Project Title: Ending Gender-based Violence and Achieving the Sustainable Development Goals

Project Number: TBD
Implementing Partner: UNDP
Start Date: 7 February 2017
End Date: 31 December 2019  PAC Meeting date: 17 November 2016

Brief Description

The project will support the achievement of the Sustainable Development Goals by helping countries make progress on the specific Gender-based Violence (GBV) and related targets. It will focus on an iterative action learning agenda and undertake pilot initiatives in all regions and development contexts. The project will aim to reduce GBV in five selected project sites by testing, costing and evaluating different types of interventions and equipping decision makers and practitioners with policy recommendations and new knowledge, skills and tools to reduce GBV.

The learning component of the project will ensure that UNDP and its partners can design multi-partner interventions to tackle GBV in high prevalence settings, integrate interventions addressing GBV into large scale programmes, reduce institutional bias and support vulnerable groups. This project aims to forge deeper partnerships and prioritization for GBV prevention across sectors. Beyond the five selected sites, UNDP will bring together partners from various countries to exchange experiences and strategies and to directly learn from one another. This new initiative builds on the ongoing project “Accelerating Efforts to Prevent and Respond to Sexual and Gender-based Violence” (2014-16), which has been funded and implemented in collaboration with the Republic of Korea.

Contributing Outcome (GPD):
Outcome 4: Faster progress is achieved in reducing gender inequality and promoting women’s empowerment
Outcome 3: Countries have strengthened institutions to progressively deliver universal access to basic services
Indicative Output(s):
Output 4.2: Measures in place and implemented across sectors to prevent and respond to Sexual and Gender Based Violence (SGBV)
Output 3.4: Functions, financing and capacity of rule of law institutions enabled, including to improve access to justice and redress.

<table>
<thead>
<tr>
<th>Total resources required:</th>
<th>USD 4,000,000</th>
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<tbody>
<tr>
<td>Total resources allocated:</td>
<td>UNDP TRAC:</td>
</tr>
<tr>
<td></td>
<td>Republic of Korea¹</td>
</tr>
<tr>
<td></td>
<td>Donor:</td>
</tr>
<tr>
<td></td>
<td>Government:</td>
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<td>Unfunded:</td>
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Agreed by:

Mady Martínez-Solimán, Assistant Administrator and Director
Bureau for Policy and Programme Support
United Nations Development Programme

¹ At the time of PAC, the project team has received positive funding indications from the Government of the Republic of Korea, but the amount has not been confirmed.
I. DEVELOPMENT CHALLENGE

Gender-Based Violence (GBV) is a crime and a global epidemic which violates human rights and inhibits the fulfillment of human security and the Sustainable Development Goals (SDGs). It is estimated that 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or sexual violence by a non-partner at some point in their lives. Some national studies show that up to 70 per cent of women have experienced physical and/or sexual violence from an intimate partner in their lifetime. A recent UN survey conducted in nine sites across Asia and the Pacific region found that among over 10,000 men surveyed, nearly half of them reported using physical and/or sexual violence against a female partner, with percentages ranging from 26 percent to 80 percent across the sites studied. The vast majority of violence against women worldwide is committed by someone the victim knows.

GBV has been defined by the UN as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females." It encompasses several types of violence: sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings, and others. Although men and adolescent boys are often identified as the main perpetrators of GBV over women and girls, they are also victims of GBV. The umbrella term also covers harmful acts against LGBTIQ groups/individuals based on those socially ascribed gender differences.

While GBV affects all societies, it often disproportionately affects low-income settings, especially poorer regions within low-income countries where fewer resources and services are available, it spikes in times of crisis when social cohesion and protection systems break down, and is often most severe for socially, economically, politically and culturally marginalized groups. Experiences of gender-based violence can have devastating health consequences, including increased rates of maternal morbidity, poor mental health, alcohol and drug abuse, and increases a person's vulnerability to HIV while limiting their ability to cope with disease. Other negative effects include reduced productivity, lower educational performance and attainment, and lasting impact on children including higher risks of experiencing violence as adults. On the other hand, reducing GBV is transformational. It improves the health of women and children, reduces risks to HIV and STDs, improves economic productivity and educational attainment, and reduces risks of mental illness and substance abuse, among other benefits.

The Sustainable Development Goals (SDGs) include explicit targets for ending violence against women, violence against children, trafficking and harmful practices—along with a host of related targets promoting peace, human rights, equality and improving health and wellbeing access. Reducing violence against women and girls is a stand-alone target under SDG Goal 5, and it will contribute to achieving the other gender equality targets also under

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2 World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence, p.2. For individual country information, see The World's Women 2015, Trends and Statistics, Chapter 8, Violence against Women, United Nations Department of Economic and Social Affairs, 2015. - See more at: http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#hash.6puz9ITt.dpdf
3 The survey was carried in 2008 by "Partners for Prevention (P4P)" which is a United Nations (UN) joint programme working to prevent violence against women and girls in Asia and the Pacific at the regional level. More information in the website: http://www.partners4prevention.org/
5 The 2013 WHO report mentioned above brings the most recent evidence on how GBV plays out in high-prevalence settings.
SDG 5. Reducing GBV will also contribute to the achievement of many of the other goals including those on peace, justice and strong institutions, education, health, water and sanitation, decent work, sustainable cities and poverty. Without the elimination of Gender-based Violence full human potential and sustainable development cannot be achieved. On the other hand, without the removal of the structural challenges that perpetuate gender inequalities, GBV cannot be sustainably addressed and prevented.

The new SDG agenda explicitly recognizes that gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets. It states, “The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities.”

Fit for purpose of national and international levels to achieve the SDGs

The new SDG targets on GBV are a significant advancement for women's rights and gender equality. Yet they also present significant challenges if we are to end GBV by 2030. Firstly, these ambitious targets cannot be achieved through efforts led by a single government ministry or implemented through a few departments with limited budgets. With GBV prevalence rates nearing 80% in some sites - and with the accompanying social, health and economic costs of violence - the scale, scope and responsibility for GBV reduction is larger than any ministry or one sector. The challenge is to overcome the vast gap between the current resources dedicated to addressing GBV - at the national level but also in terms of funds committed to development aid - and the enormous scope of the problem.

A recent study tracking OECD development assistance for gender equality finds that only 4% of OECD aid-funded projects have gender equality as a primary objective, while an additional 25% indicate gender equality as a secondary objective. Put differently, 70% of aid does not explicitly consider gender equality, or women's needs and interests. Many donors do not appear to be prioritizing GBV and the unequal gender norms that drive it.

To achieve the SDG aspirations for gender equality and GBV, new sources and ways to manage financing are needed. Countries cannot rely on current systems of public financing and aid allocated to addressing GBV. New partners and sources of financing need to be inspired to invest in GBV prevention, and the means of investment must be simplified. To inspire new investors, the multiple "returns" of reduced violence must be understood across sectors: reduced GBV improves the health of women and children, improves productivity and educational attainment, reduces costs related to law enforcement and the judiciary, reduces risks to HIV and STDs and improves their ability to deal with these diseases, improves productivity and educational attainment, and reduces risks of mental illness and substance abuse, among other benefits. With this approach, more partners from different sectors will invest in prevention and be part of comprehensive and coordinated actions.

A second fundamental challenge for achieving the SDG targets is adhering to the SDG commitment to "leave no one behind". A common critique of the Millennium Development Goals was that the targets were set at levels attainable through approaches that did not address the severity, diversity and inequalities behind some of the goals. For example, some countries were able to achieve goals set for poverty reduction by targeting the large

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6 Goal 5 speaks specifically to governments' commitments to end discrimination and gender-based violence; eliminate child marriage and female genital mutilation; ensure access to sexual and reproductive health care services and education for all; protect women and girls' reproductive rights; eliminate gender disparities in schools and ensure equal access to education; provide education that promotes gender equality and human rights; expand women's economic opportunities and recognize their rights to resources; and reduce the burdens of unpaid care work on women and girls.

7 OECD DAC Network on Gender Equality. From commitment to action: Financing gender equality and women's rights in the implementation of the Sustainable Development Goals: OECD; 2015.
populations living close to the poverty line, and supporting them to move from just below to just above the line. This approach ignored those living in moderate and extreme poverty and the diverse factors that drive poverty for different groups. With these general, population-based approaches, the most marginalized and vulnerable are often left behind, and their voices are and concerns are unheard.

