCR's Strategic Directions. UNHCR's work in this area is primarily driven through operationalization and implementation of the 2020 GBV Policy, and related strategies, which applies in all settings where UNHCR works. Whilst UNHCR recognises that the organization and its partners have made progress in this focus area, this progress remains uneven and persisting challenges have been exacerbated by the COVID-19 pandemic,[1]

As such, the UNHCR Evaluation Office is commissioning an independent evaluation of UNHCR's approach to GBV prevention, risk mitigation and response consisting of two phases. The evidence synthesis and readiness review (Phase I) was commissioned in early 2023 and comprises of an internal and external desk review to draw on existing good practice and lessons learnt in addressing GBV. It has taken stock of existing UNHCR performance monitoring data and examines persisting challenges and barriers to further progress through a 'whole-of-UNHCR' lens, exploring organizational readiness to deliver on GBV priorities under the updated Strategic

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[1] UNHCR Strategic Directions 2022 -2026 p.22

Directions 2022-2026 whilst also informing five-year 'Action Plan' being developed by Division of International Protection (DIP) and Division of Strategic Planning and Results (DSPR).

Phase I deliverables, currently being finalised, are learning focused and for an internal UNHCR audience only (will not be published).

The upcoming strategic thematic evaluation (Phase II) will draw from and build on Phase I through extensive primary data collection to independently assess the relevance, effectiveness, efficiency, impact and sustainability of results achieved on GBV prevention, risk mitigation and response for the people UNHCR serves.

Phase II is being commissioned and contracted separately to Phase I and as such these Terms of Reference (TOR) relate to Phase II only. The phased approach is intended to incentivize timely course correction and priority setting across the organization, ensuring that by Phase II (2024 - 2025) UNHCR is able to transparently and rigorously examine results achieved.

Subject and Context of the Evaluation

GBV is a violation[2] of human rights. The [2030 Agenda for Sustainable Development][3], was adopted by world leaders at the UN General Assembly in September 2015, and its call to "leave no one behind", provide a strong foundation for the inclusion of refugees and internally displaced people in in all actions taken by the States to achieve the Sustainable Development Goals (SDGs). The SDGs transformative vision proclaimed the necessity of achieving gender equality and women's empowerment to achieve sustainable development, with the abolition of violence against women as a key element, particularly through SDG targets 5.2 and 5.3.[4]

GBV can be the impetus that compels people to flee; it also occurs during displacement, flight and refuge. Programming to prevent, mitigate, and respond to GBV is lifesaving in humanitarian settings.

Definition of Gender-Based Violence

Gender-Based Violence refers to any harmful act that is directed against a person based on gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or private.

GBV Prevention aims mainly to address the root causes of GBV.

GBV Risk Mitigation aims to reduce the risk of exposure to GBV through all aspects of service provision.

GBV Response aims to provide multi-sectoral services and assistance, including case management, to survivors of GBV.

See: Inter-Agency GBV in Emergencies (GBViE) Minimum Standards

Asylum-seekers, refugees, stateless persons, internally displaced persons, and returnees are at-risk of GBV, irrespective of their age, gender or other diversity considerations. GBV contributes

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[2] Under international human rights law, acts of GBV constitute violations. See United Nations General Assembly resolution 34/180 (1979), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), available from https://undocs.org/pdf?symbol=en/a/res/34/180

[3] See https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement

[4] See https://sdgs.un.org/goals/goal5

to lasting physical and mental harm while limiting the ability of survivors, and frequently their families, to lead fulfilling lives. Regardless of the reason for displacement, women and girls everywhere are disproportionately affected and are at heightened risk.[5] According to estimates, 1 in 5 women who are forcibly displaced are subjected to sexual violence, and displacement may increase the risk of intimate partner violence by 20%.[6]

Child protection and GBV services were severely reduced in many settings after the Covid-19 pandemic's initial phase. Other than health, staff and programmes providing protection services were rarely designated as essential, and staff were subject to movement restrictions.[7] Reportedly, 45% of women have been exposed directly or indirectly to at least one form of Violence Against Women (VAW) since the onset of the COVID-19 pandemic. This exposure was recorded as being highest among women in Kenya (80%), Morocco (69%), Jordan (49%) and Nigeria (48%).[8]

Organizational and Operational Context

GBV and violence against women (VAW) specifically, have been addressed by the United Nations in a number of declarations, conventions, covenants, resolutions, and Secretary General reports.[9] In addition, there are funds, programs and initiatives that address global violence against women and girls (VAWG) supported by the United Nations (UN) system, including UN Women, the UN Population Fund (UNFPA), the UN Commission on the Status of Women and the UN Children's Fund (UNICEF). Some UN initiatives and mechanisms specifically target VAWG, others position it under broader efforts such as humanitarian assistance and global health. Efforts of the UN system to address VAWG range from large-scale interagency initiatives such as the Spotlight Initiative to smaller grants and programs implemented by national governments, individual UN agencies, and non-governmental organizations (NGOs).

UNHCR's approach to addressing GBV aims to align with existing global guidelines and commitments,[10] in addition to the 2030 Agenda for Sustainable Development these include the Agenda for Humanity, the Global Compact on Refugees, the Call to Action on Protection from Gender-Based Violence in Emergencies,[11] the United Nations Action Network Against Sexual

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[5] See UN General Assembly Resolution, A/RES/48/104, Declaration on the Elimination of Violence against Women (DEVAW) which recognizes that the violence against women is a manifestation of historically unequal power relations between men and women, and which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women, available from https://undocs.org/en/A/RES/48/104.

[6] The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta Analysis, 2022; Available at: https://www.researchgate.net/publication/262229579_The_Prevalence_of_Sexual_Violence_among_Female_Refugees_in_Complex_Humanitarian_Emergencies_a_Systematic_Review_and_Meta-analysis

[7] ES/2022/06 Joint Evaluation of the Protection of the Rights of Refugees During the Covid-19 Pandemic. Available at: https://www.unhcr.org/research/evalreports/62c6ceca4/es202206-joint-evaluation-protection-rights-refugees-during-covid-19-pandemic.html

[8] Measuring the Shadow Pandemic: Violence Against Women During COVID-19, UN WOMEN. Available at: https://data.unwomen.org/publications/vaw-rga

[9] See: https://www.un.org/womenwatch/daw/vaw/v-work-ga.htm

[10] See: https://www.unhcr.org/uk/publications/brochures/5fa018914/unhcr-policy-prevention-risk-mitigation-response-gender-based-violence.html p.5

[11] The Call to Action on Protection from Gender-Based Violence in Emergencies is a multi-stakeholder initiative that aims to drive change and foster accountability so that every humanitarian effort, from the earliest stage of a crisis,

Violence in Conflict,[12] the GBV Accountability Framework, the Inter-Agency Minimum Standards for GBV in Emergencies Programming, the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action, the Inter-Agency Gender-Based Violence Case Management Guidelines, the Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse and the IASC Six Core Principles Relating to Sexual Exploitation and Abuse.[13]

UNHCR's documented efforts to address GBV[14] date back to 1991, when the organization's 'Policy on Refugee Women' was published for the first time[15]. The UNHCR SGBV Strategy 2011-2016[16] aimed to improve the accessibility of services for survivors and the reduction of GBV risk. The Strategy identified six areas that required attention but were frequently ignored: (1) protecting vulnerable children from SGBV; (2) addressing the use of sex trade and exchange as a coping strategy in displaced populations; (3) engaging men and boys; (4) offering secure environments and safe access to domestic energy and natural resources; (5) protecting Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Refugees, other displaced people, and Stateless people against SGBV; and (6) safeguarding PoC with disabilities against SGBV.

A 2017 internal desk review and subsequent cross-sectoral consultations identified persistent, and critical gaps impeding UNHCR's ability to achieve its goals for mitigating GBV. These discussions led to the creation of a draft Global GBV Mainstreaming Plan of Action *(*PoA*),* which sought to address key gaps in a number of facets of UNHCR operations in particular sectors. While the PoA was never formalized it catalyzed much work in this important area and provided the foundations for the 2020 GBV Policy.

The GLDC and DIP organized a workshop in February 2018 to launch a review of learning activities in order to begin the effective mainstreaming of GBV risk mitigation interventions across the organisation. The workshop produced a joint GBV mainstreaming work plan, which continues

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includes the policies, systems and mechanisms to mitigate GBV, especially violence against women and girls, and to provide safe and comprehensive services to those affected. For more information see www.calltoactiongbv.com/what-we-do.

[12] UN Action against Sexual Violence in Conflict is a network of international organizations supporting the work of the Special Representative of the Secretary General on Sexual Violence in Conflict. For more information see www.un.org/sexualviolenceinconflict/about-us/un-action/. As a UN Agency, UNHCR has a responsibility to contribute to the Monitoring, Analysis and Reporting Arrangements on conflict-related sexual violence (CRSV) (MARA) as established by SCR 1960. More information can be found in The Technical Note on UNHCR's Engagement of the Protection Mechanisms Established by Security Council Resolutions 1612 and 1960 (MRM and MARA), 2018, available from www.refworld.org/pdfid/5a6edf734.pdf.

[13] This UNHCR GBV Policy (2020) also takes note of the UNHCR 2020-2022 Strategy and Action Plan for Tackling Sexual Exploitation and Abuse and Sexual Harassment, available from www.unhcr.org/5f3cfec44.

[14] UNHCR has historically used the term sexual and gender-based violence (SGBV), often used interchangeably with gender-based violence, but with the issuance of the UNHCR GBV Policy (2020) consciously uses the term gender-based violence (GBV).

[15] Specific guidelines on preventing and responding to SGBV were released in 1995 and updated in 2003. In 2001, UNHCR conducted a general SGBV "lessons learned" exercise, and in the same year, UNHCR collaborated with Save the Children UK on a study of sexual violence and exploitation in forced displacement situations in West Africa. In addition, one of the five commitments to refugee women in 2001 was the formulation of country-level strategies on SGBV.

[16] UNHCR Action against Sexual and Gender-Based Violence: An Updated Strategy, 2011, available from https://www.unhcr.org/protection/women/4e1d5aba9/unhcr-action-against-sexual-gender-based-violence-updated-strategy.html

to be implemented by the GBV mainstreaming team, in collaboration with the GLDC Protection Learning Unit, under the overall support and direction of DIP.

While the SGBV Strategy brought much needed attention to these areas, in order to sustain efforts and address further ongoing challenges UNHCR developed the Policy on the Prevention of, Risk Mitigation and Response to GBV in 2020. The 2020 GBV Policy complements and aligns with UNHCR's Policy on Age, Gender, and Diversity (AGD), which includes commitments to women and girls with concrete and measurable actions to strengthen our work in promoting gender equality. It recognises GBV as both a key area of programming and a cross-cutting issue that applies to all of UNHCR's work, and aims to integrate an AGD, strengthening accountability to affected people, quality programming, and safe access to services for all survivors.

The 2020 GBV Policy aims to consolidate significant progress made by UNHCR and partners. Nonetheless, the UNHCR's Strategic Directions 2022-2026, which renewed the organization's 2018 commitment to *Protect, Respond, Include, Empower* and *Solve* the challenges of forced displacement and statelessness, recognises that progress remains uneven and persisting challenges have been exacerbated by the COVID-19 pandemic.

GBV Staffing

Determining UNHCR GBV staffing figures is challenging, as the GBV-related tasks may be performed by GBV specialists or by more general protection staff, which makes it difficult to get an overview of staff working on the matter. In addition, UNHCR has undergone a large-scale organizational change process since 2017, which has led to a conversion of many GBV positions into general protection positions in 2019 on the one hand, and to a change in HR data reporting systems on the other. Nevertheless, it can be stated that the number of designated GBV staff has increased from 2015 to date, from 26 to 93[17], with a marked role played by the reinforcement of numbers through affiliate staff.[18]

GBV-Related Needs and Resourcing

UNHCR has amplified the call for contributions in support of GBV programmes in the 2022 Global Appeal, where GBV is highlighted as a specific outcome area for thematic fundraising aligned with Strategic Directions 2022-2026. The overall UNHCR expenditure on GBV has steadily increased between 2017-2022. At the same time, however, funding needs for GBV have increased at an ever-faster rate, leading to a situation where the gap between needs and resources has grown despite nearly doubled spending as can be seen in Figure 1[19].

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[17] Source: UNHCR GBV Dashboard (DHR wabi services) and UNHCR Workforce and Positions dashboard.

[18] Affiliate workforce are individuals who have a working relationship with UNHCR, including United Nations Volunteers (UNVs), individual consultants, individual contractors (including contractors under arrangements with the United Nations Office for Project Services (UNOPS) or another affiliate partner organization), fellows and deployees.

[19] MSRP nVision report 127 extracted separately for 2017-2021 and 2022-2023. Data extracted on 11 October 2023. Note: The detailed OP budget has been used in this report in lieu of final OP because in the old results dispensation (before 2022), the final OP was not apportioned by the system to the results areas (objectives).

Figure 1

GBV Budget Need and Expenditure 2017-2022

Global

■ GBV Expenditure
■ GBV Total Budget Need

Million USD
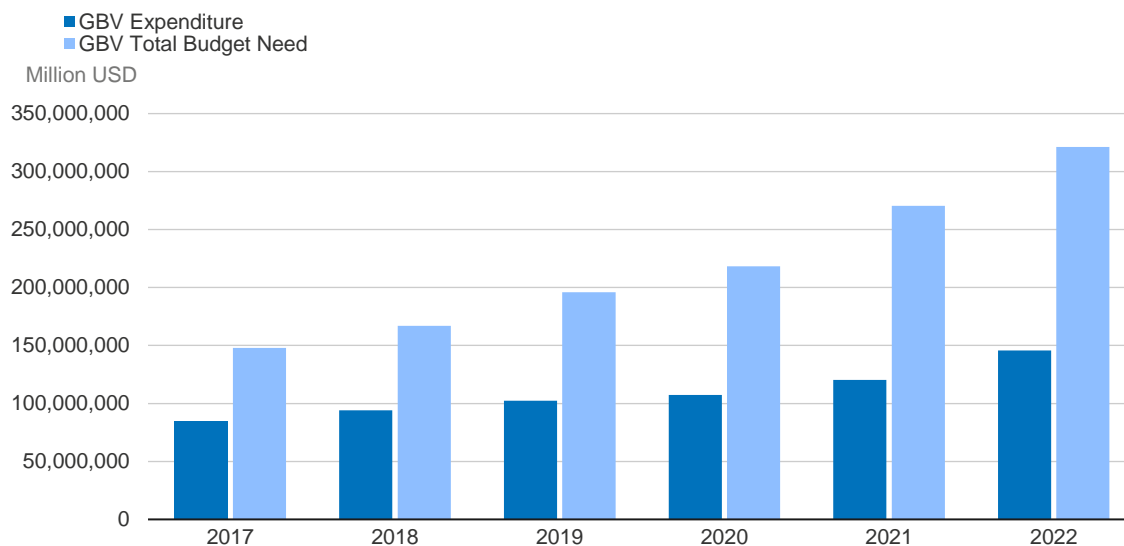
Source: UNHCR MSRP nVision report 127.
© UNHCR, The UN Refugee Agency

Spending on GBV as a percentage of total UNHCR budget has also increased from 2,08% in 2017 to 2.60% in 2022. This suggests a steady albeit very slight increase in prioritization of GBV across the organization. Variation in GBV funding across regions is notable with significantly higher overall budgets in the Middle East and Northern Africa and East Horn and Great Lakes Regions compared to other regions, aligned with higher needs reported for those areas.

GBV Results

The results framework used by UNHCR has changed between 2021 and 2022. In 2015-2021 three impact indicators[20] and 18 output indicators were used to report on GBV, however, reporting against these indicators was not mandatory and thus quite uneven. The period saw a slight yet unsteady increase in the number of GBV incidents reported[21].

Since 2022, there are three core indicators related to GBV[22] and several good practice and sector specific indicators that UNHCR country operations may report on. In 2022, 72, 65 and 66 country operations, respectively, selected the core indicators for reporting, amounting to approximately 50% geographical reporting coverage[23]. Among these operations, progress has been made on all three indicators as portrayed in Figure 2. Nevertheless, prioritization of GBV remains very

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[20] 1) The number of reported incidents of GBV, 2) extent community is active in GBV prevention and survivor centred protection, 3) extent known SGBV survivors receive appropriate support.

[21] Source: UNHCR, Global Focus Insight (GFI).

[22] 1) the proportion of the People we Serve (PwS) who know where to access available GBV services, 2) the proportion of People we Serve who do not accept violence against women, and 3) the proportion of survivors who are satisfied with SGBV case management services

[23] COMPASS RBM (retrieved through UNHCR GBV Dashboard, extracted on 29 September 2023).

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uneven across country operations, as can be seen from the indicator reporting coverage and low inclusion rate of GBV risk mitigation in RRP Response Plans (only two operations worldwide include it completely, 58% do not include it at all)[24].

Progress on Core GBV Indicators 2022-2023
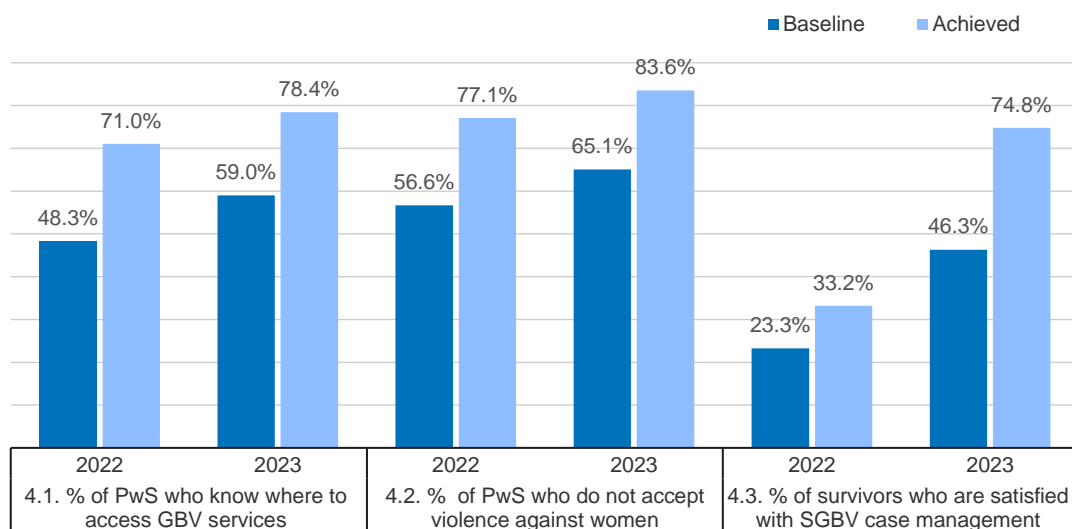
Source: UNHCR GBV Dashboard / COMPASS RBM data
© UNHCR, The UN Refugee Agency

GBV Activities

In 2021, UNHCR focused on the first phase of the 2020 GBV Policy roll-out as well as the development of the provisional policy monitoring framework for the nine 'Core Action' areas. To realize its work on GBV, the organization works on a number of internal and collaborative activities, including case management, a GBV Mainstreaming Learning Programme, the GBV Information Management Service (IMS), Safe from the Start (SftS)[25] and the COVID-19 Global Humanitarian Response Plan (GHRP).

Findings and Recommendations from Previous Reviews and Evaluations

Since 2017, the UNHCR Evaluation Office has conducted a number of independent reviews and evaluations focused on (sexual and) gender-based violence prevention, mitigation, and response in country and crisis specific settings in consultation with the GBV Unit in the DIP, as well as concerned Regional Bureaux and Country Offices. These evaluations have assessed UNHCR's SGBV Prevention and Response among refugee populations in Western Tanzania, Brazil, and

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[24] UNHCR GBV Dashboard / RRP analysis data.
[25] Safe from the Start (SftS) is an initiative from the U.S. Department of State, Bureau of Population, Refugees and Migration (BPRM), to support UNHCR which aims to further consolidate progress made to prevent and respond to SGBV in its operations globally, to promote multi-sectoral risk mitigation strategies, and to ensure SGBV prevention and response programme mainstreaming at the onset of an emergency as a live-saving intervention.

Lebanon as well as GBV-related findings from multi-sector assessments of the UNHCR's response to L3 emergencies in Bangladesh and the Democratic Republic of the Congo (DRC).

A number of recurrent findings and recommendations emerge from these reviews and evaluations, as well as from audits conducted by the Office of Internal Oversight Services (OIOS). These include:

- Underlining the importance of technical expertise in GBV but finding this is often deployed too late.

- Inadequate staffing levels, including a lack of dedicated capacity to meet needs.

- The need for a clearly defined purpose, target audience and consistent approach and terminology to be used in protection strategies.

- The need for developing a mechanism for monitoring, reporting and follow-up on GBV cases among refugees and asylum seekers. It was also highlighted that UNHCR should ensure that all partners have a consistent approach to addressing and reporting on GBV.

Substantive qualitative and quantitative data from different sources on all aspects of GBV work and programmes exist within UNHCR, though gaps remain, and historically what data does exist data has not been systematically stored or analyzed. Recognizing that the analysis of trends on implementation, quality, resourcing, and impact of UNHCR's GBV work is crucial to inform global advocacy, programming and planning both within UNHCR and with partners, DIP is working on developing tools to support ongoing monitoring of multiple priority areas, including policy implementation, as well as consolidating and analyzing a range of existing GBV-related qualitative and quantitative datasets, such as UNHCR results data, population data, and staffing and financial data at both global and regional level.

Purpose and Objectives

To maximise utility and meet both learning and accountability needs, the Evaluation Office has adopted a phased approach to this evaluation. Phase I synthesised and analysed the existing internal and external GBV-related evidence base, feeding into the reconstruction of the 'Theory of Change' (ToC) underpinning UNHCR's approach to GBV which is being developed through the DIP and DSPR 'Action Plan' process. It is also facilitating open and transparent discussion between key internal stakeholders, including senior leadership, within and across DIP, other relevant HQ Divisions, Regional Bureaux and Country Operations on persistent bottlenecks and barriers to further progress. Applying a 'whole -of-UNHCR' lens, Phase I largely focused on aspects of design and explored what evidence exists on results achieved to date. The Phase I process and deliverable(s) focus on an internal audience only and is informing discussion around tangible actions to improve UNHCR's organizational readiness to deliver on existing GBV-related commitments. The phased approach itself should incentivise timely course correction and priority setting across the organization ensuring that, by Phase II, UNHCR can transparently and rigorously examine results achieved on GBV and examine the internal and external factors that have either facilitated or impeded progress.

As such the Phase I deliverable is forward-looking and action oriented, bringing evaluative evidence and information together from an extensive range of internal and external sources to explore the following areas of inquiry:

- What has been UNHCR's approach to GBV in recent years and how does UNHCR measure its success?
- How do contextual factors affect UNHCR's approach to GBV?
- How 'fit-for-purpose' is UNHCR to deliver on GBV priorities?

The (Phase II) Strategic Thematic Evaluation will draw from and build on Phase I through extensive primary data collection focusing on the implementation and operationalization of 2020 GBV Policy and all supporting strategies, at all levels and in a range of contexts since its launch to date. The evaluation is intended to focus on results achieved for the people we serve and the internal and external factors that have either facilitated or impeded progress. It will work to bring in fresh thinking, highlight good practice and also suggest both areas of work to be prioritized and deprioritized in order to:

I. Assess the relevance, effectiveness, efficiency, impact and sustainability of results achieved for the people UNHCR serves with respect to GBV prevention, risk mitigation and response.

II. Inform the review of the 2020 GBV policy, related supporting strategies and operational guidance in 2025.

Indicative Areas of Inquiry (Phase II)

Working in close collaboration with the UNHCR Evaluation Office, the Evaluation Team are expected to further refine these areas of inquiry during the inception phase for the evaluation:

a. **What has been the progress towards achieving UNHCR's commitments to GBV prevention, risk mitigation and response?**

   (i) To what extent is UNHCR's current approach to GBV prevention, risk mitigation and response aligned in terms of corporate policy and strategy on one hand, and meeting the needs of the people we serve on the other? Does it build of evidence-based good practice?

   (ii) To what extent has the current GBV Policy contributed to GBV prevention, risk mitigation and response at various levels (e.g., global, national, sub- national) – including through partnerships - in all the types of contexts UNHCR works in (protracted crises, sudden onset emergencies, mixed situations)?

   (iii) What factors – both internal and external - have most contributed to, or hindered, achieving the objectives underpinning UNHCR's current approach to GBV prevention, risk mitigation and response?

   (iv) How adequately have required resources (e.g., financial, human, management decision-making) been made available and utilized to achieve planned results in GBV prevention, risk mitigation and response across different settings?

b. **Looking forward what changes in policy and practice might be required** to ensure that UNHCR is strategically positioned and ready to deliver on our objectives to address GBV-related risks and needs for the people we serve across different settings in the future?

Scope

To the extent possible, the evaluation will cover the full spectrum of contexts where UNHCR works – refugee' situations, IDP, and mixed situations – in a wide range or geographical areas and settings and draw on a sound analytical framework, and the Theory of Change (TOC) currently being developed by DIP and DSPR, once finalised.

The temporal scope for the evaluation will be 2020 - 2024 however it may incorporate data sources that date earlier than 2020 to draw attention to significant shifts in the broader normative framework or policy environment relevant to UNHCR's GBV activities and work.

The evaluation is expected to explore the key questions related to UNHCR's approach to GBV which is understood to encompass the three programme areas of prevention, risk mitigation and response, and all nine core action areas – namely case management, assessment and monitoring, planning, prioritisation and resource allocation, partnerships and coordination, staffing and knowledge, and capacity – as defined by the GBV policy.

Addressing sexual exploitation and abuse (SEA) by UN personnel and partners is a crucial component of the GBV framework and ecosystem underpinning UNHCR's approach to GBV. As such, it will be critical to define the extent to which, and how, the evaluation intends to address and examine SEA during the inception phase in close collaboration with the UNHCR Evaluation Office.

Approach and Methodology

The (Phase II) evaluation Phase is expected to commence in December 2023 with the Inception Phase and conclude in March 2025 with the final report, with the completion of a formal Management Response expected by mid-2025.

The Evaluation Team will utilize a mixed methods approach to data collection, consisting of secondary literature reviews; KIIs with staff and partners in headquarters, regional bureaux, and national/field offices; staff surveys (as relevant); and FGDs with people served by UNHCR. In particular, the Evaluation Team is expected to apply methodologies geared towards prioritising inputs from stateless and forcibly displaced people. Survey-based data reflecting the views from the people we serve will be made available, and the team should bring sufficient capacity to rigorously analyse this data. UNHCR welcomes innovative and participatory data collection methods.

The Evaluation Team will undertake data collection missions in four to five countries selected for the in-depth case studies. Remote interviews may also be conducted with staff at the country level in up to five other operations where important insights or contextual realities will be explored. The final selection of in-depth case studies will agreed by the Evaluation Team and the UNHCR Evaluation Office in consultation with Regional Bureaux, relevant Divisions and operations.

Sampling criteria will include budgetary allocations to GBV programmes, the GBV-related case load, cause of displacement and operational context (emergency, protracted, mixed situations) and in consideration of the wider enabling environment relevant to GBV programming and approaches. The Evaluation Team will be expected to work with the UNHCR Evaluation Office on the criteria, composing a short-list of priority in depth case study countries as well as a sampling approach during the inception period.

For planning/bidding purposes only submissions should assume five in-depth case studies in **Uganda, Jordan, Mexico, Bangladesh and Greece** and five additional countries for light-touch remote interviews (total 10).

The Evaluation Team will produce individual case-study reports[26] for each of the in-depth case studies. These short reports (5 pages and/or an annotated ppt) will remain internal to UNHCR with the main intended audience being the country management team. They will feed into the global Final Evaluation Report which will be published externally.

During the inception phase, the Evaluation Team will familiarise themselves with the Phase I deliverable(s) and undertake orientation interviews and desk research to compose a detailed analytical framework, drawing on the Phase I deliverable(s) and TOC underpinning UNHCR's approach to GBV currently being developed by DIP and DSPR. The Evaluation Team will also produce an evaluation matrix, outlining the final evaluation questions and their means of verification. As part of the inception report, the evaluation team is expected to undertake an evaluability assessment of the evaluation questions, underlying key assumptions and risks, as well as map out all the relevant stakeholders to be interviewed and engaged.

The evaluation will cover secondary information and evidence both drawn on and generated through the Phase I deliverable(s) in addition to UNHCR evaluation reports, operational reviews, internal reviews, research papers, policies, strategies, operational guidelines, Executive Committee documentation, and annual/mid-term progress reports, as well as other programme documents relevant to UNHCR's GBV-related work and the in-development 'GBV Dashboard' which is intended to consolidate available GBV-related financial and indicator reporting data. Where useful, the Evaluation Team will also make use of external data, research papers, strategy documents, reviews and reports produced by relevant UN partners, national governments, NGO networks, the IASC, and the UN Secretary-General's Office, amongst others.

In contrast to the largely secondary-date focused Phase I deliverable(s), the evaluation is intended to incorporate extensive primary data collection, including key informant interviews (KIIs) at the Headquarters and Regional Bureaux levels and with key external partners at both the global and regional/country levels.

Data protection protocols and requirements will need to be carefully considered from the outset and adhered to both when utilising GBV-related reporting data and conducting primary data collection, particularly with the people we serve. Ethical considerations and protocols, including to ensure confidentiality and the process for reporting or whistle-blowing serious protection

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[26] In some instances, it may be necessary to include relevant historical events that occurred prior to 2020 for the country case study context.

concerns and/or incidents, will need to be defined and agreed to during the Inception Phase and prior to primary data collection during the given the highly sensitive nature of the subject, and potential for stigmatization or re-traumatisation of interviewees and focus group participants, as well as to ensure UNHCR's duty of care to the Evaluation Team. Given the highly sensitive nature of the data to be used for the evaluation, ethical review/clearance may be required.

The methodology as outlined in the Inception Report is expected to:

a. Reflect an AGD perspective in all primary data collection activities carried out as part of the evaluation – particularly with people we serve – ensuring that UNHCR's data protection policy and protocols are referred to and made use of, and that a 'do no harm' approach is embedded in the evaluation report.

b. Refer to and make use of relevant internationally agreed evaluation criteria such as those proposed by OECD-DAC and adapted by the Active Learning Network for Accountability and Performance (ALNAP) for use in humanitarian evaluations[27].

c. Refer to and make use of relevant United Nations standards analytical frameworks.

d. Outline in depth country case study contexts and light-touch focus areas and define the sampling approach and its rationale.

e. Identify and map key internal and external stakeholders and include consideration of both in the sampling approach.

f. Refer to and make use of the Phase I deliverable(s) and corporate and operational reporting and data relevant to UNHCR's GBV work, including those that relate to UNHCR planning, budgeting, resource mobilisation and allocation, workforce management and transformation and change processes, amongst others.

g. Be explicitly designed to address the key evaluation questions – considering evaluability, budget, and timing constraints.

Organization and Conduct

The (Phase II) evaluation will be conducted by a team of 3 – 4 international experts, recruited, and contracted through an independent evaluation firm. It is anticipated that the assignment will be home-based, with up to two short missions to UNHCR Headquarters in Geneva, seven (7) 10 day missions for two team members to each of the five in-depth country case study contexts and selected Regional Bureaux as relevant and to be agreed with the UNHCR Evaluation Office.

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[27] See for example: Cosgrave and Buchanan-Smith (2017) Guide de l'Evaluation de l'Action Humanitaire (London: ALNAP) and Beck, T. (2006) Evaluating Humanitarian Action using the OECD-DAC Criteria (London: ALNAP)

An Evaluation Manager will be appointed from the UNHCR Evaluation Office to manage administrative day-to-day aspects of the evaluation act as key interlocutor between the consultant(s) and UNHCR stakeholders; assist in the identification and collection of relevant literature and data; ensure technical guidance on content; review the interim and deliverables to ensure quality – with the support of the pertinent UNHCR stakeholders, and particularly in close collaboration with relevant colleagues from DIP, other HQ Divisions, Regional Bureaux and country case study operations.

The consultant(s) will have to consent to the UNHCR's Code of Conduct, complete the organization's introductory protection training course, and adhere to its confidentiality guidelines. Evaluation at UNHCR is based on the core values of independence, impartiality, credibility, and utility. This is in accordance with established standards for evaluations in the UN system and the United Nations Evaluation Group's Ethical Guidelines for Evaluation. The commissioning, carrying out, and supporting the use of evaluation will be governed by a number of specific norms that are encapsulated by these interconnected principles.

The primary users of this evaluation are the global GBV team in the Field Protection Service (FPS), including Community-Based Protection (CBP) colleagues, and the wider Division of International Protection (DIP) as well as other HQ Divisions including Division of Human Resources (DHR), Division of Strategic Planning and Results (DSPR) and UNHCR Regional Bureaux. The Final Evaluation Report may also be of interest to other strategic partners including governments, donors and implementing partners.

In order to ensure sufficient stakeholder engagement, the evaluation will establish an Evaluation Reference Group. The Reference Group will play an important advisory role in refining the evaluation approach, brokering cross-organisational engagement in the evaluation process, validating findings, and shaping recommendations to ensure that they are useful and implementable. The Reference Group will be comprised on senior UNHCR stakeholders and will include representatives from select Member States, other UN partners, CSO/I/NGO, women led organizations (WLO), academia and other partners.

UNHCR is also keen to ensure synergies with other strategic evaluations on GBV being planned/conducted by UN partners over the same period – specifically the planned UNICEF GBV evaluation – and the evaluation of the Spotlight initiative that is already underway.

The Team Leader and contracted firm will put in place adequate quality assurance mechanisms for all deliverables and data collection outputs stemming from the evaluation. The UNHCR Evaluation Manager will provide an orientation to evaluation quality assurance expectations at the start of the evaluation, including reporting templates as relevant. Adherence to evaluation quality assurance standards of all stages of the evaluation will be overseen by the UNHCR Evaluation Manager with the support of external Quality Assurance providers as required. Final approval of deliverables resting with the Head of Evaluation Office.

Expected Deliverables and Timeline

The evaluation is anticipated to start in December 2023 and be completed in March 2025 with submission of the formal Management Response. The table below outlines the proposed schedule of deliverables.

Activity	Key Deliverable(s)	Tentative Timeline	Indicative # person days	Payment Schedule
Preparatory Phase Activities include: • Drafting Terms of Reference • Tendering process and contracting Evaluation Team	Final Terms of Reference	October 2023	-	-
Inception Phase Activities include: • Familiarisation with Phase I materials and deliverables • Desk Review • Comparative analysis exercise – situating UNHCR's GBV in the wider GBV ecosystem e.g. Spotlight Initiative, GBV-related global partnerships • Finalization of country case study selection • Orientation interviews with UNHCR staff • Kick off meeting with UNHCR. • Finalization of the ERG	(a) First draft Inception Report, including the following key components: • Revised key evaluation questions. • Evaluation Matrix • Theory of change • Analytical framework and description of methods • Data collection tools • Stakeholder mapping • Final list of case study countries and proposed 'focus areas. (b) Comparative analysis exercise report (max. 15 pages) (c) Presentation of Inception Report (to UNHCR and ERG). (d) Second draft Inception Report incorporating feedback from UNHCR and the ERG.	Week 1 - 16 (Dec 2023 – April 2024)	60	25%

Activity	Key Deliverable(s)	Tentative Timeline	Indicative # person days	Payment Schedule
Data Collection Phase Activities include: Remote and in-country data collection through: • Regional, national, and headquarters KIIs • FGDs at country level • Global staff survey • External partners survey	(a) Presentation of emerging findings to case-study country colleagues and regional bureau (only for in-depth case studies) (b) 1st and 2nd drafts of individual in depth country case study reports (x 5) integrating comments from UNHCR (max. 5 pages each)	Week 17 – 28 (May – July 2024)	160	25%
Analysis and Reporting Phase Activities include: • Data analysis and report writing • Evaluation Quality Assurance (EQA) review of draft report, circulation for comments • Stakeholder feedback and validation of evaluation findings, conclusions, and proposed recommendations.	(a) First draft (global) Evaluation Report including executive summary, context, findings, conclusions, and recommendations (b) Validation workshops with UNHCR and ERG (c) Final draft Evaluation Report integrating comments by UNHCR and ERG, Including executive summary, recommendations, and an evidence assessment framework.	Week 29 – 36 (August – Sept 2024) Week 37 – 40 (Oct 2024) Week 41 – 44 (Nov 2024)	40	25%
Dissemination Phase	(a) Final presentations to ERG and UNHCR including bureau/country colleagues (b) Summary 2-page brief and final PowerPoint presentation (c) Submission of formal Management Response	Week 45 – 48 (Dec 2024) By March 2025	20	25%

Activity	Key Deliverable(s)	Tentative Timeline	Indicative # person days	Payment Schedule
	(not the responsibility of the Evaluation Team)			

Team Composition and Qualification

The Evaluation Team will be recruited through a secondary bidding process under the Frame Agreement established for strategic thematic evaluations by UNHCR's Evaluation Office.

The Strategic Thematic Evaluation (Phase II) will be conducted by a minimum of three and a maximum of four international consultants, recruited and contracted through an independent evaluation firm. One consultant must be designated Team Leader, and the team should be composed of an appropriate nationality, race and gender balance and reflect significant subject matter expertise and sufficient knowledge and experience in the conduct of global strategic evaluations. In addition to the international team, a national expert should be recruited in each of the case study countries and interpreters as needed. The skills and experience of the Team Leader and member(s) must reflect:

- Significant in-depth knowledge and experience of developing GBV policy and strategies, and managing GBV prevention and response programmes, including in forced displacement and humanitarian contexts. Experience in guiding GBV risk mitigation interventions.

- Demonstrated understanding of GBV standards and programming guidelines.

- Proven experience and knowledge of organisational transformation and change processes.

- Excellent multi-stakeholder facilitation skills, including demonstrable experience of remote facilitation.

- Significant experience conducting or managing humanitarian evaluations, preferably at the strategic and policy levels.

- Demonstrable operational experience in humanitarian operations, particularly in areas related to protection.

- A post-graduate degree in social sciences (economics, political science, gender studies or other)

- Proven experience and institutional knowledge of the UN, and in particular UNHCR and our protection mandate, at both HQ and field locations and/or UNHCR-supported GBV programmes and projects in other institutional organisations.

- Excellent analytical skills and demonstrated understanding and analysis of the practical application and of complex global-level policies or strategies.

- Extensive experience conveying complex evaluation analyses clearly and compellingly, including through the use of clear graphics and visual media.

- Excellent English writing skills (to publication standard).

The Team Leader, will have no less than 10 years of professional experience in evaluating humanitarian action, possess a demonstrated track record in applying analytical methods, and have excellent communication and writing skills in English. The Team Leader will be responsible for the overall conduct of the evaluation in accordance with the TOR, including:

- Developing and adjusting the methodology

- Managing the Evaluation Team, ensuring efficient division of tasks between members, and taking responsibility for the quality of their work

- Representing the Evaluation Team in meetings

- Ensuring the quality of all deliverables

- Submitting all deliverables in a timely manner

Furthermore, the Team Leader and contracted firm will put in place adequate quality assurance mechanisms for all deliverables stemming from the evaluation. UNHCR's Evaluation Office will share quality assurance criteria for deliverables in the inception phase.

For further details on the application Secondary Bidding Process please see Annex below.

Annex: Secondary Bidding Process

Offers are requested under UNHCR's Frame Agreement (2022-2026), and from FA holders of LOT 1 (Strategic Thematic Evaluations).

UNHCR require a brief technical proposal from the evaluation company to the TOR. This should be 6 pages (A4) maximum, excluding annexes. Companies will be given **3 weeks** to submit their proposals. The **proposals should avoid repeating what is written in the TOR;** and instead use the TOR as a point of departure to build on it and provide new content.

Annexes

- Annex 1. Shortened CVs of proposed team members. This must include, key relevant sectoral and geographic experience, contact details, nationality.
- Annex 2. Financial submission

Process

Based on results of the SBP, agreement between UNHCR and selected FA holder will be issued with Purchase Order (PO), including a Scope of Work (SOW) following the standard categories. This will clarify the deliverables, timeline and payment schedule.

Evaluation of UNHCR's Approach to Gender-Based Violence (GBV) Prevention, Risk Mitigation and Response Strategic Thematic Evaluation (Phase II)

FINAL INCEPTION REPORT
24 JUNE 2024

Table of Contents

1. Abbreviations

AAAQ	Availability, Accessibility, Acceptability and Quality
ALNAP	Active Learning Network for Accountability and Performance
AoR	Area of Responsibility
CBP	Community-Based Protection
CCCM	Camp Coordination and Camp Management
CSO	Civil Society Organization
DHR	Division of Human Resources
DIP	Division of International Protection
DSPR	Division of Strategic Planning and Results
ERG	Evaluation Reference Group
EvO	Evaluation Office
FGD	Focus Group Discussion
FP	Funded Partner
FPS	Field Protection Service
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GPC	Global Protection Cluster
HQ	Headquarters
ICVA	International Council for Voluntary Agencies
IDP	Internally displaced person
INGO	International Non-Governmental Organization
KII	Key Informant Interview
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MSC	Most Significant Change
NGO	Non-Governmental Organization
OECD-DAC	Organization for Economic Co-operation and Development's Development Assistance Committee
PoC	Persons of Concern
PTI	Pathways to Impact
RB	Regional Bureau
RMS	Results Monitoring Survey
SGBV	Sexual and Gender-Based Violence
ToC	Theory of Change
ToR	Terms of Reference
QA	Quality Assurance
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WLO	Women-Led Organization

2. Key Evaluation Information at a Glance

Title of the evaluation:	Evaluation of UNHCR's Approach to Gender-Based Violence (GBV) Prevention, Risk Mitigation and Response Strategic Thematic Evaluation (Phase II)
Timeframe covered:	2020 - 2024
Date:	February 2024 – June 2024
Type of evaluation	Strategic thematic evaluation
Locations/focus countries to be included	In-depth: Central African Republic, Ecuador, Kenya, Tanzania, Moldova Light touch: Democratic Republic of Congo, Malaysia, Italy, Peru, Syrian Arab Republic
UNHCR Evaluation Manager	Debora Di Dio
Names of the evaluation team	Julienne Corboz, Tania Bernath, David Cownie, Lara Moreschi, Anna Laura Tosolini, Elena Buonomini

3. Introduction

1. In October 2022, UNHCR's Evaluation Office (EvO) began the process of commissioning an independent evaluation of the organization's approach to gender-based violence (GBV) prevention, risk mitigation, and response. This has been done in a phased approach with the aim of (a) feeding into reflections to frame the five-year Action Plan being developed by the Division of International Protection (DIP) and Division of Strategic Planning and Results (DSPR) and associated Theory of Change (ToC) review, and (b) informing the review of the 2020 GBV Policy in 2025.

2. Phase I of the evaluation, conducted in 2023, consisted of an evidence synthesis and readiness review by international consulting firm IOD PARC. The Phase I evaluation was predominantly based on secondary data, drawing from an internal and external desk review, and complemented with consultations with UNHCR focal points. The Phase I process and report were intended for an internal audience, to inform discussion about tangible actions to improve UNHCR's organizational readiness to deliver on existing GBV-related commitments, and to incentivize timely course-correction and priority-setting across the organization. Thus, Phase I was forward-looking and action oriented.

3. This inception report presents the conceptualization and design of Phase II of the evaluation, which is a strategic thematic evaluation of UNHCR's approach to GBV, conducted by the consultancy firm Lattanzio KIBS (herein referred to as the Evaluation Team). Phase I of the evaluation largely focused on aspects of design and explored what evidence exists on results achieved to date and was a forward-looking and action-oriented exercise based predominantly on secondary data. Phase II draws from and expands on the Phase I key findings through further analysis and a focus on primary data collection.

3.1 Purpose, objectives and scope

4. The purpose of the strategic thematic evaluation is twofold:

    1. Accountability, to assess the results of UNHCR's work on GBV prevention, risk mitigation and response, and additional core action areas covered by the GBV Policy, and to understand the internal and external factors that have facilitated or impeded progress.

    2. Learning, to provide an analysis of UNHCR's strategic positioning in the GBV ecosystem and recommendations for future programming and policy development.

5. Thus, the evaluation has both summative and formative elements to deliver on two core objectives:

    - To assess the relevance, coherence, effectiveness, efficiency, impact and strategic positioning of results achieved for the people with and for whom UNHCR works with respect to its GBV programming.[1]

    - To inform the review of the 2020 GBV Policy and related supporting strategies and operational guidance in 2025.

6. The scope of the evaluation covers five domains.

    - **Contextual**: the evaluation will cover all contexts in which UNHCR works, including refugee, internally displaced person (IDP), and mixed situations.

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[1] See section 4.5 for a description of how these criteria differ from those in the evaluation Terms of Reference.

- **Temporal**: the evaluation will focus on the temporal period covered by the GBV Policy (2020 - 2024) but will also incorporate data and learning from UNHCR's GBV programming preceding the policy as appropriate, including through analysis of secondary data. Expanding the temporal scope pre-policy, predominantly through desk review, will allow the Evaluation Team to draw attention to any shifts in the broader normative environment resulting from the GBV Policy, and wider shifts in effectiveness between pre- and post-policy contexts.

- **Geographic**: the geographic coverage is global, with 10 countries covered, five in-depth and five light-touch. Three Regional Bureaus (RBs) will also be visited.

- **Policy action areas**: the evaluation focuses on the three main GBV action areas in the GBV Policy - prevention, risk mitigation and response - and also covers the six additional policy action areas in the policy, including i) case management, ii) assessment and monitoring, iii) planning, prioritization and resource allocation, iv) partnerships and coordination, v) staffing, vi) knowledge and capacity.

- **Cross cutting areas**: Advocacy is a crosscutting activity within the policy, occurring both inside and outside of operational settings, and will thus be integrated into the evaluation. Further, while protection from sexual exploitation and abuse (SEA) is not a policy action area, it is relevant to several policy action areas, particularly GBV response and risk mitigation.

3.2 Primary intended users of the evaluation

7. According to the evaluation Terms of Reference (ToR) (see Annex B), the primary intended users of the evaluation are the global GBV team in the Field Protection Service (FPS), including Community-Based Protection (CBP) colleagues, and the wider DIP as well as other Headquarters (HQ) Divisions including the Division of Human Resources (DHR) and DSPR. The evaluation results will also be of interest to UNHCR RBs and country offices, particularly the 10 countries included as evaluation case studies. Externally to UNHCR, evaluation results may also be of interest to other strategic partners including governments, donors, other UN agencies and funded partners (FPs).[2]

3.3 Evaluation stakeholders

8. The evaluation will engage a wide range of stakeholders, which have been classified by the Evaluation Team according to seven categories (see Table 1). The full stakeholder mapping and analysis for the evaluation is included in Annex C.

Table 1: Description of evaluation stakeholder categories

Category	Brief description
Primary Users	Primary intended users of the evaluation (see section 3.2) and additional stakeholders who will be closely engaged in the evaluation process, including the Evaluation Reference Group (ERG).
Decision makers	Senior leadership within UNHCR who significantly influence policymaking and decision making in the organization.

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[2] *UNHCR is also interested in ensuring synergies with other strategic GBV evaluations being planned/conducted by UN partners over the same period, including the UNICEF GBV evaluation, and the evaluation of the Spotlight initiative. As these evaluations are yet to begin, the Evaluation Team will engage corresponding evaluators as 'Interested Actors' during the data collection phase (see evaluation stakeholder descriptions in Table 1).*

Category	Brief description
Operations (UNHCR)	UNHCR staff at regional, country and project levels who are involved in GBV Policy implementation through the nine core actions plus advocacy.
Influencers	Actors outside of UNHCR who significantly impact programming, resources, and access, including donors and humanitarian leadership.
External Partners	Actors with whom UNHCR works which include funded partners, government partners, Women led organizations, and coordination partners including UN Agencies, INGOs and civil society partners.
People with and for whom UNHCR works	Individuals and communities with and for whom UNHCR works, especially through GBV prevention, response or risk mitigation.
Interested Actors	Advisory groups, academics, Special Rapporteurs and GBV experts who are not working with UNHCR but who have insight into their work.

3.4 Inception phase activities

9. The inception phase began formally on 14th February 2024 and is scheduled for completion in mid-June 2024 (see section 6.1 for the evaluation workplan). Some preparatory meetings occurred prior to the formal start date.

The inception phase has been separated into two sub-phases, with corresponding milestones and activities outlined in detail below.

1. The first sub-phase is the **preparation and consultation phase** to support the Evaluation Team's familiarity with UNHCR's organizational, GBV policy and operational context, and the design of the evaluation. This sub-phase comprised the following activities.

- An internal kick off meeting for the Evaluation Team was conducted on 16 January 2024, to meet the team and discuss roles, responsibilities, and ways of working.
- A formal kick off meeting with the Evaluation Team and UNHCR's EvO was conducted on 18 January 2024.
- A debriefing meeting with the Evaluation Team and IOD PARC, the lead for the Phase I GBV evaluation, was held on 2 February 2024. The Evaluation Team shared a list of questions and areas of inquiry in advance of the meeting.
- The Evaluation Team conducted a four-day exploratory mission to Geneva for consultations with UNHCR stakeholders (5-8 March 2024) and held follow-up online consultations with UNHCR stakeholders not available in Geneva (11-26 March 2024). Stakeholders were selected by the UNHCR EvO, and covered key focal points from various divisions at HQ and in the RBs (see Annex D for the list of stakeholders consulted).
- The Evaluation Team attended a post Geneva debriefing session with DIP for an overview of the GBV Policy development and implementation process (20 March 2024).
- Throughout the first sub-phase of the inception period, the Evaluation Team conducted a rapid desk review of approximately 200 documents provided by the EvO, both prior to and after the Geneva mission.
- The Evaluation Team conducted a stakeholder mapping and analysis to identify the types of stakeholders the evaluation should engage with at global, regional and national level, and outline the forms of engagement (see Annex C).

- The Evaluation Team completed the first draft of the evaluation design and inception report (submitted in the week starting 22 April 2024).
- The first draft of the inception report went through a process of external quality assurance (QA) and internal UNHCR review, with all feedback shared with the Evaluation Team on 22nd May. The second draft of the report was submitted to UNHCR on 31st May and will subsequently be shared with the ERG for review.

2. The second sub-phase is the **piloting of the evaluation methodology** in Kenya (both the country case study and RB visit), and the subsequent **refinement and finalization of the evaluation approach**.

- The pilot mission was led jointly by the evaluation Team Leader, the two International Evaluation Experts, and a National Expert in the first week of June 2024 (see section 6.3 for a description of the evaluation team's roles and responsibilities).
- The rationale for conducting the pilot mission during the inception period was three-fold: (a) to build rapport and cohesion within the evaluation team, (b) to ensure the methodology is fit for purpose and refine it accordingly, and (c) to streamline the methods across the evaluation team, who will roll out the additional country- and regional-level data collection through single-person visits.
- Following the pilot field mission to Kenya, the Evaluation Team presented the evaluation methodology and approach to the ERG on the 21st June. Feedback from the ERG given in the presentation and in written form was incorporated into the final version of the inception report alongside revisions based on learning from the pilot mission.
- The final inception report was submitted on 24th June 2024.

4. Subject of the Evaluation and Context

10. This section of the inception report provides an overview of the evaluation context, including the background to UNHCR's work supporting GBV programming and coordination in humanitarian settings and its organizational context. It also provides a summary of the evaluation subject, including a description of the GBV Policy, key findings from the Phase I GBV evaluation, and changes to the Phase II GBV evaluation ToR. A full desk review is included in Annex E, and a Glossary of terms is included in Annex F.

4.1 Evaluation subject

11. The UNHCR EvO has commissioned an independent evaluation of the Agency's approach to GBV prevention, risk mitigation and response focusing on the implementation and operationalization of the 2020 GBV Policy and its supporting strategies across various levels and contexts. The GBV Policy is mandatory and has the following mutually reinforcing objectives:[3]

- Risk of GBV is reduced for all Persons of Concern (PoC[4]), and

- All survivors have adequate and timely access to quality services.

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[3] *UNHCR (2020) Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence*

[4] *While the GBV Policy refers to PoC, more recent UNHCR guidance has recommended the use of alternative language. In line with this guidance, from herein, the report refers to 'people with and for whom UNHCR works' (see UNHCR (2023) Note on selected terminology alternatives to "Persons of Concern (POC)" to UNHCR. Division of International Protection)*

12. The GBV Policy was developed in alignment with existing global guidelines and commitments.[5] It recognizes that women, girls, men or boys can be survivors of GBV while recognizing that women and girls are disproportionately affected. It highlights the imperative not only to respond to violence once it has occurred, but also, importantly, to prevent GBV by addressing its root causes and embedding gender equality in all aspects of UNHCR's work. It also stresses the obligation to mitigate risk and to "*Do No Harm*". UNHCR's ability to take concrete steps to achieve the broader goal of eradicating GBV relies on strong institutional and cross-functional leadership.[6]

13. The GBV Policy covers all UNHCR Operations and all people with and for whom UNHCR works. It applies to all stages of the program cycle, throughout the displacement continuum, in emergencies and protracted displacement settings, as well as in mixed flows and onwards movements, and situations of statelessness. It also applies to activities relating to voluntary repatriation, resettlement and local integration, and other local solutions and complementary pathways for admission to third countries. Internally, it applies to the work of all members of UNHCR's workforce at country, regional, headquarters levels, across the full range of operational and advocacy presence in support of PoC to UNHCR. It covers offices that are operational as well as those whose primary focus is on advocacy. As part of the Policy, UNHCR further supports governments to meet international standards and advocates with authorities where international standards are not met.[7]

14. According to the GBV Policy, to address GBV effectively, UNHCR must undertake interventions through nine core action areas (see section 3.1). Throughout these core action areas, the people with and for whom UNHCR works, in particular women and girls, and groups at heightened risk, must be meaningfully consulted in a participatory process and their feedback must be reflected in programming, advocacy, fundraising, monitoring and evaluation.[8]

4.2 Evaluation context

15. Recent decades have seenthree main challenges placing at-risk communities under unprecedented pressure and generating even greater uncertainty: i) the COVID-19 pandemic, ii) political upheaval and conflict, and iii) climate change. In each year of the past decade, forced displacement around the world reached unprecedented levels, doubling from 41 million in 2010 to 82.4 million in 2020.[9] By the end of 2020, the number of forcibly displaced and stateless people reached 92 million. At the end of 2022, the number of forcibly displaced worldwide rose to 108.4 million as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.[10] Globally, forcibly displaced and stateless people continue to be affected by new emergencies, as well as protracted ones which become more acute. Furthermore, the nature of displacement is shifting, with more and more asylum-

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[5] *These include the 2030 Agenda for Sustainable Development, Agenda for Humanity, the Global Compact on Refugees, the Call to Action on Protection from Gender-Based Violence in Emergencies, the United Nations Action Network Against Sexual Violence in Conflict, the GBV Accountability Framework, the Inter-Agency Minimum Standards for GBV in Emergencies Programming, the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action, the Inter-Agency Gender-Based Violence Case Management Guidelines, the Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13) and the IASC Six Core Principles to Sexual Exploitation and Abuse. It further complements and aligns with UNHCR's Policy on Age, Gender, and Diversity (AGD)[5].*

[6] *UNHCR (2020) Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence*

[7] *Ibid*

[8] *Ibid*

[9] *UNHCR (2022) Global Trends Report*

[10] *Ibid*

seekers moving alongside migrants in mixed movements, and both groups facing exploitation and risks from trafficking networks, criminal gangs and armed actors. Many suffer prolonged family separation, kidnapping, detention, and physical and sexual abuse, with children, adolescents and youth who are unaccompanied or separated from their families in particular danger.[11]

16. The operational context has thus become harder to navigate, the protection space has diminished, and more people are at risk of displacement. These challenges will continue to compound pressures on the most marginalized and drive more complex displacements, including mixed movements of refugees, internally displaced people and migrants. Within this context, protecting, assisting, and upholding the rights and dignity of forcibly displaced and stateless people is a collective endeavor and a mutual responsibility, as affirmed by the Global Compact on Refugees and the commitments made at the 2019 Global Refugee Forum.[12]

17. GBV is a human rights violation that affects all aspects of a person's protection and well-being. It is a core component of UNHCR's protection mandate. Displaced persons (asylum-seekers, refugees, stateless persons, IDPs, and returnees) are at high risk of GBV, irrespective of their age, gender, or other diversity considerations. However, there is evidence to show that intersecting characteristics can exacerbate exposure to and impact of GBV among diverse groups of women and girls. For example, women with disabilities are more than twice as likely to experience violence and abuse compared to women without disabilities.[13] Regardless of the reason for displacement, the burden falls disproportionately on women and girls, and it may also be the impetus that compels people to flee. Approximately 1 in 5 women who are forcibly displaced are survivors of sexual violence. Moreover, their risk of intimate partner violence is heightened in situations of displacement, with estimates reaching as high as 20%.[14]

18. Between 2018 and 2022, the number of forcibly displaced and stateless women and girls living in humanitarian crises and conflict situations grew from 23 million to 35 million with a dramatic growth in 2022 following the onset of the Ukrainian crisis.[15]

19. The COVID-19 pandemic has exacerbated the challenges faced by forcibly displaced populations, who already struggle with insufficient social, economic, and political security, as well as a culture of impunity for perpetrators. At the same time, while the external funding environment is expanding, it is not keeping pace with the needs. This is putting huge strains on UNHCR and other organizations to meet GBV programming requirements.[16]

4.3 Organizational background

20. UNHCR's first efforts to address GBV date back to 1991, followed by the formulation of the UNHCR SGBV Strategy 2011-2016. In a 2017 internal review and cross-sectoral consultations, critical gaps were identified impeding the organization's ability to

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[11] *UNHCR Strategic Directions 2022-2026*

[12] *Ibid*

[13] *see https://www.coe.int/en/web/commissioner/-/addressing-the-invisibility-of-women-and-girls-with-disabilities, in the context of the EU, and corroborated by data in refugee settings: Bacchus, L. et al. (2020) Disability, violence, and mental health among Somali refugee women in a humanitarian setting. Global Mental Health, 7: e30.*

[14] *Vu, Alexander, Atif Adam, Andrea L. Wirtz, Kiemanh Pham, Leonard S. Rubenstein, Nancy Glass, Chris Beyrer, and Sonal Singh. 2014. "The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Meta-Analysis." PLOS Currents, January.*

[15] *Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.*

[16] *Ibid*

achieve its goals for GBV risk mitigation, thus leading to the definition of a draft Global GBV Mainstreaming Plan of Action, which subsequently created the foundations for the 2020 Policy on the Prevention of, Risk Mitigation and Response to GBV.[17] Despite significant efforts at consolidating progress made by UNHCR and its partners in addressing GBV, the UNHCR's Strategic Directions 2022-2026 recognizes that progress remains uneven, and challenges persist.[18]

21. The DIP, through its GBV Unit within the FPS, promotes organization-wide coherence by developing functional guidance and operational support including knowledge management, sharing best practices and lessons learned. RB are expected to ensure country operations comply with this policy in their respective regions and report on its implementation annually.[19]

22. The UNHCR's involvement in humanitarian efforts is multifaceted. Leadership in GBV programming in situations of displacement differs depending on the context. Globally, UNHCR, as the lead agency on protection, leads GBV programming in refugee situations and mixed situations where refugees are geographically separated.[20] In IDP and mixed settings where the cluster system is activated, UNFPA leads the GBV Area of Responsibility (AOR), a global forum for coordination of GBV programming in humanitarian settings. The GBV AoR constitutes a focus area within the Global Protection Cluster (GPC).[21]

23. Beyond UNHCR and UNFPA, other UN agencies, intergovernmental organizations, and international non-governmental organizations (INGOs), as well as national organizations and community-based organizations, play crucial roles in GBV programming.

4.4 Key findings from Phase I of the evaluation

24. The Phase I evaluation report emphasizes a range of issues for discussion and potential course correction, presenting questions that expand upon the evidence synthesis and analysis.[22] Given the urgency and importance of these findings, they are included to further consider as part of the approach and direction of the Phase II evaluation. A summary of some of the main issues is outlined below.

- Lack of human and financial resources hinders the implementation of the GBV policy, and allocating resources to address GBV necessitates a strong commitment. The evaluation has highlighted that there is variation in how the organization prioritizes work on GBV. Considering the current resource-constrained environment, UNHCR is unable to fulfill all of its GBV commitments, and difficult decisions will need to be made moving forward, including how GBV programming is prioritized.

- To improve the response to GBV, it is crucial to ensure that expertise is distributed equitably at all levels of the organization. By doing this, it would ensure that both operations and frontline staff have the required expertise and skills to effectively

[17] *Evaluation Terms of Reference (ToR)*

[18] *UNHCR Strategic Directions 2022-2026.*

[19] *See section 10 of the GBV Policy on Accountabilities, Responsibilities and Roles.*

[20] *Joint UNHCR-OCHA Note on Mixed Situations Coordination in Practice*

[21] *Guidance Cluster Coordination at Country Level: IASC Sub-Working Group on the Cluster Approach and Global Cluster Coordinator's Group (July 2015)*

[22] *Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023*

address GBV, thereby enhancing GBV response efforts throughout the entire program cycle.

- The Phase I evaluation presents several key findings related to UNHCR's partnerships. It states that effective support and delivery of GBV response and prevention can be achieved through partnerships. However, it questions whether UNHCR should be developing more transformative partnerships, particularly with women-led organizations (WLOs). A question also emerged about whether UNHCR should engage in candid discussions with partners to assess their different capacities and constraints, and to explore potential for joint programming and fundraising.

- Despite a growing GBV workforce since 2016, UNHCR has insufficient human resource capacity to implement the GBV Policy. The evaluation identified various challenges including high staff turnover, gaps in knowledge and expertise retention, lack of continuity of GBV work, many unfilled GBV positions, and a large proportion of the GBV workforce comprising junior staff with limited decision-making authority. Strategic workforce planning and ensuring the right expertise in the right places was noted as a key need.

4.5 Adjustments to the Phase II evaluation ToR

25. During the inception phase of Phase II of the GBV evaluation, three key adjustments were made to the evaluation ToR (contained in Annex B).

1. Evaluation Criteria

26. The ToR lists five evaluation criteria, comprising relevance, effectiveness, efficiency, impact, and sustainability. During the Geneva mission and in subsequent discussions with the UNHCR Evaluation Office it was agreed that the Evaluation Team would adapt the criteria, removing sustainability, and adding coherence and strategic positioning. The framing of the impact criterion has also been modified to include progress towards impact and not just attainment.

27. The addition of coherence was based on the importance of the evaluation's role in considering internal alignment of the GBV Policy with design and implementation of corporate policies and strategies, and the external positioning of UNHCR vis-a-vis other UN agencies and partners in the GBV ecosystem.

28. The strategic positioning criterion is specifically responsive to the second main area of inquiry in the ToR and was therefore added to consider the formative component of the evaluation. This will feed into the upcoming GBV Policy review, offer insights into UNHCR's comparative advantage in GBV, and prioritization of GBV efforts moving forward in an increasingly resource-constrained environment. The sustainability criterion was included as part of strategic positioning, focusing on how UNHCR's contribution to GBV prevention, risk mitigation and response can be sustained in the long-term.

29. The impact criterion has been modified to 'progress towards impact'. This allowed the inclusion of measures that consider progress made towards the achievement of impacts that may have not yet manifested as impacts. This is especially important given that the GBV Policy has only been in place for four years, and during implementation the Policy was challenged by the Covid-19 pandemic, the rapid increase in the number of emergencies and affected populations, and worsening resource constraints. It was also implemented at a time of structural and systems change within UNHCR, notably decentralization. In expanding what this evaluation criterion covers, it offers UNHCR important insights on what appears to be working to yield higher level results and what does not.

2. Comparative analysis

30. The evaluation ToR refers to a comparative analysis exercise, situating UNHCR's GBV programming within the wider GBV ecosystem. This comparative analysis was originally conceived as a desk-based review output to be conducted shortly after completion of the first draft of the inception report, with the objective of feeding into the strategic planning process (scheduled for completion in March/April 2024).

31. The timing and approach for the comparative analysis has shifted. In relation to timing, delays in the evaluation contracting meant that the comparative analysis could not be completed in March/April 2024 and, thus, would not be available to inform UNHCR's strategic planning. In relation to the approach, during the Geneva mission, the Evaluation Team identified the importance of primary data collection to understanding the reality of UNHCR's positioning within the GBV ecosystem on the ground.

32. Given the shifts noted above, the comparative analysis will now be conducted through both desk-based and primary data collection methods and will form part of the core methodology for the evaluation (rather than a discrete deliverable during the inception period). The comparative analysis approach will be piloted during the inception period, as per the other evaluation methods, and rolled out during the main data collection period. A comparative analysis report will still be created as an independent deliverable and annexed to the evaluation report.

3. Partner survey

33. One of the activities in the evaluation ToR is a survey conducted with UNHCR's external partners. During the Geneva mission, UNHCR's EvO cautioned against the use of partner surveys, which have not necessarily been met with interest or adequate response in previous evaluations. Consequently, the Evaluation Team will draw from other methods to reach UNHCR's external partners, including key informant interviews (KIIs) and focus group discussions (FGDs) with partners during the country case study visits, and online KIIs or FGDs to reach partners in countries selected for remote case studies. In addition, the Evaluation Team plans to conduct FGDs with partners. At the time of preparing the first draft of the inception report, the Evaluation Team is exploring possibilities for this engagement (see section 5.5.1).

5. Methodology

34. This section of the inception report presents the GBV Phase II evaluation methodology, including the evaluation principles, design, criteria, questions, methodological approaches, data collection methods, and approach to analysis and synthesis, as summarized in Figure 1. It also presents the ethical approach that will be employed and any risks and limitations of the evaluation.

Figure 1: Summary of evaluation methodology
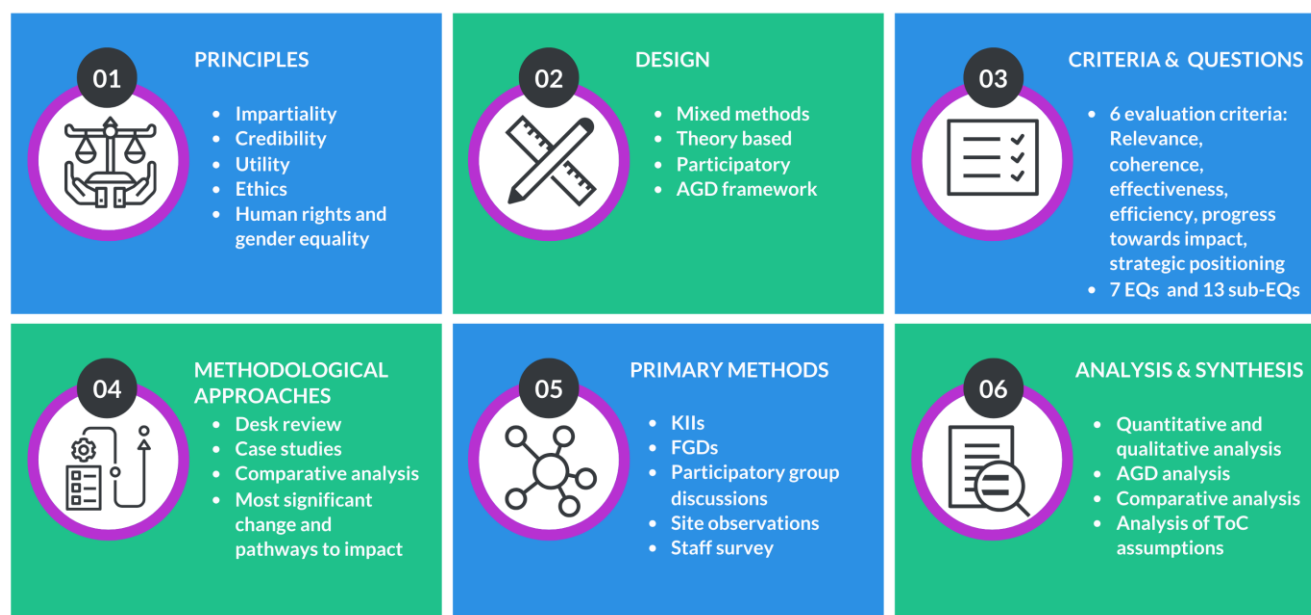
5.1 Evaluation principles

35. The GBV evaluation will be guided by UNHCR's three core evaluation principles, as outlined in the UNHCR Evaluation Policy:[23]

    - **Impartiality**: The Evaluation team will ensure objectivity, professional integrity and absence of bias at all stages of the evaluation process. Impartiality will be supported through various structures and processes, including the Evaluation Team's internal and UNHCR's external quality assurance (QA) protocols and inputs from the Evaluation Reference Group (ERG) (see section 6.2).

    - **Credibility**: The Evaluation team will ensure the credibility of the evaluation through the team's rigorous, professional, ethical and culturally competent design and implementation of all evaluation activities. The evaluation's mixed-methods, participatory approach will ensure that the evidence generated and conclusions made are based on appropriate methodologies and reflective of the lived realities of people with and for whom UNHCR works.

    - **Utility**: The GBV evaluation will be utilization focused, with an emphasis on the needs and participation of the intended users throughout the evaluation process, including through ongoing consultation and validation. The utility of the evaluation is framed around its contribution to accountability for results, and the organizational learning that will inform the future review and update of the GBV Policy.

36. The GBV evaluation will be grounded in two additional principles as outlined in UNEG's guidance on evaluation norms:[24]

    - **Ethics**: While ethical evaluation is incorporated in the principle of credibility, the Evaluation Team recognizes the fundamental importance of grounding any research and evaluation on GBV in appropriate ethical, safeguarding and do no harm protocols. These protocols are outlined in section 5.8 of the report, and are

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[23] *UNHCR (2022) Policy for Evaluation in UNHCR.*
[24] *United Nations Evaluation Group (2016) Norms and Standards for Evaluation. New York: UNEG.*

compliant with UNHCR and UNEG ethical guidelines, WHO guidelines on research and evaluation related to GBV, Standard 16 of the GBV Minimum Standards (particularly Guidance note 3 and 4) and other relevant guidance.

- **Human rights and gender equality**: In line with UNHCR's Age, Gender and Diversity (AGD) policy, the evaluation will be grounded in principles supporting respect for human rights and gender equality. It will do so through all interactions with and inclusion of people in data collection, and by applying an AGD lens across the evaluation methodology (see section 5.2.4).

5.2 Evaluation design

37. The evaluation design is a mixed-methods, theory-based evaluation informed by participatory approaches and an AGD framework.

5.2.1 Mixed methods

38. The evaluation is based on a mixed methods design to ensure a comprehensive response to the evaluation questions contained in the Evaluation Matrix (see Annex G), ensuring triangulation of information sources for each evaluation criterion. The evaluation team will conduct **primary data collection** based on several qualitative and quantitative methods. Qualitative methods will include semi-structured key informant interviews (KIIs) and focus group discussions (FGDs) with a range of stakeholders, including UNHCR staff, partners and the people with and for whom UNHCR works. In addition, the evaluation team will conduct structured observation in key locations, including camps and other locations where UNHCR and its partners are providing GBV services and delivering other types of GBV programming. A small online survey will be conducted with UNHCR management and operational staff involved in oversight and implementation of GBV and protection programming, including mainstreamed risk mitigation, at regional, country and sub-country levels.

39. The evaluation team will also **review secondary data** through a comprehensive desk review and synthesis of data from a range of UNHCR datasets relevant to GBV policy implementation and results. The desk review will also analyze results from internal and external UNHCR reports relevant to GBV and protection.

5.2.2 Theory based

40. The period of GBV Policy implementation covered by the evaluation was not guided by a ToC. Instead, during the inception period a ToC was under development by UNHCR based on lessons learned from GBV Policy implementation to date to inform global strategic planning. However, its purpose is to inform future policy implementation and not to explain past actions. With this in mind and given the practical issue that the ToC was not available to the Evaluation Team in time for this evaluation, the Evaluation Team has instead developed an analytical framework to guide an understanding of the factors underlying the GBV Policy and the causal pathways implicit in the Policy and associated guidelines. This is reflected in the evaluation analytical framework in Figure 2 below. Due to timing challenges with receiving the ToC, the evaluation analytical framework was not co-created with UNHCR primary users; however, they did comment favorably on the framework in the first version of the inception report and felt it captured well the GBV policy framing and commitments.

41. This analytical framework allows the Evaluation Team to assess the two 'streams' of GBV Policy implementation: 1) delivery; and 2) institutional strengthening. The nine 'core areas' as per the GBV Policy and corresponding guidelines fall into these two categories, presented in blue and green, respectively. 'Strong delivery' is the intended

outcome reflected in green, and 'strong institutions' is the intended outcome reflected in blue. In line with the policy, the institutional (blue) pathway is further separated into actions related to the operations management cycle (assessment and planning in dark blue) and enablers (partnerships, staffing and capacity in lighter blue). The two outcome pathways together are meant to contribute towards the two higher-order objectives of the GBV Policy shown in the box at the top of the figure: 1) GBV risk is reduced; and 2) GBV services reach all those in need. Age, gender and diversity as well as advocacy cut across both groupings. In the center of the diagram are the different contexts in which UNHCR works (emergencies, protracted displacement and mixed) and the different groups with and for whom UNHCR works (refugees, IDPs, asylum seekers and stateless persons).

42. As the higher order objectives associated with GBV risk and response are achieved not just through the actions of UNHCR and its directly contracted partners, even in situations where UNHCR is the main delivery agency, progress towards these objectives will include an assessment of contribution by UNHCR and consideration of attribution to UNHCR's actions. Contributions are direct, specific to what is delivered through UNHCR and through its contracted partners, and are also indirect in terms of the efficacy of UNHCR engagement with other actors within and outside the UN system.