In terms of access to resources and services for GBV, UNDP’s work on the ground confirms the most vulnerable and marginalized often remain left behind (such as migrants -especially women facing economic exploitation- trafficked people, girls forced into early marriage in crisis settings, adolescents -especially women-, older men and women, persons living with or vulnerable to HIV and migrants). In some cases this is due to access issues, as more remote communities are harder to reach with services. In other cases, it is a lack of political will and discrimination against groups of people because of their race, ethnicity, religion, sexual orientation, occupation, ability or other modifiers of identity.

The GBV Expert Meeting in Seoul

In March 2016, UNDP and the Ministry of Foreign Affairs of the Republic of Korea hosted in Seoul an Expert Meeting to discuss approaches to reduce GBV in the context of the Sustainable Development Goals.

The meeting brought together more than 50 practitioners from governments, United Nations agencies, academia and civil society. Important messages coming out of this conference include:

- Policies aimed at reducing GBV can address some of the structural drivers of gender inequality and contribute to the achievement of multiple SDGs;
- The SDG stand-alone target on the elimination of violence against women and other GBV-related targets (under SDG 5, 11 and 16) were recognized as complementary entry points to address GBV and to hold governments accountable for the progress made;
- The scale of GBV goes beyond the scope of any one sector of society or government ministry and will require the development of integrated approaches and new forms of collaboration; and
- Ensuring an effective response to this challenge will also require adequate funding and improvement of coordination of different stakeholders.

UNDP’s work on GBV

In its current Strategic Plan (2014-2017) and Gender Equality Strategy (2014-2017), UNDP identifies Gender-based Violence in its many forms as reflecting and reinforcing pervasive gender inequalities and directly inhibiting progress toward sustainable human development. UNDP’s Strategic Plan responds to GBV through its outcome 4 – ‘Faster progress is achieved in reducing gender inequality and promoting women’s empowerment’ - and has a dedicated output - ‘4.2 Measures are in place and implemented across sectors to prevent and respond to Sexual and Gender Based Violence’ - and several other outputs that respond to the drivers and seek to mitigate the consequences of GBV.

A 2015 mapping of UNDP work on GBV under the ongoing Strategic Plan (2014-2017), which purpose was to identify the range and scale of such work, made clear the organization’s efforts to address GBV as a major challenge to development. The mapping revealed a significant emphasis on GBV policy advocacy and legislative development as well as improving women’s access to justice and the provision of support services for GBV survivors.
UNDP’s mapping of its GBV work identified 115 projects in 67 countries and worth more than 340 million USD. An online survey carried out shortly after, found that the highest priority for UNDP work on GBV issues has been given to “legislative and policy development” and “institutional and governance systems strengthening”, followed by “supporting GBV survivors” and “awareness raising and public campaigning”. When asked about the types of GBV work in their country/office context that they report on using the results-oriented annual report (ROAR) framework, online survey respondents broadly confirmed this order of priorities (see Table below).

Table: GBV work reported in ROAR framework

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
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<tbody>
<tr>
<td>▼ Legal Frameworks for GBV</td>
<td>47.17%</td>
</tr>
<tr>
<td>▼ Security sector, particularly police services in preventing and addressing GBV</td>
<td>32.08%</td>
</tr>
<tr>
<td>▼ Legal Aid and justice services in preventing and addressing GBV</td>
<td>41.61%</td>
</tr>
<tr>
<td>▼ Health and HIV services in preventing and addressing GBV</td>
<td>18.87%</td>
</tr>
<tr>
<td>▼ Economic and employment assistance services</td>
<td>26.42%</td>
</tr>
<tr>
<td>▼ Any other new and strengthened services to prevent and address GBV</td>
<td>22.64%</td>
</tr>
<tr>
<td>▼ Involving men and boys in preventing and addressing GBV</td>
<td>16.89%</td>
</tr>
<tr>
<td>▼ None</td>
<td>16.89%</td>
</tr>
<tr>
<td>▼ Other (please specify)</td>
<td>11.32%</td>
</tr>
</tbody>
</table>

Total Respondents: 53

Much of UNDP’s GBV programming has addressed legal and policy frameworks. UNDP has done extensive work in the area of legal reform to address different forms of GBV as a public policy matter, often for the first time in respective countries’ legal histories (Panama). In a number of countries, UNDP support has been instrumental in reforming existing legislation to address a broader range of forms of GBV (Kenya). Often working together with other UN agencies, UNDP has played an important role in strengthening the development and implementation of national strategies and action plans on GBV (Papua New Guinea), as well as supporting the better integration of GBV issues into national strategies on gender equality (Albania).

UNDP has also carried out extensive work on reform of police institutions and policing practices in a number of countries (including Afghanistan, Bangladesh, Belarus, Iraq, Mali, Nicaragua, Rwanda and Somalia). Another significant part of its GBV programming has focused on improving protection services for survivors, through training support to domestic violence shelters (e.g. in Iraq), legal aid, or the provision of telephone hotlines and expediting the process for survivors to get protection orders from the courts (Argentina). While there are no significant differences between regions in the kind of support UNDP is providing, the policy and programming support is tailored according to the national capacities on the ground. Upstream policy advice is more common in middle-income countries and support to basic services such as legal aid is more common in crisis and post-crisis countries.

While valuable information was produced by both the survey and the mapping exercises, a more thorough review of UNDP work on GBV was commissioned as part of the
organization's efforts to strategically orient its GBV programming in the context of the new Sustainable Development Goals. This forward-looking review, together with the discussions and conclusions from the Expert Meeting in Seoul, have fed into the design of this new global initiative. The main recommendations of the review were the following:

- **Strengthen and sustain multi-sectoral, multi-level action on GBV**: UNDP has experience and growing expertise in designing and supporting multi-sectoral programming that responds to the complex needs and inter-related rights of GBV survivors. It has partnered with other UN entities in the implementation of holistic approaches to address and prevent GBV, including “one stop shops” initiatives that integrate psycho-social, sexual and reproductive health, HIV and justice services. It has worked across the justice chain, from grassroots legal aid provision to justice sector institutional reform, to improve access to and delivery of justice in GBV cases. In a number of countries, UNDP has supported the development of national strategic plans on GBV or gender equality more broadly, that articulate and guide the actions of multiple sectors in contributing to GBV prevention and response.

- **Refine strategies for institutional reform**: Much of UNDP’s work on GBV has focused on institutional reform, especially in the justice and security sectors. This work is challenging due to entrenched social norms that still deny equality on the basis of sex and that create obstacles to the enforcement and the implementation of laws, impede service provision, and hinder women’s empowerment. This was identified by UNDP’s own evaluation of its 2008-2013 Gender Equality Strategy. Entry points to consider in the work with institutions are the following: i) use innovative approaches to challenging and changing the patriarchal “internal culture and deep structure” of institutions; ii) strengthen internal oversight and accountability mechanisms; iii) strengthen work with formal and informal/traditional justice processes and mechanisms in line with human rights and international standards.

- **Partner with civil society as agents of social change**: If GBV programming is to be more gender transformative, a clear message coming from the key informants and documentation consulted by this review was that those whom the violence targets must be involved as active agents in “transformational processes” and not treated merely as recipients of services. UNDP should do more to promote approaches that recognize the needs of victims and survivors of GBV. Hence, UNDP should do more to involve throughout its interventions direct beneficiaries and organizations at the grassroots, national and international levels that represent and support those experiencing violence (survivors, victims, communities with high-prevalence of GBV).

**Building on a UNDP global initiative to prevent and address GBV**

This project will build on the results of the ongoing project “Accelerating Efforts to Prevent and Respond to Sexual and Gender-based Violence” (2014-16 and a total budget of 2 million), which has been funded and implemented in collaboration with the Republic of Korea. Its two main outputs are the strengthening of; (1) legal frameworks to support increased access to justice for women and girls who are victims/survivors of GBV and of (2) the national capacities to deliver an essential set of quality police and justice sector services. This project has been developing and supporting 2 national pilots: one in Bangladesh and the other one in Kenya.

The global component of the project has been developing guidelines and knowledge products on good practices to address and prevent GBV. Many of the projects UNDP is carrying out in the 67 countries identified by the mapping have already benefited from that
knowledge sharing. The Expert Meeting in Seoul in March 2016 is another deliverable of this output. It provided the necessary background information and recommendations on how to better integrate GBV in the different areas of UNDP’s work under its strategic plan.

In Bangladesh, the project has been drawing upon the successful experience of the UN Joint Programme on VAW (2011-2013) that built a collaborative partnership between the Government, UNDP and the NGO BRAC to support the Ministry of Women and Children Affairs (MoWCA) in operationalizing and institutionalizing the GBV victim response and referral services. It has been implemented in 425 Unions of 45 Upazilas (districts) in all 7 territorial divisions of Bangladesh. The Union and District Women Affairs Officers were critical and indispensable in ensuring the smooth implementation of the different activities. This was made possible through different induction and orientation meetings on the project to give the different stakeholders the knowledge and tools to trigger policy change and ensure an effective implementation. Drawing from that, it seems critical that the stakeholders-including decision-makers and practitioners- can design by themselves the adequate solutions in a collaborative and holistic way.