43. Further, contributions are additive in the sense that functioning collaboration and the emergence of a broader coherent response with a range of actors in broad agreement on strengthening systems and delivering to target populations is expected to yield results beyond what is delivered. This is especially important when considering both impacts and sustainability (the latter of which is considered in this evaluation under strategic positioning, focused on formative considerations).

44. The evaluation will consider UNHCR's emergent ToC as an important means to inform an understanding of what UNHCR believes to be the strengths, weaknesses, intent and outcomes of GBV Policy implementation to date, and to inform the co-creation of recommendations by the Evaluation Team and UNHCR accordingly. The Evaluation Team will also incorporate an analysis of the ToC assumptions into the evaluation's validation process with UNHCR and the ERG.[25]

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[25] *The ToC assumptions align well with the focus of the evaluation's comparative analysis approach (in Annex K). The four assumptions of the ToC are: (1) relevant UN agencies are present and operational and have the resources, capacity and willingness to work with refugees; (2) the GBV AoR/UNFPA fulfill their responsibilities in IDP contexts; (3) the legal and policy enabling environment in any given context allows for inclusion of refugees and stateless persons in national GBV systems; and (4) hosting states and authorities have their own financial sources or are sufficiently supported to include refugees in GBV services.*
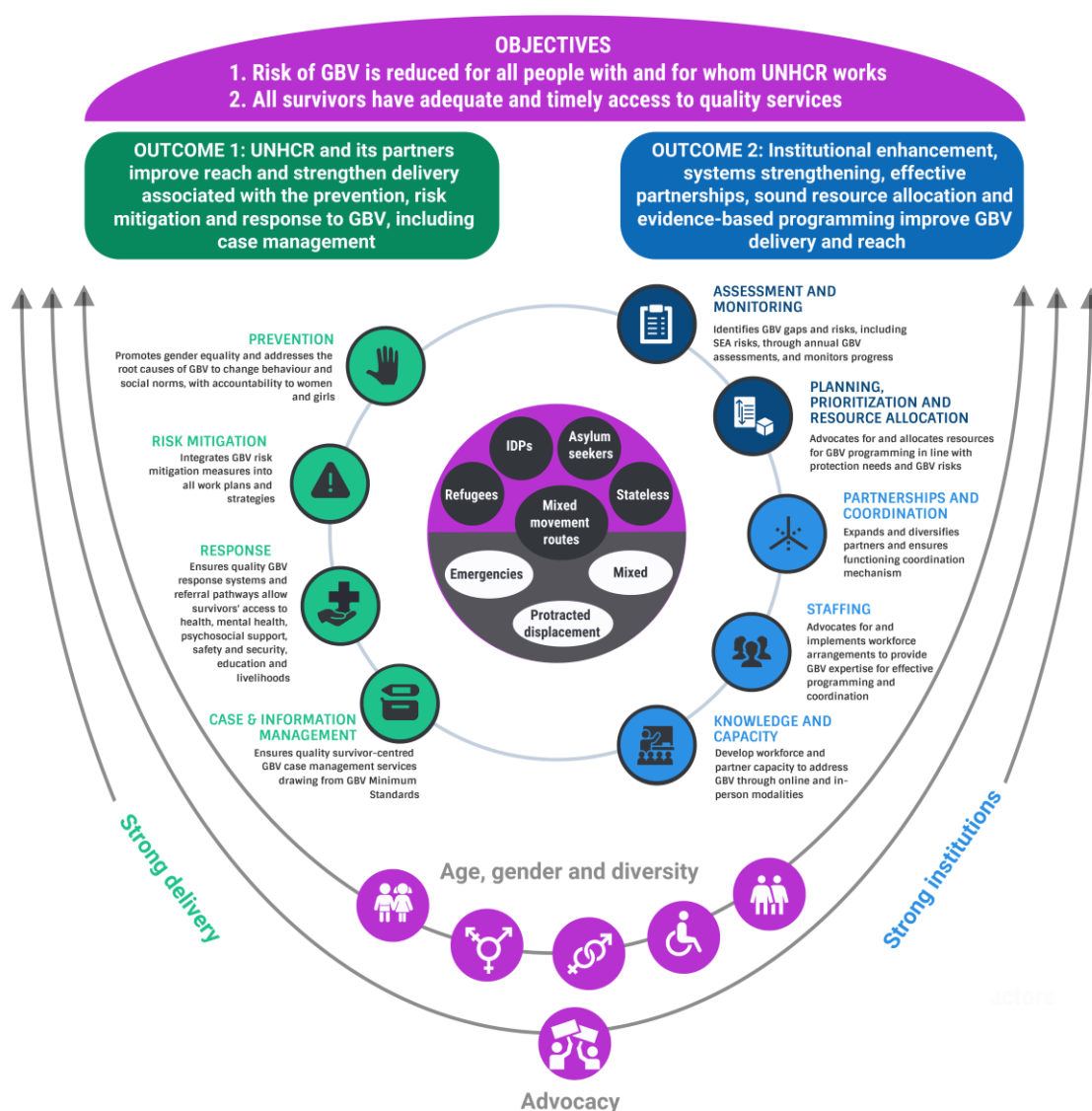
Figure 2: Evaluation analytical framework

5.2.3 Participatory

45. The evaluation design is grounded in four participatory approaches to ensure the meaningful engagement of a wide range of stakeholders across all phases of the evaluation.

   1. **Ongoing stakeholder engagement throughout the evaluation cycle**: The Evaluation Team will engage with the primary users of the evaluation, and other stakeholders as appropriate, through each phase of the evaluation. This includes in-person and remote consultations during the inception period, data collection phase, and analysis and reporting phase. This will include engagement with the ERG, both through structured meetings and individual consultations as needed.

   2. **Participatory methods**: The evaluation will draw from participatory methods that prioritize inputs from stateless and forcibly displaced persons and those working to support them, as outlined in the evaluation ToR (see Annex B). These methods include adapted versions of Most Significant Change (MSC) and Pathways to Impact (PTI). The MSC method prioritizes the experiences and perspectives of

change among those engaging with GBV programming, in their own words and through their own stories. The PTI method builds on change stories to identify why impacts happened or did not happen, which interventions were most significant in producing impacts and why. These methods have been designed to be as participatory as possible by using both verbal and visual approaches and encouraging a co-constructed process.

3. **Validation of evaluation findings**: The Evaluation Team will ensure that primary users and key stakeholders are meaningfully engaged in the validation of evaluation findings through several processes:

   o At the end of each country and RB visit, the Evaluation Team will hold a debriefing session with UNHCR staff to share preliminary observations from case study field trips.

   o After completing data collection, the Evaluation Team will present and validate case study findings in individual meetings with focal points from all 10 countries participating in in-depth and light touch country case studies.

   o The Evaluation Team will validate the evaluation findings from all synthesized data with UNHCR primary users, and ERG members, in a findings and validation meeting prior to submitting the evaluation report.

4. **Co-creation of evaluation recommendations** with primary intended users and other stakeholders as appropriate: To provide practical and operational recommendations that are co-produced with key stakeholders, fit for purpose and fit for context, the Evaluation Team will facilitate a workshop to co-create evaluation recommendations based on the results.

5.2.4 Age, Gender and Diversity framework

46. The GBV Policy complements and aligns with UNHCR's AGD Policy (2018),[26] which draws from UNHCR's Strategic Directions 2017-2021,[27] emphasizing putting people first, drawing on the experiences, capacities, and aspirations of refugee, displaced, and stateless women, men, girls and boys, and being accountable to them by listening to their needs, perspectives and priorities. The AGD policy outlines core actions to be followed in six areas of engagement (as outlined further below). It also articulates key population groups targeted by the policy, including children, adolescents, youth and older persons (age); women and girls, men and boys, and lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons (gender); and people with disabilities, or those belonging to national, ethnic, religious, or linguistic minorities, or indigenous groups (diversity).

47. The Evaluation Team recognizes that gender inequality is a key driver of discrimination and exclusion, whilst also recognizing the influence of other dimensions of discrimination and social exclusion, and how these intersect with individual factors (e.g., age, disability, sexual orientation) and contextual factors (e.g., geographic location, type of displacement).

48. In line with the expectations outlined in the GBV evaluation ToR, the evaluation design will integrate an AGD perspective, including an intersectional approach. The Evaluation Team will apply an AGD lens to the evaluation at two key levels:

   1. Embedding an AGD perspective in all primary data collection activities and secondary analysis of data.

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[26] *UNHCR (2018) UNHCR Policy on Age, Gender and Diversity*
[27] *UNHCR (2017) Strategic Directions 2017-2021.*

2. Assessing the extent to which UNHCR's GBV results are aligned with the AGD policy objectives and core actions.

49. <u>AGD-sensitive data collection and analysis</u>

The Evaluation Team will integrate an AGD perspective in all primary and secondary data collection activities carried out as part of the evaluation. This will be done through a range of approaches that are aligned with three of the six AGD Policy core areas of engagement that are most important for the evaluation, presented in Table 2.[28]

Table 2: Evaluation approaches in line with AGD policy areas of engagement

AGD area of engagement	GBV evaluation approaches
AGD inclusive programming	• Disaggregation of primary and secondary data by age, gender and other categories of diversity (e.g., disability, LGBTI) where possible.[29] • Consideration of how GBV may have a heightened or diverse impact on women and girls with disabilities, of diverse ethnic and religious origins, or with diverse gender identity or sexual orientation, and how these impacts may differ among people with intersecting characteristics.
Participation and inclusion	• Targeted and intentional recruitment of evaluation stakeholders from diverse groups, albeit within the parameters of the evaluation ethical approach (see section 5.8). This also includes partners, civil society or other types of organizations or groups working with diverse groups. This may include organizations of persons with disabilities, particularly those led by women with disabilities, and other organizations led by women with diverse characteristics. • Acknowledging risks for LGBTQI+ survivors and balancing inclusion with protection needs and risks; for example, not sampling LGBTQI+ people if there is risk in doing so, and seeking alternative methods and approaches to reduce risk (e.g., conducting individual interviews rather than group discussions, and being careful to ensure full anonymity when disaggregating data and reporting on it. • Use of participatory methods to enhance engagement, particularly with individuals from diverse groups with and for whom UNHCR works. • Gender representation in all data collection activities, and conducting sex segregated FGDs where appropriate (e.g., among people with and for whom UNHCR works). • Ensuring that, where relevant, female consultants interview female participants and are accompanied by female interpreters. • Ensuring that interview locations are accessible and appropriate for diverse groups (e.g., physically accessible for people with disabilities, or using women and girl safe spaces for interviews with female community members).
Communication and transparency	• Pursue appropriate and accessible modalities for communication, such as ensuring that sign language capabilities are available if needed and ensuring that national experts or translators are able to speak the languages of diverse groups.

[28] *The three other AGD areas of engagement are more associated with UNHCR-specific strategies and, for the purpose of this evaluation, any associated evaluation approaches are subsumed under other areas of engagement in Table 2.*

[29] *The ability of the Evaluation Team to disaggregate secondary data by key AGD characteristics will depend on the quality and content of the secondary data.*

50. <u>AGD framework</u>

To understand the extent to which GBV results are aligned with UNHCR's AGD Policy objectives and core actions, the Evaluation Team has developed an AGD framework (see Figure 3). The framework draws from an adapted version of the Gender Equality Continuum Framework,[30] incorporating attention to diverse categories of social inclusion to align with UNHCR's AGD approach. The framework also draws from other tools included in UNHCR's Gender Toolkit, including the Ladder of Participation.[31]

51. The AGD framework will contribute to an analysis of the extent to which the GBV policy and corresponding program activities have contributed to transformative change in norms, values, power structures and the root causes of inequalities, discrimination and social exclusion. The AGD framework maps the results of GBV program activities across a five-point continuum ranging from AGD discriminatory, non-sensitive, sensitive, responsive, or transformative. The framework can be used as both a results-focused tool to understand the extent to which UNHCR's GBV programming is grounded in AGD areas of engagement, and a learning-oriented and forward-looking tool that can assist stakeholders to understand where an activity or intervention sits on the continuum, and what needs to be done to move to the next level.

AGD discriminatory	AGD non-sensitive	AGD sensitive	AGD responsive	AGD transformative
Program activities reinforce or take advantage of inequitable gender norms or social inequalities, such as reproducing stereotypes or deepening inequality by exploiting women and people from diverse groups. When participation of these groups does occur, it is usually tokenistic. AGD discriminatory programming reproduces inequalities and causes harm.	Gender inequality, harmful social norms, unequal power relations, and discrimination of diverse groups have not been considered in the design or delivery of program activities. Decisions for women, girls and those from diverse groups continue to be made by those holding more power. AGD non-sensitive programming does not necessarily do direct harm, but may indirectly support the status quo.	Gender and social inequalities and discriminations are acknowledged as important to the program context but not included substantively in the design and implementation of activities. Approaches are based more on addressing the practical needs of people from diverse groups. Women, girls and people from diverse groups may be convened to contribute to meetings and decision making processes, but are not supported to 'have a seat at the table'.	Program activities acknowledge the importance of gender equality and inclusion of diverse groups, and incorporate corresponding focus on accountability. Programs address the enabling environment for inclusion, empower individuals to collaborate in decision making, and build their capacities and resources to do so, but without addressing underlying causes of exclusion.	Program activities intentionally challenge and transform gender and social inequalities, harmful social norms and unequal power relations. Programs support and strengthen systems for collective action, sustainable change, and accountable pathways for marginalized groups. Women and girls and people from diverse groups are supported to engage in meaningful participation and and shape the agenda equally to men and other powerful stakeholders.

Figure 3: AGD framework

5.3 Evaluation criteria and questions

52. The evaluation will draw from an Evaluation Matrix (see Annex G) shaped around six adapted evaluation criteria, as outlined below. The criteria are drawn and adapted from four sources: specific reference to strategic positioning in the ToR; OECD-DAC

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[30] *Interagency Gender Working Group (2017) Gender Integration Continuum.*
[31] *UNHCR (2020) UNHCR Gender Equality Toolkit.*

criteria; the Active Learning Network for Accountability and Performance (ALNAP) criteria for use in humanitarian evaluations; and a recent UNHCR strategic thematic evaluation.[32] A description of the six criteria is outlined below.

1. **Relevance: Is the intervention doing the right things?** Relevance considers the extent to which the intervention objectives and design respond to rights-holders, global, country and partner/institution needs, polices and priorities, and continues to do so if circumstances change.

2. **Coherence: How well does the intervention fit?** Coherence considers the compatibility of the intervention with other interventions in a sector, country or institution, or a combination.

3. **Effectiveness: Is the intervention achieving its objectives?** Effectiveness refers to the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

4. **Efficiency: How well are resources used?** The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

5. **Progress towards impact: What difference does the intervention make?** The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. Progress towards impact refers to the results that are evident from the intervention reflecting broader change, and not just the impacts themselves.

6. **Strategic positioning: How well is UNHCR positioned in the GBV ecosystem?** Strategic Positioning for the GBV evaluation refers to UNHCR's role and comparative advantage within the protection mandate as part of a multi-agency approach.

53. The development of evaluation questions (EQs) according to the six criteria involved two key processes:

1. The mapping of the six adapted criteria against the evaluation ToR's 'indicative areas of inquiry' (see Annex H, which shows how the Evaluation Team 'matched' each area to the adapted evaluation criteria).

2. The development and refinement of EQs and sub-EQs based on the above mapping, informed by the Geneva mission consultations and rapid desk review.

54. The seven main EQs and corresponding 14 sub-EQs are presented in Table 3. The full Evaluation Matrix, with EQs and sub-EQs mapped against corresponding stakeholders and methods is included in Annex G. Where reference is made in the EQs to all levels and contexts, this means global, regional, national, and sub-national levels, and all the types of contexts UNHCR works in (protracted crises, sudden onset emergencies, and mixed situations).

Table 3: Evaluation questions and sub-questions

Evaluation Questions	Evaluation Sub-Questions
Relevance: Is the Policy doing the right things?	
EQ1: To what extent does UNHCR's approach to GBV prevention, risk mitigation and response respond to the needs of the people with and for whom UNHCR works?	EQ1.1: Is the design and implementation of the GBV Policy and corresponding guidelines responsive to the needs of the people with and for whom UNHCR works, including focused attention to AGD?
	EQ1.2: Is the design and implementation of the GBV Policy and corresponding guidelines relevant to the needs of

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[32] *The Strategic positioning criterion definition was inspired from a recent UNHCR evaluation: UNHCR (2023) Evaluation of UNHCR's engagement in situations of internal displacement (2019-2023).*

Evaluation Questions	Evaluation Sub-Questions
	UNHCR at regional and country level and its funded partners, including focused attention to AGD?
Coherence: How well does the Policy fit?	
EQ2: To what extent is UNHCR's current approach to GBV prevention, risk mitigation and response aligned in terms of corporate policy and strategy?	EQ2.1: Is the design and operationalization of the GBV Policy and corresponding guidelines aligned with overall corporate policies and strategies? What enabled and constrained this alignment?
EQ3: To what extent is UNHCR's current approach to GBV prevention, risk mitigation, and response aligned in terms of the broader UN system, other partners, and countries?	EQ3.1: Is UNHCR's operationalization of the GBV Policy and corresponding guidelines and protocols consistent with the UN and broader approach to GBV in humanitarian settings?
	EQ3.2: Have the GBV Policy and corresponding guidelines enabled UNHCR to exercise its comparative advantages vis-à-vis other actors?
Effectiveness: Is the Policy achieving its objectives?	
EQ4: What progress has been made towards achieving UNHCR's commitments to GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?	EQ4.1: To what extent has UNHCR delivered against its objectives in the GBV Policy, including the effectiveness of different types of partnerships?
	EQ4.2: To what extent has UNHCR created the institutional infrastructure and capacity necessary to deliver against the objectives in the GBV Policy, both internal to UNHCR and with partners?
Efficiency: How well are resources used?	
EQ5: How efficient is delivery of GBV programming under the Policy?	EQ5.1: How adequately have required resources (e.g., financial, human, management decision-making) been made available and utilized to support the achievement of planned results?
	EQ5.2: How are decisions made in a resource scarce environment that enables or undermines efficiency?
Progress Towards Impact: What difference does the Policy make?	
EQ6: To what extent has the GBV Policy contributed to progress made in GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?	EQ6.1: To what extent is there evidence that GBV Policy and corresponding guidelines implementation has resulted in progress in preventing, mitigating risks against, and/or responding to GBV among target populations?
	EQ6.2: To what extent has UNHCR implementation of the GBV Policy and corresponding guidelines strengthened state and non-state actors and institutions to enable long-term progress in the broader GBV ecosystem?
Strategic Positioning: How well is UNHCR positioned in the GBV ecosystem?	
EQ7: Looking forward, what should UNHCR do to ensure that it is strategically positioned and ready to deliver on its objectives to address GBV?	EQ7.1: How does UNHCR use its protection mandate to better advance overall GBV objectives?
	EQ7.2: How does UNHCR best position itself to work with other GBV actors using its comparative advantage?

55. The EQs have been developed and worded in a manner intended to support evaluability. Nevertheless, there are some possible risks to the evaluability of some sub-EQs. These are outlined alongside proposed mitigations in the Evaluability Assessment in Annex I.

5.4 Evaluation methodologies

56.   The EQs will be answered through four core methodologies: (1) desk review, (2) case studies, (3) a comparative analysis of UNHCR's role vis-a-vis other GBV actors, and (4) participatory methodologies including MSC and PTI stories.

5.4.1 Desk review

57.   A preliminary, rapid desk review was conducted in the first phase of the inception period. The objective of this review was to conduct a stock take of available documents and extract important content to enable the design of the evaluation and the preparation of the inception report. This was done through a mapping exercise where the Evaluation Team summarized approximately 200 key documents and mapped the utility and relevance of each against core inception outputs in an Excel matrix, to support the preparation of the inception report and key annexes. These core inception outputs include, for example, the stakeholder analysis, comparative analysis, development of evaluation criteria and questions, country case studies etc.)

58.   During the second phase of the inception period and the data collection phase, an in-depth desk review will be conducted with four main objectives:

- To code core documents from the inception rapid review into the Evaluation Team's Dedoose database,[33] to prepare documentation for synthesis (see section 5.6).

- To complete stage 1 of the comparative analysis, which comprises a desk review and mapping of the external GBV programming ecosystem (see section 5.4.3).

- To review and code additional documentation that has emerged during the primary data collection.

- To conduct secondary analysis of data extracted from UNHCR's GBV and other data portals.

5.4.2 Case studies

59.   The evaluation team will conduct primary data collection through a series of case studies implemented at country level. This will include five countries covered through in-person data collection, and five countries covered in a light-touch way through remote interviews. These 10 country case studies will be complemented with short, in-person visits to three RB.

60.   UNHCR's EvO developed an approach and set of criteria for the country case study selection based on strategic, operational and evaluability criteria (see Annex J for the full country case study selection approach). Based on these criteria, the EvO made a tentative selection of five in-person and five remote countries. After a review of the selection approach and coverage of countries and based on emerging issues from the Geneva mission consultations, the Evaluation Team made several recommendations for modifications to enable more comprehensive coverage.

61.   A revised list of 12 potential countries from which to choose was developed and shared with corresponding RB focal points, who responded with various recommendations. These included changes in countries from in-person to remote (e.g., due to resourcing or other constraints in accommodating the Evaluation Team) and the proposed addition of new countries thought to be relevant to the evaluation.

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[33] *Dedoose is a web-based qualitative coding and research management application.*

62.   The final selection of countries and RBs is included in Table 4. Descriptions of the 10 selected countries, including types of stakeholders and GBV programming in each are included in the stakeholder mapping and analysis (Annex C).

Table 4: Case study regions, countries and RBs

Region	In-depth country case study	Light touch country case study	Regional Bureau visit
Americas	Ecuador	Peru	Yes
Asia and the Pacific		Malaysia	
East and Horn of Africa and Great Lakes	Kenya Tanzania		Yes
Europe	Moldova	Italy	
Middle East and North Africa		Syrian Arab Republic	Yes
Southern Africa		Democratic Republic of Congo	
West and Central Africa	Central African Republic		

Primary data collection through the 10 case study countries and RB visits will be complemented by additional methods at global, regional and country level (see sections 5.5.1 and 5.5.2).

5.4.3 Comparative Analysis

63.   Based on the findings of the Phase I report and the discussions held during the Geneva inception mission, it is apparent that there is a significant desire to understand where UNHCR's GBV programming sits within the wider GBV ecosystem. To comprehend the role of UNHCR in relation to other GBV programming, a comparative analysis exercise will be undertaken. The aim would be to explore partnerships with other GBV actors concerning GBV programming and seek feedback from others on how UNHCR's positioning and guidance have enhanced the overall response to GBV in humanitarian settings. The comparative analysis is aligned with the Phase II evaluation, guided by evaluation questions that correspond to strategic positioning, effectiveness, and coherence.

64.   The comparative analysis will take place through three stages (see Annex K for the full comparative analysis design). The first stage is a desk review of mandates of international actors, host government policies, strategies and laws and IASC roles and responsibilities, existing guidance and Memoranda of Understanding (MOU). The   second stage comprising primary data collection at the national level though the field level work in 10 countries with five of them in-depth country case studies. The aim of these two stages is to gain a more comprehensive insight into UNHCR's GBV programming and its connection to partnerships and coordination. The Evaluation Team will also gather feedback by actively engaging with a wider range of GBV actors globally, using online and in-person FGDs and workshops. Further data will be gathered through the five light touch country case studies conducted remotely. The third stage of the comparative analysis is the synthesis and validation stage, in which primary and secondary data will be synthesised for further discussion and validation with primary intended users of the evaluation. As there is concern that UNHCR's role and mandate is not always fully understood, the Evaluation Team will triangulate and mitigate bias through gathering data from a wide array of contexts, doing an extensive desk review, and validating the findings in each of the ten

countries and RBs where the field research will be carried out. Findings will also be shared with UNHCR for discussion and feedback on the findings.

65. The findings of the comparative analysis will provide valuable insights that will enhance the overall evaluation report, and the in-depth country case studies. A stand-alone comparative analysis report will also be developed and annexed to the main evaluation report.

5.4.4 Most Significant Change and Pathways to Impact

66. The MSC approach is a participatory methodology that facilitates a process of collecting stories of change and identifying which of these stories are the most significant. The PTI method builds on change stories to identify why impacts happened or did not happen, which interventions were most significant in producing impacts and why. The purpose of the MSC and PTI approaches in this evaluation is to provide a participatory methodology for identifying important changes and processes supporting change, particularly as they pertain to the fifth evaluation criterion - *progress towards impact*. These approaches will help the evaluation team to gain deeper understanding of the experiences and perspectives of change among those engaging with GBV programming, in their own words and through their own stories.

67. MSC, when designed as a central monitoring and evaluation approach, is a comprehensive process involving multiple phases of participatory engagement, data collection and analysis.[34] The Evaluation Team has adapted the MSC approach to align with the scope of the evaluation by drawing from and adjusting three core MSC steps: defining domains of change; collecting stories of change; and selecting and synthesizing most significant stories of change. Given the intensive nature of the MSC approach, and the limited scope of the evaluation, the MSC steps outlined below have been significantly adjusted, including in response to learning from the evaluation pilot.

    • **Defining domains of change**: The first step in the MSC approach is defining domains of change. Output or outcome indicators developed for logical frameworks or other types of evaluation frameworks are usually designed to be specific and measurable. In contrast, domains of change are deliberately more ambiguous to allow those telling their story of change to incorporate different interpretations of what that change is and means. These domains of change will, inevitably, vary across different settings given that programming looks different from country to country. The Evaluation Team will develop domains of change for each of the five in-depth countries prior to going to the field by engaging with UNHCR country focal persons remotely to understand more about GBV response, prevention and risk mitigation programming. According to an earlier phase of the evaluation design, domains of change were intended to include broad, experiential or behavioral categories such as women and girls' feelings of safety, GBV survivors' access to quality support, or attitudes and norms around GBV changing. However, after learning from the evaluation pilot, a simplified approach will be used that draws domains directly from the relevant programming that participants are engaged in. For example, change stories may be related to prevention interventions (e.g., SASA! Together) or GBV response or risk mitigation activities (e.g., Women and Girl Safe Spaces).

    • **Collecting stories of change**: The second step of collecting stories of change involves identifying the stakeholders who will tell their stories and leading a story-telling exercise centered on a small number of targeted questions that elicit

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[34] *For more information about the MSC approach, see Davies, R. & Dart, J. (2005) The 'Most Significant Change' (MSC) Technique. A Guide to its Use.*

information about the most significant change that occurred as a result of UNHCR's GBV programming. Questions about stories of change will be framed around the MSC domains and be asked in two different ways: examples of positive stories related to domains; and examples of not so positive stories to identify any unintended negative examples change.

- **Selecting the most significant of the stories**: The third step is to select the most significant stories from the pool of stories that have been collected. This is often done through a highly participatory and iterative process with key stakeholders, particularly given there are usually multiple possible stories of individual change. In this evaluation, the process of selection of most significant change stories is integrated into the approach itself. Stakeholders will discuss possible stories in small breakout groups and agree on the most significant ones to share in plenary (see more details in section 5.5.1).

68. The adapted MSC approach will be complemented by a PTI approach, which can help to identify UNHCR and partners' contributions to change, or whether other external factors have led to change. The approach is grounded in visual tools where participants in small groups select most significant change stories and map out, pictorially, the environment around which change happened, including how individuals, organizations, or institutions supported or hampered change, and why change occurred. The approach is designed to be accessible so that people can tell their stories and identify how these unfolded in an engaging and interactive way.

69. The MSC and PTI approaches will be integrated into participatory group discussions facilitated with people with and for whom UNHCR works. The methods will be designed in such a way as to do no harm and change stories will not be sought directly from GBV survivors or about processes related to GBV experience or associated traumas in line with UNHCR's internal protocols. However, given that the participatory group discussions will be held with community members and refugees, many of whom are at risk of violence, survivors may inadvertently be part of the discussions. See section 5.8 for more information on the evaluation's ethical approach, including how to handle disclosures from survivors.

5.5 Primary data collection methods

70. The primary data collection methods are aligned with the Evaluation Matrix (see Annex G) and draw from both qualitative and quantitative approaches, in line with the evaluation's mixed-methods design. There are five primary data collection methods with corresponding tools.

5.5.1 Methods

Key informant interviews

71. Semi-structured KIIs will be conducted with a range of stakeholders, at the global, regional, national and sub-national level. Face-to-face KIIs will take place during the five country and three RB field visits, with:

- Decision makers and operations staff in UNHCR (at regional, national and sub-national levels).

- Influencers, including key donors and government officials (at national level).

- External partners, including other UN agencies, international and national non-governmental organizations (NGOs), WLOs, other civil society organizations (CSOs), and government entities, delivering GBV programming in partnership with UNHCR (at national and sub-national levels).

72. Remote KIIs will take place for the five remote country case studies and wider global data collection, including with:

- Decision makers and operations UNHCR staff (at global, regional, and national levels).

- External partners including UNHCR's key GBV partners (at national and sub national levels).

- Interested actors, including GBV experts, staff of Advisory groups such as Group of Friends of the Elimination of Violence against Women and Girls, The Call to Action on Protection from Gender-Based Violence in Emergencies, and the Special Rapporteur on Violence Against Women.

73. The KII tools (see Annex L) have been designed to respond to the evaluation questions contained in the Evaluation Matrix (Annex G) and integrate items linked to the comparative analysis (as outlined in Annex K).

74. Focus group discussions

FGDs will be conducted with various stakeholders at global, regional, national, and sub-national levels. Face-to-face FGDs at regional, national and sub-national levels will take place during the five country and three RB field visits with:

- Operations UNHCR staff (at regional, national, and sub-national level)

- External partners (at national and sub-national level)

Remote FGDs will take place as part of the light touch country case studies, including with:

- Operations UNHCR staff (country level)

75. At the global level, the Evaluation Team will conduct an online FGD with external partners to replace the survey with partners originally contained in the evaluation ToR. This will be done with members of the International Council for Voluntary Agencies (ICVA). By including diverse viewpoints, these discussions will enhance the Comparative Analysis (see Annex K) and provide a more comprehensive understanding of UNHCR's work.

76. FGDs will include between 3-8 people (approximately), with no more than eight to ensure that group dynamics are manageable, and all participants have the chance to participate actively. The Evaluation Team will minimize hierarchical FGD dynamics by not including decision makers and others in leadership positions in FGDs with operational staff or partners. For example, an FGD with UNHCR operations staff may include protection focal points, but the head of protection would be targeted for a KII. In some cases it may be appropriate to conduct FGDs separately for male and female participants. It is not expected that this would be necessary for UNHCR operations staff or partners, although the Evaluation Team will take care when facilitating FGDs to encourage active participation of all people. When preparing the fieldwork plans and liaising with country focal points, the Evaluation Team will identify if any provisions for sex segregated FGDs will be necessary.

77. The FGD tools for regional, national and subnational engagement (see Annex M) have been designed to respond to the evaluation questions contained in the Evaluation Matrix (Annex G) and integrate items linked to the comparative analysis (as outlined in Annex K). In total there are four FGD tools: 1) UNHCR Protection Staff, 2) Interested Actors, 3) UNHCR Multifunctional Teams, and 4) Funded Partners.

78. Participatory group discussions

Participatory group discussions will take place with the people with and for whom UNHCR works at sub-national level and, if relevant, at national level (e.g., in urban contexts).

Participatory group discussions will integrate semi-structured questions based on the EQs and Evaluation Matrix, and participatory approaches, including MSC and PTI activities. GBV survivors will not be solicited as participants in line with the evaluation's ethical approach (see section 5.8) but rather will be conducted with other stakeholders with and for whom UNHCR works to support GBV prevention, risk mitigation and response. This could include, for example, community members, women's committees, camp committees, local civil society groups, staff providing response services, or community volunteers supporting GBV prevention, risk mitigation or response activities.

The Participatory group discussion tool is included in Annex N.

79. Observation during site visits

At the sub-national level, the Evaluation Team will conduct observation during site visits to locations in which UNHCR and its partners are implementing GBV programming, including in camps, urban centers, hospitals, one stop centers, police stations, etc. The aim of the observations is to help the Evaluation Team understand the context and physical environment in which GBV programming is taking place. This will look different for different types of sites visited and depending on the country context. For example, the Evaluation Team might observe lights that have been installed in a camp setting to enhance GBV risk mitigation, including where they have been placed and how this aligns with women and girls' access within the setting and other infrastructure placements (e.g., latrines). Or the Evaluation Team might visit a police station gender desk where GBV response services are delivered for survivors seeking justice and speak with police and observe whether the gender desk is set up and staffed in a survivor-centered way (e.g., spatially supporting survivors' confidentiality, and staffed by female police). The Evaluation Team may also visit a healthcare facility to speak with service providers. In these cases, the team will not engage with survivors. The Evaluation Team will not visit shelters given that they provide 24-hour services to survivors and must remain secret to ensure survivor confidentiality and safety.

80. Observation methods are necessarily fluid and shaped to the context given that GBV programming will look different across country contexts. Thus, a flexible tool, including a checklist, has been designed to support the Evaluation Team to record key observations in line with the evaluation questions. The tool has been developed by drawing from and adapting the Availability, Accessibility, Acceptability and Quality (AAAQ) framework, which is a tool designed to identify potential barriers to accessing services in humanitarian settings.[35] The observation tool is included in Annex O.

81. At the global and national levels, the Evaluation Team may attempt to gain access to coordination meetings, for instance, GBV AoR or sub-sector meetings or Protection Cluster meetings to observe coordination dynamics and support the comparative analysis. The ability to conduct these types of observations will depend on the timing of meetings and whether, for instance, they coincide with the Evaluation Team's country visits. The Evaluation Team will discuss and negotiate these possibilities with UNHCR country focal points, and the UNHCR EvO and GBV Unit at HQ.

82. Survey with UNHCR staff

To broaden the range of stakeholders consulted to strengthen triangulation of findings and secure additional insights, an online survey will be conducted with UNHCR staff. The online survey will focus on those countries that have selected GBV outcome areas as part of planning and delivery, coupled with RB staff members across all seven RBs. A total of 72 countries have been identified, excluding the 10 case study and light touch countries (all 10 meet the criteria but will rather be interviewed onsite and online directly). The

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[35] *UNICEF (2019) Availability, Accessibility, Acceptability and Quality Framework.*

Evaluation Team proposes that staff involved in the areas of protection and management be invited to participate in surveys, extending beyond just GBV staff members. The survey will be brief and focused on less than ten main questions, along with sub-questions. Structurally, the online survey will guide various respondents to different sections depending on their position in the organization. This negates the need for multiple survey tools and ensures that self-completion time will remain short and will not disincentivize participation. The online survey tool will be available in English, French, Spanish and Arabic, in line with UNHCR's recommendations based on a review of the 72 countries covered by the survey.

83. The core evaluation questions asked to all personnel will focus on the two questions indicated in the ToR that cover Effectiveness (EQ4) from a summative perspective and Strategic Positioning (EQ7) from a formative perspective, as indicated in the evaluation matrix. Other relevant evaluation questions will be directed to different officers as per the positions in the organization, covering other EQs as outlined in the Evaluation Matrix (see Annex G).

A copy of the staff survey tool is included in Annex P.

5.5.2 Sampling

84. The sampling design for the evaluation is based on both rigor, to enable sufficient data to answer the evaluation questions, and pragmatism, due to scope and resourcing constraints.

85. The Evaluation Team will gather data at the global, regional, national, and subnational levels involving a wide range of stakeholders under the categories of Decision-makers, Influencers, Operations UNHCR, External Partners, People with and for whom UNHCR works and Interested Actors, through in-person and remote methods. The majority of the stakeholders that the Evaluation Team will engage with are Operations UNHCR and External Partners. Operations UNHCR includes Protection staff, Multifunctional Teams, and support to programs and operations, including DHR, DER, M&E and DSPR to engage with these staff at all levels. Likewise, External Partners include funded partners, government partners (on the GBV-related work), and coordination partners. Decision-makers are mainly at the global level but regional and country level leadership also fall into this category also. Influencers and Interested Actors will be engaged with at the global and national level. People with and for whom UNHCR works will be engaged at the subnational level. For more information, see Annex C Stakeholder Analysis.

86. The original country selection process was carried out by the UNHCR Evaluation Office which used a comprehensive criteria highlighted in detail in Annex J. Beyond ensuring geographical coverage globally, the initial selection of countries took into account budgetary allocations of GBV related programs, caseload based on population figures, causes of displacement and the operational context, the broader factors relevant to GBV programming, approaches and experiences of coordination, and evaluation coverage in the country. A critically important additional factor has been the willingness of the CO to participate.

87. The set of 10 country case studies selected include five that will be carried out in-depth and five light touch using remote methods. The fieldwork will also include three regional visits to ensure comprehensive coverage globally as highlighted in Table 4 below.

Table 4: Designated regions and countries

Regions	Regional Visits	Countries- in-depth	Countries- remote
Americas	Panama	Ecuador	Peru
East and the Horn of Africa and the Great Lakes	Kenya	Kenya Tanzania	
Middle East and North Africa	Jordan		Syrian Arab Republic
Southern Africa			Democratic Republic of Congo
West and Central Africa		Central Africa Republic	
Asia and the Pacific			Malaysia
Europe		Moldova	Italy

88. The methodology utilized by the Evaluation Team for stakeholder identification for both the country and regional levels is as follows. During the Geneva inception meetings, the Evaluation Team gained an understanding of how UNHCR operates, which helped them understand whom to identify for KIIs and FGDs during the data-gathering phase. Regarding identifying stakeholders at the country and regional level, the Evaluation Team used purposive sampling with recommendations from UNHCR complemented by a desk review provided to identify the initial list of stakeholders. A designated GBV focal point from each of the 10 countries and three RBs then offered a list of stakeholders for the Evaluation Team to select from considering priorities and time constraints. The Evaluation Team has received significant support from the UNHCR Evaluation Office and the respective countries and RBs for the setting up of the data gathering plan. The five in-depth country visits where the Evaluation Team will also visit two subnational locations has needed significant support from UNHCR, especially when visiting camps and other locations that require permits.

89. Suggestions for global-level actors were made during the Geneva Inception meetings. The Evaluation Team has contacted primary users (including the GBV Unit in Geneva and the ERG) for suggestions on individuals to interview and be involved. The UNHCR Evaluation Office has also connected the Evaluation Team with a contact from the International Council of Voluntary Agencies (ICVA) for suggestions for global level actors. This input will be used for the comparative analysis and contribute to evidence generated to answer the wider EQs.

90. Remote data collection will be the primary method at the global level. A total of 20 remote KIIs are planned at the global level. The Evaluation Team will arrange two FGDs including an online one with interested actors through recommendations from ICVA, and a separate in-person FGD at the Global NGO Consultations meeting in Geneva (to be confirmed). The three regional office visits (highlighted in Table 4) will be engaged through in-person visits and will last no more than two days. Ten KIIs and one FGD are planned for each RB visit with the main aim to engage with Decision Makers and UNHCR Operations staff to further understand their role in support to the countries on the GBV work.

91. The overall breakdown for global and regional in-person and remote engagement is outlined in Table 5, and with a total of 50 KIIs and 5 FGDs.

Table 5: Global and regional in-person and online engagement

Type of stakeholder	KII		FGD		
	Remote global	In person regional	Remote global	In person global	In person regional
Decision Makers	9	3	---	---	---
Influencers	3	1	---	---	---
Operations (UNHCR)		6	---	---	1
External Partners	3	---	---	---	
Interested Actors	3	---	1	1	---
Total	20	10	1	1	1
Number of RBs	---	3	---	---	3
Total	**20**	**30**	**1**	**1**	**3**

For the coverage in the 10 countries five will be conducted in person and five using remote methods. The in-depth coverage of five countries will involve a seven-day field visit (including travel) with data gathering taking place at the national level and in two subnational locations. The Evaluation Team will conduct 16 KIIs, eight FGDs, and two participatory group discussions per country. In the countries using remote methods, the Evaluation Team will conduct nine KIIs and two FGD per country. For the ten countries, the Evaluation Team will carry out 125 KIIs, 45 FGDs and 10 participatory group discussions as indicated in Table 6.

Table 6: Country stakeholder engagement (10 countries)

Type	KII		FGD		Participatory group discussion
	In person	Remote	In-person	Remote	In-person
Decision Makers	3	2	---	---	---
Influencers	2		---	---	---
Operations UNHCR	7	5	4	2	---
External Partners	6	2	4	---	---
People with and for whom UNHCR works	---	---	---	---	2
Interested actors	1	---	---	---	---
Total	16	9	8	1	2
Number of countries	5	5	5	5	5
Total	**80**	**45**	**40**	**5**	**10**

Overall, the Evaluation Team will conduct 175 KII, 50 FGD, and 10 Participatory Group Discussions.

5.5.3 Pilot

92. The evaluation approach and methods were fully piloted in Kenya in the first week of June 2024. The evaluation team traveled to Nairobi to complete data collection for the first country case study in Kenya and also conducted data collection at UNHCR's RB for East and Horn of Africa and the Great Lakes. This was an opportunity for the Evaluation Team to pilot the preparatory work for the field mission, including the operational preparations for the fieldwork, comparative analysis desk review (see Annex K), and training of the national consultant. It was also an important opportunity for the Evaluation Team to test the data collection methods and tools and refine these in preparation for the final submission of the inception report and start of the data collection phase. Several key learnings emerged and subsequent revisions were made to the evaluation approach, and tools, as outlined below.

- KII tools were dense and detailed and were simplified in the final versions. The formatting of the KII tools was also adjusted to enable easier facilitation of interviews.

- The participatory group discussion processes were ambitious for the time allocated. While the original approach involved individual stories of change and mapping of pathways to impact, the revised discussion tool has shifted towards small group discussion and reporting back in plenary. The MSC and PTI approaches were also simplified (see section 5.4.4).

- The Evaluation Team found the observation tool to be too broad, which made its application challenging. The tool was simplified and modified so that it is tailored to specific three specific types of sites: One-Stop-Center, Women Only Centers, and Gender Desks in police stations.

- Some FGDs and participatory group discussions had up to 20 participants, and this was challenging to manage in a participatory way that enabled engagement. To mitigate these challenges, the Evaluation Team will communicate clearly with UNHCR country offices on the target number of people to ensure a balance between quantity and quality. Contingency scenarios will also be put into place accordingly through the new development of a large group FGD tool (e.g., shifting to small group work for larger groups) (see Annex M).

93. For the online Staff Survey, the Evaluation Team will conduct a pilot with a dozen or so protection and management officers from country offices where the full survey will not take place. The results of the pilot will be used to finalize the Staff Survey Questionnaire.

5.6 Analysis approach and plan

94. The Evaluation Team's approach to analysis and reporting is based on three methodological strands of work that cut across our evaluation activities:

1. The use of mixed-methods primary data collection,
2. The secondary analysis of data to triangulate, contextualize and verify findings from the primary data collection,
3. Ongoing consultation and validation of evaluation data and findings with internal and external stakeholders, and co-creation of recommendations.

95. The Evaluation Team is using Dedoose to assemble data from secondary and primary sources. Dedoose is a qualitative software package that allows the user to interrogate information using a range of key words from various sources, and also allows the user to sub-sort by, for example, primary data collection tool used, country, or similar. Dedoose can also accommodate processed quantitative data (quantitative data will be processed in Excel and, as appropriate, SPSS). The Dedoose file is managed by the team's Research

Assistant, working closely with the Team Leader, who will develop a coding framework to guide the coding, synthesis, and triangulation process.

96. In addition to key word coding, the information assembled in Dedoose will be tagged by evaluation criteria and evaluation question/sub-question, as per the Evaluation Matrix. Further, the questions in the field instruments are also linked to the evaluation questions/sub-questions, to help ensure that findings from the field interviews will effectively inform analysis. The Evaluation Team will conduct an AGD analysis by using the AGD framework (see section 5.2.4) to analyze the strength of AGD integration into UNHCR's GBV programming and the extent to which this programming is transformative as part of this coding and analysis process.

97. All qualitative transcripts will be transcribed and translated to English (for non-English interviews), and all qualitative transcripts, relevant desk review documents, and inputs recorded from consultations and validation sessions, will be brought together and coded into the Dedoose database. The coding framework will be developed and used through a hybrid approach: a series of codes will be developed deductively based on the EQs; further codes will be developed during the coding process to ensure that the evaluation picks up on unintentional impacts or other unanticipated results. The Team Leader will develop a system to strengthen intercoder reliability to maintain consistency across the Evaluation Team members.

98. Quantitative data, in the form of output tables and summaries will also be coded into the Dedoose database. The following processing and analysis will take place.

- Quantitative data collected through the staff survey will be imported into an SPSS database for analysis, and analyzed by the team's Evaluation Specialist who is highly experienced in the use of SPSS. Even with broad reach across multiple countries and types of staff, the Evaluation Team will likely not receive a large enough number of responses to conduct complex statistical analysis. It is expected that the data will be analysed using frequencies, with disaggregation conducted where possible, including at a minimum for gender of respondents. With an anticipated response rate of 150-200 respondents, some analysis by other sub-categories may be possible, but it is likely that some data (e.g., regional findings) will be largely descriptive.

- Through the desk review, the Evaluation Team will also conduct secondary analysis of available UNHCR GBV and other relevant monitoring data. This will complement both the country case study reports, and the global evaluation report. Depending on the quality and scope of the available data, the Evaluation Team will calculate frequencies and means for selected variables and will, to the extent possible, disaggregate data (at a minimum) by region, gender, age and disability (if the appropriate variables to do so have been measured).

99. Given the range of data collection approaches employed and the importance of ensuring a coherent approach to analysis and report, the Evaluation Team is using a four-pronged approach to triangulation:

1. Data triangulation – collecting data from multiple sources, including across different timeframes, stakeholders, and geographic locations.
2. Methodological triangulation – using different methods to gather data, including primary and secondary data, and qualitative and quantitative methods.
3. Evaluator triangulation – the members of the Evaluation Team sharing the data they have collected, and collectively processing, analyzing, and interpreting the findings.
4. Key user triangulation – discussing and validating the findings from the three processes outlined above with key users of the evaluation.

100. As noted above when describing the Evaluation Team's approach to a theory-based evaluation, in the absence of a 2020 ToC as well as a lack of access to the ToC recently under development for future phases of GBV programming, the Evaluation Team will use the Evaluation Analytical Framework to guide the evaluation. Nevertheless, the ToC recently under development will form a critical component of evaluation reporting, and in particular consideration of lessons learned, validation of the ToC assumptions, and the co-development of recommendations. As the ToC and the evaluation itself are both meant to inform future policy and programming, it is important to ensure that the evaluation accommodates the ToC for preparation of the evaluation report.

101. Another analytical approach that will be used to support the analysis, triangulation, and synthesis of data is the comparative analysis exercise. While the comparative analysis supports the wider evaluation and answering of the EQs, it has also been designed as a specific process that feeds into a standalone document that will be annexed to the final global evaluation report.

102. An important component of our analytical approach is the validation of evaluation findings through ongoing stakeholder engagement, and the co-creation of recommendations with the primary intended users of the evaluation. This will be done through debriefing and validation meetings with UNHCR country offices, and validation and co-creation workshops with the evaluation's primary intended users to validate the evaluation findings and co-create useful and actionable recommendations.

5.7 Dissemination and uptake

103. UNHCR's EvO will develop a detailed communications plan for dissemination and uptake of the evaluation results, including both internal (UNHCR) and external elements. To support this plan, the Evaluation Team will produce four types of outputs:

- Five country reports based on the in-depth country case studies (internal)

- The final evaluation report with all associated annexes (internal and external)

- A PowerPoint presentation with key findings (internal and external)

- A two-page brief of the evaluation results (internal and external)

Key content and design elements of the PowerPoint presentation and brief will be discussed with the ERG.

5.8 Ethical approach

104. The Evaluation Team's ethical approach is designed to ensure that all primary research and related data collection involving individuals, communities, and other program stakeholders is conducted in an ethical, inclusive, and safe manner that prioritizes the rights and dignity of all evaluation participants and protects them from harm.

105. The Evaluation Team will not be able to acquire ethical approval from an institutional review board or other ethics committee due to the institutional arrangements that would likely be required for multi-country research and length of time required to obtain multi-country approvals, which do not align with the evaluation timelines. However, the ethical risks are deemed to be low for the evaluation given that the evaluation team will not be directly seeking the participation of survivors. Nevertheless, survivors may be present in participatory group discussions given that they target community members, refugees and other people with and for whom UNHCR works. Consequently, in line with the evaluation's ethical approach and focus on 'do no harm' principles, the Evaluation Team will receive full briefings from UNHCR protection staff in the field on GBV referral pathways and how to safely handle disclosures of violence.

106. The GBV evaluation's ethical approach is compliant with key policies, frameworks, and strategies, including UNEG's evaluation ethical guidelines[36] and code of conduct,[37] and UNHCR's evaluation policy[38] and data protection policy.[39] The evaluation is also compliant with ethical guidelines specifically designed to support research and evaluation on GBV that may come into contact with GBV survivors or adults or children at risk of violence. In particular, the Evaluation Team has drawn from protocols presented in WHO's two main sets of ethical guidelines for research and evaluation on GBV.[40] In addition to the documents outlined above, the evaluation's ethical approach draws from other UNHCR ethical guidance and training,[41] and is grounded in AGD principles.

107. Due to the sensitive nature of the evaluation subject, the Evaluation Team has developed a rigorous approach to ensure that it operates with the highest ethical standards, to protect the people with and for whom UNHCR works and the integrity of the evaluation. These protocols outline our approach to doing no harm, consent, ensuring confidentiality and privacy, data protection, training of evaluation staff, and ensuring that AGD considerations are built into the ethical approach. See Annex Q for a detailed description of the ethical approach.

5.9 Limitations and risks

108. During the inception period, the Evaluation Team has identified some limitations and risks to the evaluation. These are mainly related to inaccessibility to or lack of certain types of data. The team has separated risks into four different categories:

1. Ethical risks, including GBV survivors feeling distress and confidentiality breaches.

2. Methodological risks, including data gaps, challenges with engaging participants in group discussions, and lack of primary data from GBV survivors.

3. Operational risks, including lack of the Evaluation Team's safety in the field, unavailability of staff and partners in the field for interviews, and poor staff survey response.

4. Other risks, including the role of the Evaluation Team becoming politicized.

The Team has developed a corresponding risk matrix outlining expected risks and mitigating actions (see Annex R).

6. Evaluation Management

6.1 Workplan and key deliverables

109. The key phases of the evaluation and corresponding deliverables are summarised in Table 7. The full workplan, including all evaluation activities, is included in Annex S. A fieldwork plan for the in-person and remote country case study data collection and RB visits is included in Annex T.

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[36] *UNEG (2020) Ethical guidelines for evaluation. United Nations Evaluation Group.*

[37] *UNEG (2008) UNEG's Code of Conduct for Evaluation in the UN System.*

[38] *UNHCR (2022) Policy for Evaluation in UNHCR.*

[39] *UNHCR (2015) Policy on the Protection of Data of Persons of Concern to UNHCR; WHO (2022) Genera Policy on Personal Data Protection and Privacy.*

[40] *WHO (2001) Putting Women First; Ethical and Safety Recommendations for Research on Domestic Violence Against Women; WHO (2016) Ethical and safety recommendations for interventions research on violence against women.*

[41] *UNHCR (2024) Guidance on Oversight Audits or Evaluations of GBV Case Management Services; UNHCR (nd) Safe disclosure of gender-based violence (GBV) incidents. How to safely handle disclosures of GBV incidents and refer GBV survivors. (Training package)*

Table 7: Evaluation phases and deliverables

Deliverables	Date
Inception phase	**18 January - 7 June 2024**
Submission of 1st draft inception report	22 April 2024
Submission of 2nd draft inception report after QA	3 June 2024
Pilot Mission to Kenya	3 June – 7 June 2024
Presentation of inception report to UNHCR and ERG	21 June 2024
Final submission of inception report	25 June 2024
Data collection phase	**10 June - 23 August 2024**
In-country and remote data collection (see Annex S)	10 June – 19 July
Emerging findings presentations with countries and RBs	22 July - 1 August 2024
Submission of five 1st draft country case study reports	5 August 2024
Final submission of five country study reports	19 August 2024
Analysis and reporting phase	**26 August - 23 December 2024**
Submission of 1st draft global evaluation report (including comparative analysis report annexed)	14 October 2024
Submission of 2nd draft global evaluation report	4 November 2024
Validation workshop and presentation	w/k 11 November 2024
Submission of 3rd draft global evaluation report	2 December 2024
Submission of final global evaluation report	23 December 2024
Dissemination phase	**6 - 27 January 2025**
Final presentation to ERG and UNHCR	w/k 20 January 2025
Final PPT presentation and summary 2-page brief	27 January 2025

6.2 Management and governance

110. The evaluation will be designed and implemented through consultative and participatory approaches with appropriate management and governance structures.

111. The evaluation will be carried out by an external evaluation company, Lattanzio KIBS. The Evaluation Team will design and implement the evaluation in accordance with UNHCR's evaluation and data protection policies and guidelines, UNEG ethical guidelines and code of conduct for evaluations, and other relevant normative and ethical frameworks and guiding documents.

112. The evaluation will be managed by the UNHCR EvO, which will have overall oversight of the evaluation. The EvO is responsible for managing the evaluation process, including as the key interlocuter between the Evaluation Team and UNHCR stakeholders. The EvO will support the Evaluation Team to access relevant literature and data, provide technical guidance and support, and quality assure deliverables. The EvO will be supported by the primary users of the evaluation as appropriate, including colleagues from DIP, other HQ divisions, RBs, and country operations.

113. The Evaluation Reference Group (ERG) will play an important advisory role for the evaluation. The ERG will provide support on the evaluation design, quality assure and validate findings and provide feedback on the evaluation report, assist with the shaping of recommendations, support cross-organizational engagement in the evaluation process, and help to disseminate findings. The ERG is composed of key stakeholders from UNHCR and partner organizations, including other UN agencies, member states, multilateral organizations, civil society, and academia. The ToR for the ERG and a draft list of members is included in Annex U.

6.3 Evaluation team

114. The evaluation team comprises experts with extensive expertise in GBV and various facets of data collection and analysis. With their diverse backgrounds and specialized skill sets, the team members are well-equipped to navigate the intricacies of the evaluation process and deliver insightful findings and actionable recommendations. Their collective knowledge and proficiency in evaluation methodologies will ensure a thorough and rigorous assessment that meets the highest standards of quality and reliability.

115. Specifically, the evaluation team is made up of six core members, with the addition of five national experts.

    Team Leader: Dr. Julienne Corboz, a global GBV evaluation expert, will lead the team, coordinating and supervising their work across all evaluation activities and technical outputs. Julienne will be responsible for the quality and timely completion of all deliverables, and will lead on all evaluation phases, including the technical design, data collection activities, analysis and reporting. Julienne will lead the pilot country case study mission alongside the two international experts and will conduct data collection through additional case study missions and remote interviews. Julienne will be responsible for liaison with UNHCR and other stakeholders on technical issues.

    International Evaluation Experts: Ms. Tania Bernath, a global GBV evaluation expert, and Dr. David Cownie, a global evaluation specialist, will support the Team Leader in the development and implementation of all technical outputs and deliverables, including design, analysis and reporting. Tania and David will participate in the pilot country case study mission with the Team Leader, will lead their own case study missions to selected countries and RBs, and will conduct additional remote interviews.

    Research Assistant: Ms. Lara Moreschi will provide comprehensive support to the evaluation team across all research activities related to the evaluation. She will facilitate various aspects of the evaluation process, including literature reviews, data collection, analysis, and documentation.

    Project Manager: Ms Anna Laura Tosolini will oversee all aspects of the project from initiation to completion. She will be responsible for developing and maintaining project plans, timelines, and budgets, ensuring that the project stays on track and within scope.

    Evaluation Director: Ms. Elena Buonomini will ensure accuracy, reliability, and validity of the evaluation process and its outcomes. She will review all aspects of the evaluation, including data collection methods, analysis techniques, and reporting procedures. She will collaborate closely with the evaluation team to address any quality-related issues promptly and effectively, providing guidance and support to ensure that the evaluation findings and recommendations are robust, credible, and actionable.

    National experts: Five national experts will be recruited to support the data collection in the five countries selected for in-depth case studies. These experts will provide invaluable assistance in data collection and facilitate the team's work by offering insights tailored to the specific context of each country. Their deep understanding of local dynamics and issues will enhance the effectiveness of data gathering efforts and ensure that the evaluation process is sensitive to the unique circumstances of each setting.

6.4 Quality assurance

116. The evaluation's quality assurance approach has both internal and external elements.

    Lattanzio's internal quality assurance (QA) approach follows three main criteria, including ensuring the evaluation's: **utility** to its primary users; **feasibility** in answering the evaluation questions with the allocated time and resources; and **reliability** in creating a credible response to the evaluation questions.

All deliverables will be quality assured at three levels of the Evaluation Team:

- The Team Leader will lead on the technical QA of all deliverables and is the main responsible entity in the Evaluation Team for assessing the quality of outputs. She will also conduct quality control checks on the data collected, including of audio recordings and transcripts.
- The Project Manager will have everyday oversight of the management of the Evaluation Team, including monitoring the team's progress, and quality and timely completion of all outputs.
- The Evaluation Director, who is the ultimate point of accountability on the evaluation contract, will conduct the final QA review of all deliverables before submission to UNHCR. She will also provide wider technical support to the team as appropriate.

117. External QA of evaluation deliverables will occur at three levels:

- The first point of QA is the UNHCR EvO and other primary users of the evaluation who will review and feedback on all evaluation deliverables.
- The second point of QA is UNHCR's external QA provider, who will review the draft inception report and global evaluation report. The Evaluation Team will submit both reports in line with UNHCR report templates, and in accordance with external QA guidance.
- The third point of QA is the ERG, whose members will be involved in quality assuring two deliverables, the inception report and global evaluation report.

7. Annexes

Annex A - Bibliography

Annex B - Evaluation Terms of Reference

Annex C - Stakeholder mapping and analysis

Annex D - List of stakeholders consulted

Annex E - Desk review

Annex F - Glossary of terms

Annex G - Evaluation Matrix

Annex H - Evaluation ToR indicative areas of inquiry against evaluation criteria

Annex I - Evaluability assessment

Annex J - Country case study selection

Annex K - Comparative analysis design

Annex L - KII tools

Annex M - FGD tools

Annex N - Participatory group discussion tool

Annex O - Observation tool

Annex P - Staff survey tool

Annex Q - Evaluation ethical approach

Annex R - Evaluation risk matrix

Annex S - Evaluation workplan

Annex T - Mission fieldwork plan

Annex U - ToR for ERG and member list

#	Country/context	Type of Stakeholder	Organization	Position	Name and surname	Gender	Other AGD category	Notes
1	CAR	Decision makers	UNHCR	Deputy Representative	Raffaella Pascarella	F		
2	CAR	External partners	L'ONG Olivier l'Homme Galilée Pour le Développement Social	Country Coordinator	Ngaikouto Olivier	M		
3	CAR	External partners	International Medical Corps	GBV Project Coordinator	Jean-Aimé	M		
4	CAR	External partners	Wali ti Kodro	Civil Society/WLO - Wali ti Kodro	Chanelle Anita Merline BISSA	F		
5	CAR	External partners	COOPI	COOPI – Project Manager	Synali Diarra	F		
6	CAR	External partners	UNFPA	GBV AoR Coordinator	Jean-Baptiste Rafiki	M		
7	CAR	External partners	INTERSOS	GBV Specialist	Inoussa Tanimoune	M		
8	CAR	External partners	INTERSOS	GBV Expert	Valentin Sarde	M		
9	CAR	External partners	Finn Church Aid	Project Director, staff	Dupe Ehuto and two staff members	3M		
10	CAR	External partners	INTERSOS (Birao)	Psychologist		M		
11	CAR	External partners	MSF	GBV Focal Point	Dina Dunia Shamavu	F		
12	CAR	External partners	UNICEF	Child Protection AOR	Marjana Badas	F		
13	CAR	External partners	Minister of Gender	Government Representative Bangui	Candide Marie Zoé MOKAMA	M		
14	CAR	External partners	UNMIRR	Head of Office		F		
15	CAR	External partners	UNMIRR	Head of Investigations		F		
16	CAR	External partners	MINUSCA	Women Protection Advisor	Charlotte Gisler	F		
17	CAR	Influencers	USAID	Development Program Specialist, Peace and Security Office	Stephane Youfeina	F		
18	CAR	Influencers	USAID	Development Program Specialist, Peace and Security Office	Mary Zell	F		
19	CAR	Influencers	USAID	Development Program Specialist, Peace and Security Office	Alain Yvon Kabeya	M		
20	CAR	Influencers	USAID	Development Program Specialist, Peace and Security Office	Caitlin Bentley	F		
21	CAR	Influencers	Japan Embassy	Cooperation attaché	Airi Sugimoto	F		
22	CAR	People with and for whom UNHCR works	Teachers (Birao)	Teachers	Group of male teachers	7M		
23	CAR	People with and for whom UNHCR works	Community (Birao)	-	Group of men and young men	25M		
24	CAR	People with and for whom UNHCR works	Community (Birao)	-	Group of women and young women	30F		
25	CAR	People with and for whom UNHCR works	Teachers (Birao)	Teachers	Group of female teachers	3F		
26	CAR	UNHCR Operations	UNHCR	Associate GBV Officer	Adjo Laetitia Kakou Epse Silue	F		
27	CAR	UNHCR Operations	UNHCR	Senior Protection Officer	Lineker Arreneke	F		
28	CAR	UNHCR Operations	UNHCR	Associate Education Officer	Elizabeth Coco	F		
29	CAR	UNHCR Operations	UNHCR	External Relations Officer	Gloria Mikala Ramazani	F		
30	DRC	Decision makers	UNHCR	Senior Protection officer	Yannick Mbengue	M		
31	DRC	Decision makers	UNHCR	Asst Representative Protection	Pacome Ngome Ngame	M		
32	DRC	External partners	INTERSOS (Bunia)	GBV psychologist	EDOUARD BEROCAN UGEN	M		
33	DRC	External partners	AIDPROFEN	Chef de projet	Esther VIRA	F		
34	DRC	External partners	UNFPA	GBV interagency lead coordinator	Esmeralda Alabre	F		
35	DRC	External partners	FMMDK	Country director	Nathalie KAMBALA LUSE	F		
36	DRC	External partners	INTERSOS (Aru)	Gender-Based Violence Program Manager or GBV Protection Officer	Levieux Mukwadi	M		
37	DRC	External partners	Fondation Panzi	GBV Program Coordinator or GBV Protection Manager	SIFA NTAMWENGE	F		
38	DRC	External partners	UNFPA	GBV interagency lead coordinator	Pascal Banza	M		
39	DRC	External partners	Local NGO - ASEFA	Coordinator	Annie Sinanduku Mwange Célestine	F		
40	DRC	UNHCR Operations	UNHCR	GBV officer	Isabelle Assouan	F		Also interviewed during inception
41	DRC	UNHCR Operations	UNHCR	Protection Associate	Sara Madjagi	F		
42	DRC	UNHCR Operations	UNHCR	Associate SGBV Officer	Kyatogekwa Adrien Kamengele	M		
43	DRC	UNHCR Operations	UNHCR	Assistant Wash Officer	Jean Marie Bofio	F		
44	Ecuador	Decision makers	UNHCR	Country Representative	Federico Agustin	M		
45	Ecuador	Decision makers	UNHCR	Deputy Country Representative	Magda Medina	F		
46	Ecuador	Decision makers	UNHCR	Senior Programmes Officer	Maybritt Rasmussen Crespo	F		
47	Ecuador	External partners	External - UNFPA	Gender and Human Rights Officer	Maritza Segura	F		

#	Country		Organisation	Role	Name	Sex	Notes
48	Ecuador	External partners	HIAS	Gender and GBV response and prevention coordinator	Shirley Venegas	F	
49	Ecuador	External partners	Fundación Las Reinas Pepiadas	Founder	Alexandra Maldonado	F	
50	Ecuador	External partners	Fundación Ecuatoriana Equidad	President	Efrain Soria	M	LGBTQI+ organisation
51	Ecuador	External partners	Ministry of Women and Human Rights	Subsecretary of Eradication of VAW	Desirée Viteri	F	
52	Ecuador	External partners	Ministry of Women and Human Rights	Integrated Protection Analyst and Psychologist	Luis Narvaez	M	
53	Ecuador	External partners	Ministry of Women and Human Rights	Integrated Policy Specialist	Anna Saltos	F	
54	Ecuador	External partners	Casa de la Mujer	Coordinator	Yadira Allán	F	
55	Ecuador	External partners	IOM	Co-Leader, GTRM	Tatiana Robayo	F	
56	Ecuador	External partners	IOM	Child Protection Programme Assistant	Sofia Robalino	F	
57	Ecuador	External partners	Red Violeta	Delegada Equipo Coordinador	Catalina Arrobo	F	
58	Ecuador	External partners	UN Women	Programme Specialist	Lola Valladares	F	
59	Ecuador	External partners	UN Women	Technical Specialist Humanitarian Assistance	Elizabeth Arauz	F	
60	Ecuador	External partners	IOM	Project assistant at IOM	María José Diaz	F	
61	Ecuador	External partners	Ministry of Women and Human Rights	Head of Technical Office, Manabi and Santo Domingo	Juan Carlos Peñafiel	M	
62	Ecuador	External partners	Gender Unit, Provincial Government of Manabi	Head of Unit	Daniela de la Fuente	M	
63	Ecuador	External partners	Casa del La Mujer	Coordinator	Karla Delgado	F	
64	Ecuador	External partners	Municipal Government Machala	Director of Social Development of the GAD of Machala	Vanessa Torres	F	
65	Ecuador	External partners	Municipal Government Machala	Social Development Technician	Leticia Baldeón	F	
66	Ecuador	External partners	Municipal Government Machala	Deputy Director of Youth, Gender and Family	Melissa Armijos	F	
67	Ecuador	External partners	Movimiento de Mujeres de el Oro	Director and 11 additional staff members	Rosa Lopez and team	12F	Refugees
68	Ecuador	External partners	IOM	Protection focal point (Lorca)	Lorena Arboleda	F	
69	Ecuador	External partners	Fundación Apps	Psychologist	Tania Santana	F	
70	Ecuador	External partners	HIAS	Protection officer (GBV response and prevention)	Tania Veintimilla	F	
71	Ecuador	External partners	HIAS	Prevention and response counsellor	Kerly Vargas	F	
72	Ecuador	External partners	HIAS	Provincial coordinator	Díaz Aaron	F	
73	Ecuador	External partners	GAD Huaquillas	Local protection technician	Iliana	F	
74	Ecuador	External partners	OIM	Co-leader GBV Local Subsector of GTRM	Verónica Redrován	F	
75	Ecuador	Influencers	PRM	Human Rights and Gender Equality Specialist	Daniel Pazmiño	M	
76	Ecuador	Influencers	ECHO	Programmme Assistant	Ana María De La Torre	F	
77	Ecuador	People with and for whom UNHCR works	Refugees	Community Leaders	Group of four female refugee community leaders - San Eloy	4F	Refugees
78	Ecuador	People with and for whom UNHCR works	Refugees	Community Leaders	Group of four female refugee CBOs Huaquillas	4F	Refugees
79	Ecuador	UNHCR Operations	UNHCR	Assistant Community Based Protection Officer	Veronica Elizabeth Chapaca Suntaxi	F	
80	Ecuador	UNHCR Operations	UNHCR	Registration and Identity Management Officer	Leonardo Delmondes	M	
81	Ecuador	UNHCR Operations	UNHCR	Resettlement and Complementary Pathways Officer	Su Ripley Cangatin	F	
82	Ecuador	UNHCR Operations	UNHCR	CBI Associate	Daniel Arcila Valencia	M	
83	Ecuador	UNHCR Operations	UNHCR	Senior Programme Assistant, CBI	Gonzalo Zapata Garcia	M	
84	Ecuador	UNHCR Operations	UNHCR	Assistant Officer, Livelihoods and Economic Inclusion	Daniela Navas Perrone	F	
85	Ecuador	UNHCR Operations	UNHCR	UNOPS Senior External Relations Assistant	Camila Vergara	F	
86	Ecuador	UNHCR Operations	UNHCR	External Relations Officer	Diana Diaz Rodriguez	F	
87	Ecuador	UNHCR Operations	UNHCR	Head of Field Office	Laura Liliana Lozano	F	
88	Ecuador	UNHCR Operations	UNHCR	Officer (SIBA)	Luca Guanziroli	M	
89	Ecuador	UNHCR Operations	UNHCR	Information Management Associate	Maria Gabriela Urgiles Bravo	F	
90	Ecuador	UNHCR Operations	UNHCR	Inter-Agency Coordination Associate	Anabel Elizabeth Estrella Bastidas	F	
91	Ecuador	UNHCR Operations	UNHCR	Head of Field Unit	Francisco Carrion Torres	M	
92	Ecuador	UNHCR Operations	UNHCR	UNOPS Senior Field Assistant	Jorge Rodríguez	M	

#	Type	Stakeholder group	Organization	Role	Name	Gender		Notes
93	Global	Decision makers	UNHCR	Representative, Bulgaria CO	Seda Kuzucu	F		
94	Global	Decision makers	UNHCR	Assistant High Commissioner Protection	Ruvendrini Menikdiwei	F		
95	Global	Decision makers	UNHCR	Chief of Public Health Section	Allen Gidraf Kahindo Maina	M		Also interviewed during inception
96	Global	Decision makers	UNHCR	Chief of SWSP Section, DHR HR Operational Partnership	Jorge Alonso Ballestero Quesada	M		Also interviewed during inception
97	Global	Decision makers	UNHCR	Director of DIP	Elizabeth Tan	F		
98	Global	Decision makers	UNHCR	Deputy Director of Field Protection Service, DIP Field Protection Service	Bernadette Raymonde Castel	F		Also interviewed during inception
99	Global	Decision makers	UNHCR	Head of Donor Relations Service	Mark Manly	M		Also interviewed during inception
100	Global	Decision makers	UNHCR	Senior Inter-Agency Coordination Officer, DER	Eva Garcia Bouzas	F		
101	Global	External partners	UNFPA	GBV in Emergencies Specialist, Humanitarian Response Division	Isabella Flisi	F		
102	Global	External partners	UNWOMEN	Evaluation Specialist, Managing their GBV Evaluation	Tara Kaul	F		
103	Global	External partners	World Bank	Head of the Gender and GBV unit	Manuel Contreras Urbina	M		
104	Global	External partners	UNICEF	Gender-Based Violence in Emergencies Specialist	Caroline Masboungi	F		
105	Global	External partners	UNICEF	Child Protection Specialist - GBViE Innovations and Service Delivery	Caroline Masboungi	F		
106	Global	Influencers	Swiss Agency for Development and Cooperation	Programme Officer for Gender-Based Violence	Jacqueline Lehmann	F		
107	Global	Influencers	FCDO	Programme Manager, What Works programme	Eleanor cook	F		
108	Global	Influencers	FCDO	Humanitarian Adviser, Protection and Inclusion	Jessica Skinner	F		
109	Global	Influencers	US State Department-BPRM	Protection Advisor (Humanitarian Affairs). Permanent Mission to the United Nations Office at Geneva	Diane J Boulay	F		
110	Global	Interested actors	Quinta Ola - Peru	Executive Director	Gianina Marquez	F		
111	Global	Interested actors	Harvard University	Director of Harvard Humanitarian Initiative Program on Gender, Rights and Resilience	Jocelyn Kelly	F		
112	Global	UNHCR Operations	UNHCR	Senior Policy and Guidance Coordinator, TCS Transformation & Change Serv	Emily Irwin	F		Also interviewed during inception
113	Global	UNHCR Operations	UNHCR	Associate Evaluation Officer	Silas Amo-Agyei	M		
114	Global	UNHCR Operations	UNHCR	Senior Inter-Agency Coordination Officer	Constanze Alexandra Claudia Quosh	F		Also interviewed during inception
115	Global	UNHCR Operations	UNHCR	GBV Officer	Tabasum Noor Jamal	F		Also interviewed during inception
116	Global	UNHCR Operations	UNHCR	GBV Officer	Sara Tognetti	F		Also interviewed during inception
117	Global	UNHCR Operations	UNHCR	Senior Strategic Planning Officer, DSPR - Strategic and Programme Planning Service	Elisa Benassi	F		Also interviewed during inception
118	Global	UNHCR Operations	UNHCR	Head of Strategic Planning and Analysis Unit	Esther Waters-Crane	F		Also interviewed during inception
119	Global	UNHCR Operations	UNHCR	DIP Field Protection Service - SGBV Officer	Elizabeth Morrissey	F		Also interviewed during inception
120	Global	UNHCR Operations	UNHCR	Senior SGBV Officer - SGBV	Emilie Page	F		
121	Global	UNHCR Operations	UNHCR	DRS - Chief of Technical Support Section	Francesca Coloni	F		Also interviewed during inception
122	Global	UNHCR Operations	UNHCR	Internal auditor (OIOS)	Purity Wanguru	F		
123	Global	UNHCR Operations	UNHCR	DIP Field Protection Service - Protection Officer - Child Protection/SGBV	Amel Amirali	F		Also interviewed during inception
124	Global	UNHCR Operations	UNHCR	GBV officer	Zelinda Aromorach	F		
125	Global	UNHCR Operations	UNHCR	Senior Global Protection Cluster Coordinator	Josep Herreros Sala	M		
126	Global	UNHCR Operations	UNHCR	GBV Officer	Kathryn Mccallister	F		
127	Global	UNHCR Operations	UNHCR	Learning and Talent Development Officer	Maria Paula Castaneda	F		
128	Inception interview	UNHCR Operations	UNHCR	Senior Policy Advisor – Corporate Initiatives, EDM Off of High Commissioner	Aleksandra Barbara Kraus	F		
129	Inception interview	UNHCR Operations	UNHCR	Senior Policy Advisor, DHR Addressing SEA and SH	Amer Delic	M		
130	Inception interview	Decision makers	UNHCR	Senior Policy Adviser, EDM Off of High Commissioner	Cecile Fradot	F		
131	Inception interview	UNHCR Operations	UNHCR	Senior Reproductive Health Officer	Erin Elizabeth Anastasi	F		
132	Inception interview	UNHCR Operations	UNHCR	Technical Coordinator, DRS Operational & Solutions Support Service - GLSE	Helen Eve Salvestrin	F		
133	Inception interview	UNHCR Operations	UNHCR	Senior Livelihood and Economic Inclusion Officer, DRS	Heidi Christ	F		
134	Inception interview	Decision makers	UNHCR	Deputy Director – Head of Service	Tayyar Sukru Cansizoglu	M		
135	Inception interview	Decision makers	UNHCR	Deputy Director West and Central Africa	Xavier Creach	M		
136	Inception interview	Decision makers	UNHCR	Chief of Emergency Preparedness	Yukiko Iriyama	F		
137	Inception interview	UNHCR Operations	UNHCR	Protection Officer (GBV)	Asha Ngonze	F		
138	Inception interview	UNHCR Operations	UNHCR	Education Officer, Education, Self-Reliance and Inclusion	Cirenia Chavez Villegas	F		