The involvement of Bangladeshi Government officials from the very local level to the national one allowed them to have ownership of the project which resulted in the MoWCA ensuring that the online database developed during the project is institutionalized under the Multi Sectoral programme on VAW. However, one of the lessons learned of the pilot is that the project should have considered an even more holistic approach in its response to GBV by supporting a social and economic integration of victims/survivors including psycho/social counselling. Indeed, some victims/survivors didn’t seek support and/or justice because of logistical and economic reasons (lack of transportation, family care and money to help with the medical care and transportation). Having the stakeholders (including diverse groups of women) designing the implemented interventions will allow to address that kind of unforeseen issue.

The pilot in Bangladesh is a stand-alone GBV initiative. The activities carried out under that pilot targeted specific GBV issues (Insufficient documented evidence from national reviews and periodic surveys on the institutional response to and services for GBV and unrecorded and unaddressed GBV issues). As such, the lessons learned from Bangladesh have informed the design of this new project, particularly with regard to the targeted GBV interventions.

The pilot in Kenya has been a trailblazer in exploring the linkages between the vulnerabilities and needs of women and girls living with HIV and SGBV in emergency and non-emergency settings by enhancing the often silent conversation on these topics through evidence-based activities, sensitization and capacity building of duty bearers and service providers. For instance, one of the activities conducted under the pilot focused on refugee women involved creating platforms through which refugees can communicate with service providers and duty bearers on issues other than traditional refugee concerns such as registration and identification. This is an example of a successful initiative to consider GBV across different sectors and settings.

The efforts carried out in Kenya have allowed, among other things, communities to identify issues around registration and identification as risk factors that cause refugees to be more vulnerable to GBV. The project has seen tremendous results in creating dialogues between refugees and host communities. In addition, the pilot has been successful in conducting trainings on HIV and GBV sensitization with a vast array of audiences such as female judges and judges associations. As such, the pilot has been successful in mainstreaming gender and GBV into other areas of work (Health and humanitarian sectors). Indeed, the pilot in Kenya has supported the development of national normative frameworks linking GBV to HIV, conflict and emergencies. Moreover, technical support was provided towards developing a
GBV sensitive Kenya AIDS Strategic Framework; and the development of the operational plan to end AIDS among adolescents and young women in Kenya. The pilot in Kenya has informed the design of this project, particularly with regard to the integration of GBV interventions into large-scale programmes.

II. Strategy

This project supports the achievement of the Sustainable Development Goals by helping countries make progress on the specific gender-based violence and related targets. The main desired outcome is to achieve faster progress in reducing gender inequality and promoting women’s empowerment through preventing and reducing GBV. Another important objective of the project will be to build the capacities of national and local stakeholders to address and prevent GBV.

The outputs are:

Output 1: Approaches for reducing GBV using evidence are documented, tested and integrated in selected country initiatives

Output 2: Decision makers are equipped with and use enhanced policy recommendations to reduce GBV

Output 3: Local partners have new knowledge, skills and tools to reduce GBV

Theory of Change:

The below figure depicts the theory of change that underpins this initiative and articulates a development approach for providing the decision makers with the evidence and the tools that will allow them to improve the effectiveness of their policies preventing and addressing GBV. This theory of change is based on the years of UNDP experience in this area, and postulates that through high-quality, targeted tools to key GBV actors and institutions – when delivered through a people-centered approach – positive outcomes can be achieved in improving the effectiveness of the vast array of entry points to address GBV, sustainably reducing GBV, and protecting and promoting human rights.
Output 1: Approaches for reducing GBV using evidence are documented, tested and integrated in selected country initiatives

This output will implement, cost and evaluate two types of GBV interventions: those targeting vulnerable groups and areas of high prevalence –where rates are significantly higher than the national average–, and those that are integrated into larger development programmes across sectors such as climate change, economic empowerment, access to justice, health, and/or recovery in crisis and humanitarian settings. When possible, the interventions integrating a GBV approach into sector programmes will have a focus on high prevalence/vulnerable groups. This output addresses three fundamental challenges for achieving the SDGs: 1) fulfilling the SDG commitment to “leave no one behind” and; 2) ensuring deeper coordination and financing for reducing and preventing GBV; 3) gathering evidence on the linkages between reducing GBV and meeting related SDG targets.

The stand-alone target under SDG 5 on the elimination of violence against women will be used as the main reference to help us determine whether the interventions under this output have been successful with regard to the main outcome of the project. Whenever possible, this output will take advantage of UNDP’s current programmatic portfolio of large scale interventions in all areas (environment, governance, poverty reduction, health and development) and build on UNDP’s comparative advantages around the work on GBV. Other pilots/interventions may be added by additional partners/donors, including the International Financial Institutions (IFIs).

Output 1 represents the foundation of the project overall, as the activities of Outputs 2 and 3 flow from the Output 1 pilot interventions.
A minimum of 5 pilot interventions in 5 different countries from all regions will be designed, implemented and evaluated. This includes 2 pilots under activity 1.1 and 3 pilots under activity 1.2. UNDP will work closely with the donors to select the pilot sites from a global mix of fragile, stable, Less Developed Countries, and Middle Income Countries. A minimum of one pilot will take place in a fragile or recovery context. There will be at least 1 pilot for each one of the 5 UNDP regions.

Implementation of the pilot interventions may also include other UN agencies, civil society and government partners. The sites for the pilots will be selected according to the following criteria:

- Groups at higher risk of GBV due to intersecting forms of discrimination, marginalization or vulnerability
- Local leadership, political will and interest in participating in the interventions from the communities and government counterparts
- Potential for scale up and adaptation in other sites
- Existing research and data available on GBV for the locale
- Existing services and actors actively working on GBV in the locale
- Existing technical, human and financial capacities
- Existing activities or potential for engaging men and boys

Ongoing interventions with long timeframes for observation and collecting evidence should be considered for the piloting as long as they meet the above criteria.

The design of the interventions will be carried out by a group of experts that will be recruited for this project (called "Experts Team") and that will be overseeing the implementation of the pilots while ensuring that the same methodologies are used to evaluate and monitor them. The Experts Team will be comprised of experts recruited to follow-up on the pilots (1 expert per pilot) and will sit in the UNDP Country Offices (COs) in the countries where the pilots will take place. They will coordinate both with the COs and the Project Manager, to whom they report.

A list of proposed pilots will be elaborated by the Experts Team based on the above criteria and UNDP's comparative advantages. This list will be submitted to the Project Board, which will make a final decision about the selection for the 5 pilots.

The interventions in the 5 pilots will be based on existing local data on specific drivers of violence, and the existing global evidence of what works to reduce GBV. The evaluations of the interventions will measure success in reducing GBV in the project sites, as well as achieving progress on related specific SDG targets. The evaluation reports will highlight how and how much the interventions are contributing to those specific SDG targets. Evaluations will be initiated from the outset of the interventions and produce reports at the minimum every 6 months. They will be carried out by the Experts Team that will be set up for the project.

Implementation of the interventions will also include monitoring, process documentation and case studies of various components. Approaches that promote data collection on gender-based violence will be encouraged. If determined useful, research may also be commissioned to go more in depth and answer "what is happening and why" to help inform adjustments and enhancements during implementation. All monitoring and evaluation activities will in turn inform future adaptations, capacity building, scale up and policy enhancements (under outputs 2 & 3).
All the phases of the pilot cycle (design, implementation, monitoring and evaluation) will engage key local, national and global stakeholders and UNDP’s partners on GBV, including UN agencies such as UNWomen and UNFPA. Engaging the GBV implementers is critical to ensure the sustainability of policy change.

This project document will be the basis for the implementation of the interventions at the country level. UNDP’s offices in the selected countries and the Experts Team will jointly draft specific work plans and results frameworks that will be submitted to the Project Board for approval.

Indicative activities:

1.1 Implement and evaluate GBV interventions in areas of high prevalence and for vulnerable groups

GBV disproportionately affects women and girls from excluded or vulnerable populations

“Special attention must be paid to groups of women who are part of excluded populations or in vulnerable situations, such as indigenous women, migrants, and domestic workers, among others. Evidence shows that women in these situations face more violence. Violence against most excluded populations is part of a wider context of discrimination to which these women as a whole are often exposed in their lives.”