139	Inception interview	UNHCR Operations	UNHCR	Senior Donor Relations Officer	Eileen Sen	F		
140	Inception interview	UNHCR Operations	UNHCR	Human Resources Planning Officer, DHR HR Operational Partnership	Krisztian Kovacs	M		
141	Inception interview	UNHCR Operations	UNHCR	Human Resources Planning Officer, DHR HR Operational Partnership	Millicent Msanga Namusonge	F		
142	Inception interview	UNHCR Operations	UNHCR	Livelihoods and Economic Inclusion Officer, Education, Self-Reliance and Inclusion	Nada Omeira	F		
143	Inception interview	UNHCR Operations	UNHCR	Settlement Planning Officer, DRS Operational & Solutions Support Service - GLSE	Rama Jamil Thalji Al Nimri	F		
144	Italy	Decision makers	UNHCR	Deputy Representative	Anna Leer	F		
145	Italy	External partners	UNICEF	Child Protection Program Coordinator	Ivan Mei	M		
146	Italy	External partners	Centro Astalli	Project Manager at the Centro Astalli	Massimo Piermattei	M		
147	Italy	External partners	LHIVE	President	Luciano Nigro	M		
148	Italy	External partners	D.i.Re Network	President	Mariangela Zanni	F		
149	Italy	External partners	Ministry of equal opportunities	Director of the Service for gender equality policies and equal opportunities, and for the prevention and contrast of sexual violence, gender discrimination, and harassment.	Rossana Fabrizio	F		
150	Italy	External partners	Differenza Donna	Project Manager	Migena Lahi	F		
151	Italy	External partners	Servizio Centrale	Director	Virginia Costa	F		
152	Italy	External partners	Presidency of the Council of Ministers Department of Civil Protection	Office of the Deputy Head of Department	Eleonora Panunzi	F		
153	Italy	UNHCR Operations	UNHCR	CBP Officer	Marta D'Agosto	F		
154	Italy	UNHCR Operations	UNHCR	Community-Based Protection Associate	Alessandra Romano	F		
155	Kenya	Decision makers	UNHCR	Deputy Representative - Operations	Ivana Unluova	F		
156	Kenya	External partners	IOM	Program Assistant, GBV Focal Point	Lawrence Ouma	M		
157	Kenya	External partners	UNFPA	Humanitarian Specialist	John Wafula	M		
158	Kenya	External partners	UN Women	Programme Specialist on EVAW	Mary Wanjiru	F		
159	Kenya	External partners	WFP	Gender & Protection Programme Associate	Agatha Mugo	F		
160	Kenya	External partners	HIAS, RefugeePoint, Hesed, Sex Workers grassroots organisation, Teenage mothers empowerment CBO, RCK, DRC	GBV Technical Working Group (Nairobi)		10F		
161	Kenya	External partners	Department of Refugee Services (Nairobi)			M		
162	Kenya	External partners	Nairobi City County GBV Department	GBV Coordinator	Roselyn Mukabana	F		
163	Kenya	External partners	Department of Refugee Services (Kakuma)	Camp manager	Edwin Chabari	M		
164	Kenya	External partners	(Kakuma) Kenya Red Cross	One stop Shop Nurse		F		
165	Kenya	External partners	(Kakuma) Kenya Red Cross	One stop Shop Manager		F		
166	Kenya	External partners	IRC (Kakuma)	Women and girls safe space staff		F		
167	Kenya	External partners	(Kakuma) Finnish Church Aid, KRCS, RCK, Film Aid, TDH, Humanity and Inclusion, IRC, DRC, JRS,			14F, 6M		
168	Kenya	External partners	(Kalobeyei) Women-led organisations, refugee-led organisations, Rehori, ORAM			6M, 7F	Refugees	
169	Kenya	External partners	(Kakuma) UNICEF, FAO, IOM, WFP			2F, 2M		

170	Kenya	External partners	DRC (Kakuma)			1 M, 2F	
171	Kenya	External partners	Jesuit Refugee Services (Kakuma)			3F	
172	Kenya	External partners	IRC (Dadaab)			3F, 3M	
173	Kenya	External partners	DRC (Dadaab)			11F, 13M	
174	Kenya	External partners	(Dadaab) Women-led refugee organisations (Halgan and Monyqadow)			50F	
175	Kenya	External partners	(Dadaab) Police gender desk			M	
176	Kenya	External partners	(Dadaab) Magistrate			M	
177	Kenya	External partners	IRC	Women Protection Technical Lead	Rebecca Mbuti	F	
178	Kenya	External partners	MSF	Health Promotion and Community Engagement Manager	Antony Kinywa	M	
179	Kenya	People with and for whom UNHCR works	(Kakuma) Safe Home volunteers, SASA volunteers			10F, 2M	
180	Kenya	People with and for whom UNHCR works	(Dadaab) local CBOs, community cadres supporting prevention/EMAP, women's committees, Women Wise	-		50F	
181	Kenya	People with and for whom UNHCR works	Group of LGBTQI+ men			M	LGBTQI+ refugees
182	Kenya	People with and for whom UNHCR works	Group of women with disabilities	-		F	Refugees with disabilities
183	Kenya	UNHCR Operations	UNHCR	Associate Protection Officer	Lillian Anyango Odipo	F	
184	Kenya	UNHCR Operations	UNHCR	Senior Protection Assistant	Salome Wanjohi	F	
185	Kenya	UNHCR Operations	UNHCR	Senior Protection Associate	Karen Kotut-Kimuge	F	
186	Kenya	UNHCR Operations	UNHCR	Resource mobilisation - External Relations Officer	Carmeline Wanjiru Mwenja	F	
187	Kenya	UNHCR Operations	UNHCR	Senior Public Health Officer	John Wagacha Burton	M	
188	Kenya	UNHCR Operations	UNHCR	Child Protection Officer (Kakuma)	Godffrey Braxton Okot	M	
189	Kenya	UNHCR Operations	UNHCR	Community-Based Protection Associate (Kakuma)	Arthur Omondi Ombura	M	
190	Kenya	UNHCR Operations	UNHCR	Senior SGBV Associate (Kakuma)	Robin Masinde Lyambila	M	
191	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Kakuma) (Legal Protection and Resettlement)	Doreen	F	
192	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Kakuma) (CBP Case Worker)	Beatrice	F	
193	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Kakuma) (Child Protection Unit)	Vincent	M	
194	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Kakuma) (Registration and gov coordination)	Sahar	F	
195	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Kakuma) (Legal unit)	Collins	M	
196	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Kakuma) (Camp activities)	Aston	M	
197	Kenya	UNHCR Operations	UNHCR	Multi-functional teams (Kakuma)		1F, 5M	
198	Kenya	UNHCR Operations	UNHCR	Head of UNHCR sub-office (Dadaab)	William Ejalu	M	
199	Kenya	UNHCR Operations	UNHCR	Community-Based Prot Officer (Dadaab)	Aba Menooso Crentsil	F	
200	Kenya	UNHCR Operations	UNHCR	Senior Protection Officer (Dadaab)	Guelnoudji Ndjekounkosse	M	
201	Kenya	UNHCR Operations	UNHCR	Protection Officer (Dadaab)	Godlove Zakaria Kifikilo	M	
202	Kenya	UNHCR Operations	UNHCR	GBV and protection staff (Dadaab)	CBP colleagues	7F, 3M	
203	Malaysia	Decision makers	UNHCR	Deputy Representative (Protection)	Anna Pelosi	F	
204	Malaysia	Decision makers	UNHCR	Senior Protection Associate (CP/GBV)	Joshua Honguan Teh	M	
205	Malaysia	Decision makers	UNHCR	Senior Programme Officer	Alessandro Nobile	M	
206	Malaysia	Decision makers	UNHCR	Community-Based Protection Officer	Susheela Balasundram	F	
207	Malaysia	External partners	Cahaya Surya Bakti – IP / Johor	Head of organization / EMAP Focal Point	Soraya Alkaff	F	
208	Malaysia	External partners	Cahaya Surya Bakti – IP / Johor	Project coordinator	Nafisah Lokman	F	

	Country		Organization	Role	Name	Gender		
209	Malaysia	External partners	Medecins Sans Frontieres – GBV OP/Health/SRH/ Penang	Mental Health Coordinator/GBV Focal Point	Sarah Ann Chou	F		
210	Malaysia	External partners	International Catholic Migration Commission – GBV OP / INGO - Nationwide	Head of Country Office	Tan Pohleen	F		
211	Malaysia	External partners	Women's Aid Organization – GBV IP / NGO - Nationwide	Interim – Head of Services	Manissha Kaur	F		
212	Malaysia	External partners	Myanmar Ethnic Women Refugee Organization – Refugee Community WLO / Klang Valley	Female community leader	Aye Aye Khine (Zulaykha)	F		
213	Malaysia	External partners	UNFPA – UNGRG Chair	Deputy Representative	Tengku Aira	F		
214	Malaysia	UNHCR Operations	UNHCR	Assistant Protection Officer (CP/GBV)	Michelle Fong	F		
215	Moldova	Decision makers	UNHCR	Representative	Bertrand Blanc	M		
216	Moldova	External partners	National Coalition Life Without Violence	Focal Point	Veronica Teleuca	F		
217	Moldova	External partners	Gender Centre	President	Valentina Bodrug	F		
218	Moldova	External partners	Gender Centre	Project manager	Nina Lozinschi	F		
219	Moldova	External partners	Women's Law Centre	Focal Point	Angelina Zaporojan-Pîrgari	F		
220	Moldova	External partners	Casa Marioarei	Focal Point	Veronica Cernat	F		
221	Moldova	External partners	Female Support Force	Focal Point	Yulia Zencenko	F		
222	Moldova	External partners	Female Support Force	Focal Point	Olga Stus	F		
223	Moldova	External partners	Law Centre for Advocates	Focal Point	Svetlana Jioara	F		
224	Moldova	External partners	Union for Equity and Health	Focal Point	Ala Latco	F		
225	Moldova	External partners	Roma Women's Platform 'ROMNI'	Focal Point	Elena Sirbu	F		
226	Moldova	External partners	Tarna Rom	Focal Point	Marin Alla	M		
227	Moldova	External partners	Genderdoc-M	Focal Point	Angela Frolov	F		
228	Moldova	External partners	Initiativa Pozitiva	Focal Point	Ludmila Maarandici	F		
229	Moldova	External partners	Church World Services	Protection program manager	Casey O'Neil	M		
230	Moldova	External partners	We World	Gender and protection project manager	Fede Bagolin	M		
231	Moldova	External partners	DRC	Focal Point	Ines Arnautovic	F		
232	Moldova	External partners	INTERSOS	Focal Point	Alina Babacaev	F		
233	Moldova	External partners	INTERSOS	Focal Point	Cristina Sirbu	F		
234	Moldova	External partners	Ministry of Labour and Social Protection	Secretary of State of MLPS	Felicia Bechtoldt	F		
235	Moldova	External partners	National Agency to Combat Violence	Director of the National Agency to Combat and Prevent Violence Against Women and Domestic Violence	Viorica Timbalari	F		
236	Moldova	External partners	Regional Center for Rehabilitation of victims of domestic violence	Director	Svetlana Gheorghieva	F		
237	Moldova	External partners	UNFPA	GBV SWG Co-chair	Jana Nagnitschenko	F		
238	Moldova	External partners	WHO	GBV/PSEA Specialist	Giulia Di Porcia	F		
239	Moldova	External partners	UNAIDS	Refugee Coordinator	Lilian Severin	F		
240	Moldova	External partners	UNICEF	GBV/CP Specialist	Flore Rossi	F		
241	Moldova	External partners	UN Women	Representative	Dominika Stojanoska	F		
242	Moldova	External partners	IOM	Protection Coordinator	Ersilia Apreda	F		

243	Moldova	People with and for whom UNHCR works	Refugee woman	Lawyer	Ala Hnatishina	F	Refugee	
244	Moldova	People with and for whom UNHCR works	Refugee beneficiaries of Casa Marioarei	Focal Points	Ana Rimbu + 4 others	5F	Refugee	
245	Moldova	UNHCR Operations	UNHCR	Senior Protection Officer	Andrew Painter	M		
246	Moldova	UNHCR Operations	UNHCR	Senior Programme Officer	Cecilia Chirila	F		
247	Moldova	UNHCR Operations	UNHCR	Inter-Agency Coordinator Officer	Diego Nardi	M		
248	Moldova	UNHCR Operations	UNHCR	Child Protection Officer	Katherine Lampe	F		
249	Moldova	UNHCR Operations	UNHCR	Protection Officer	Natalia Kropivka	F		
250	Moldova	UNHCR Operations	UNHCR	Shelter Officer	Andrea Cuisana	F		
251	Moldova	UNHCR Operations	UNHCR	Operations Officer	Iva Vavic	F		
252	Moldova	UNHCR Operations	UNHCR	Programme CBI Officer	Yigit Anil Gurer	M		
253	Moldova	UNHCR Operations	UNHCR	Senior GBV Assistant	Petru Lupu	M		
254	Moldova	UNHCR Operations	UNHCR	GBV Officer	Vanessa Bordin	F		
255	Moldova	UNHCR Operations	UNHCR	External Relations Officer	Monica Vazquez	F		
256	Moldova	UNHCR Operations	UNHCR	Assistant Protection Officer	Sabina Sandu	F		
257	Peru	Decision makers	UNHCR	Deputy Representative	Christian Xavier Carrillo Bustamante	M		
258	Peru	External partners	APPV	Director	Martha Fernandez	F		
259	Peru	External partners	Rosas Mujeres de Lucha	Director	Leída Portal	F		
260	Peru	External partners	Encuentros	Coordinator	Analí Briceño	F		
261	Peru	UNHCR Operations	UNHCR	Assistant GBV Officer	Melissa Gamarra	F		
262	Peru	UNHCR Operations	UNHCR	Assistant Protection Officer	Claudia Patricia Pacheco Sanchez	F		
263	Peru	UNHCR Operations	UNHCR	Associate Livelihoods and Economic Inclusion Officer	Leslie Carolina Mendez Gruezo	F		
264	Peru	UNHCR Operations	UNHCR	Associate Programme CBI Officer	Margarita Arboleda	F		
265	RB Americas	Decision makers	UNHCR	Senior Protection Coordinator	Juan Terminiello	M		
266	RB Americas	External partners	UNICEF	Program Manager	Roberto Rodriguez	M		
267	RB Americas	External partners	UNICEF	Regional Child Protection Specialist	Cairn Verhulst	F		
268	RB Americas	External partners	UNFPA	Regional GBV Coordination Specialist	Gina Bernal	F		
269	RB Americas	External partners	UNFPA	Regional GBV Coordinator	Maria Ariza	F		
270	RB Americas	External partners	UN Women	VAW Policy Specialist	Leah Tandeter	F		
271	RB Americas	External partners	HIAS	Regional Director, Regional Gender and GBV Advisor, Programme Specialist, Gender and GBV	Cristina García	F		
272	RB Americas	External partners	HIAS	Regional Gender and GBV Advisor	Fiona Roberts	F		
273	RB Americas	External partners	HIAS	Programme Specialist, Gender and GBV	Joseph Mejia	M		
274	RB Americas	External partners	IOM	Senior Regional Protection Specialist	Tim Howe	M		
275	RB Americas	External partners	IOM	Gender-Based Violence Specialist	Monica Noriega	F		
276	RB Americas	External partners	UN Women	Gender in Humanitarian Specialist	Mar Companys	F		
277	RB Americas	External partners	UN Women	Program Coordinator for Women, Peace and Security	Delfina Hamilton	F		
278	RB Americas	External partners	UN Women	Women, Peace and Security Expert	Itzel Jimenez	F		
279	RB Americas	Influencers	UNFPA	Regional Emergency GBV Advisor	Cecilia Bertolini	F		
280	RB Americas	Influencers	ECHO	Protection, Gender and Education in Emergencies Expert	Maria Vargas	F		
281	RB Americas	Influencers	PRM	Regional Refugee Coordinator	Eric Aldrich	M		
282	RB Americas	UNHCR Operations	UNHCR	Snr Protection Officer - Child Protection/SGBV	Marina Capriola	F		
283	RB Americas	UNHCR Operations	UNHCR	Senior Programme Officer	Regina Maria Saavedra	F		
284	RB Americas	UNHCR Operations	UNHCR	Senior Operations Officer	Angela Maria Carvajalino	F		
285	RB Americas	UNHCR Operations	UNHCR	Community-based protection officer	Angelica Uribe	F		
286	RB Americas	UNHCR Operations	UNHCR	Assistant Community-Based Protection Officer	María Andrea Escalante	F		
287	RB Americas	UNHCR Operations	UNHCR	Senior Resettlement and Complementary Pathways Officer	Pietro Fossati	M		
288	RB Americas	UNHCR Operations	UNHCR	Senior Public Health Officer	Jose Vallejo	M		
289	RB Americas	UNHCR Operations	UNHCR	Senior Economist	Fabio Siani	M		
290	RB Americas	UNHCR Operations	UNHCR	Senior Emergency Officer	Rafael Mattar Neri	M		
291	RB Americas	UNHCR Operations	UNHCR	Partnership support officer (private sector resource mobilisation)	Vanessa Baldrin	F		
292	RB Americas	UNHCR Operations	UNHCR	SGBV Officer	Valentina Duque Echeverri	F		Also interviewed during inception
293	RB Americas	UNHCR Operations	UNHCR	Head of External Engagement Service	Juan Carlos Murillo	M		
294	RB Americas	UNHCR Operations	UNHCR	Head of Bureau Strategic Planning and Management Service	Jorge Esteban Holly Prantl	M		
295	RB Americas	UNHCR Operations	UNHCR	Interagency focal points - Comprehensive Refugee Response Officer	Maria Jose Benitez Chavez	F		

296	RB Americas	UNHCR Operations	UNHCR	Senior Inter-Agency Coordinator	Philippe Sacher	M	
297	RB Asia Pacific	UNHCR Operations	UNHCR	Senior Community-Based Protection Officer	Atsuko Furukawa	F	Also interviewed during inception
298	RB EHAGL	Decision makers	UNHCR	Senior Programme Coordinator, Regional Bureau East Horn and Great Lakes Africa KEN	Dereje Wubishet Zegeye	M	
299	RB EHAGL	Decision makers	UNHCR	Senior Programme Monitoring Officer	Emily Byaruhanga	F	
300	RB EHAGL	UNHCR Operations	UNHCR	GBV Officer, Safe From the Start	Shukri Gesod	F	Also interviewed during inception
301	RB EHAGL	UNHCR Operations	UNHCR	Senior GBV Officer, Safe From the Start	Clementine Cremer	F	Also interviewed during inception
302	RB EHAGL	UNHCR Operations	UNHCR	Human Resources Officer	Magdolna Soros	F	
303	RB EHAGL	UNHCR Operations	UNHCR	Regional Contractor Accountability to Affected Peopl & Gender Equality (AAP/GE)	Lydia Atiema	F	
304	RB EHAGL	UNHCR Operations	UNHCR	Senior Operations Coordinator	Baseme Kulimushi	M	
305	RB EHAGL	UNHCR Operations	UNHCR	Senior Public Health Officer	Assad Kadhum	M	
306	RB EHAGL	UNHCR Operations	UNHCR	Public Health Officer	Hassan Abdi	M	
307	RB EHAGL	UNHCR Operations	UNHCR	Associate Operations Officer - Technical Coordination	David Mondorf	M	
308	RB Europe	UNHCR Operations	UNHCR	Europe Bureau	Vincent Briand	M	
309	RB MENA	UNHCR Operations	UNHCR	Senior External Relations Officer	Anna King	F	
310	RB MENA	UNHCR Operations	UNHCR	Head of MENA Protection Service	Michelle Alfaro	F	
311	RB MENA	UNHCR Operations	UNHCR	Senior Protection Coordinator	Stefanie Gross	F	
312	RB MENA	UNHCR Operations	UNHCR	Senior Protection Officer – Gender Equality – SGBV/CBP	Elsa Bousquet	F	Also interviewed during inception
313	RB MENA	UNHCR Operations	UNHCR	GBV Policy Rollout Specialist	Valentina Pieretto	F	
314	RB MENA	UNHCR Operations	UNHCR	Senior Roving GBV Officer	Elsa Bokhre	F	
315	RB MENA	UNHCR Operations	UNHCR	Senior Protection Coordinator	Cameron Rashleigh	M	
316	RB MENA	UNHCR Operations	UNHCR	Senior RSD Officer	Kate Mary Walshe	F	
317	RB MENA	UNHCR Operations	UNHCR	Registration and Identity Management Officer	Darius Ali Tavassoli	M	
318	RB MENA	UNHCR Operations	UNHCR	Resettlement and Complementary Pathways Officer	Sarah Girgis	F	
319	RB MENA	UNHCR Operations	UNHCR	Senior Operations Officer (NA)	Roupen Alexandrian	M	
320	RB MENA	UNHCR Operations	UNHCR	Senior Operations Officer (ME)	Sherzod Zairzhanov	M	
321	RB MENA	UNHCR Operations	UNHCR	Principal Risk Management Advisor	Mathew Leslie	M	
322	RB MENA	UNHCR Operations	UNHCR	Senior Protection Officer (Mixed Movements)	Duncan Breen	M	
323	RB MENA	UNHCR Operations	UNHCR	Protection Officer (Statelessness, Palestinians, HLP)	Lane Krainyk	M	
324	RB MENA	UNHCR Operations	UNHCR	Senior Community-Based Protection Officer	Ana Belen Anguita	F	
325	RB MENA	UNHCR Operations	UNHCR	Senior Education/Youth/Child Protection Officer	Benedetta Marcaccini	F	
326	RB MENA	UNHCR Operations	UNHCR	Strategic Partnership Advisor	Rachel Manning	F	
327	RB MENA	UNHCR Operations	UNHCR	Programme Monitoring Officer (M&E)	Meherren Ajaz	F	
328	RB MENA	UNHCR Operations	UNHCR	Assistant Programme Officer, managing bureau contributions	Mirna Hazou	F	
329	RB Southern Africa	UNHCR Operations	UNHCR	Senior Community-Based Protection Officer, Uganda, Kampala	Gloria Mulemba Mukama	F	Also interviewed during inception
330	RB West and Central Africa	Decision makers	UNHCR	Representative	Yvette Muhimpundu	F	Also interviewed during inception
331	Syria	Decision makers	UNHCR	Deputy Representative	David Welin	M	
332	Syria	External partners	Al-Nada NGO	Project manager	Lina Yafi	F	
333	Syria	External partners	Syria Trust	Supervisor of GBV	Haseeba Altayyar	F	
334	Syria	External partners	UNFPA	GBV Sub-Sector Coordinator	Verena Bruno	F	
335	Syria	External partners	INTERSOS	Protection Manager - South – Lebanon	Sawson Atoui	F	
336	Syria	External partners	Al Batoul	Humanitarian services	Shaza Mawal	F	
337	Syria	UNHCR Operations	UNHCR	Protection Officer (Aleppo)	Nathalya Diniz Alvarado	F	
338	Syria	UNHCR Operations	UNHCR	Assistant Protection Officer	Caroline Nabki	F	
339	Syria	UNHCR Operations	UNHCR	Protection Associate	Amina Hesso	F	
340	Syria	UNHCR Operations	UNHCR	Assistant Protection Officer	Raghad Dib	F	
341	Syria	UNHCR Operations	UNHCR	Associate CBP Officer	Nagham Sulieman	F	
342	Syria	UNHCR Operations	UNHCR	Associate Livelihood & Economic Inclusion Officer	Abdulla Natfji	M	
343	Syria	UNHCR Operations	UNHCR	Associate Programme Monitoring Officer	Marie Therese Chakbazof	F	
344	Syria	UNHCR Operations	UNHCR	Assistant CBP Officer	Alisar Elias	F	
345	Inception interview	UNHCR Operations	UNHCR	Assistant CBP Officer	Jeffrey Tony MPHAHLELE	M	
346	Kenya	UNHCR Operations	UNHCR	Assistant CCCM Cluster Coordination Officer	Hassan Abdi Yarow	M	
347	Kenya	UNHCR Operations	UNHCR	Assistant Protection Officer	Mark Nzano	M	
348	Kenya	UNHCR Operations	UNHCR	Senior Education Officer	Jennie Lisa Taylor	F	
349	Kenya	UNHCR Operations	UNHCR	Senior Programme CBI Officer	Maguelone Arsac	F	
350	Kenya	UNHCR Operations	UNHCR	Senior Public Health Officer	Asaad Kadhum	M	
351	Kenya	UNHCR Operations	UNHCR	Technical Coordinator (WASH/CCCM)	Glen Costes	M	

ANNEX P: STAFF SURVEY TOOL

Evaluation of UNHCR's approach to GBV prevention, risk mitigation and response - Strategic thematic evaluation (Phase II)

This form was developed by Lattanzio KIBS as part of the Evaluation of UNHCR's approach to GBV prevention, risk mitigation and response. The purpose of the evaluation is twofold:

1. <u>Accountability</u>, to assess the results of UNHCR's work on GBV prevention, risk mitigation and response, and additional core action areas covered by the GBV Policy, and to understand the internal and external factors that have facilitated or impeded progress.

2. <u>Learning</u>, to provide an analysis of UNHCR's strategic positioning in GBV programming and recommendations for future programming and policy development.

Conditions for participating in the survey

Participation in this survey is voluntary and by continuing you are giving your consent to respond to these questions. The survey is anonymous and confidential. Please note that these data, including any personal data, will be collected and processed solely by a team of external evaluators. Your responses will not be shared with UNHCR or anyone else outside the independent evaluation team nor there will not be any attribution to yourself or any other respondent.

Instructions for completing the survey

Questions are grouped into three modules. They are mostly multiple-choice questions, including about perceptions of the GBV Policy. Completing the survey should take you no more than 12-15 minutes.

Thank you for your time!

By pressing the button "proceed" you agree to participate in this survey.

Module 1: Introduction
[Context question, not specific to an EQ]

This first section comprises a few introductory questions. [NB: ask all respondents]

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
101	Are you classified as international or national personnel (personnel includes all types of UNHCR contracts, e.g. FT, TA, consultants, interns etc)? *	international national prefer not to say	1 2 98	
102	Please indicate whether you work at the Headquarters, regional level, country level, sub-office level, or with a field office. *	Headquarters Regional office Country office sub-office field office field unit prefer not to say	1 2 3 4 5 6 98	103 102b 102a 102a 102a 102a 102a

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
102a	[If 'country, sub-office or field' to 102] What country do you work in? *	Afghanistan	1	
		Algeria	2	
		Angola	3	
		Azerbaijan	4	
		Bangladesh	5	
		Benin	6	
		Brazil	7	
		Bulgaria	8	
		Burkina Faso	9	
		Burundi	10	
		Chad	11	
		Colombia	12	
		Congo-Brazzaville	13	
		Cote d'Ivoire	14	
		Czech Republic	15	
		Djibouti	16	
		Dominican Republic	17	
		Egypt	18	
		El Salvador	19	
		Eritrea	20	
		Ethiopia	21	
		Ghana	22	
		Greece	23	
		Guatemala	24	
		Honduras	25	
		India	26	
		Indonesia	27	
		Iran, Islamic Republic of	28	
		Iraq	29	
		Israel	30	
		Jordan	31	
		Korea, Republic of	32	
		Kuwait	33	
		Lebanon	34	
		Liberia	35	
		Libya	36	
		Malawi	37	
		Mali	38	
		Mauritania	39	
		Mexico	40	
		Montenegro	41	
		Morocco	42	
		Mozambique	43	
		Nepal	44	
		Niger	45	
		Nigeria	46	
		Pakistan	47	
		Philippines	48	
		Poland	49	
		Romania	50	
		Russian Federation	51	
		Rwanda	52	
		Senegal	53	
		Slovakia	54	
		Somalia	55	
		South Africa	56	
		South Sudan	57	
		Spain	58	
		Sudan	59	
		Switzerland	60	
		Thailand	61	
		Togo	62	
		Tunisia	63	
		Türkiye	64	
		Uganda	65	
		Ukraine	66	
		United Arab Emirates	67	
		Venezuela	68	
		Western Sahara	69	
		Yemen	70	
		Zambia	71	
		Zimbabwe	72	
		Prefer not to say	98	
		Other (please specify)	#	
102a	[If 'country, sub-office or field' to 102] What country do you work in? *			

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
102b	[If 'regional' to 102]What regional bureau do you work in? *	Asia and the Pacific	1	103
		East Horn and Great Lakes	2	103
		Europe	3	103
		Middle East and North Africa (MENA)	4	103
		Southern Africa	5	103
		The Americas	6	103
		West and Central Africa	7	103
		Prefer not to say	98	103
102b	[If 'country, sub-office or field' to 102] Please indicate which UNHCR populations you work with. Mark all that apply. *	refugees	1	
		returnees	2	
		IDPs	3	
		stateless persons	4	
		asylum seekers	5	
		prefer not to say	#	
		other (please specify)	98	
103	Please indicate your functional area of work. *	management	1	104
		coordination	2	103a
		program delivery	3	103a
		policy	4	103a
		operations	5	103a
		other (please specify): _____	#	103a
		prefer not to say	98	103a
103a	[If non-management to 103] Please indicate your specific focal area of work. If your title reflects more than one post, please mark all that apply. *	GBV	1	
		protection	2	
		child protection	3	
		community-based protection	4	
		WASH	5	
		shelter	6	
		health	7	
		education	8	
		resettlement	9	
		refugee status determination	10	
		monitoring and evaluation	11	
		other (please specify): _____	##	
		prefer not to say	98	
104	How many years have you worked for UNHCR? *	< 1 year	1	
		1-3 years	2	
		4-6 years	3	
		7-10 years	4	
		11+ years	5	
		prefer not to say	98	
105	What is your gender? *	female	1	
		male	2	
		another gender	3	
		prefer not to say	98	

Module 2: GBV Policy and Programming
[EQ1 Relevance, EQ2 internal Coherence, EQ4 Effectiveness]

We would now like to ask you about the GBV Policy and associated programming. [NB: ask all respondents except where it indicates otherwise]

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
201	The UNHCR GBV Policy was issued in 2020. How familiar would you say you are with the GBV Policy? *	very familiar	1	
		somewhat familiar	2	
		not very familiar	3	
		not at all familiar	4	
		do not know/cannot say	99	
201a	Following the issuing of the Policy, additional guidelines and protocols were also issued to support implementation of the Policy. How familiar would you say you are with these materials? *	very familiar	1	
		somewhat familiar	2	
		not very familiar	3	
		not at all familiar	4	
		do not know/cannot say	99	
202	How useful would you rate the GBV Policy to your work? *	very useful	1	
		somewhat useful	2	
		not very useful	3	
		not at all useful	4	
		do not know/cannot say	99	

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
202a	How useful would you rate the follow-on GBV guidelines and protocols in your work? *	very useful somewhat useful not very useful not at all useful do not know/cannot say	1 2 3 4 99	
202b	Of the various guidelines and tools provided aimed at enabling implementation of the GBV Policy, what would you regard as the most useful in terms of enabling your GBV work, if any?			
202c	What would you regard as the least useful guidelines and tools in terms of your work, if any?			
203	To what extent do you feel that the GBV Policy has delivered against its objectives? *	fully delivered partially delivered marginally delivered not delivered at all do not know/cannot say	1 2 3 4 99	
203a	To what extent do you feel that the GBV Policy has specifically delivered against GBV *prevention* objectives? *	fully delivered partially delivered marginally delivered not delivered at all do not know/cannot say	1 2 3 4 99	
203b	To what extent do you feel that the GBV Policy has specifically delivered against GBV *risk mitigation* objectives? *	fully delivered partially delivered marginally delivered not delivered at all do not know/cannot say	1 2 3 4 99	
203c	To what extent do you feel that the GBV Policy has specifically delivered against GBV *response* objectives, including case management? *	fully delivered partially delivered marginally delivered not delivered at all do not know/cannot say	1 2 3 4 99	
203d	Considering the extent to which the GBV Policy has delivered against GBV objectives in terms of prevention, risk mitigation and response, can you give examples of how it has delivered?			
204	Considering the way in which the GBV Policy has been implemented, has this been relevant to the lives of the people that UNHCR works for? *	very relevant somewhat relevant not very relevant not at all relevant do not know/cannot say	1 2 3 4 99	
205	[Headquarters, regional or country office management, protection and GBV officers only] How well aligned is the GBV Policy with other corporate policies? *	very aligned somewhat aligned not very aligned not at all aligned do not know/cannot say not applicable (I am not a headquarters, regional or country office manager, protection or GBV officer)	1 2 3 4 99	205a 205a 205b 205b 206 212
205a	[If 'very aligned' or 'somewhat aligned' to 205] Could you please explain how the GBV Policy is well aligned with other corporate policies, including which policies.			
205b	[If 'not very aligned' or 'not at all aligned' to 205] Could you please explain why you think the GBV Policy is poorly aligned with other corporate policies, including which policies.			
206	[Headquarters, regional or country office management, protection and GBV officers only] How well aligned is the GBV Policy with the UN overall and the broader humanitarian approach to GBV?*	very aligned somewhat aligned not very aligned not at all aligned do not know/cannot say	1 2 3 4 99	
207	[Headquarters, regional or country office management, protection and GBV officers only] How adequate are the human resources to meet the requirements of the GBV Policy? *	very adequate somewhat adequate not very adequate not at all adequate do not know/cannot say	1 2 3 4 99	

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
208	[Headquarters, regional or country office management, protection and GBV officers only] How adequate are the financial resources to meet the requirements of the GBV Policy? *	very adequate somewhat adequate not very adequate not at all adequate do not know/cannot say	1 2 3 4 99	
209	[Headquarters, regional or country office management, protection and GBV officers only] How adequate are the institutional arrangements in terms of the ability to deliver against the objectives in the GBV Policy? This refers to the way in which your office is set up and operates around GBV policy implementation, and whether this set-up helps or hinders GBV policy implementation. *	very adequate somewhat adequate not very adequate not at all adequate do not know/cannot say	1 2 3 4 99	
210	[Headquarters, regional or country office management, protection and GBV officers only] How adequate is institutional capacity in terms of the ability to deliver against the objectives in the GBV Policy? *	very adequate somewhat adequate not very adequate not at all adequate do not know/cannot say	1 2 3 4 99	
211	[Headquarters, regional or country office management, protection and GBV officers only] How well has the GBV Policy allowed UNHCR to exercise its comparative advantages vis-à-vis other actors in terms of GBV programming? *	very well somewhat well not very well not at all well do not know/cannot say	1 2 3 4 99	
212	How well has the implementation of the GBV Policy strengthened your relationship with funded partners, referring specifically to agencies contracted by UNHCR to implement programming in areas where you work? *	very well somewhat well not very well not at all well do not know/cannot say	1 2 3 4 99	
213	How well has the implementation of the GBV Policy strengthened your relationship with national Government and authorities? *	very well somewhat well not very well not at all well do not know/cannot say	1 2 3 4 99	
214	How well has the implementation of the GBV Policy strengthened your relationship with other UN agencies? *	very well somewhat well not very well not at all well do not know/cannot say	1 2 3 4 99	
215	How well have partnership arrangements strengthened the implementation of the GBV Policy? *	very well somewhat well not very well not at all well do not know/cannot say	1 2 3 4 99	
216	How well has the GBV Policy strengthened the ability of UNHCR to fundraise for GBV programming? *	very well somewhat well not very well not at all well do not know/cannot say	1 2 3 4 99	

Module 3: The Way Forward
[EQ3.2 Coherence, EQ7 on Strategic Positioning]

Consider the way forward for GBV Policy implementation and respond to the following two open-ended questions. [NB: ask all at regional, country level, sub-national and field offices]

Q#	Questions and Enumerator Instructions	Responses	Codes	GO TO
301	How can UNHCR better use its protection mandate to advance GBV objectives? Please give some examples.			
302	How can UNHCR better position itself to work with other GBV actors while using its comparative advantage? Please consider in terms of prevention, risk mitigation, and response.			
303	How can UNHCR make proper resource allocation decisions around GBV programming and broader protection programming in a situation of declining resources globally to support ?			

ANNEX Q: STAFF SURVEY RESULTS

The figure and tables below show the main demographic characteristics of survey respondents.

FIGURE 01.   Main demographic characteristics of survey respondents
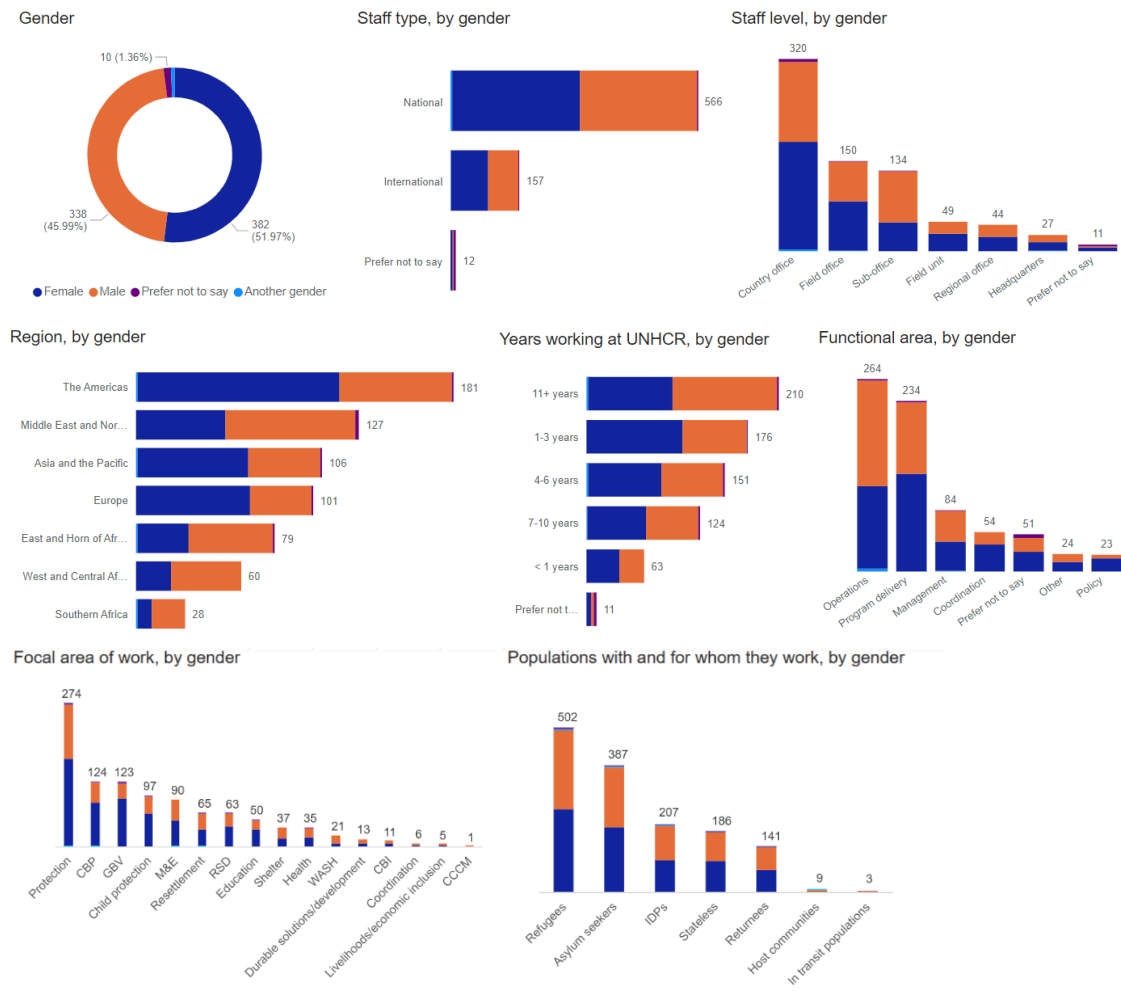
FIGURE 01. Staff survey respondents by regional bureau (n=44)
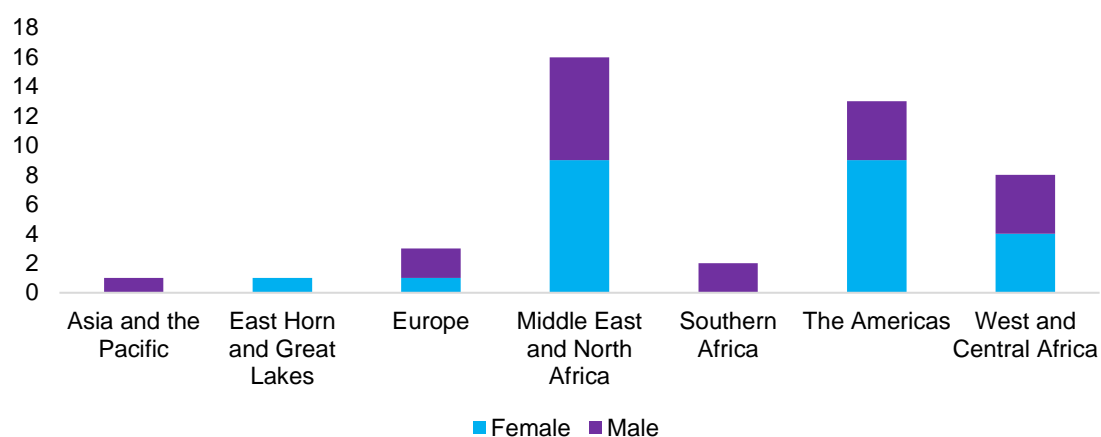
TABLE 01. Staff survey respondents by country (n=652)

Country	Female	Male	Another gender	Prefer not to say	Total
Mexico	30	18	0	0	**48**
Iraq	12	25	0	0	**37**
Ecuador	22	11	0	0	**33**
Kenya	10	21	0	0	**31**
Burundi	12	15	1	0	**28**
Jordan	8	19	0	0	**27**
Honduras	19	6	0	1	**26**
Lebanon	11	11	0	1	**23**
Pakistan	9	13	0	0	**22**
Venezuela	10	11	0	0	**21**
Niger	4	16	0	0	**20**
Iran, Islamic Republic of	11	7	0	0	**18**
Greece	9	8	0	0	**17**
Thailand	12	4	1	0	**17**
Burkina Faso	4	11	0	0	**15**
Sudan	3	10	0	1	**14**
Prefer not to say	10	3	0	1	**14**
Afghanistan	6	7	0	0	**13**
Congo-Brazzaville	2	9	1	0	**12**
Kosovo	6	5	0	1	**12**
India	7	3	0	0	**10**
Italy	6	4	0	0	**10**
Mauritania	3	7	0	0	**10**
Moldova	6	4	0	0	**10**
Poland	9	1	0	0	**10**
Slovakia	7	3	0	0	**10**
Brazil	4	4	1	0	**9**
China	7	1	0	1	**9**
Zambia	3	6	0	0	**9**
Malaysia	7	1	0	0	**8**
Bulgaria	5	2	0	0	**7**
Costa Rica	3	4	0	0	**7**
Central African Republic	4	2	0	0	**6**

Chile	4	2	0	0	**6**
Colombia	6	0	0	0	**6**
Yemen	2	3	0	1	**6**
DR Congo-Kinshasa	3	2	0	0	**5**
Morocco	4	1	0	0	**5**
Nepal	2	3	0	0	**5**
Panama	3	2	0	0	**5**
Trinidad and Tobago	4	1	0	0	**5**
Azerbaijan	2	2	0	0	**4**
Senegal	0	4	0	0	**4**
Switzerland	3	1	0	0	**4**
Czech Republic	3	0	0	0	**3**
Nigeria	1	2	0	0	**3**
Spain	2	1	0	0	**3**
Uganda	2	1	0	0	**3**
Chad	1	1	0	0	**2**
Egypt	2	0	0	0	**2**
Mali	2	0	0	0	**2**
North Macedonia	0	2	0	0	**2**
Ukraine	2	0	0	0	**2**
Belize	0	1	0	0	**1**
Croatia	1	0	0	0	**1**
Eritrea	0	1	0	0	**1**
Ethiopia	1	0	0	0	**1**
Korea, Republic of	0	1	0	0	**1**
Kyrgyzstan	1	0	0	0	**1**
Peru	1	0	0	0	**1**
Philippines	1	0	0	0	**1**
Russian Federation	1	0	0	0	**1**
Serbia	1	0	0	0	**1**
United Arab Emirates	0	1	0	0	**1**

The subsequent tables report the survey respondents' answers to questions about the GBV policy.

TABLE 02. Answers to the question "How familiar would you say you are with the GBV Policy?"

How familiar are you with the GBV Policy?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all familiar	33	17	3	5	3	7	1	11	1	20	14	8	9	5	1	11	3	12	2
	4.5%	4.5%	2.8%	6.3%	3.0%	5.5%	3.6%	6.1%	1.7%	3.98%	3.62%	3.86%	4.84%	3.55%	0.81%	5.73%	2.83%	7.95%	2.38%
Not very familiar	98	48	15	14	9	9	6	27	10	64	46	28	19	16	4	25	18	20	9
	13.3%	12.6%	14.2%	17.7%	8.9%	7.1%	21.4%	14.9%	16.7%	12.75%	11.89%	13.53%	10.22%	11.35%	3.25%	13.02%	16.98%	13.25%	10.71%
Somewhat familiar	340	181	57	35	51	56	13	83	23	234	178	90	79	57	41	98	50	76	40
	46.3%	47.4%	53.8%	44.3%	50.5%	44.1%	46.4%	45.9%	38.3%	46.61%	45.99%	43.48%	42.47%	40.43%	33.33%	51.04%	47.17%	50.33%	47.62%
Very familiar	254	131	29	23	38	55	8	57	26	178	144	78	76	60	77	56	34	40	33
	34.6%	34.3%	27.4%	29.1%	37.6%	43.3%	28.6%	31.5%	43.3%	35.46%	37.21%	37.68%	40.86%	42.55%	62.60%	29.17%	32.08%	26.49%	39.29%
Do not know/cannot say	10	5	2	2	0	0	0	3	0	6	5	3	3	3	0	2	1	3	0
	1.4%	1.3%	1.9%	2.5%	0.0%	0.0%	0.0%	1.7%	0.0%	1.20%	1.29%	1.45%	1.61%	2.13%	0.00%	1.04%	0.94%	1.99%	0.00%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 03. Answers to the question "Following the issuing of the Policy, additional guidelines and protocols were also issued to support implementation of the Policy. How familiar would you say you are with these materials?"

How familiar are you with guidelines/protocols supporting its implementation?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all familiar	40	21	3	3	4	8	2	15	2	25	20	11	8	5	3	7	8	13	4
	5.4%	5.5%	2.8%	3.8%	4.0%	6.3%	7.1%	8.3%	3.3%	5.0%	5.2%	5.3%	4.3%	3.6%	2.4%	3.7%	7.6%	8.6%	4.8%
Not very familiar	176	92	21	28	22	22	6	53	12	120	93	45	42	28	9	50	28	42	16
	24.0%	24.1%	19.8%	35.4%	21.8%	17.3%	21.4%	29.3%	20.0%	23.9%	24.0%	21.7%	22.6%	19.9%	7.3%	26.0%	26.4%	27.8%	19.1%
Somewhat familiar	364	200	61	28	55	59	17	86	31	246	187	103	90	74	70	95	52	66	45
	49.5%	52.4%	57.5%	35.4%	54.5%	46.5%	60.7%	47.5%	51.7%	49.0%	48.3%	49.8%	48.4%	52.5%	56.9%	49.5%	49.1%	43.7%	53.6%
Very familiar	143	61	19	17	20	38	3	24	15	103	81	45	44	32	40	35	17	27	19
	19.5%	16.0%	17.9%	21.5%	19.8%	29.9%	10.7%	13.3%	25.0%	20.5%	20.9%	21.7%	23.7%	22.7%	32.5%	18.2%	16.0%	17.9%	22.6%
Do not know/cannot say	12	8	2	3	0	0	0	3	0	8	6	3	2	2	1	5	1	3	0
	1.6%	2.1%	1.9%	3.8%	0.0%	0.0%	0.0%	1.7%	0.0%	1.6%	1.6%	1.5%	1.1%	1.4%	0.8%	2.6%	0.9%	2.0%	0.0%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 04. Answers to the question "How useful would you rate the GBV Policy to your work?"

How useful is the GBV Policy to your work?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all useful	4	1	0	1	0	1	0	2	0	2	2	2	1	2	0	0	0	1	1
	0.5%	0.3%	0.0%	1.3%	0.0%	0.8%	0.0%	1.1%	0.0%	0.4%	0.5%	1.0%	0.5%	1.4%	0.0%	0.0%	0.0%	0.7%	1.2%
Not very useful	36	23	4	3	10	7	1	7	0	24	14	4	8	4	7	8	6	5	5
	4.9%	6.0%	3.8%	3.8%	9.9%	5.5%	3.6%	3.9%	0.0%	4.8%	3.6%	1.9%	4.3%	2.8%	5.7%	4.2%	5.7%	3.3%	6.0%
Somewhat useful	226	122	37	13	43	42	9	46	11	145	112	62	58	40	30	59	27	53	27
	30.8%	31.9%	34.9%	16.5%	42.6%	33.1%	32.1%	25.4%	18.3%	28.9%	28.9%	30.0%	31.2%	28.4%	24.4%	30.7%	25.5%	35.1%	32.1%
Very useful	412	201	54	56	43	66	16	109	48	298	235	127	113	87	84	103	67	80	46
	56.1%	52.6%	50.9%	70.9%	42.6%	52.0%	57.1%	60.2%	80.0%	59.4%	60.7%	61.4%	60.8%	61.7%	68.3%	53.7%	63.2%	53.0%	54.8%
Do not know/cannot say	57	35	11	6	5	11	2	17	1	33	24	12	6	8	2	22	6	12	5
	7.8%	9.2%	10.4%	7.6%	5.0%	8.7%	7.1%	9.4%	1.7%	6.6%	6.2%	5.8%	3.2%	5.7%	1.6%	11.5%	5.7%	8.0%	6.0%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 05. Answers to the question "How useful would you rate the follow-on GBV guidelines and protocols in your work?"

How useful are the GBV guidelines and protocols of the GBV policy in your work?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all useful	7	53	1	1	1	1	0	3	0	5	4	2	2	2	0	3	0	1	1
	1.0%	13.9%	0.9%	1.3%	1.0%	0.8%	0.0%	1.7%	0.0%	1.0%	1.0%	1.0%	1.1%	1.4%	0.0%	1.6%	0.0%	0.7%	1.2%
Not very useful	23	2	2	2	6	2	1	4	0	14	11	3	4	2	4	6	3	3	6
	3.1%	0.5%	1.9%	2.5%	5.9%	1.6%	3.6%	2.2%	0.0%	2.8%	2.8%	1.5%	2.2%	1.4%	3.3%	3.1%	2.8%	2.0%	7.1%
Somewhat useful	228	11	41	17	42	37	8	50	16	143	108	53	49	35	31	64	32	53	22
	31.0%	2.9%	38.7%	21.5%	41.6%	29.1%	28.6%	27.6%	26.7%	28.5%	27.9%	25.6%	26.3%	24.8%	25.2%	33.3%	30.2%	35.1%	26.2%
Very useful	397	119	49	52	44	70	16	101	43	290	230	134	114	92	83	99	59	75	48
	54.0%	31.2%	46.2%	65.8%	43.6%	55.1%	57.1%	55.8%	71.7%	57.8%	59.4%	64.7%	61.3%	65.3%	67.5%	51.6%	55.7%	49.7%	57.1%
Do not know/cannot say	80	197	13	7	8	17	3	23	1	50	34	15	17	10	5	20	12	19	7
	10.9%	51.6%	12.3%	8.9%	7.9%	13.4%	10.7%	12.7%	1.7%	10.0%	8.8%	7.3%	9.1%	7.1%	4.1%	10.4%	11.3%	12.6%	8.3%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 06. Answers to the question "To what extent do you feel that the GBV Policy has delivered against its objectives?"

Has the GBV Policy delivered against its objectives?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not delivered at all	11	6	2	0	0	3	1	5	0	8	6	3	2	2	2	3	2	1	0
	1.5%	1.6%	1.9%	0.0%	0.0%	2.4%	3.6%	2.8%	0.0%	1.6%	1.6%	1.5%	1.1%	1.4%	1.6%	1.6%	1.9%	0.7%	0.0%
Marginally delivered	74	38	20	7	11	9	3	18	3	53	37	23	17	17	11	26	8	16	4
	10.1%	9.9%	18.9%	8.9%	10.9%	7.1%	10.7%	9.9%	5.0%	10.6%	9.6%	11.1%	9.1%	12.1%	8.9%	13.5%	7.6%	10.6%	4.8%
Partially delivered	366	191	37	36	46	60	15	100	41	262	208	109	96	67	77	90	48	64	54
	49.8%	50.0%	34.9%	45.6%	45.5%	47.2%	53.6%	55.2%	68.3%	52.2%	53.8%	52.7%	51.6%	47.5%	62.6%	46.9%	45.3%	42.4%	64.3%
Fully delivered	148	56	25	18	24	34	5	26	9	101	76	42	45	32	21	35	30	35	16
	20.1%	14.7%	23.6%	22.8%	23.8%	26.8%	17.9%	14.4%	15.0%	20.1%	19.6%	20.3%	24.2%	22.7%	17.1%	18.2%	28.3%	23.2%	19.1%
Do not know/cannot say	136	91	22	18	20	21	4	32	7	78	60	30	26	23	12	38	18	35	10
	18.5%	23.8%	20.8%	22.8%	19.8%	16.5%	14.3%	17.7%	11.7%	15.5%	15.5%	14.5%	14.0%	16.3%	9.8%	19.8%	17.0%	23.2%	11.9%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 07. Answers to the question "To what extent do you feel that the GBV Policy has specifically delivered against GBV prevention objectives?"

Has the GBV Policy delivered against GBV prevention objectives?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not delivered at all	12	7	0	0	0	3	1	6	1	6	5	3	2	2	3	1	3	2	0
	1.6%	1.8%	0.0%	0.0%	0.0%	2.4%	3.6%	3.3%	1.7%	1.2%	1.3%	1.5%	1.1%	1.4%	2.4%	0.5%	2.8%	1.3%	0.0%
Marginally delivered	77	45	19	7	10	10	3	22	3	59	47	22	21	11	18	23	4	14	12
	10.5%	11.8%	17.9%	8.9%	9.9%	7.9%	10.7%	12.2%	5.0%	11.8%	12.1%	10.6%	11.3%	7.8%	14.6%	12.0%	3.8%	9.3%	14.3%
Partially delivered	366	188	37	39	52	55	16	97	43	254	196	111	93	75	72	97	50	62	47
	49.8%	49.2%	34.9%	49.4%	51.5%	43.3%	57.1%	53.6%	71.7%	50.6%	50.7%	53.6%	50.0%	53.2%	58.5%	50.5%	47.2%	41.1%	56.0%
Fully delivered	150	58	27	17	23	37	4	27	7	104	77	45	42	32	16	36	33	36	18
	20.4%	15.2%	25.5%	21.5%	22.8%	29.1%	14.3%	14.9%	11.7%	20.7%	19.9%	21.7%	22.6%	22.7%	13.0%	18.8%	31.1%	23.8%	21.4%
Do not know/cannot say	130	84	23	16	16	22	4	29	6	79	62	26	28	21	14	35	16	37	7
	17.7%	22.0%	21.7%	20.3%	15.8%	17.3%	14.3%	16.0%	10.0%	15.7%	16.0%	12.6%	15.1%	14.9%	11.4%	18.2%	15.1%	24.5%	8.3%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 08. Answers to the question "To what extent do you feel that the GBV Policy has specifically delivered against GBV risk mitigation objectives?"

Has the GBV Policy delivered against GBV risk mitigation objectives?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not delivered at all	12	6	2	0	1	3	1	4	0	8	6	3	2	2	5	3	1	0	0
	1.6%	1.6%	1.9%	0.0%	1.0%	2.4%	3.6%	2.2%	0.0%	1.6%	1.6%	1.5%	1.1%	1.4%	4.1%	1.6%	0.9%	0.0%	0.0%
Marginally delivered	69	40	13	5	8	6	2	27	1	50	37	22	16	14	14	18	6	14	11
	9.4%	10.5%	12.3%	6.3%	7.9%	4.7%	7.1%	14.9%	1.7%	10.0%	9.6%	10.6%	8.6%	9.9%	11.4%	9.4%	5.7%	9.3%	13.1%
Partially delivered	368	189	42	36	50	58	17	90	46	259	205	109	98	71	72	99	46	67	46
	50.1%	49.5%	39.6%	45.6%	49.5%	45.7%	60.7%	49.7%	76.7%	51.6%	53.0%	52.7%	52.7%	50.4%	58.5%	51.6%	43.4%	44.4%	54.8%
Fully delivered	152	60	25	22	23	39	4	27	8	105	78	46	43	32	19	37	35	33	17
	20.7%	15.7%	23.6%	27.8%	22.8%	30.7%	14.3%	14.9%	13.3%	20.9%	20.2%	22.2%	23.1%	22.7%	15.5%	19.3%	33.0%	21.9%	20.2%
Do not know/cannot say	134	87	24	16	19	21	4	33	5	80	61	27	27	22	13	35	18	37	10
	18.2%	22.8%	22.6%	20.3%	18.8%	16.5%	14.3%	18.2%	8.3%	15.9%	15.8%	13.0%	14.5%	15.6%	10.6%	18.2%	17.0%	24.5%	11.9%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 09. Answers to the question "To what extent do you feel that the GBV Policy has specifically delivered against GBV response objectives, including case management?"

Has the GBV Policy delivered against GBV response objectives?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not delivered at all	10	3	2	1	1	1	0	4	0	6	3	4	1	3	1	2	1	1	1
	1.4%	0.8%	1.9%	1.3%	1.0%	0.8%	0.0%	2.2%	0.0%	1.2%	0.8%	1.9%	0.5%	2.1%	0.8%	1.0%	0.9%	0.7%	1.2%
Marginally delivered	66	37	12	4	9	7	3	24	1	43	34	20	19	13	13	21	3	12	8
	9.0%	9.7%	11.3%	5.1%	8.9%	5.5%	10.7%	13.3%	1.7%	8.6%	8.8%	9.7%	10.2%	9.2%	10.6%	10.9%	2.8%	8.0%	9.5%
Partially delivered	355	182	41	38	44	58	15	88	43	253	195	103	87	65	73	92	46	66	45
	48.3%	47.6%	38.7%	48.1%	43.6%	45.7%	53.6%	48.6%	71.7%	50.4%	50.4%	49.8%	46.8%	46.1%	59.4%	47.9%	43.4%	43.7%	53.6%
Fully delivered	165	72	26	19	28	40	6	31	10	118	94	51	52	36	26	42	34	31	21
	22.5%	18.8%	24.5%	24.1%	27.7%	31.5%	21.4%	17.1%	16.7%	23.5%	24.3%	24.6%	28.0%	25.5%	21.1%	21.9%	32.1%	20.5%	25.0%
Do not know/cannot say	139	88	25	17	19	21	4	34	6	82	61	29	27	24	10	35	22	41	9
	18.9%	23.0%	23.6%	21.5%	18.8%	16.5%	14.3%	18.8%	10.0%	16.3%	15.8%	14.0%	14.5%	17.0%	8.1%	18.2%	20.8%	27.2%	10.7%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 10. Answers to the question "Considering the way in which the GBV Policy has been implemented, has this been relevant to the lives of the people that UNHCR works for?"

Has policy implementation been relevant to lives of people that UNHCR works for?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all relevant	5	1	0	1	0	0	0	3	0	2	2	2	0	1	2	1	0	0	0
	0.7%	0.3%	0.0%	1.3%	0.0%	0.0%	0.0%	1.7%	0.0%	0.4%	0.5%	1.0%	0.0%	0.7%	1.6%	0.5%	0.0%	0.0%	0.0%
Not very relevant	36	22	4	2	7	4	2	10	3	28	20	12	10	9	9	12	4	4	5
	4.9%	5.8%	3.8%	2.5%	6.9%	3.1%	7.1%	5.5%	5.0%	5.6%	5.2%	5.8%	5.4%	6.4%	7.3%	6.3%	3.8%	2.7%	6.0%
Somewhat relevant	267	132	50	23	34	42	11	58	26	181	140	76	62	49	52	64	39	52	32
	36.3%	34.6%	47.2%	29.1%	33.7%	33.1%	39.3%	32.0%	43.3%	36.1%	36.2%	36.7%	33.3%	34.8%	42.3%	33.3%	36.8%	34.4%	38.1%
Very relevant	335	169	43	43	46	63	12	85	26	236	186	98	93	68	55	90	54	71	39
	45.6%	44.2%	40.6%	54.4%	45.5%	49.6%	42.9%	47.0%	43.3%	47.0%	48.1%	47.3%	50.0%	48.2%	44.7%	46.9%	50.9%	47.0%	46.4%
Do not know/cannot say	92	58	9	10	14	18	3	25	5	55	39	19	21	14	5	25	9	24	8
	12.5%	15.2%	8.5%	12.7%	13.9%	14.2%	10.7%	13.8%	8.3%	11.0%	10.1%	9.2%	11.3%	9.9%	4.1%	13.0%	8.5%	15.9%	9.5%
Total	735	382	106	79	101	127	28	181	60	502	387	207	186	141	123	192	106	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 11. Answers to the question "How well aligned is the GBV Policy with other corporate policies?"

How well aligned is the GBV Policy with other corporate policies?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all aligned	2	0	1	0	0	0	0	1	0	1	1	2	0	2	0	0	1	0	0
	0.3%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.2%	0.3%	1.0%	0.0%	1.4%	0.0%	0.0%	1.0%	0.0%	0.0%
Not very aligned	19	8	1	2	3	4	0	4	1	9	6	5	3	2	2	10	2	0	3
	2.6%	2.1%	0.9%	2.5%	3.0%	3.2%	0.0%	2.2%	1.7%	1.8%	1.6%	2.4%	1.6%	1.4%	1.6%	5.2%	1.9%	0.0%	3.6%
Somewhat aligned	214	103	39	22	33	40	11	36	18	152	116	65	59	42	51	44	25	42	27
	29.2%	27.0%	36.8%	27.8%	32.7%	31.7%	39.3%	19.9%	30.0%	30.3%	30.0%	31.4%	31.7%	29.8%	41.5%	22.9%	23.8%	27.8%	32.1%
Very aligned	214	97	31	21	27	54	10	39	19	156	114	69	60	44	39	58	33	41	31
	29.2%	25.5%	29.2%	26.6%	26.7%	42.9%	35.7%	21.5%	31.7%	31.1%	29.5%	33.3%	32.3%	31.2%	31.7%	30.2%	31.4%	27.2%	36.9%
Do not know/cannot say	71	47	13	9	6	13	1	17	3	44	31	16	18	15	5	19	11	16	5
	9.7%	12.3%	12.3%	11.4%	5.9%	10.3%	3.6%	9.4%	5.0%	8.8%	8.0%	7.7%	9.7%	10.6%	4.1%	9.9%	10.5%	10.6%	6.0%
Not applicable (not headquarters, regional or country manager, protection or GBV officer)	214	126	21	25	32	15	6	84	19	139	119	50	46	36	26	61	33	52	18
	29.2%	33.1%	19.8%	31.6%	31.7%	11.9%	21.4%	46.4%	31.7%	27.7%	30.8%	24.2%	24.7%	25.5%	21.1%	31.8%	31.4%	34.4%	21.4%
Total	734	381	106	79	101	126	28	181	60	501	387	207	186	141	123	192	105	151	84

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 12. "How well aligned is the GBV Policy with the UN overall and the broader humanitarian approach to GBV?"

How aligned is the GBV Policy with UN and broader humanitarian approach to GBV?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all aligned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Not very aligned	10	3	2	2	1	2	1	1	0	6	3	4	3	4	2	2	2	1	3
	2.2%	1.4%	2.5%	4.1%	1.7%	2.2%	5.6%	1.2%	0.0%	1.9%	1.3%	2.9%	2.4%	4.3%	2.4%	1.8%	3.1%	1.2%	5.0%
Somewhat aligned	144	70	28	11	23	31	7	18	13	100	69	39	34	24	26	33	17	26	16
	31.4%	32.1%	35.0%	22.4%	39.0%	33.7%	38.9%	21.7%	35.1%	31.2%	29.6%	28.5%	27.6%	25.5%	31.0%	29.5%	26.2%	30.2%	26.7%
Very aligned	224	105	33	27	30	50	8	45	19	162	120	74	65	50	48	56	33	43	35
	48.9%	48.2%	41.3%	55.1%	50.8%	54.3%	44.4%	54.2%	51.4%	50.5%	51.5%	54.0%	52.9%	53.2%	57.1%	50.0%	50.8%	50.0%	58.3%
Do not know/cannot say	80	40	17	9	5	9	2	19	5	53	41	20	21	16	8	21	13	16	6
	17.5%	18.3%	21.3%	18.4%	8.5%	9.8%	11.1%	22.9%	13.5%	16.5%	17.6%	14.6%	17.1%	17.0%	9.5%	18.8%	20.0%	18.6%	10.0%
Total	458	218	80	49	59	92	18	83	37	321	233	137	123	94	84	112	65	86	60

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 13. Answers to the question "How adequate are the human resources to meet the requirements of the GBV Policy?"

How adequate are the human resources to meet requirements of the GBV Policy?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all adequate	30	19	5	3	3	3	3	5	3	22	16	11	12	8	13	7	2	2	4
	6.6%	8.7%	6.3%	6.1%	5.1%	3.3%	16.7%	6.0%	8.1%	6.9%	6.9%	8.0%	9.8%	8.5%	15.5%	6.3%	3.1%	2.3%	13.3%
Not very adequate	75	46	12	9	12	11	7	13	7	51	40	18	18	13	22	17	7	7	12
	16.4%	21.1%	15.0%	18.4%	20.3%	12.0%	38.9%	15.7%	18.9%	15.9%	17.2%	13.1%	14.6%	13.8%	26.2%	15.2%	10.8%	8.1%	20.0%
Somewhat adequate	157	76	26	13	27	30	5	24	16	111	79	49	42	28	30	41	22	26	16
	34.3%	34.9%	32.5%	26.5%	45.8%	32.6%	27.8%	28.9%	43.2%	34.6%	33.9%	35.8%	34.2%	29.8%	35.7%	36.6%	33.9%	30.2%	26.7%
Very adequate	127	46	22	16	13	41	2	23	7	92	64	40	34	30	18	28	22	36	20
	27.7%	21.1%	27.5%	32.7%	22.0%	44.6%	11.1%	27.7%	18.9%	28.7%	27.5%	29.2%	27.6%	31.9%	21.4%	25.0%	33.9%	41.9%	33.3%
Do not know/cannot say	69	31	15	8	4	7	1	18	4	45	34	19	17	15	1	19	12	15	8
	15.1%	14.2%	18.8%	16.3%	6.8%	7.6%	5.6%	21.7%	10.8%	14.0%	14.6%	13.9%	13.8%	16.0%	1.2%	17.0%	18.5%	17.4%	13.3%
Total	458	218	80	49	59	92	18	83	37	321	233	137	123	94	84	112	65	86	60

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 14. Answers to the question "How adequate are the financial resources to meet the requirements of the GBV Policy?"

How adequate are the financial resources to meet requirements of the GBV Policy?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all adequate	32	17	6	4	2	3	4	4	4	23	19	10	11	7	12	7	2	5	4
	7.0%	7.8%	7.5%	8.2%	3.4%	3.3%	22.2%	4.8%	10.8%	7.2%	8.2%	7.3%	8.9%	7.5%	14.3%	6.3%	3.1%	5.8%	6.7%
Not very adequate	95	64	12	8	16	11	6	23	9	60	45	32	22	24	32	25	10	5	15
	20.7%	29.4%	15.0%	16.3%	27.1%	12.0%	33.3%	27.7%	24.3%	18.7%	19.3%	23.4%	17.9%	25.5%	38.1%	22.3%	15.4%	5.8%	25.0%
Somewhat adequate	155	63	24	16	23	36	5	27	13	109	78	43	40	26	26	39	19	29	18
	33.8%	28.9%	30.0%	32.7%	39.0%	39.1%	27.8%	32.5%	35.1%	34.0%	33.5%	31.4%	32.5%	27.7%	31.0%	34.8%	29.2%	33.7%	30.0%
Very adequate	100	38	22	12	10	34	1	12	7	79	52	34	31	25	13	22	18	30	15
	21.8%	17.4%	27.5%	24.5%	16.9%	37.0%	5.6%	14.5%	18.9%	24.6%	22.3%	24.8%	25.2%	26.6%	15.5%	19.6%	27.7%	34.9%	25.0%
Do not know/cannot say	76	36	16	9	8	8	2	17	4	50	39	18	19	12	1	19	16	17	8
	16.6%	16.5%	20.0%	18.4%	13.6%	8.7%	11.1%	20.5%	10.8%	15.6%	16.7%	13.1%	15.5%	12.8%	1.2%	17.0%	24.6%	19.8%	13.3%
Total	458	218	80	49	59	92	18	83	37	321	233	137	123	94	84	112	65	86	60

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 15. Answers to the question "How adequate are the institutional arrangements in terms of the ability to deliver against the objectives in the GBV Policy? This refers to the way in which your office is set up and operates around GBV policy implementation, and whether this set-up helps or hinders GBV policy implementation."

How adequate are institutional arrangements to deliver against objectives in the Policy?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all adequate	15	8	1	2	1	1	2	3	2	12	6	6	6	5	5	5	1	1	3
	3.3%	3.7%	1.3%	4.1%	1.7%	1.1%	11.1%	3.6%	5.4%	3.7%	2.6%	4.4%	4.9%	5.3%	6.0%	4.5%	1.5%	1.2%	5.0%
Not very adequate	56	37	12	4	8	10	4	12	2	39	31	13	17	16	25	9	2	5	7
	12.2%	17.0%	15.0%	8.2%	13.6%	10.9%	22.2%	14.5%	5.4%	12.2%	13.3%	9.5%	13.8%	17.0%	29.8%	8.0%	3.1%	5.8%	11.7%
Somewhat adequate	184	84	28	18	28	36	8	31	18	124	87	56	39	28	31	51	22	34	24
	40.2%	38.5%	35.0%	36.7%	47.5%	39.1%	44.4%	37.3%	48.6%	38.6%	37.3%	40.9%	31.7%	29.8%	36.9%	45.5%	33.9%	39.5%	40.0%
Very adequate	124	52	19	14	17	37	3	18	11	95	68	39	40	27	21	25	24	31	18
	27.1%	23.9%	23.8%	28.6%	28.8%	40.2%	16.7%	21.7%	29.7%	29.6%	29.2%	28.5%	32.5%	28.7%	25.0%	22.3%	36.9%	36.1%	30.0%
Do not know/cannot say	79	37	20	11	5	8	1	19	4	51	41	23	21	18	2	22	16	15	8
	17.3%	17.0%	25.0%	22.4%	8.5%	8.7%	5.6%	22.9%	10.8%	15.9%	17.6%	16.8%	17.1%	19.2%	2.4%	19.6%	24.6%	17.4%	13.3%
Total	458	218	80	49	59	92	18	83	37	321	233	137	123	94	84	112	65	86	60

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 16. Answers to the question "How adequate is institutional capacity in terms of the ability to deliver against the objectives in the GBV Policy?"