UNFPA, UNICEF, UN WOMEN, ILO, OSRSG/VAC. (May 2013): Breaking the silence on violence against indigenous girls, adolescents and young women: a call to action based on an overview of existing evidence from Africa, Asia Pacific and Latin America

Gender-based violence is a complex phenomenon that is driven by an interplay of personal and family histories, community norms, intersecting forms of marginalization and discrimination, institutional practices and larger environmental factors such as security and levels of social cohesion that shift and vary over time, across locations and gender roles and expectations. This results in some groups being at much higher risk to suffer violence and some locations suffering higher prevalence of GBV than others. In terms of the SDG indicators on GBV, we need to ensure that localized data on prevalence rates is also collected – in high prevalence areas and for vulnerable groups - as the targets and indicators are formalized as national commitments.

2 pilot projects -designed and implemented by UNDP- will have as a main objective to prevent and address GBV in high-prevalence settings and target vulnerable groups. These GBV stand-alone projects can be either designed from scratch or piggyback ongoing interventions that are deemed relevant. In any case, they will have a holistic approach, encompassing legal, societal, health-related and cultural aspects.

The interventions implemented under this activity will apply knowledge on how violence affects different groups in different ways and what drives it in areas of high prevalence. The existing knowledge on what works to reduce GBV will come from different sources of information and will be gathered by the Experts Team for the benefit of the pilot’s stakeholders. Throughout the project cycle, the Experts Team will ensure the engagement and participation of victims and survivors of GBV as well as organizations supporting them.
The interventions will have an evidence-based approach, including the use of randomized control trials where applicable. In addition to addressing legal frameworks, the pilots will focus on bottlenecks in collecting data and in implementing the initiatives. Another important issue to focus on is the pervasive stereotypes and prejudices around GBV. Whenever possible, they will leverage solutions stemming from social innovation. The behavioural insights approach will be applied as relevant. The Beijing + 20 review process found that the least amount of progress on gender equality was in the areas of social norms, attitudes, and behaviour change. Evidence for improving all of these can be found in the behavioural literature.

1.2 **Integrate GBV prevention into large scale programmes across sectors, and measure the results**

Under this activity, interventions will be implemented that integrate GBV prevention into existing large scale programmes of governments, development organizations and development banks that currently do not have GBV components. The integration projects will be costed and rigorously evaluated, in the anticipation that the models can be further adapted and scaled-up in the future. The costing will determine how much the addition of GBV prevention costs, and together with the evaluation, will determine the “investment costs and returns” in terms of a reduction in violence and related social development results. The methodology both for the costing and the evaluation will be elaborated by the Experts Team.

This activity will build on the series of papers commissioned for the Seoul Expert Meeting in March 2016. These papers highlight the potential of integrating GBV actions across sectors and into larger programmes. The rationale of this activity is to move away from stand-alone approaches, increase the numbers of partners involved, and help other sectors see that addressing GBV benefits their bottom line as well.

Examples of potential development areas into which GBV components can be integrated include ongoing projects on climate change and risk reduction, livelihoods and economic empowerment, local governance, social protection and/or development bank loan projects for infrastructure, recovery, health, HIV and education. The pilots will explore the entry points for addressing GBV across sectors, as well as ways in which reducing GBV also contributes to achieving sector specific targets including in the areas of improved public health, justice and rights - including access to justice-, educational attainment and retention, public safety, increased civic engagement and use of local services, etc.

The intervention designs will be based on the recommendations from the Seoul Expert Meeting papers combined with existing evidence of what works from evaluations of GBV prevention initiatives from around the world. UNDP’s wealth of experience in terms of multisector interventions will be tapped into. The findings of some of UNDP’s support to national governments for the implementation of the SDGs will also be taken into account. The effective GBV models will be adapted to match the specific context of the larger project. There will be a minimum of 3 pilots of this type.

Important criteria for the selection of the larger programmes to be enriched with a GBV dimension include the following:

- Existing Gender content
- Existing management team with Gender sensitivity
- Compatible timeline
- Compatible evaluation methodologies
- Political will to integrate the GBV content
The selected large scale programmes may or may not be implemented by UNDP. In case they are not, UNDP should be involved in their decision-making bodies and the Experts Team of the project should be involved in their implementation. The partners of these large scale programmes will be invited to participate in the Board of this project in a consultative capacity.

**Output 2: Decision makers are equipped with and use enhanced policy recommendations to reduce GBV**

This output is designed to pull together the evidence and learning from Output 1, and translate it into policy advocacy tools and actions: policy dialogues, policy briefs, and the influencing of GBV and SDG policy processes. UNDP will work with its GBV partners – UN agencies and other global, national and local entities, civil society- to define the approach and scope of those policy tools. It will make sure to take into account the latest debates on GBV at the global level, particularly around the implementation of the stand-alone target on the elimination of violence against women under SDG 5.

Strategic communications and policy advocacy activities will take place with key decision makers in government, civil society and development organizations. The primary target audience of this output includes decision makers associated with the Output 1 pilot communities and a set of decision-makers from selected countries.

In collaboration with UNDP’s Regional Gender Advisors and UNDP Regional Bureaux, 15 countries will be selected according to their potential interest in applying the recommendations and tools informed by the pilots. The selection will include countries from the 5 regions and different types of contexts (crisis, post-crisis, Middle-Income countries, LDCs, etc.). The expected result is that these additional selected countries will apply knowledge produced by the pilots and the project to their ongoing policies and programming to address and prevent GBV. An effort will be made to include countries in conflict/post-conflict situations.

For the pilots integrating GBV into the larger programmes, specific learning activities will take place to capture the linkages between the new GBV components and the rest of the objectives of the programmes. In addition, the policy tools and recommendations will be packaged for a broader dissemination in anticipation that they will be applied and adapted globally.

Preliminary evidence from some of the pilots will be available in the third quarter of 2017. In the meantime, the Experts Team will design a methodology to translate and bring the evidence from the ground to the regional/global levels and from there back to the local level. In parallel to the pilot implementation, the project will develop key guidelines for integration of GBV prevention in multiple sectors informed by initial results.

**Indicative activities:**

**2.1 Produce policy guidance and tools for reducing GBV**

Under this activity and together with UNDP’s local, national and global partners, new learning from the pilots will be translated into crisp and compelling policy briefs and tools for decision makers. A mapping to identify gaps in existing tools will be carried out to inform the
selection of those briefs and tools. Key policy issues will include topics such as the coordination of all actors involved in GBV interventions and overcoming barriers to work across sectors, financing broad based GBV actions, guidance on the implementation at the local level of the SDG targets related to GBV, guidance on mainstreaming GBV across the strategies to implement the SDGs at the national and local levels, guidance on revising and elaborating GBV national action plans to take into account the lessons learned on the ground, scaling up successful interventions and ensuring policies "leave no one behind" by supporting vulnerable groups and directing resources to the areas of highest prevalence.

A sampling of policy tools to be produced under this activity are listed below. These tools will address current gaps observed at the policy level and will be packaged, disseminated and applied beyond the pilot countries with a particular effort to reach out to the 15 additional countries identified by the Regional Gender Advisors:

1. Strategies for scaling up successful GBV interventions. The scaling strategies can include: how to do it, how much it will cost, who needs to be involved and the multiple benefits to be gained, how it will be monitored and evaluated, what legal frameworks and instruments are needed, among others. Scaling up strategies may also include recommendations for integrating GBV prevention into existing large scale programmes.

2. New financing modalities for pooling diverse sources of funding from different actors including bi-lateral donors, international organizations, local government and the private sector.


4. Policy briefs on the drivers of GBV in high prevalence, fragile settings and against vulnerable populations. These briefs will include recommendations for strengthening policy & legal frameworks – in many cases GBV is still not adequately integrated in the penal code, family or labor law- to account for the specific needs and positions of women and marginalized groups. They will also include specific sections on how to engage men and boys in the efforts to prevent and address GBV.

2.2 Implement communications and advocacy strategy

Through a targeted communications and advocacy strategy this project will communicate customized messages and deliver the new learning and policy products directly to key decision makers and other key audiences at the national, local and community levels. Communication and advocacy goals include the prioritization and support for more large scale and cost effective GBV initiatives in the future, especially for the places and communities most in need. The strategy will also allow the national and sub-national networks to hold their leadership accountable about the ongoing actions to meet the GBV-related SDG targets.