How adequate is institutional capacity to deliver against objectives in the Policy?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all adequate	13	8	2	1	0	1	1	4	0	7	4	4	3	3	4	3	1	3	1
	2.8%	3.7%	2.5%	2.0%	0.0%	1.1%	5.6%	4.8%	0.0%	2.2%	1.7%	2.9%	2.4%	3.2%	4.8%	2.7%	1.5%	3.5%	1.7%
Not very adequate	60	40	11	5	8	8	6	14	3	42	35	20	20	12	23	14	2	2	11
	13.1%	18.3%	13.8%	10.2%	13.6%	8.7%	33.3%	16.9%	8.1%	13.1%	15.0%	14.6%	16.3%	12.8%	27.4%	12.5%	3.1%	2.3%	18.3%
Somewhat adequate	193	92	30	18	32	39	9	28	21	137	95	57	44	39	42	54	25	30	21
	42.1%	42.2%	37.5%	36.7%	54.2%	42.4%	50.0%	33.7%	56.8%	42.7%	40.8%	41.6%	35.8%	41.5%	50.0%	48.2%	38.5%	34.9%	35.0%
Very adequate	117	43	19	15	14	36	1	19	9	87	60	36	36	25	13	21	22	36	19
	25.6%	19.7%	23.8%	30.6%	23.7%	39.1%	5.6%	22.9%	24.3%	27.1%	25.8%	26.3%	29.3%	26.6%	15.5%	18.8%	33.9%	41.9%	31.7%
Do not know/cannot say	75	35	18	10	5	8	1	18	4	48	39	20	20	15	2	20	15	15	8
	16.4%	16.1%	22.5%	20.4%	8.5%	8.7%	5.6%	21.7%	10.8%	15.0%	16.7%	14.6%	16.3%	16.0%	2.4%	17.9%	23.1%	17.4%	13.3%
Total	458	218	80	49	59	92	18	83	37	321	233	137	123	94	84	112	65	86	60

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 17. Answers to the question "How well has the GBV Policy allowed UNHCR to exercise its comparative advantages vis-à-vis other actors in terms of GBV programming?"

How well has Policy allowed UNHCR to exercise its comparative advantage in GBV programming?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all well	6	2	1	1	0	2	0	1	0	4	3	2	1	2	1	3	0	1	0
	1.3%	0.9%	1.3%	2.0%	0.0%	2.2%	0.0%	1.2%	0.0%	1.3%	1.3%	1.5%	0.8%	2.1%	1.2%	2.7%	0.0%	1.2%	0.0%
Not very well	40	20	5	4	6	8	5	7	3	28	24	14	10	11	17	7	0	4	8
	8.7%	9.2%	6.3%	8.2%	10.2%	8.7%	27.8%	8.4%	8.1%	8.7%	10.3%	10.2%	8.1%	11.7%	20.2%	6.3%	0.0%	4.7%	13.3%
Somewhat well	189	95	39	17	23	34	7	32	20	133	88	60	51	38	37	52	24	33	20
	41.3%	43.6%	48.8%	34.7%	39.0%	37.0%	38.9%	38.6%	54.1%	41.4%	37.8%	43.8%	41.5%	40.4%	44.1%	46.4%	36.9%	38.4%	33.3%
Very well	129	51	16	16	20	36	3	22	10	94	68	43	37	29	22	24	25	30	23
	28.2%	23.4%	20.0%	32.7%	33.9%	39.1%	16.7%	26.5%	27.0%	29.3%	29.2%	31.4%	30.1%	30.9%	26.2%	21.4%	38.5%	34.9%	38.3%
Do not know/cannot say	94	50	19	11	10	12	3	21	4	62	50	18	24	14	7	26	16	18	9
	20.5%	22.9%	23.8%	22.4%	16.9%	13.0%	16.7%	25.3%	10.8%	19.3%	21.5%	13.1%	19.5%	14.9%	8.3%	23.2%	24.6%	20.9%	15.0%
Total	458	218	80	49	59	92	18	83	37	321	233	137	123	94	84	112	65	86	60

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 18. Answers to the question "How well has the implementation of the GBV Policy strengthened your relationship with funded partners, referring specifically to agencies contracted by UNHCR to implement programming in areas where you work?"

How well has the implementation of Policy strengthened your relationship with funded partners?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all well	7	3	2	0	0	3	0	1	0	5	4	1	0	0	2	2	0	1	1
	1.1%	0.9%	2.0%	0.0%	0.0%	2.8%	0.0%	0.6%	0.0%	1.1%	1.2%	0.5%	0.0%	0.0%	1.8%	1.2%	0.0%	0.7%	1.3%
Not very well	36	23	11	2	5	3	4	7	2	25	19	10	11	12	14	10	2	4	5
	5.4%	6.8%	11.1%	2.7%	5.6%	2.8%	16.7%	4.2%	3.6%	5.5%	5.5%	5.4%	6.6%	9.5%	12.8%	5.9%	2.1%	2.9%	6.5%
Somewhat well	252	121	41	25	29	40	7	64	27	168	124	69	50	41	43	57	31	54	30
	38.0%	35.8%	41.4%	34.2%	32.2%	37.7%	29.2%	38.8%	49.1%	36.8%	35.7%	37.5%	30.1%	32.3%	39.5%	33.5%	32.0%	39.7%	39.0%
Very well	183	84	18	26	25	39	5	48	15	138	107	65	56	44	38	51	31	35	22
	26.6%	24.9%	18.2%	35.6%	27.8%	36.8%	20.8%	29.1%	27.3%	30.3%	30.8%	35.3%	33.7%	34.7%	34.9%	30.0%	32.0%	25.7%	28.6%
Do not know/cannot say	186	107	27	20	31	21	8	45	11	120	93	39	49	30	12	50	33	42	19
	28.0%	31.7%	27.3%	27.4%	34.4%	19.8%	33.3%	27.3%	20.0%	26.3%	26.8%	21.2%	29.5%	23.6%	11.0%	29.4%	34.0%	30.9%	24.7%
Total	664	338	99	73	90	106	24	165	55	456	347	184	166	127	109	170	97	136	77

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 19. Answers to the question "How well has the implementation of the GBV Policy strengthened your relationship with national Government and authorities?"

How well has the implementation of Policy strengthened your relationship with national Governments/ authorities?	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all well	16	10	5	2	1	3	1	2	0	13	7	4	2	5	6	2	1	3	1
	2.4%	3.0%	5.1%	2.7%	1.1%	2.8%	4.2%	1.2%	0.0%	2.9%	2.0%	2.2%	1.2%	3.9%	5.5%	1.2%	1.0%	2.2%	1.3%
Not very well	65	37	12	5	11	14	5	10	5	48	37	17	17	11	19	18	5	9	7
	9.8%	10.9%	12.1%	6.8%	12.2%	13.2%	20.8%	6.1%	9.1%	10.5%	10.7%	9.2%	10.2%	8.7%	17.4%	10.6%	5.2%	6.6%	9.1%
Somewhat well	235	114	37	22	24	35	8	64	24	170	126	76	62	46	44	52	36	44	31
	35.4%	33.7%	37.4%	30.1%	26.7%	33.0%	33.3%	38.8%	43.6%	37.3%	36.3%	41.3%	37.4%	36.2%	40.4%	30.6%	37.1%	32.4%	40.3%
Very well	144	59	14	22	21	32	6	30	13	98	74	41	37	31	22	40	25	33	15
	21.7%	17.5%	14.1%	30.1%	23.3%	30.2%	25.0%	18.2%	23.6%	21.5%	21.3%	22.3%	22.3%	24.4%	20.2%	23.5%	25.8%	24.3%	19.5%
Do not know/cannot say	204	118	31	22	33	22	4	59	13	127	103	46	48	34	18	58	30	47	23
	30.7%	34.9%	31.3%	30.1%	36.7%	20.8%	16.7%	35.8%	23.6%	27.9%	29.7%	25.0%	28.9%	26.7%	16.5%	34.1%	30.9%	34.6%	29.9%
Total	664	338	99	73	90	106	24	165	55	456	347	184	166	127	109	170	97	136	77

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 20. Answers to the question "How well has the implementation of the GBV Policy strengthened your relationship with other UN agencies?"

How well has the implementation of Policy strengthened your relationship with other UNs?	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all well	5	1	0	2	0	0	0	2	0	3	2	1	0	1	1	1	0	1	1
	0.8%	0.3%	0.0%	2.7%	0.0%	0.0%	0.0%	1.2%	0.0%	0.7%	0.6%	0.5%	0.0%	0.8%	0.9%	0.6%	0.0%	0.7%	1.3%
Not very well	31	22	8	2	3	5	4	5	2	22	15	5	7	5	12	9	2	2	4
	4.7%	6.5%	8.1%	2.7%	3.3%	4.7%	16.7%	3.0%	3.6%	4.8%	4.3%	2.7%	4.2%	3.9%	11.0%	5.3%	2.1%	1.5%	5.2%
Somewhat well	240	122	42	19	28	37	9	56	25	168	119	67	57	37	43	62	33	39	32
	36.1%	36.1%	42.4%	26.0%	31.1%	34.9%	37.5%	33.9%	45.5%	36.8%	34.3%	36.4%	34.3%	29.1%	39.5%	36.5%	34.0%	28.7%	41.6%
Very well	201	85	27	28	24	41	7	46	18	149	119	70	59	54	35	48	35	49	23
	30.3%	25.1%	27.3%	38.4%	26.7%	38.7%	29.2%	27.9%	32.7%	32.7%	34.3%	38.0%	35.5%	42.5%	32.1%	28.2%	36.1%	36.0%	29.9%
Do not know/cannot say	187	108	22	22	35	23	4	56	10	114	92	41	43	30	18	50	27	45	17
	28.2%	32.0%	22.2%	30.1%	38.9%	21.7%	16.7%	33.9%	18.2%	25.0%	26.5%	22.3%	25.9%	23.6%	16.5%	29.4%	27.8%	33.1%	22.1%
Total	664	338	99	73	90	106	24	165	55	456	347	184	166	127	109	170	97	136	77

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 21. Answers to the question "How well have partnership arrangements strengthened the implementation of the GBV Policy?"

How well have partnership arrangements strengthened the implementation of Policy?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all well	6	3	2	0	0	2	0	1	0	4	3	0	0	0	2	2	0	1	0
	0.9%	0.9%	2.0%	0.0%	0.0%	1.9%	0.0%	0.6%	0.0%	0.9%	0.9%	0.0%	0.0%	0.0%	1.8%	1.2%	0.0%	0.7%	0.0%
Not very well	34	18	6	5	4	3	3	9	1	25	18	12	9	11	11	11	2	3	6
	5.1%	5.3%	6.1%	6.8%	4.4%	2.8%	12.5%	5.5%	1.8%	5.5%	5.2%	6.5%	5.4%	8.7%	10.1%	6.5%	2.1%	2.2%	7.8%
Somewhat well	280	139	40	24	35	47	13	68	28	193	140	78	63	49	58	65	35	54	33
	42.2%	41.1%	40.4%	32.9%	38.9%	44.3%	54.2%	41.2%	50.9%	42.3%	40.4%	42.4%	38.0%	38.6%	53.2%	38.2%	36.1%	39.7%	42.9%
Very well	174	79	24	26	22	36	4	40	15	122	98	55	49	38	28	45	30	38	20
	26.2%	23.4%	24.2%	35.6%	24.4%	34.0%	16.7%	24.2%	27.3%	26.8%	28.2%	29.9%	29.5%	29.9%	25.7%	26.5%	30.9%	27.9%	26.0%
Do not know/cannot say	170	99	27	18	29	18	4	47	11	112	88	39	45	29	10	47	30	40	18
	25.6%	29.3%	27.3%	24.7%	32.2%	17.0%	16.7%	28.5%	20.0%	24.6%	25.4%	21.2%	27.1%	22.8%	9.2%	27.7%	30.9%	29.4%	23.4%
Total	664	338	99	73	90	106	24	165	55	456	347	184	166	127	109	170	97	136	77

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

TABLE 22. Answers to the question "How well has the GBV Policy strengthened the ability of UNHCR to fundraise for GBV programming?"

How well has Policy strengthened UNHCR ability to fundraise for GBV programming?	Gender		Region							Population					Focal area of work				
	Total	Females	AP	EHAGL	EU	MENA	SA	AM	WCA	Refugees	Asylum seekers	IDPs	Stateless	Returnees	GBV	Protection, but not GBV	Multifunctional team, not protection nor GBV	Operations, but none of the above	Management
Not at all well	14	6	3	3	2	2	1	2	1	12	6	4	4	5	2	5	2	0	3
	2.1%	1.8%	3.0%	4.1%	2.2%	1.9%	4.2%	1.2%	1.8%	2.6%	1.7%	2.2%	2.4%	3.9%	1.8%	2.9%	2.1%	0.0%	3.9%
Not very well	51	28	11	6	3	8	3	13	3	35	27	18	13	13	14	12	2	9	12
	7.7%	8.3%	11.1%	8.2%	3.3%	7.5%	12.5%	7.9%	5.5%	7.7%	7.8%	9.8%	7.8%	10.2%	12.8%	7.1%	2.1%	6.6%	15.6%
Somewhat well	210	105	31	18	29	37	5	47	21	145	103	58	56	42	44	47	30	39	21
	31.6%	31.1%	31.3%	24.7%	32.2%	34.9%	20.8%	28.5%	38.2%	31.8%	29.7%	31.5%	33.7%	33.1%	40.4%	27.7%	30.9%	28.7%	27.3%
Very well	134	56	19	21	12	33	5	23	16	88	65	41	28	24	18	32	27	36	15
	20.2%	16.6%	19.2%	28.8%	13.3%	31.1%	20.8%	13.9%	29.1%	19.3%	18.7%	22.3%	16.9%	18.9%	16.5%	18.8%	27.8%	26.5%	19.5%
Do not know/cannot say	255	143	35	25	44	26	10	80	14	176	146	63	65	43	31	74	36	52	26
	38.4%	42.3%	35.4%	34.2%	48.9%	24.5%	41.7%	48.5%	25.5%	38.6%	42.1%	34.2%	39.2%	33.9%	28.4%	43.5%	37.1%	38.2%	33.8%
Total	664	338	99	73	90	106	24	165	55	456	347	184	166	127	109	170	97	136	77

Legend – AP : Asia and the Pacific; EHAGL: East and Horn of Africa and the Great Lakes; EU: Europe; MENA: Middle East and North Africa; SA: Southern Africa; AM: The Americas; WCA: West and Central Africa

ANNEX R: QUALITATIVE DATA COLLECTION TOOLS

1. Key Informant Interview tool

KIIs with
UNHCR Decision Makers, UNHCR Operations, UNHCR M&E focal points, External Partners, Influencers, and Interested actors

> ➢ **Tool 1: UNHCR Decision maker (UNHCR Senior Leadership at Headquarters, Regional, and National level)**
> ➢ **Tool 2: UNHCR Operations (Protection, Multi-functional, Support to Operations at national and Sub-national level)**
> ➢ **Tool 3: UNHCR M&E focal point (staff member responsible for monitoring, evaluation, and learning)**
> ➢ **Tool 4: External Partners (Funded Partners, Coordination partners, Government agencies involved in GBV)**
> ➢ **Tool 5: Influencers (High-level government stakeholders, UN Leadership, Donor) and Interested Actors (Knowledgeable GBV Actors who are aware of UNHCR's GBV work)**

1) **Note to Interviewer:** Please remember that the KII guide provided may need minor adjustments based on the individual you are interviewing. For instance, some external partners may need prompts or further adaptation to ensure their understanding of the question is clear, especially about the GBV Policy and its tools and guidelines. Questions related to budget, finance, or M & E are marked.

See the companion sheet that targets each stakeholder to ensure you are asking for and gathering the relevant documents as we go.

This comprehensive research guide caters to a diverse audience with varied backgrounds, positions, and experiences. The guide is set up so that individuals are asked questions relevant to their position and experience, thus making the research process more efficient. Because of the audience's diverse nature, the guide has been developed in a semi-structured format. This means that not every person will be asked every question, but they will be asked questions most relevant to their position and experience.

Tool 1: Decision makers (UNHCR Senior Leadership at Headquarters, Regional, and National level)

Consent script

Introduction:

Hello. My name is _____, and I am part of an evaluation team conducting interviews to evaluate UNHCR's programming to support prevention, risk mitigation, and response to GBV. We are interviewing stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?
It is up to you to decide whether to participate in this interview. However, we would appreciate your sharing your thoughts with us. If you choose not to take part, you will not be affected. If you agree to participate, you may stop participating in the interview at any time, and you can refuse to answer questions you don't feel comfortable answering.

What does participation in the evaluation involve?
If you agree to participate, I will ask you to verbally consent, and then you will participate in an interview or group discussion with me. The interview will take approximately one hour (two hours for participatory group discussions). There are no right or wrong answers, and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?
Your answers will be confidential. With your permission, I would like to audio record the interview to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations on improving UNHCR's GBV programming, including risk mitigation.

What if I have questions about the evaluation or my rights as a participant?
You can ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no

Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Introduction

1) Could you please introduce yourself, including your position and role in UNHCR and any work you do related to GBV?
2) Are you familiar with UNHCR's GBV policy? Can you tell me what you know about it?

Relevance

3) Have you been involved in developing the GBV policy or any guidance or tools to implement and monitor it? Can you please describe the process for this development?
4) To what extent is the GBV policy relevant to the organization's needs?
   a) What about the needs of the people it serves?
   b) Is the policy responsive and adaptable to the various contexts in which UNHCR operates and the diverse populations it serves?
   c) How has the AGD policy assisted in achieving these goals?
   d) Is there any need for further guidance or adaptation to make it more relevant?

Coherence (internal)

5) How has prioritizing GBV in Strategic Directions 2022-2026 impacted global, regional, and national GBV efforts?
6) What are the linkages between the GBV Policy and resource allocation decisions at the global and country levels?
7) Is there an adequate budget allocation for GBV programming to ensure a quality response?
   a) How are financial resources prioritized to support GBV programming?

Efficiency

8) Can you describe the funding environment for GBV programming in the context of your work?
9) How is evidence of what works best in GBV programming used to drive decision-making, especially in resource-poor environments?
10) Which GBV programming supported by UNHCR offers the best value for money? Which provides less value for money?
11) What efforts are there to fundraise and find international, regional, national, and subnational resources? Do you feel there are other sources of funding for GBV that UNHCR could tap into but is not yet engaged with?

Coherence (external)

12) How does UNHCR's approach to GBV programming align with the approach of other UN actors? (such as UNFPA, UNICEF, UN Women and WHO)
   a) Can you provide examples of alignment or differences in alignment? How have any differences been addressed?
13) How does UNHCR's approach to GBV programming align with the approach of the national government/s?
   a) Can you provide examples of alignment or differences in alignment? How have any differences been addressed?

Effectiveness

14) How would you assess UNHCR's advocacy work regarding GBV?
   a) Can you share examples? What would you recommend doing more or less of?
15) How would you assess UNHCR's coordination regarding GBV?
   a) Can you share examples? What would you recommend doing more or less of?
16) How effectively does UNHCR collaborate with external partners on GBV programming? (Probe around government partners, UN partners, funded partners, operational partners, women-led or refugee-led organizations)

Progress towards impact

17) (Regional and national only) How has the GBV Policy affected the design and implementation of GBV programming?
18) Which partnerships and collaborations (government, funded partners, UN partners, WLO) have yielded positive results? Can you provide examples of what has worked well? What has not worked so well, and what has been done to address this?

Strategic positioning

19) How can UNHCR's protection mandate, coordination role, and advocacy efforts contribute more effectively to achieving overall GBV objectives?
20) What unique strengths does UNHCR bring to GBV programming, and how can it leverage these strengths? Conversely, what challenges or limitations might UNHCR face compared to other GBV actors, and how can it mitigate them?

Tool 2: UNHCR operations (Protection, Multi-functional, Support to Operations at national and sub-national level)

Consent script

Introduction:

Hello, my name is _____, and I am part of an evaluation team conducting interviews to evaluate UNHCR's programming to support prevention, risk mitigation, and response to GBV. We are interviewing stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?
It is up to you to decide whether to participate in this interview. However, we would appreciate your sharing your thoughts with us. If you choose not to take part, you will not be affected. If you agree to participate, you may stop participating at any time and you don't need to answer questions you don't feel comfortable answering.

What does participation in the evaluation involve?
If you agree to participate, I will ask you to verbally consent, and then you will participate in an interview or group discussion with me. The interview will take approximately one hour (two hours for participatory group discussions). There are no right or wrong answers, and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?
Your answers will be confidential. With your permission, I would like to audio record the interview to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations on how to improve UNHCR's GBV programming, including risk mitigation.

What if I have questions about the evaluation or my rights as a participant?
You can ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no

Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Introduction

1) Please introduce yourself, including your position and role in UNHCR and any work related to GBV?

    a) Can you tell me about the contexts you work in? (e.g., emergencies, protracted displacement, mixed)

    b) What about the populations with and for whom you work? (e.g., women, children, people with disabilities, LGBTIQ+ people, stateless, refugees, IDPs)

2) Are you familiar with UNHCR's GBV policy? Can you tell me what you know about it?

Relevance

3) Have you received guidance or tools for implementing the GBV policy? What about GBV programming?

    a) How would you assess these? Did they provide clear guidance for implementing GBV prevention, risk mitigation, and response activities?

4) To what extent does the GBV Policy cater to the various contexts in which UNHCR works and the needs of different groups? (Probe around different contexts, including emergencies, protracted displacement, and mixed) (Probe around diverse groups, including women, children, people with disabilities, LGBTIQ+ people, etc)

    a) How has the age, gender, and diversity (AGD) policy helped achieve these goals?

5) How has the GBV Policy facilitated your work on GBV? Can you share examples?

Coherence (external)

6) How does UNHCR's approach to GBV programming align with the approach of other UN actors? (such as UNFPA, UNICEF, UN Women and WHO)

    a) Can you provide examples of alignment or differences in alignment? How have any differences been addressed?

7) How does UNHCR's approach to GBV programming align with the approach of the national government/s?

    a) Can you provide examples of alignment or differences in alignment? How have any differences been addressed?

Coherence (internal)

8) Is there an adequate budget allocation for GBV programming to ensure a quality response?

    a) How are financial resources prioritized to support GBV programming?

Efficiency

9) Can you tell me what the funding environment for GBV programming currently looks like in the context of your work?

10) What would programming look like if the necessary resources were provided?

11) Which GBV programming supported by UNHCR offers the best value for money? Which offers less value for money?

Specific focal persons

    12) (Resource mobilisation) What efforts are there to fundraise and find regional, national, and sub-national resources?

      a) Do you feel there are other sources of funding for GBV that UNHCR could tap into that they are not yet engaged with?

    13) (Resource mobilisation) What does fundraising for GBV look like at the international level? What more could be done to enhance GBV resource mobilisation at this level?

14) (Budgeting and finance) How are financial resources distributed, monitored, and adapted to meet GBV programmatic needs during the planning and project life cycle?
   a) What occurs when needs shift due to changing circumstances or other factors?

15) (Human resources) Could you please clarify how staffing levels, skill sets, and workforce planning are related to GBV programming and how human resources play a role in achieving the desired outcomes?
   a) What have been the challenges, and how have they been addressed?

Effectiveness

16) What is working well in terms of your GBV programming?
   a) What is not working well, and how have you worked with UNHCR to address gaps?

17) How would you assess UNHCR's advocacy work concerning GBV?
   a) Can you share examples? What would you recommend doing more or less of?

18) How would you assess UNHCR's coordination in relation to GBV?
   a) Can you share examples? What would you recommend doing more or less of?

19) How effectively does UNHCR collaborate with external partners on GBV programming? (Probe around government partners, UN partners, funded partners, operational partners, and women-led or refugee-led organisations)

Progress towards impact

20) Which partnerships and collaborations have led to positive results?
   a) Can you provide examples of what has worked well?
   b) What has not worked so well, and what has been done to address this?

21) What areas have you found particularly challenging to address in your work on GBV? (Probe around addressing cultural norms, reaching marginalized populations, and ensuring timely referrals)
   a) What has been done to address these challenges?

Strategic positioning

22) How would you compare UNHCR's GBV work with other UN actors? (probe around UNFPA, UN Women, WHO, IOM, UNICEF, etc.)
   a) What is UNHCR's comparative advantage vis-a-vis these other actors? What unique strengths does it bring, including to UN and other partners?
   b) What challenges or limitations might UNHCR face compared to other GBV actors?

23) What are the strengths of other UN agencies (such as UNFPA, UNICEF, UN Women and WHO) concerning GBV programming?
   a) Can you provide examples or evidence of successful initiatives they have led?
   b) How can UNHCR better collaborate and coordinate with other UN agencies and partners, including government, to maximize their relative strengths in GBV?

Recommendations

24) Do you have any recommendations for UNHCR to improve its GBV work? What about its GBV policy?

Tool 3: UNHCR M&E staff (Monitoring, evaluation and learning focal points)

Consent script

Introduction:

Hello, my name is _____, and I am part of an evaluation team conducting interviews to evaluate UNHCR's programming to support prevention, risk mitigation and response to GBV. We are conducting interviews with stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?
It is up to you to decide whether to participate in this interview. However, we would appreciate your sharing your thoughts with us. If you choose not to take part, you will not be affected. If you agree to participate, you may stop participating in the interview at any time, and you can refuse to answer questions you don't feel comfortable answering.

What does participation in the evaluation involve?
If you agree to participate, I will ask you to verbally consent, and then you will participate in an interview or group discussion with me. The interview will take approximately one hour (two hours for participatory group discussions). There are no right or wrong answers, and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?
Your answers will be confidential. With your permission, I would like to audio record the interview to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations on how UNHCR's GBV programming, including risk mitigation, can be improved.

What if I have questions about the evaluation or my rights as a participant?
You can ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no

Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Introduction
   1) Could you please introduce yourself, including your position and role in UNHCR and any M&E or learning work related explicitly to GBV?
   2) Are you familiar with UNHCR's GBV policy? Can you tell me what you know about it?

Relevance
   3) To what extent has the GBV Policy facilitated or influenced your work on M&E related to GBV? Can you share examples?

Coherence (internal)
   4) How is the delivery of GBV programming measured against the GBV Policy?

Coherence (external)
None

Effectiveness
   5) What tools and mechanisms are used to measure GBV programming, including funded partners, and who within the UNHCR staff is responsible for this? How is the quality assessed?
   6) How is the evidence you're gathering on GBV programming used to inform programming? Can you give examples? Where are the gaps? How is this done?
   7) Regarding monitoring systems and data collection related to GBV output and outcome indicators, what is working and what is not working?

   a) How have the routine monitoring system, surveys, and other forms of data collection contributed to evidence-based decision-making? Please give examples.

   b) How well have partners performed monitoring, surveys, and other forms of primary data collection? What are the gaps?

   c) How do funding and human resource gaps influence the monitoring and evaluation of GBV programming?

   d) Overall, is monitoring and evaluating GBV programming effective?

Efficiency
   8) What indicators, data collection methods, and reporting mechanisms are employed to assess the cost-effectiveness and quality of GBV programming?

Progress towards impact
   9) What data exists on policy impact, and how is this collected? What evidence exists about positive changes in GBV outcomes?

Strategic positioning
None

Recommendations
   10) Do you have any recommendations for UNHCR to improve its GBV work? What about its GBV policy?

Tool 4: External partners (Funded Partners, Coordination partners, Government agencies involved in GBV)

Consent script

Hello, my name is _____, and I am part of an evaluation team conducting interviews to evaluate UNHCR's programming to support prevention, risk mitigation and response to GBV. We are conducting interviews with stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?
It is up to you to decide whether to participate in this interview. However, we would appreciate your sharing your thoughts with us. If you choose not to take part, you will not be affected. If you agree to participate, you may stop participating in the interview at any time, and you can refuse to answer questions you don't feel comfortable answering.

What does participation in the evaluation involve?
If you agree to participate, I will ask you to verbally consent, and then you will participate in an interview or group discussion with me. The interview will take approximately one hour (two hours for participatory group discussions). There are no right or wrong answers, and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?
Your answers will be confidential. With your permission, I would like to audio record the interview to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations on how UNHCR's GBV programming, including risk mitigation, can be improved.

What if I have questions about the evaluation or my rights as a participant?
You can ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no

Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Introduction

1) Please introduce yourself, including your position and role in implementing GBV programming and your relationship with UNHCR?
   a) Can you tell me about the contexts you work in? (e.g., emergencies, protracted displacement, mixed)
   b) What about the populations with whom you work? (e.g., women, children,   people with disabilities, LGBTIQ+ people, stateless, refugees, IDPs)
2) Are you familiar with UNHCR's GBV policy? Can you tell me what you know about it?

Relevance

3) (Funded partners or government partners only) Have you received any training, guidance, or tools related to UNHCR's GBV policy or GBV programming?
   a) How would you assess these? Did they provide clear guidance for implementing GBV prevention, risk mitigation, and response activities?

Coherence (external)

4) How does UNHCR's approach to GBV programming align with the approach of other UN actors? (such as UNFPA, UNICEF, UN Women and WHO)
   a) Can you provide examples of alignment or differences in alignment? How have any differences been addressed?
5) How does UNHCR's approach to GBV programming align with the approach of the national government?
   a) Can you provide examples of alignment or differences in alignment? How have any differences been addressed?

Efficiency

6) Can you tell me what the funding environment for GBV programming looks like in your context?
7) What evidence is there to demonstrate what works best to employ in terms of GBV programming that is realistic in the current environment?

Effectiveness

8) What is working well in terms of your GBV programming?
   a) What is not working well, and how have you worked with UNHCR to address gaps?
9) How would you assess UNHCR's advocacy work concerning GBV?
   a) Can you share examples? What would you recommend they do more or less of?
10) How would you assess UNHCR's coordination concerning GBV?
    a) Can you share examples? What would you recommend they do more or less of?
11) How effectively does UNHCR collaborate with external partners on GBV programming? (Probe around government partners, UN partners, funded partners, operational partners, and women-led or refugee-led organisations)

Progress towards impact

12) Which partnerships and collaborations have led to positive results?
    a) Can you provide examples of what has worked well?
    b) What has not worked so well, and what has been done to address this?
13) What areas have you found particularly challenging to address in your work on GBV? (Probe around addressing cultural norms, reaching marginalized populations, and ensuring timely referrals)
    a) What has been done to address these challenges?

Strategic positioning

14) How would you compare UNHCR's GBV work with other UN actors? (probe around UNFPA, UN Women, WHO, IOM, UNICEF etc)

a) What is UNHCR's comparative advantage vis-a-vis these other actors? What unique strengths does it bring, including to UN and other partners?

b) What challenges or limitations might UNHCR face compared to other GBV   actors?

15) What are the strengths of other UN agencies (such as UNFPA, UNICEF, UN Women, and WHO) concerning GBV programming?

a) Can you provide examples or evidence of successful initiatives they have led?

b) How can UNHCR better collaborate and coordinate with other UN agencies and partners, including the government, to maximize their relative strengths in GBV?

Recommendations

16) Do you have any recommendations for UNHCR to improve its GBV work? What about its GBV policy?

Tool 5: Influencers (high level government stakeholders and donors) **AND Interested actors** (Knowledgeable GBV Actors who are aware of UNHCR's GBV work)

Consent script

Introduction:

Hello, my name is _____, and I am part of an evaluation team conducting interviews to evaluate UNHCR's programming to support prevention, risk mitigation, and response to GBV. We are conducting interviews with stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?
It is up to you to decide whether to participate in this interview. However, we would appreciate your sharing your thoughts with us. If you choose not to take part, you will not be affected. If you agree to participate, you may stop participating in the interview at any time, and you can refuse to answer questions you don't feel comfortable answering.

What does participation in the evaluation involve?
If you agree to participate, I will ask you to verbally consent, and then you will participate in an interview or group discussion with me. The interview will take approximately one hour (two hours for participatory group discussions). There are no right or wrong answers, and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?
Your answers will be confidential. With your permission, I would like to audio record the interview to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations on how UNHCR's GBV programming, including risk mitigation, can be improved.

What if I have questions about the evaluation or my rights as a participant?
You can ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no

Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Introduction

1) Can you please introduce yourself, including your position and role, any work related to GBV, and your relationship with UNHCR?

2) Are you familiar with UNHCR's GBV policy? Can you tell me what you know about it?

Relevance

None

Efficiency

3) Can you tell me what the funding environment for GBV programming looks like in your context?

4) What evidence is available that looks at what works best in GBV programming?

5) What does fundraising for GBV look like at the international level? What more could be done at this level to further enhance GBV programming?

Coherence (external)

6) How does UNHCR's approach to GBV programming align with the approach of other UN actors? (such as UNFPA, UNICEF, UN Women and WHO)
    a) What are the critical elements of the broader UN system's approach to GBV programming, and how does UNHCR's GBV programming align with theirs?

7) How does UNHCR's approach to GBV programming align with the approach of national governments?

Effectiveness

8) What are the main factors that affect GBV Programming in your context? (Identity which context they are in emergency, prolonged displacement, mixed setting, refugee, or IDP) and (camp, urban settings)? What is working well and not in terms of prevention, risk mitigation, response/case management, coordination, and advocacy?

9) How would you assess UNHCR's advocacy work concerning GBV?
    a) Can you share examples? What would you recommend they do more or less of?

10) How would you assess UNHCR's coordination concerning GBV?
    a) Can you share examples? What would you recommend they do more or less of?

11) How effectively does UNHCR collaborate with external partners on GBV programming? (Probe around government partners, UN partners, funded partners, operational partners, and women-led or refugee-led organisations)

Progress towards impact

12) Which partnerships and collaborations (government, funded partners, UN partners, WLO) have yielded positive results? Can you provide examples of what has worked well? What has not worked so well, and what has been done to address this?

Strategic positioning

17) How would you compare UNHCR's GBV work with other UN actors? (probe around UNFPA, UN Women, WHO, IOM, UNICEF, etc.)
    a) What is UNHCR's comparative advantage vis-a-vis these other actors? What unique strengths does it bring, including to UN and other partners?
    b) What challenges or limitations might UNHCR face compared to other GBV   actors?

18) What are the strengths of other UN agencies (such as UNFPA, UNICEF, UN Women, and WHO) concerning GBV programming?
    a) Can you provide examples or evidence of successful initiatives they have led?
    b) How can UNHCR better collaborate and coordinate with other UN agencies and partners, including the government, to maximize their relative strengths in GBV?

Recommendations

19) Do you have any recommendations for UNHCR to improve its GBV work? What about its GBV policy?

2. Focus Group Discussion Tools

1. Focus Group Discussion: Protection Staff

2. Focus Group Discussion: Interested Actors

3. Focus Group Discussion: Partners, both funded and operational

4. Focus Group Discussion: UNHCR Multi-functional Teams

5. Large group discussion with partners, women-led groups, etc.

Evaluation of UNHCR's approach to GBV prevention, risk mitigation, and response - Strategic thematic evaluation (Phase II)

1.FGD Guide: Protection Staff

Identifier Code:	The topic for the FGD
Moderator Name:	()
Note Taker:	
Gender of Respondents: (SEE BELOW)	
County	
City	

Respondent #:	1	2	3	4	5
Gender of respondent:					

Illustrative FGD/SGD Guide Questions

Facilitator Guide:

Explain the objective of this FGD: Hello. My name is _____, and I am part of an Evaluation Team conducting this Focus Group Discussion (FGD) as part of our efforts to evaluate UNHCR's programming to support prevention, risk mitigation, and response to GBV.

Participation
We would be grateful if you could share your thoughts with us. However, if you choose not to participate, it will not impact you. But, if you agree to participate, you are free to withdraw from the discussion at any time and decline to answer any questions you do not feel comfortable answering.
Ground Rules
If you agree to participate, I will ask for your verbal consent. The focus group discussion will last 90 minutes to 2 hours. There are no right or wrong answers, and we encourage you to be as open and honest as possible in your responses. Only one person talks each time; we need to be able to hear the others.

You may ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Confidentiality
Your answers will be confidential. With your permission, I would like to audio record the FGD to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our independent external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations for improving UNHCR's GBV programming.

Rights as a participant?
Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no
Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Introduction

1. Can you summarize the GBV work UNHCR engages in at the national and -sub-national levels? Please include direct programming and the work of the funded partners regarding prevention, risk mitigation, response, and case management.

2. Can you give me a sense of your responsibilities for GBV? How much time and work are spent on GBV-related activities?

3. Can you talk about the populations you work with, those most at risk (of GBV), and the strategies you used to address their protection needs?

4. How is your/UNHCR's engagement with Women-led and refugee-led organizations? What role are they playing in the GBV context? What strengths and weaknesses do they bring to the GBV work?

5. How do you work with government agencies on GBV initiatives? Which government agencies are involved, and what successes and challenges have you had at work? Can you provide examples? What have been the opportunities to make government agencies' GBV activities more effective?

6. How do you feel the GBV Policy has helped facilitate the GBV work? What else could be done to make the GBV work even more effective?

7. Can you explain how GBV programs are coordinated? What role does UNHCR play in GBV coordination? Which agencies are most involved? How do you evaluate how well

the coordination works? What is working well and what is not working well? What else could UNHCR do more in this area?

8. What does UNHCR do to advocate for addressing GBV? Can you give me some examples of the advocacy work that's been done? Do you feel that there is more of a role that UNHCR can play in advocacy?

9. What is UNHCR's comparative advantage in this context? Is there more or less than you think UNHCR should do to enhance the GBV work further? What about the other GBV actors in this space?

Evaluation of UNHCR's approach to GBV prevention, risk mitigation, and response - Strategic thematic evaluation (Phase II)

2.. **FGD Guide: Interested Actors**

Identifier Code:	The topic for the FGD
Moderator Name:	()
Note Taker:	
Gender of Respondents: (SEE BELOW)	
County	
City	

Respondent #:	1	2	3	4	5
Gender of respondent:					

Illustrative FGD/SGD Guide Questions

Facilitator Guide:

Explain the objective of this FGD: Hello. My name is _____, and I am part of an Evaluation Team conducting this Focus Group Discussion (FGD) as part of our efforts to evaluate UNHCR's programming to support prevention, risk mitigation, and response to GBV.

Participation
We would be grateful if you could share your thoughts with us. However, if you choose not to participate, it will not impact you. But, if you agree to participate, you are free to withdraw from the discussion at any time and decline to answer any questions you do not feel comfortable answering.

Ground Rules
If you agree to participate, I will ask for your verbal consent. The focus group discussion will last 90 minutes to 2 hours. There are no right or wrong answers, and we encourage you to be as open and honest as possible in your responses. Only one person talks each time; we need to be able to hear the others.

You may ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Confidentiality
Your answers will be confidential. With your permission, I would like to audio record the FGD to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our independent external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits

Opening

1. What have been your main interactions with UNHCR in your GBV work?
2. What is your level of awareness of UNHCR's GBV Policy or their overall approach?

Coherence

3. How does UNHCR's GBV approach align with other GBV actors?
4. How does UNHCR coordinate with other UN agencies (such as UNFPA and UNICEF) and non-governmental organizations (NGOs) to maximize impact in GBV prevention, risk mitigation, and response?

Effectiveness/Progress Towards Impact

5. Can you provide examples of how UNHCR's coordination and programming in GBV have been effective?
6. What strengths and weaknesses have you observed in UNHCR's GBV interventions, and how does this differ by context (refugee, mixed, IDP situations)?
7. How can UNHCR better engage with other actors to strengthen GBV prevention and response?

Strategic Positioning

8. What strategic improvements would you suggest for UNHCR to enhance its GBV response?
9. In what ways has UNHCR's GBV programming adapted to the changing needs of affected populations?

Conclusions

10. Do you have anything else to add about these topics that we haven't asked about?

Thank you for participating. This has been a rewarding discussion, and your opinions are valuable assets. We hope you have found the discussion interesting, too.
Thank you.

Evaluation of UNHCR's approach to GBV prevention, risk mitigation, and response - Strategic thematic evaluation (Phase II)

3. FGD Guide: External Partners (Funded partners)

Identifier Code:	**The topic for the FGD**
Moderator Name:	**()**
Note Taker:	
Gender of Respondents: (SEE BELOW)	
County	
City	

Respondent #:	1	2	3	4	5
Gender of respondent:					

Illustrative FGD/SGD Guide Questions

Facilitator Guide:

Explain the objective of this FGD: Hello, my name is _____, and I am part of an Evaluation Team evaluating UNHCR's programming for the prevention, risk mitigation, and response to GBV.

Participation
We would be grateful if you could share your thoughts with us. However, if you choose not to participate, it will not impact you. But, if you agree to participate, you are free to withdraw from the discussion at any time and decline to answer any questions you do not feel comfortable answering.

Important considerations
When answering questions in the shared space, do not mention details of survivors or persons at risk or their identifying details. If it is important to share any information, please do so afterward with the Evaluation Team Leader, and the information will be dealt with confidentially

Ground Rules
If you agree to participate, I will ask for your verbal consent. The focus group discussion will last 90 minutes to 2 hours. There are no right or wrong answers, and we encourage you to be as open and honest as possible in your responses. Only one person talks each time; we need to be able to hear the others.

You may ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Confidentiality
Your answers will be confidential. With your permission, I would like to audio record the FGD to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our independent external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations for improving UNHCR's GBV programming.

Rights as a participant?
Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no
Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Opening

1. What is your relationship with UNHCR as a partner (funded, operational)

2. Can you briefly share the type of GBV programming work you conduct and highlight whether it is part of prevention, risk mitigation, or response/case management GBV work? If funded partner, what aspects of the work does UNHCR fund?

3. Are you aware of UNHCR's GBV Policy. If not, that's fine. If so, how does it guide your work as a GBV partner? What changes have you noticed since its implementation in 2020?

Relevance
4. Who are populations most at risk of GBV? Which groups do you serve, and how do you ensure your GBV programming work meets their needs? What tools do you use?

Coherence
5. What kinds of GBV coordination structures exist? What is your role in coordination? Which agency is leading the GBV coordination? What is working well, and what are the gaps? How is a

Effectiveness/Efficiency
6. What's going well with your organization's GBV programming work? Where have there been challenges, and how have you addressed them?

7. (Funded partner) What role has UNHCR played in helping to address challenges?

6. How do you ensure that the quality of the GBV programming remains high? What tools do you use? Where have you had success? What has been more challenging to ensure quality GBV programming? Can you provide examples? (Funded partners) What role does UNHCR play in helping ensure quality?

7. (Funded partners) What measures are in place to adapt to changing needs, and how does UNHCR support this?

Progress towards Impact
8. What impact have GBV initiatives had on the communities you serve, and how is this impact sustained over time? What are some examples?

Strategic Positioning
9. What do you see as UNHCR's strength vis-a-vis GBV programming? What do you think they should do more of or less of?

Conclusions
10. Is there anything else you want to add about these topics? Do you have insights into challenges, opportunities, or lessons learned that are important to mention?

Evaluation of UNHCR's approach to GBV prevention, risk mitigation, and response - Strategic thematic evaluation (Phase II)

4. **FGD Guide: Operations UNHCR (Multi-functional teams)**

Identifier Code:	The topic for the FGD
Moderator Name:	()
Note Taker:	
Gender of Respondents: (SEE BELOW)	
County	
City	

Respondent #:	1	2	3	4	5
Gender of respondent:					

FGD/SGD Guide Questions

Facilitator Guide:

Explain the objective of this FGD: Hello. My name is _____, and I am part of an Evaluation Team evaluating UNHCR's programming to support prevention, risk mitigation, and response to GBV.

Participation
We would be grateful if you could share your thoughts with us. However, if you choose not to participate, it will not impact you. But, if you agree to participate, you are free to withdraw from the discussion at any time and decline to answer any questions you do not feel comfortable answering.

Ground Rules
If you agree to participate, I will ask for your verbal consent. The focus group discussion will last 90 minutes to 2 hours. There are no right or wrong answers, and we encourage you to be as open and honest as possible in your responses. Only one person talks each time; we need to be able to hear the others.

You may ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Confidentiality
Your answers will be confidential. With your permission, I would like to audio record the FGD to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our independent external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Introduction

1. Can you briefly share the different sectors you work in for UNHCR?
2. Can you describe the current Gender-Based Violence (GBV) risk mitigation strategies implemented in your operations, and how did you recognize protection risks or the need for a GBV risk mitigation task?

3. How has the GBV Policy enhanced the risk mitigation work?

Relevance

4. How do you ensure the participation and empowerment of GBV survivors in designing and implementing risk mitigation measures?

Coherence

5. How do you collaborate with other UN and government partners in GBV risk mitigation, and what practices have you adopted from these partnerships?

6. Looking forward, what changes or scale-up plans are being considered to enhance the effectiveness of GBV risk mitigation in your operations?

Effectiveness

7. What tools or indicators do you use to measure the effectiveness of GBV risk mitigation efforts, and how do you interpret the data collected?

8 In your experience, which GBV risk mitigation initiatives have been most successful, and what factors contributed to their success?

Progress towards Impact

9.Can you share any case studies or examples where GBV risk mitigation efforts have had a tangible impact on the lives of survivors?

Strategic Positioning

10.Does UNHCR have a comparative advantage with regard to risk mitigation activities in a specific context, including both Refugee contexts or IDP, through their work in clusters?

11. What more could UNHCR do to strengthen this position?

Conclusions

12. Do you have any recommendations or anything else you want to add?

Evaluation of UNHCR's approach to GBV prevention, risk mitigation, and response - Strategic thematic evaluation (Phase II)

5. Large Group Guide

One hour to 90 minutes

Group work with pens and sheets of paper

Identifier Code:	**The topic for the FGD**
Moderator Name:	**()**
Note Taker:	
Gender of Respondents: (SEE BELOW)	
County	
City	

Respondent #:	1	2	3	4	5
Gender of respondent:					

FGD/SGD Guide Questions

Facilitator Guide:

Explain the objective of this FGD: Hello. My name is _____, and I am part of an Evaluation Team evaluating UNHCR's programming to support prevention, risk mitigation, and response to GBV.

Participation
We would be grateful if you could share your thoughts with us. However, if you choose not to participate, it will not impact you. But, if you agree to participate, you are free to withdraw from the discussion at any time and decline to answer any questions you do not feel comfortable answering.
Ground Rules
If you agree to participate, I will ask for your verbal consent. The focus group discussion will last 90 minutes to 2 hours. There are no right or wrong answers, and we encourage you to be as open and honest as possible in your responses. Only one person talks each time; we need to be able to hear the others.

You may ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Confidentiality
Your answers will be confidential. With your permission, I would like to audio record the FGD to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our independent external evaluation team will have access to the interview transcript. (Note limits to confidentiality for participants where relevant)

Risks and benefits
Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations for improving UNHCR's GBV programming.

Rights as a participant?
Request to Proceed
Do you consent to participate? _____ - 1 yes _____ - 2 no
Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

1. Ask each person to introduce themselves briefly and describe their work. (Make a mental note of the types of work to figure out how to group them for the discussion work- ideally by 1) prevention 2) risk mitigation 3) case management/response 4) monitoring and reporting)

2. Once the introductions are done, introduce the topic and explain what you hope to get from the session. Ideally, you want to better understand what is working well and what is not working well, how these challenges are addressed, and the role that UNHCR plays in supporting their work.

3. Divide into groups based on each person's role. Provide them with pen and paper and ask them to discuss:

- What is working well?
- What have been the challenges?
- How have the challenges been addressed?
- What has been UNHCR's role in helping to address challenges? What other role could they play?

4) Have the groups sit together for 15-20 minutes for the discussion. Ask them to each choose a person to present to the group.

5) Once the group work is complete, bring them back to the plenary and have each group present their findings. Once the person is finished presenting, ask the rest of the group if they have anything further to add.

6) In the plenary, further engage the group based on the findings and ask if they have any overarching recommendations for including UNHCR.

7) Close and thank everyone. Be sure to take pictures of their sheets.

3. Participatory group discussion tool

Evaluation of UNHCR's approach to GBV prevention, risk mitigation and response - Strategic thematic evaluation (Phase II)

Objectives of participatory methods within the evaluation
- Understand what change looks like from the perspective of people with and for whom UNHCR works.
- Create an opportunity for reflection on UNHCR and partners' GBV programming, including its outcomes and impacts and contribution to these, and the wider context in which it operates.
- Identify progress towards desired outcomes and emergent impacts.
- Detect unexpected or unanticipated results and impacts, both positive and negative.
- Use a dynamic and co-constructed process to produce complementary evidence that can be triangulated with other sources.

Objectives of Most Significant Change stories
- Gather stories about the most significant change that happened in target communities/locations as a result of UNHCR's or its partners' GBV programming.
- Gain deeper understanding of the experiences and perspectives of change in participants' own words and through their own stories and observations.
- Change could be positive or negative as well as intended or unintended.

Pathways to Impact objectives
- Use most significant change stories as examples of how outcomes and impacts have unfolded in their experience.
- Create the opportunity for collective analysis about why impacts happened or did not happen, which interventions were most significant and why.

Participant and location selection for group discussions
The Evaluation Team will conduct two participatory group discussions per country with people with and for whom UNHCR works. It is assumed that the Evaluation Team will visit up to two sub-national locations in each country and the group discussions will be split across them, however, they could also take place in central/urban contexts as appropriate.

UNHCR focal points will support the Evaluation Team to access people with and for whom UNHCR works. The evaluation team will not directly attempt to sample GBV survivors but rather local civil society groups, camp committees, local women's groups, local refugee groups etc, who can represent the voices of survivors. However, it is recognised that there may be survivors in these groups, and appropriate ethical protocols will be put in place.

The estimated time required for the participatory group discussions is 1.5 to 2 hours. The Evaluation Team should adjust the timings and include breaks as necessary.

Data management
The Evaluation Team will ask for permission to take photos of group discussion outputs, including flip charts. These should be uploaded into a folder in the evaluation SharePoint along with other data collected, including audio recordings and notes.

Process for the participatory group discussions

Step 1:

- Introduction of the Evaluation Team by UNHCR or partner focal point.
- Set out the purpose of the group discussion: **understanding change from your perspective**.
- Discuss how results will be used and agree consent to be part of process (see consent script further below)
- Agree on group norms (confidentiality, respect, listening, etc.)

Approximate total time required for Step 1: 15 min

Activity	Task	Documentation	Materials
Introduction and welcome	Introductions and setting a good tone for the group discussion		
Describe the evaluation objectives and process. Set out the purpose of the group discussion: understanding change from your perspective, etc.	Provide an overview of the evaluation process and group discussion in an accessible format		
Go through consent procedure	Explain how data will be documented and used, and rights to refuse or withdraw. Ask for separate permission for photos from group discussions. (see consent script below)	Ask for verbal agreement from participants to participate and for audio recording.	

Agree on group norms	Using a collective brainstorming, agree on how you will work together as a group. Cover issues related to respect, listening, and confidentiality	Document agreements on flip chart paper and display for everyone to see	Flip chart paper

Consent script

Introduction:

Hello, my name is _____ and I am part of an evaluation team conducting interviews and group discussions to evaluate UNHCR's programming to support prevention, risk mitigation and response to GBV. We are conducting interviews with stakeholders on behalf of UNHCR to help inform the evaluation.

Do I have to take part?

It is up to you to decide whether to participate in this group discussion. However, we would appreciate it if you could share your thoughts with us. If you choose not to take part, you will not be affected. If you agree to participate, you may stop participating in the group discussion at any time, and you can refuse to answer questions you don't feel comfortable answering.

What does participation in the evaluation involve?

If you agree to take part, I will ask you to verbally give consent, and then you will participate in a group discussion with me. The interview will take approximately one and a half to two hours. There are no right or wrong answers, and we encourage you to be as open and honest in your responses as possible.

Will my taking part in the study be kept confidential?

Your answers will be confidential. With your permission, I would like to audio record the interview to capture our discussion correctly. We will not record your name or position anywhere in the evaluation write-up. Only our external evaluation team will have access to the interview transcript.

Risks and benefits

Participating in this interview does not directly benefit you. However, your responses to these questions will help provide recommendations on how UNHCR's GBV programming can be improved.

What if I have questions about the evaluation or my rights as a participant?

You can ask and answer any questions about this research and your participation. If you have questions, complaints, or concerns, please contact: (Name of UNHCR focal point, Email, Phone number)

Request to Proceed

Do you consent to participate? _____ - 1 yes _____ - 2 no

Do you consent to have the interview audio recorded? _____ - 1 yes _____ - 2 no

Step 2:

- Ask participants to briefly introduce themselves, the work they do, and how they are associated with UNHCR's or its partner's programing.

Approximate total time required for Step 2: 10 min

Step 3:

- Small group discussion on most significant change stories.
- Split participants into small groups (e.g., based on their roles or which type of programming they support) to discuss their stories of change (15 min)
- After small group discussions, a representative from each group will share the group responses in plenary (10min)

Approximate total time required for Step 3: 25 min

Guiding questions
In your small groups, I would like you to discuss some stories of change that you have observed in relation to UNHCR's/Partner's (NAME OF GBV program/activity). When we come back to the larger group, be prepared to share the following: 1. A story or example that illustrates the most significant positive change that has happened as a result of (NAME OF GBV program/activity). 2. A story or example that illustrates the most significant not so positive change that has happened as a result of (NAME OF GBV program/activity). 3. Why have these changes been significant to people in your community? What differences have they made? Remember, these can be positive or not so positive.

Step 4:

- Small group exercise: mapping pathways to impact

Approximate total time required for Step 4: 25 min

Activity	Task	Documentation	Materials
Framing the small group mapping exercise	Explain that we are interested in hearing more about people's stories of change, in the same small groups they were just in.	Audio recording and/or written notes of any questions/ discussion that	Flipchart paper (1 piece per group); pens or markers

	Ask participants to choose an example of the most significant change that has happened, which they shared in the previous discussion.	arise	
Mapping exercise	<u>Instructions for participants for mapping/drawing pathways to impact:</u> Ask participants to draw a pathway on the flipchart paper first. If helpful, give an example of how to draw a pathway to impact (e.g., using an analogy of a pathway, road, river, or other familiar landscape). 1. Ask participants to draw the change story they have selected in the middle of the pathway/river. 2. Now ask them to look back at before the change happened and add the following to their maps. - What was the situation before? What kinds of problems were there? - Did UNHCR or other organizations come and talk to you or others in the community about how to resolve these problems? Which other people or groups where involved? - Note any obstacles you encountered and what helped you. 3. Now ask them to focus on the change and draw the following. - What led to these changes? These could be related to people, or situations, or things outside of your control, or maybe to UNHCR's work or other programs. - Did anybody or any organization help or hinder this change? How?	Photograph each map	

	- Were there any important choices or decisions made?		
	- How did change affect different groups of people (probe around women and men, girls and boys, people with disabilities)?		
	- Note any obstacles or what helped change to happen.		
	- Did anything else happen that could have contributed to the change?		
	4. Now ask the groups to look ahead to the end of the pathway and imagine that this is what you would like the situation to be in future.		
	- How far away is it to reach this ideal?		
	- Mark on the pathway where you think you are and how far you have to go.		
	- What kinds of roadblocks are there in the way?		
	- Are there any people or organizations helping this progress to happen? How?		

Step 5:

● Sharing experiences in plenary.

Approximate total time required for Step 5: 25 min

Activity	Task	Documentation	Materials
Reporting back to plenary on small group exercise	A representative from each group will show the group's pathway to impact map and describe its content and the processes of change illustrated. Acknowledge the importance of each group's map. Allow some time for participants to walk around and look at other maps (Maps can be pinned to the walls or put on the floor together for	Audio recording and/or written notes of any questions/ discussion	Paper/pens

	viewing/discussion.)		

Step 6:

Conclusion and discussing how information generated will be used:

- Participants given the option to keep their own maps (after they have been photographed)
- Discussion of how information will be used in the evaluation and reports
- Revisit the consent agreement and check if there are any sensitivities about how the information is shared
- Thank everyone for their participation

Approximate total time required for Step 6: 5 min

4. Annex O - Observation Tool

Evaluation of UNHCR's approach to GBV prevention, risk mitigation, and response - Strategic thematic evaluation (Phase II)

1. **One-Stop Center**
2. **Women Only Centers (Camp)**
3. **Gender Desk in a police station**

Objectives of the Observation Tool
- The evaluation team will observe the situation in the field when accessing subnational locations in country case study missions, particularly the space, infrastructure, and 'how things work' in places where UNHCR or its partners have implemented GBV programming.
- The tool draws from UNHCR's Age, Gender, and Disability (AGD) Policy.

Locations for observations
- It is imagined that observations could occur in any sub-national setting where UNHCR or its partners are implementing GBV response, risk mitigation, or prevention activities. This will vary across different countries but could include camps, urban centers, hospitals, one-stop centers, police stations, etc.
- In some locations, the Evaluation Team may not access all sites. There may not be much time, so it is about doing what you can and should be used as an awareness tool. Much will be at the discretion of the UNHCR and time constraints.

Notes for the person doing the observing
- The tool's observation items aim to provide some structure for what may be valuable to observe, but not all items will be relevant in all locations. The observation items are intended to be a flexible guide.
- While the tool is primarily an observation tool, it may be necessary to use other methods to gather information, such as discussions with relevant medical staff, camps, or government agencies. Questions may also be answered through participatory group discussions with People with and for whom UNHCR works. Suggestions are noted below, but please use your own discretion.
- Any observation data that UNHCR or their partners engage in should be collected.

I. **One-Stop Center (health, psychosocial, legal aid, and referral system)**

1. **Physical Setup**:

   o **Location**: Evaluate the center's accessibility within the camp as to where it is and how accessible it is to the population.

   o **Privacy**: Check if private spaces exist for accessing, consultations and counseling.

   o **Safety Measures**: Assess safety features like emergency exits and lighting.

   o **Signs up:** What kind of information is available in and around the center. Are their pictures or words, what language are they in?

2. **Services Offered**:

- o **Healthcare** clinic: Observe the availability of medical services, including who is providing services and the type of services available (e.g., treatment, examinations).
- o **Psychosocial Support**: Look for trauma-informed counseling and mental health services, including who provides the services, whether men or women, and what the service looks like.
- o **Legal Aid**: Assess legal assistance for survivors such as whether this exists at all or if there is support to accompany survivors to report cases to access police and court services.
- o **Referral System**: Note how referrals to other services are managed and whether there are referrals to livelihoods, shelters if needed, etc.

3. **Staff and Training**:
   - o **Qualified Personnel**: Observe trained staff (e.g., healthcare providers, counselors and whether trained and trauma-informed)
   - o **Gender Sensitivity**: Assess staff understanding of gender-based violence (GBV) issues.
   - o **Interpreters**: Check if language barriers are addressed.

4. **Documentation and Records**:
   - o **Case Management**: Inquire about record-keeping practices.
   - o **Confidentiality**: Ensure survivor information is handled confidentially.

5. **Community Engagement**:
   - o **Outreach Programs**: Look for community awareness initiatives.

      Feedback Mechanism: Assess if survivors can provide feedback on services.

II. Observation Tool for Police Gender Desk

1. **Physical Setup**:
   - **Location**: Note the desk's location within the station. Is it accessible and visible?
   - **Privacy**: Assess if there's a private area for confidential conversations.
   - **Signage**: Look for clear signage indicating it's a gender desk.

2. **Staff and Training**:
   - **Staff Availability**: Observe if trained staff (including women officers) are present.
   - **Gender Sensitivity**: Assess their understanding of gender issues and sensitivity.
   - **Training Materials**: Check if they have relevant training materials.

3. **Services Provided**:
   - **Services Offered**: Inquire about the services provided (e.g., handling GBV cases, counseling).
   - **Referral System**: Ask about their referral network (e.g., NGOs, healthcare).

4. **Documentation and Records**:
   - **Case Records**: Check if they maintain proper records of cases handled.
   - **Confidentiality**: Ensure confidentiality of victims' information.

5. **Community Engagement**:
   - **Outreach**: Inquire about community outreach programs.
   - **Feedback Mechanism**: Assess if they collect feedback from users.

III.   Observation tool for women-only centers

1. **Physical Environment**:
    - o **Safety Measures**: Evaluate safety features like secure entrances, well-lit areas, and emergency exits.
    - o **Privacy**: Check if private spaces are available for counseling and consultations.
    - o **Hygiene and Cleanliness**: Assess the overall cleanliness and hygiene of the center.

2. **Staff and Services**:
    - o **Qualified Staff**: Observe if trained personnel (including female staff) are present.
    - o **Services Offered**: Inquire about services (e.g., counseling, legal aid, medical referrals).
    - o **Psychosocial Support**: Assess the availability of trauma-informed care.

3. **Community Engagement**:
    - o **Outreach Programs**: Look for community engagement initiatives (awareness campaigns, workshops).
    - o **Referral Networks**: Inquire about partnerships with other organizations (healthcare, legal, social services).

4. **Documentation and Reporting**:
    - o **Case Records**: Check if they maintain accurate records of cases handled.
    - o **Confidentiality**: Ensure confidentiality of survivors' information.

5. **Accessibility and Inclusivity**:
    - o **Language and Cultural Sensitivity**: Evaluate if services are accessible to diverse populations and whether signage reflects this?
    - o **Disability-Friendly**: Assess physical accessibility for survivors with disabilities
    - o **LGBTQIA+:** What services are available for LGBTQIA+ is it safe or do they need more discrete services
    - o **Elderly:** Do you notice older people accessing services?

THE INTER-AGENCY
MINIMUM STANDARDS
for Gender-Based Violence in Emergencies Programming

1 GBV GUIDING PRINCIPLES
All aspects of GBV programming are survivor-centred to preserve and promote the confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of women and girls, including GBV survivors.

2 WOMEN'S AND GIRLS' PARTICIPATION AND EMPOWERMENT
Women and girls are engaged as active partners and leaders in influencing the humanitarian sector to prevent GBV and support survivors' access to quality services.

3 STAFF CARE AND SUPPORT
GBV staff are recruited and trained to meet core competencies, and their safety and well-being are promoted.

4 HEALTH CARE FOR GBV SURVIVORS
GBV survivors access quality, survivor-centred health care, including health services for sexual and intimate partner violence and other forms of GBV, and referrals to prevent and/or reduce the effects of violence.

5 PSYCHOSOCIAL SUPPORT
Women and girls safely access quality, survivor-centred psychosocial support focused on healing, empowerment and recovery.

6 GBV CASE MANAGEMENT
GBV survivors access appropriate, quality case management services including coordinated care and support to navigate available services.

7 REFERRAL SYSTEMS
Referral systems are in place to connect GBV survivors to appropriate, quality, multisectoral services in a timely, safe and confidential manner.

8 WOMEN'S AND GIRLS' SAFE SPACES
Women and girls only safe spaces are available, accessible and provide quality services, information and activities that promote healing, well-being and empowerment.

9 SAFETY AND RISK MITIGATION
GBV actors advocate for and support the integration of GBV risk mitigation and survivor support across humanitarian sectors.

10 JUSTICE AND LEGAL AID
Legal and justice actors support GBV survivors to access safe and survivor-centred legal services that protect their rights and promote their access to justice.

11 DIGNITY KITS, CASH AND VOUCHER ASSISTANCE
Women and girls receive dignity kits, and/or cash and vouchers to reduce GBV risk and promote safety and dignity.

12 ECONOMIC EMPOWERMENT AND LIVELIHOODS
Women and adolescent girls access economic support as part of a multisectoral GBV response.

13 TRANSFORMING SYSTEMS AND SOCIAL NORMS
GBV programming addresses harmful social norms and systemic gender inequality in a manner that is accountable to women and girls.

14 COLLECTION AND USE OF SURVIVOR DATA
Survivor data are managed with survivors' full informed consent for the purpose of improving service delivery, and are collected, stored, analysed and shared safely and ethically.

15 GBV COORDINATION
Coordination results in timely, concrete action to mitigate risks, and prevent and respond to GBV.

16 ASSESSMENT, MONITORING AND EVALUATION
Information collected ethically and safely is used to improve the quality of GBV programmes and accountability to women and girls.

ANNEX T: FOCUS AREA STRATEGIC PLAN THEORY OF CHANGE FOR GBV

Theory of Change

Vision

Version 24.05.24 Based on DIP feedback

Three Core Objectives

By 2028, **increasing numbers of forcibly displaced and stateless women and girls live safe, healthy, self-sufficient lives, free from gender-based violence**

Prevention	Response	Risk mitigation
1. **Increasing %s** of (affected) communities are addressing underlying conditions and drivers of GBV	2. **Increasing %s** of GBV survivors have **access to survivor-centred GBV response services**	3. Increasing %s of women and girls have access to **safe sectoral resources and services**

What UNHCR will **always do** in refugee emergencies, and protracted refugee contexts, with a plan to transition to national systems

What UNHCR **will always do, anywhere** where we work

Outputs: UNHCR's contribution

1.1 **Community structures & I/NGO UNHCR partners** have improved capacity to **implement** multi-year **GBV prevention programming**

2.1 **Local authorities, I/NGO UNHCR partners & community structures** have capacity to provide quality **case management and referral pathways**

2.2 **Local authorities , I/NGO UNHCR partners & community structures** have capacity to provide **coordinated and accessible GBV response services** (health, legal, PSS, safety)

2.3 **Women & girls have knowledge** on how **to** access GBV services

2.4 **UNHCR/UNHCR partners** systematically deliver **cash for protection** for at-risk women and girls

3.1 **UNHCR partners** have resources and accountability mechanisms to ensure **sectoral services mitigate GBV risks**

3.2 UNHCR partners systematically include **women & girls** in the **design, implement & monitoring of sectoral services**

IDP contexts UNHCR will programme for prevention & response **only** when:
- Government is unable to provide services, *and*
- Other actors not present, or lack capacity, *and*
- UNHCR has funding

i. Delivery of GBV services through partners, especially local NGOs + WLOs

ii. Community engagement & capacity building of *Women led Organizations [WLOs]*

iii. Strategic partnership and GBV coordination with humanitarian and development actors

iv. Advocacy with Government, civil society and others for inclusion in national systems

v. Direct implementation of cash assistance

vi. Data generation & analysis

Key asks of sister agencies and development actors
- **Strengthen national systems** to ensure refugee women & girls are included in GBV prevention & response programming
- **Ensure** at-risk women & girls are actively targeted in livelihood and socio-economic empowerment programmes and wealth acquisition/generation activities

Three major shifts we will scale up in our programming focus

1. **Scale up engagement with and support to community structures and women-led organizations**, especially those led by displaced, for GBV prevention and response
2. **Strengthen safe and realistic work on inclusion** and transition of GBV services to (sub)national authorities/civil society in protracted contexts
3. **Strengthen global external and interagency engagement, strategic partnerships and coordination** with UN agencies and development partners, including to clarify roles and responsibilities, leverage opportunities including the GRF and implement joint programmes

Enablers- major global internal changes		
	Leadership	Our SET and Senior management will proudly *and systematically* message GBV as a global priority *internally & externally*. They will help push investment in local organizations run by *refugee* women
	External engagement & resources	Strengthening and leveraging our *strategic* global partnership with UN organizations *& development partners, incl. exploring joint programs* will enable better predictability and streamline our collective efforts *Leveraging strategic investment in GRF and global interagency engagement for better advocacy and collective outcomes*
	People and Culture	Develop a GBV HR action plan to ensure GBV capacity at appropriate level Enhance Senior management basic skills on GBV management and leadership
	Systems and processes	*Lowering system barriers* for WLOs will enable investments Our GBV case management approach *will be reformulated and support capacitating partners* *Developing Framework for inclusion in pilot GRF countries and good practice indicator to track efforts on inclusion* New mandatory core output indicator on risk mitigation across sectors will help to showcase mainstreaming work

Assumptions
1. Relevant UN agencies are present and operational and have the resources, capacity and willingness to work with refugees
2. The GBV AoR / UNFPA fulfill their responsibilities in IDP contexts
3. The legal and policy enabling environment in any given context allows for inclusion of refugees and stateless persons in national GBV systems
4. Hosting states and authorities have their own financial sources or are sufficiently supported to include refugees in GBV services

EVALUATION TEAM BIO

Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation and Response (2020-2024)

Team Leader. Dr. Julienne Corboz with a PhD in Anthropology is a research, evaluation and capacity building specialist with more than 20 years of experience, working on and leading projects in multiple country contexts including Afghanistan, Australia, Cambodia, Democratic Republic of Congo (DRC), Guatemala, Haiti, Iraq, Jordan, Kenya, Lebanon, Liberia, Malawi, Nepal, Nigeria, Somalia, Switzerland, Syria, Timor-Leste, Uruguay, Vietnam, Zambia and Zimbabwe. Expertise in the prevention of gender-based violence (GBV) and violence against children (VAC), women, peace and security, women's economic and social empowerment, gender mainstreaming, and gender and education, with an emphasis on work in fragile and conflict-affected settings (FCAS). Julienne has been a technical advisor on both phases of FCDO's flagship "What Works to Prevent Violence Against Women and Girls Global Programme" since 2015, supporting implementing partners in Afghanistan, Nepal, Democratic Republic of Congo and Syria in the adaptation, implementation and rigorous evaluation of GBV prevention interventions. Currently under the "What Works" programme, she is providing GBV technical assistance and accompaniment to partners designing and implementing combined economic and social empowerment GBV prevention pilots in Syria (FAO, UNFPA, CARE and Mercy Corps), and leads on and supports queries on FCDO's Violence Against Women and Children (VAWC) Helpdesk, particularly in the MENA region. In the region she is also supporting UNFPA Syria in the design and development and evaluation of a GBV social norms pilot. Julienne provides technical support to several global GBV networks. She is a technical specialist with the Sexual Violence Research Initiative (SVRI), leading their work on establishing global and regional research priorities on GBV in low- and middle-income countries, with a focus on Latin America and the Caribbean and Sub-Saharan Africa, and is currently leading an SVRI research project on GBV in higher education institutions in Africa and the Middle East. She is also a mentor with the Prevention Collaborative, providing technical support and accompaniment to UN and NGO partners working on GBV prevention in the Asia Pacific region. Julienne is currently supporting the design and implementation of three evaluative studies of a GBV access to justice project implemented in Nigeria, under the CSSF Nigeria Stability Programme, and providing strategic direction and technical oversight as the Team Leader of the Evaluation and Learning Unit of FCDO's Stopping Abuse and Female Exploitation (SAFE) programme in Zimbabwe. She has led on dozens of GBV research and evaluation projects in multiple regional contexts, with expertise in experimental, quasi-experimental and theory-based evaluations.

Senior Evaluator. Tania Bernath is a seasoned GBV expert with rich experience of over 25 years in the humanitarian protection field. She has partnered with various UN entities, donors, and INGOs in different parts of the world, focusing on GBV interventions and evaluations, as well as conducting gender responsive evaluations and strategic reviews. Ms. Bernath has taken part in evaluating country strategies and thematic areas related to the protection of children and women in humanitarian contexts, both as a leader and a contributor. She has ensured that gender is mainstreamed throughout the evaluation cycle, from the planning to the recommendations, and has communicated the findings to relevant audiences. Her solid evaluation background is further complemented by her ability to collaborate effectively with national actors, both in person and remotely where participatory approaches and validation of experiences are incorporated as critical inputs into reviews and evaluations. Examples of her recent gender responsive country evaluations include collaborating with UN WOMEN and OHCHR in Malawi, Uganda, Liberia, and Sudan. One of the key objectives of the protection baseline study for UNRWA's five-year plan was to conduct a gender analysis and identify the specific vulnerabilities of Palestine Refugees based on their gender and age in Syria, Lebanon, West Bank, Gaza, and Jordan. Similarly, in Somalia with IOM, Ms. Bernath developed SOPs that took age, gender, and disability into account in relation to the reintegration of demobilized former Al Shabab combatants. These interventions were essential to ensure that the protection issues faced by individuals in these contexts were adequately addressed and that future programme planning was gender-sensitive and responsive to their unique needs. Ms. Bernath has also conducted over 20 GBV evaluations in humanitarian and development contexts, which gives her insight into what works. These include both national and global interventions that address both prevention and essential services for responding to GBV in a diverse range of settings. Selected examples include reviewing UNICEF's GBV interventions in its response to the Syrian Crisis, one of the most complex humanitarian crises in the world, ensuring GBV remedies were integrated in the Haiti earthquake response through her role in Intercluster coordination with OCHA, and collaborating with UN Women in the Asia-Pacific Region where Ms. Bernath led the global assessment of prevention strategies and essential services in relation to the COVID response.

Senior Evaluator. Dr. David Cownie, Director of SIAPAC, holds a PhD in Political Science specialising in Evaluation and Measurement, with 35 years of experience in international cooperation and over 300 projects led or participated. His core expertise includes applied Evaluation, Results-Based Monitoring, Survey Research, Social Impact Assessment, Applied Development Research, Policy, Strategy, and Programme and Project Development and Assessment. During his career particular experience has been gained in evaluation in particular in the area of social protection, including child, women and vulnerable people's protection, as well as policy and strategy development and review in the areas of civil society engagement, Human Rights and Social Justice, HIV&AIDS, gender equality and gender-based violence, orphans and other vulnerable children, health and well-being, Rural Livelihoods, Public Health, Community-Based Management.

He has worked in the field of gender-based violence for the past two decades. His experience includes: 1) evaluation of GBV initiatives; 2) designing and administering surveys following international protocols that inform programme implementation and programme evaluations; 3) supporting development and implementation of monitoring, evaluation and learning systems for GBV initiatives; and 4) integration of GBV into social policies and strategies as well as supporting the mainstreaming of GBV into development initiatives. He has worked with a range of multilateral and bilateral donors, including UNICEF, UN Women, UNFPA, IFAD, FAO, the World Bank, USAID, DFID, KFW, GIZ, EU, EIB, ADB, SIDA, and non-governmental organizations. Finally, it is worth mentioning that Dr. Cownie has successfully led numerous evaluation exercises such as the Country-led Evaluation of the Action Plan to Prevent and Respond to Violence Against Children 2017-2021 in Cambodia for UNICEF Cambodia, UN Women ROAS Thematic Evaluation on Women's Political Participation and he recently completed the Evaluation of the Australian Government financed Transformative Agenda Programme for improved Sexual and Reproductive Health Rights (SRH) in the Pacific (UNFPA PSRO).