In addition, with the combined strength of sister UN agencies and other project partners, this project will advocate directly with decision makers for policy enhancements in local, national, regional and global forums and events and will work with partners to identify opportunities for policy change and enhancement, particularly in the 15 additional countries identified by the Regional Gender Advisors. The project will take advantage of existing forums and partner networks to influence the national, regional and global discourse on GBV prevention and the SDGs overall. Examples of these platforms include global alliances such as the Sexual Violence Research Initiative or the Violence Prevention Alliance – of which UNDP is an active member.
Output 3: Local partners have new knowledge, skills and tools to reduce GBV

The primary stakeholders to be involved in the capacity building processes include local implementing partners such as civil society organisations, community groups - including traditional and faith-based institutions-, government service providers -including defence attorneys and ombuds-institutions- and local leaders as well as broader partners. Priority will be given to the stakeholders of the pilot countries and the 15 additional countries identified by the Regional Gender Advisors.

The learning output of this project will ensure that this set of UNDP local partners can continue GBV prevention programming and policy work in the future – for example implementing local GBV prevention programmes in high prevalence settings, coordinating the multiple actors necessary for successful interventions, integrating GBV prevention into large scale programmes, and reducing institutional bias and support vulnerable groups.

The aim is that by the end of this project the local partners working to reduce GBV in the context of the SDGs will have the knowledge, skills and tools to implement localised prevention interventions in the future, to scale up the existing interventions and learning, and be able to teach others to do this work. Similarly, UNDP will have learned from these local partners in terms of local solutions to address context-specific challenges. The learning tools produced under this output will be disseminated at the global, national and local levels (in the pilot sites).

Indicative activities:

3.1 Capacity development plan implemented with key local stakeholders

This project will support the capacity building of key stakeholders from the pilot sites and the selected countries through learning approaches that are designed with these partners themselves, based on their existing skills and needs, and integrated into their organizational strategies and work plans.

The Output 1 interventions will serve as laboratories for some of the partners to learn through a hands-on approach, and others to learn through observation. It is expected that the learning from Output 1 will point to key blocks and ways forward for planning and implementing successful GBV interventions. Through trainings, this project will facilitate processes with civil society organisations communities and government service providers to unpack and examine these challenges and come up with solutions acceptable to all.

This activity will target local partners for the implementation of the pilots and other local stakeholders in the 15 countries selected by the Regional Gender Advisors and beyond that may benefit from the learning of the pilots. Customized learning approaches will then be formulated with these partners based on their needs and strengths.
To achieve the capacity goals, a mix of learning approaches and actions will be employed. Examples of learning approaches include:

Guided “learning by doing” through the Output 1 implementation
One of the most important capacity building approaches will be the experience of guided “learning by doing” at the pilot site. This “hands-on” approach involves learning to use new skills and applying new knowledge during the process of planning and implementing the pilot. Thus, technical staff employed by the project will be placed in the pilot sites to provide guidance and oversight of the learning by doing process. The target audience for these interactions will be the partners of the pilots and stakeholders from selected countries.

Coordinating a global GBV Learning Group
A time-bound “Learning Group” can be created with partners from the pilots and other selected countries (not only from the 15 countries selected by the Regional Gender Advisors). It will be nurtured as a space to organise all learning activities and to inspire meaningful interactions among participants to achieve collective capacity goals. The group can be based on “community of practice” models that bring working group members together through a facilitated process. The group will operate under a shared set of values that will be endorsed as guiding principles by the members, with understanding that each member has valuable knowledge and experiences to share and that no form of knowledge is valued more highly than others.

Interactive learning workshops
The implementing partners will participate in an induction workshop which will provide an opportunity for understanding the project, participatory training on technical areas, sharing, networking and assessment of needs. In addition to the induction workshop, subsequent trainings will focus on the specific learning themes as needed and determined through a capacity assessment. The series of workshops will be iterative.

Mentorships
Individual learning and skills building for civil society champions and key services agencies can be enhanced through customized mentorships on an as needed basis with selected technical experts and/or peer-to-peer learning initiatives. The mentorships or peer-to-peer initiatives will be used to build specific technical and leadership skills such as how to coordinate across government sectors, how to communicate programme findings and needs to policy makers, or how to build the leadership skills of young practitioners to implement GBV activities.

The project will disseminate the learning tools to a wider audience - including Member States - to maximize the effect and allow for potential scaling up of the interventions.

Packaging and dissemination of the local learning
The knowledge products developed by the pilots will be synthesized and developed to fit the different audiences involved in the GBV policies and interventions.

Design and organize a global workshop
Based on the lessons learned the project will organize a global workshop to share the results of the pilots with key stakeholders including Member States so they can benefit and make progress for achieving the SDG goals.
3.2 Development of action plans to implement the knowledge and tools to reduce GBV

The project will support the development of action-oriented local plans aimed at using the new knowledge, skills and tools that have been developed during the learning phase of this output in order to translate them into concrete actions. UNDP will support the local partners in the pilot countries and beyond to identify opportunities for developing some organizational strategies and enhance their action plans with recommendations coming up from the different learning modules organized around the pilots.

The action plans shared by the local partners will allow UNDP to assess the use of the different tools and outputs of this project. There will be a monitoring of their effectiveness which will include a capacity assessment which will be developed by the Experts Team and will help to identify additional training needs.

III. Results and Partnerships

Expected Results

The project will aim to reduce GBV in five selected project sites by testing, costing and evaluating different types of GBV interventions and equipping decision makers and local partners with policy recommendations and new knowledge, skills and tools to reduce GBV. As explained in the programme logic presented in the strategy section of this document, there is a need to bring more evidence and tools to feed into the policy-making cycles that can help prevent and eradicate GBV. As decision makers and local partners are equipped and use the evidence to replicate and scale-up interventions that have proven to work to prevent and reduce GBV, they will be more likely to produce the institutional and societal changes that are required to prevent and reduce GBV. This project aims at building the capacities of the vast array of GBV stakeholders at all levels.

Policies that are more effective in eradicating GBV will be directly contributing to the countries efforts to meet the following GBV-related targets of the SDGs:

- Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- Target 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- Target 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Target 5.9 Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels
- Target 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities
- Target 16.1 Significantly reduce all forms of violence and related death rates everywhere:
• Target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

• Target 16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all

The Theory of Change presented in this document is also aligned with the dedicated outcome on gender of UNDPs Strategic Plan (SP) 2014-2017 and particularly its output 4.2: “Measures taken in place and implemented across sectors to prevent and respond to Sexual and Gender-Based Violence (GBV).” It also dovetails the different entry points and indicators identified in both the Strategic Plan and UNDP’s Gender Equality Strategy (GES) that covers the same period of time. More specifically the SP has the following outputs and indicators:

• Output 3.4: “Functions, financing and capacity of rule of law institutions enabled, including to improve access to justice and redress.”
  ♦ Number of GBV cases receiving judgment in the first instance of the formal justice system.
  ♦ Number of non-GBV cases receiving judgment in the first instance of the formal justice system.

• Output 4.2: “Measures in place and implemented across sectors to prevent and respond to Sexual and Gender-Based Violence (SGBV).”
  ♦ Number of countries that have a legal and/or policy framework in place to prevent and address sexual and gender based violence.
  ♦ Number of countries with multi-sectorial services in place (including justice and security services) to prevent and address SGBV.

In addition, the Gender Equality Strategy has as a priority to give a “Special attention to engaging men and boys in supporting gender equality advocacy and action is also critical and will be a particular strategy of UNDP work to prevent and respond to sexual and gender-based violence.”

In connection with the Outcome 3, the GES provides strategic entry points for integrating gender, especially in its work on HIV “UNDP will work with partners to ensure the effective delivery of HIV services through targeted interventions by and for women infected and affected by HIV. Specific attention will be given to addressing gender-based violence and the role of men and boys in HIV prevention.”

The logic of this project also implies that the positive impacts linked to the reduction of GBV will occur in a wide range of other aspects of the social, cultural and economic spheres of life. A life free of violence allows women to fully take advantage of the economic opportunities, empowering them in the political, social and family spaces. Children who are raised in a household free of violence are also less prone to drop school, to use violence themselves and generally benefit from better education and health. There is also an imperative to consider men and boys as beneficiaries. They are affected by GBV and “the effects of such violence are both physical and psychological, and have long term detrimental consequences for both the survivors and their communities.” Thus, preventing and addressing GBV will have a positive impact in all the SDGs related to the social, economic, political and environmental human rights. The same can be said of the outcomes of UNDP’s Strategic Plan that relate to those same human rights.

8 UNDP Gender Equality Strategy 2014-2014, page.28
Resources Required to Achieve the Expected Results

In order to achieve the expected results, this four-year project will require financial, human and technical resources and capacities. Given the importance of the learning aspects, this programme will necessitate a central team in a form of a consortium of experts/researchers (Experts Team). The project is building on the previous initiative on GBV and will use the network built up through the project to identify the relevant contributors to be part of this consortium. A resource mobilization strategy will be jointly elaborated by the Experts Team together with BPPS Gender Team and BERA.

The Experts Team will operate as a decentralized structure (each expert will be located in the different pilot countries) and will be coordinated remotely by the Project manager during the four-year timespan. It will be supporting the Project management team with the technical aspects of the programme. The Experts Team’s assistance will focus on designing the methodologies for the knowledge products, the evaluations and the assessments. In collaboration with the project management team and the UNDP Country Offices in the pilot countries, it will assume most of the implementation responsibilities and will operate at the central level.

Partnerships

This project aims to forge deeper partnerships and prioritization for GBV prevention across sectors. Within the selected pilot countries, UNDP—with other UN actors including UNWomen, UNFPA, UNicef and WHO and non-UN actors involved in GBV policies and interventions such as the IFIs—will support multi-sector coordination across local government including local departments of planning, finance, health, education and justice, etc. The Project Board can decide on specific ways of engaging the different donors and partners in the implementation of this project.

Key activities will strengthen the role of civil society organizations and increase private sector involvement in violence prevention. The project will bring together partners from the project interventions to exchange experiences and strategies and to directly learn from one another. To enhance the learning partnerships, this project will connect universities, training centers and research departments from the region along with global experts.

Whenever possible and relevant, the donors of the project may be asked to contribute to specific activities/outputs, particularly the ones related to cooperation and information sharing among different countries with regard to policies to address and prevent GBV.

Under Outputs 2 & 3, the project will support local, global and regional partnerships for advocacy, uptake and program enhancement. Advocacy activities will be undertaken with civil society alliances, UN partners and other multilaterals, regional bodies and donors.

Risks and Assumptions

Given the sensitivity of the GBV issue and the global aspect of the project, there are a few risks that may come into play during its implementation such as:

- Implementing partners may face difficulties in integrating GBV activities in their projects
- The project does not mobilize enough resources to cover its full budget
- Security and/or political situation in one or more of the pilot countries hampers the existence and quality of implementing activities
- Lack or diminution of the political support in the pilot and other selected countries
- Weak or lack of communication and collaboration among partners and stakeholders
The tools and the guidance developed during the project are not used by the local partners and the decision makers. The quality of the collected data/baseline on the specific drivers of violence is poor or/and does not allow to inform other activities of the project. Difficulties in identifying highly qualified and experienced experts and researchers in GBV and other development areas. The political sensitivities involved in reaching marginalized or vulnerable groups at higher risk of GBV, such as women living with HIV, or sexual minorities.

The identification of the elements that can hinder the project implementation and results is the first step in the risk mitigation approach. In order to avoid potential effects of these risks on the implementation, UNDP and its partners will ensure that the internal risks will be integrated in the conception of the project by using the relevant solutions such as capacity building, induction meetings with the key stakeholders to test and validate the key activities, engage in a pro-active manner with all the partners etc. The external risks such as potential political turmoil will be monitored throughout the whole cycle if the project. These and other efforts to proactively address and mitigate risks are detailed in the risk log (Annex 3).

In terms of assumptions:

- The implementing partners are interested in developing a project result framework that will integrate GBV elements in their projects.
- Tackling GBV has better results when it is integrated across sectors and not only gender-related ones.
- The partners (including the government) are considering that addressing GBV at all levels (grassroots to regional) and in a holistic manner will make a crucial contribution to progress across all the sustainable development goals and targets.
- The project is addressing the 2030 agenda imperative to leave no one behind by focusing on vulnerable groups and high-prevalence area.
- Availability of expertise in GBV and other sectors.
- Resource mobilization and approval processes are done in a timely manner.
- Consent and willingness of decision makers and practitioners to use the knowledge products and the policies developed within the project.

**Stakeholder Engagement**

The first output of the project has been designed so that it will serve as the methodological basis for the two other outputs. Thus, the design of the interventions under the first output will be made after analysis of the local data on the drivers of violence and the global evidence of what works on GBV. This combined approach of identification of local factors associated to global evidence will allow to target the relevant groups and areas of interventions.

UNDP’s Regional Gender Advisors will be key in ensuring the engagement of the 15 countries selected for possible replication and scaling-up of the findings and tools stemming from the pilots. The different learning activities elaborated in Output 3 of the project will be opportunities to trigger their interest. For the global level, this project will engage UNDP’s current partners, particularly the ones that participated in the Seoul Expert Meeting in March 2016 -from government, academia, civil society, UN and multilateral agencies working on GBV and technical partners and donors-.
For each of the following categories of beneficiaries there will be specific engagement strategies:

1. The policy makers / decision makers that will benefit from the project’s researches (experimental policy design, policy recommendations and guidance, tools) and will have the responsibility to prevent and address violence against women in the light of this new knowledge

2. The local partners that will also benefit from the project’s findings and capacity building activities through a mix of learning approaches based on their existing skills and knowledge. The methodologies will be designed jointly with the partners and integrated in their pre-existing frameworks, processes, action plans. The partners include CSOs, community groups (women’s grassroots organizations, organizations engaging men and boys), Government service providers, and local leaders

3. Development professionals: by integrating GBV into larger scale programmes, professionals from other sectors (environment, livelihoods, health, justice and security sectors etc.) will acquire a gender sensitivity and will be more keen to further replicate it

4. A wider audience including Member states, Governments and experts

**South-South and Triangular Cooperation**

This project will gather evidence from GBV interventions in different countries in the Global South precisely to disseminate it in other countries of the Global South that may benefit from the lessons learned. It will support partnerships with countries that have achieved good results at policy and advocacy levels. The South-South cooperation component will thus be critical to achieve the objectives of the project.

The knowledge activities described below will engage stakeholders of different countries and will thus be an important space for the South-South exchange to occur. The activities carried out under the Output 3 will see partners from all regions benefitting from learning approaches and actions. This also includes the participation in interactive learning workshops/webinars which will facilitate exchanges and cooperation between experts and partners from different countries and lead to the creation of a community of practice to sustain the dynamic of cooperation.

Specific missions for national or subnational stakeholders –particularly from the 15 additional countries identified by UNDP’s Regional Gender Advisors– to have a first-hand experience of one or more of the pilots may also be organized by UNDP on a demand basis.

**Knowledge**

Rigorous data on what works to address GBV is still scarce. Most of the available evidence is skewed towards studies carried out in high-income countries, and it largely focuses on response, rather than prevention. The available evidence shows that successful interventions are those that include elements of: community mobilization; critical discussion about gender relationships and the acceptability of violence (including minimizing men’s vulnerability to, and maximize resilience, against GBV); group training for women and men; work at the community level, not just with individuals; and combined livelihood and training interventions for women.

This project aims at addressing this evidence-gap by applying rigorous assessments to GBV prevention and response interventions. The proposed approach is a phased one: testing one hypothesis after another and building on the generated evidence base. It will result in broadening the evidence on what works to prevent and to better respond to gender-based
violence. This hypothesis testing includes testing interventions in randomized control trials to contribute to the global evidence base on what works and to work with local government partners on an experimental policy design i.e. testing interventions, assessing their impact and then formulating regulations based on evidence.

Specifically, the project will carry out the following knowledge activities (as described in the strategy section):

- Guided “learning by doing” through the Output 1 implementation
- This “hands-on” approach involves learning to use new skills and applying new knowledge during the process of planning and implementing the pilots.
- Time-bound “Learning Groups” can be created and nurtured as a space to organize all learning activities and to inspire meaningful interactions among participants to achieve collective capacity goals.
- Interactive learning workshops. The implementing partners will participate in an induction workshop which will provide an opportunity for understanding the project, participatory training on technical areas, sharing, networking and assessment of needs.
- Mentorships
- Packaging and dissemination of the local learning
- The knowledge products developed by the pilots will be synthesized and developed to fit the global audience.
- Based on the lessons learned the project will organize a global workshop to share the results of the pilots with key stakeholders including Member States so they can benefit and make progress for achieving the SDG goals.

**Sustainability and Scaling Up**

The learning and uptake components of this project will ensure partners can replicate local GBV plans, integrate GBV into large scale programmes, reduce institutional bias and support vulnerable groups. These knowledge, skills and tools will be nurtured with institutions that have a local, national and regional scope and mandate. Thus, after this project ends, we will leave behind local, national and global capacity for:

- Making the business case for investing in GBV reduction by analyzing costs and results of integrating GBV into larger interventions
- Scaling up local plans that deliver results
- Applying models for efficient coordination and cost sharing
- Supporting the voice of vulnerable groups
- Targeting resources to where they are needed most
- Fostering responsive institutions that leave no one behind

The project’s team will also work with civil society organizations in high prevalence settings and that represent vulnerable groups. A mix of capacity building and empowerment learning approaches will be used so that these CSO are to:

- Claim a broad set of human rights including freedom from violence and discrimination and provision of basic services
- Design solutions that fit their own context
- Finance and manage localized GBV interventions
- Increase prioritization for addressing GBV among decision makers
IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

Building on work undertaken in the project “Accelerating Efforts to Prevent and Respond to Sexual and Gender-based Violence” (2014-16), this project will ensure greater cost efficiency and programme effectiveness. This includes systematic analysis and planning, as well as a uniform approach to monitoring and evaluation. The experts deployed in the pilot countries will work as one team under the supervision of the Project Manager and will be in charge of designing methodologies and tools that will apply to all the pilots and will be ready to be replicated in other countries.

The selection of the pilot countries will be based on a set of criteria that will ensure efficiency. Aligning this project with existing or future country programming and coordination structures and partnerships will facilitate the synergies and the aid effectiveness with potential other UN agencies and development partners.

As presented in this document, one of the objectives of the evaluations of the pilots is to assess the cost-effectiveness of the GBV interventions. The findings of these evaluations will not only inform the policies and tools to be developed but will also help to introduce improvements to the pilots themselves that will lead to savings in terms of resources and time.

The Experts Team will also employ methodologies such as institutional and context/stakeholder analysis, scenario planning, systems mapping and assessments, ethnographic research and horizon scanning to better inform the planning phase. In the realm of monitoring and evaluation, UNDP will continue to define strategic, evidence-based programme outcomes and outputs with appropriate baselines, targets and indicators. An emphasis will be put on addressing implementation bottlenecks and challenges related to reaching the last mile by leveraging findings from behavioural insights.

Data collection methods will be designed by the Experts Team to better inform the pilots and the tools that are to be developed. During the implementation of the pilots, efforts will be made to track results and impact on the ground and measure change in a systematic manner, including through randomized control trials, mid-term and end-of-programme evaluations.
V. RESULTS FRAMEWORK

Intended Outcome as stated in the Global Programme Results and Resource Framework:
Faster progress is achieved in reducing gender inequality and promoting women’s empowerment

Applicable Output(s) from the UNDP Strategic Plan: 4.2 and 3.4

<table>
<thead>
<tr>
<th>EXPECTED OUTPUTS</th>
<th>OUTPUT INDICATORS</th>
<th>DATA SOURCE</th>
<th>BASELINE</th>
<th>TARGETS (by frequency of data collection)</th>
<th>DATA COLLECTION METHODS &amp; RISKS</th>
</tr>
</thead>
</table>
| Output 1         | 1.1 # approaches tested in the 5 pilots | Assessmen t, literature, and methodolog y review conducted by the Experts Team | 0 2016 | 5 5 7 10 | TBD after determination by the Experts Team of the kind and number of approaches to test, document and integrate
|                  | 1.2 # approaches documented for the 5 pilots | | 0 | 0 5 5 7 | |
|                  | 1.3 # approaches integrated into large scale programmes | | 0 | 0 3 4 6 | |
| Output 2         | 2.1 # of policy advocacy tools produced | Knowledge products developed under Output 1 | 0 2016 | 0 5 10 15 | |

\(^{9}\) These targets will be collaboratively finalized with the Experts Team and the pilot countries
<table>
<thead>
<tr>
<th>Output 3</th>
<th>2016</th>
<th>0</th>
<th>5</th>
<th>7</th>
<th>10</th>
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<tbody>
<tr>
<td>2.2 # of countries implementing the recommended tools to improve legal</td>
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<tr>
<td>and/or policy framework in place to prevent and address GBV</td>
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<tr>
<td>Local partners have new knowledge, skills and tools to reduce GBV</td>
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<td>3.1 Percentage of local partners involved in the 5 pilots who state that</td>
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<tr>
<td>they have gained and are applying new knowledge, skills and tools</td>
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<td>through participation in capacity development activities at local,</td>
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<td>national and global level</td>
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<td>3.2 Number of local partners with action plans that have been</td>
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<td>incorporated and are implementing the new knowledge tools</td>
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VI. **Monitoring and Evaluation**

Evaluations will be initiated from the outset of the interventions and produce reports at the minimum every 6 months. They will be carried out by the Experts Team that will be set up for the project.

**Monitoring Plan**

<table>
<thead>
<tr>
<th>Monitoring Activity</th>
<th>Purpose</th>
<th>Frequency</th>
<th>Expected Action</th>
<th>Partners (if joint)</th>
<th>Cost (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Track results progress</strong></td>
<td>Progress data against the results indicators in the RF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.</td>
<td>Quarterly</td>
<td>Slower than expected progress will be addressed by project management.</td>
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<tr>
<td><strong>Monitor and Manage Risk</strong></td>
<td>Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP’s Social and Environmental Standards. Audits will be conducted in accordance with UNDP’s audit policy to manage financial risk.</td>
<td>Quarterly</td>
<td>Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.</td>
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<tr>
<td><strong>Learn</strong></td>
<td>Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.</td>
<td>Annually</td>
<td>Relevant lessons are captured by the project team and used to inform management decisions.</td>
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<tr>
<td><strong>Annual Project Quality Assurance</strong></td>
<td>The quality of the project will be assessed against UNDP’s quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.</td>
<td>Annually</td>
<td>Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.</td>
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</tr>
<tr>
<td><strong>Review and Make</strong></td>
<td>Internal review of data and evidence</td>
<td>Annually</td>
<td>Performance data, risks,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Corrections</td>
<td>from all monitoring actions to inform decision making.</td>
<td>lessons and quality will be discussed by the project board and used to make course corrections.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Report</td>
<td>A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk log with mitigation measures, and any evaluation or review reports prepared over the period.</td>
<td>Annually, and at the end of the project (final report)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Review (Project Board)</td>
<td>The project’s governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project’s final year, the Project Board shall hold an end-of-project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.</td>
<td>Annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation Plan</td>
<td></td>
<td>Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation Plan

<table>
<thead>
<tr>
<th>Evaluation Title</th>
<th>Partners (if joint)</th>
<th>Related Strategic Plan Output</th>
<th>UNDAF/CPD Outcome</th>
<th>Planned Completion Date</th>
<th>Key Evaluation Stakeholders</th>
<th>Cost and Source of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Term Evaluation</td>
<td>SP 4.2</td>
<td></td>
<td></td>
<td>June 2018</td>
<td></td>
<td>$40,000</td>
</tr>
<tr>
<td>Final Evaluation</td>
<td>SP 4.2</td>
<td>March 2020</td>
<td>$ 60,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## VII. Multi-Year Work Plan

<table>
<thead>
<tr>
<th>Expected Outputs</th>
<th>Planned Activities</th>
<th>Planned Budget by Year</th>
<th>Responsible Party</th>
<th>Planned Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y1</td>
<td>Y2</td>
<td>Y3</td>
</tr>
<tr>
<td>Output 1</td>
<td>1.1. Implement and evaluate GBV interventions in areas of high prevalence and for vulnerable groups (at least 2 pilots)</td>
<td>$70,000</td>
<td>$530,000</td>
<td>$400,000</td>
</tr>
<tr>
<td></td>
<td>1.2. Integrate GBV prevention into large scale programmes, across sectors, and measure the results (at least 3 pilots)</td>
<td>$80,000</td>
<td>$410,000</td>
<td>$400,000</td>
</tr>
<tr>
<td></td>
<td>Monitoring</td>
<td>$20,000</td>
<td>$100,000</td>
<td>$40,000</td>
</tr>
<tr>
<td></td>
<td>Sub-Total for Output 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 2</td>
<td>2.1. Produce with local, national and global partners policy guidance for reducing GBV</td>
<td>$15,000</td>
<td>$130,000</td>
<td>$115,000</td>
</tr>
<tr>
<td></td>
<td>2.2. Implement communications and advocacy strategy</td>
<td>$5,000</td>
<td>$40,000</td>
<td>$35,000</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Output 3</th>
<th>MONITORING</th>
<th>$3,000</th>
<th>$9,000</th>
<th>$9,000</th>
<th>$9,000</th>
<th>$30,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Total for Output 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$491,364</td>
</tr>
<tr>
<td><strong>Local partners have new knowledge, skills and tools to reduce GBV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Capacity development plan implemented with key stakeholders</td>
<td>$30,000</td>
<td>$205,000</td>
<td>$205,000</td>
<td>$140,000</td>
<td>UNDP</td>
<td>$580,000</td>
</tr>
<tr>
<td>3.2 Development of action plans to implement the knowledge and tools to reduce GBV</td>
<td>-</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$20,000</td>
<td>UNDP</td>
<td>$50,000</td>
</tr>
<tr>
<td>MONITORING</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$20,000</td>
<td></td>
<td>$45,000</td>
</tr>
<tr>
<td>Sub-Total for Output 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$675,000</td>
</tr>
<tr>
<td><strong>General Management Support</strong></td>
<td>$22,800</td>
<td>$144,400</td>
<td>$123,400</td>
<td>$73,036</td>
<td></td>
<td>$363,636</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$250,800</td>
<td>$158,400</td>
<td>$136,400</td>
<td>$93,036</td>
<td></td>
<td>$4,000,000</td>
</tr>
</tbody>
</table>
VIII. Governance and Management Arrangements

This is a Direct Implementation project (DIM). UNDP's Bureau for Policy and Programme Support (BPPS) will be the overall responsible party for implementing the activities together with local, regional and global partners. There will be a Project Board comprised of the UNDP and other partners. The project will be managed by BPPS according to activities as defined by the annual work plans.

The Project Board is the group responsible for making by consensus, management decisions for a project when guidance is required by the Project Manager, including recommendation for UNDP/Implementing Partner approval of project plans and revisions. In order to ensure UNDP’s ultimate accountability, Project Board decisions should be made in accordance with standards that shall ensure management for development results, best value money, fairness, integrity, transparency and effective international competition. In addition, the Project Board plays a critical role in UNDP commissioned project evaluations by quality assuring the evaluation process and products, and using evaluations for performance improvement, accountability and learning. Project reviews by this group are made at designated decision points during the running of the project, or as necessary when raised by the Project Manager. This group is consulted by the Project Manager for decisions when Project Manager’s tolerances (normally in terms of time and budget) have been exceeded (flexibility). Based on the approved annual work plan (AWP), the Project Board may review and approve project quarterly plans when required and authorizes any major deviation from these agreed quarterly plans. It is the authority that signs off the completion of each quarterly plan as well as authorizes the start of the next quarterly plan. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the projects and external bodies. In addition, it approves the appointment and responsibilities of the Project Manager and any delegation of its Project Assurance responsibilities. Potential members of the Project Board are reviewed and recommended for approval during the PAC meeting. Representative of other stakeholders can be included in the Board as appropriate. The objective is to create a mechanism for effective project management. This group contains four roles:

(1) The Project Director (also called Executive) is represented by the Chief of Profession of the UNDP Gender Team who is responsible for the project and will chair the group.

(2) The Development Partners (also called Suppliers) are the individuals or groups representing the interests of the parties concerned which provide funding and/or technical expertise to the project. The suppliers of this project are representatives from UNDP.

(3) The Beneficiary Representatives are the individuals or groups of individuals representing the interests of those who will ultimately benefit from the project. The primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

(4) Project Assurance is the responsibility of each Project Board member; however the role can be delegated. The project assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate
project management milestones are managed and completed. Project Assurance has to be independent of the Project Manager; therefore, the Project Board cannot delegate any of its assurance responsibilities to the Project Manager. The BPPS policy advisor on Gender, Governance, Crisis Prevention and Crisis Prevention and Recovery will be designated with this responsibility of project assurance.

- **Project Manager**: The Project Manager has the authority to run the project on behalf of the Implementing Partners within the constraints laid down by the Board. The Project Manager is responsible for day-to-day management and decision-making for the project. The Project Manager’s prime responsibility is to ensure that the project produces the results (outputs) specified in the project document, to the required standard of quality and within the specified constraints of time and cost. He/she will coordinate the Experts Team (see below).

- The **Project Support** role provides project administration, management and technical support to the Project Manager as required by the needs of the project. It is necessary to keep Project Support and Project Assurance roles separate in order to maintain the independence of Project Assurance. The Project Director will designate a member of her team to carry out this function.

- The **Experts Team** will operate during the four-year timespan. Under the supervision of the Project Coordinator, it will be supporting the technical aspects of the programme in each of the pilot countries. The Team’s assistance will focus on designing the methodologies for the knowledge products and the assessments. In collaboration with the project management team, it will assume most of the implementation responsibilities and will operate at the central level. The Experts will coordinate both with the COs and the Project Manager, to whom they report, as mentioned above in the narrative.
IX. **LEGAL CONTEXT AND RISK MANAGEMENT**

**LEGAL CONTEXT STANDARD CLAUSES**

This project forms part of an overall programmatic framework under which several separate associated country level activities will be implemented. When assistance and support services are provided from this Project to the associated country level activities, this document shall be the "Project Document" instrument referred to: (i) the respective signed SBAAAs for the specific countries; or (ii) in the **Supplemental Provisions** attached to the Project Document in cases where the recipient country has not signed an SBAA with UNDP, attached hereto and forming an integral part hereof. All references in the SBAA to "Executing Agency" shall be deemed to refer to "Implementing Partner."

This project will be implemented by UNDP in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

**RISK MANAGEMENT STANDARD CLAUSES**

**UNDp (DIM)**

1. UNDP as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP agrees to undertake all reasonable efforts to ensure that none of the project funds[UNDp funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [http://www.un.org/sc/committees/1267/ag_sanctions_list.shtml](http://www.un.org/sc/committees/1267/ag_sanctions_list.shtml). This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.


4. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

X. ANNEXES

1. Project Quality Assurance Report

2. Social and Environmental Screening (*to be annexed once pilots have been identified*)
### 3. Risk Analysis:

#### OFFLINE RISK LOG

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Date Identified</th>
<th>Type</th>
<th>Impact &amp; Probability</th>
<th>Counter-measures / Management response</th>
<th>Owner</th>
<th>Submitted updated by</th>
<th>Last Update</th>
<th>Status</th>
</tr>
</thead>
</table>
| 1  | Implementing partners may face difficulties in integrating GBV elements in their projects (large-scale ones) |                 | Strategic | Inefficient project in terms of financial and human resources  
P = 3  
I = 5 | • GBV interventions are embedded in the project's results framework and validate against our reporting framework  
• UNDP involved in decision-making bodies of non-UNDP large scale programmes selected for the pilots.  
• Consultative role in the Project Board for partners implementing the non-UNDP large scale programmes | UNDP and Implementing Partners |                      |            |        |
| 2  | The project does not mobilize enough resources to cover its full budget       |                 | Financial | Partial implementation of the activities  
P = 2  
I = 4 | • Establish a resource mobilization strategy | Steering Committee |                      |            |        |
| 3  | Security and/or political situation in one or more                           |                 | Security | Delays perhaps cancellation of the implementation  
P = 2 | • During the selection process, nominate pilot countries with a lower risk profile, engage with and through local partners which are not | Steering committee, committee selecting the pilot |                      |            |        |
<table>
<thead>
<tr>
<th>of the pilot countries hampers the implementation</th>
<th>1 = 5</th>
<th>constrained by security challenges and undertake countries, project managers within the pilots</th>
</tr>
</thead>
</table>
| 4 Lack of diminution of political support in pilot countries | **Political** | Delay in the delivery  
  P = 2  
  I = 4 |  
  - During the selection process, nominate pilot countries with the lower political risk, engage with and through partners at every level | Steering committee, committee selecting the pilot countries, project managers within the pilots |
| 5 Lack of communication and collaboration among partners and stakeholders | **Relational** | Delays, duplication or poor results  
  P = 2  
  I = 4 |  
  - Organize regular meetings with all the stakeholders involved to brief on the progress and the way forward | Project manager and pilots managers |
| 6 Project guidance and tools are not used by practitioner and decision makers | **Institutional** |  
  P = 2  
  I = 5 |  
  - Undertake induction sessions with key stakeholders and test and validate the outputs and key activities with the pilot countries | Steering committee, Project manager and pilots managers |
<table>
<thead>
<tr>
<th>Issue</th>
<th>Methodological Factor</th>
<th>Project Manager and Pilots Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Quality of collected data / baseline on specific drivers of violence is poor and/or doesn’t allow to inform other activities of the project</td>
<td>Establish a rigorous and comprehensive data collection method and ensure that the hired staff is trained. Establish partnerships with grassroots organizations. Select countries with national gender strategy and/or national action plan on WPS. Consider other source and methods of data collection for crisis settings such as perception surveys, crime statistics etc.</td>
</tr>
<tr>
<td>8</td>
<td>Difficulties in identifying and hiring highly qualified and experienced experts and researchers in GBV and other development areas</td>
<td>Identify the known networks of experts in the respective clusters, disseminate the job advertisement to the other clusters and advertise broadly. Refer and disseminate to the experts present at the Seoul Expert Meeting.</td>
</tr>
</tbody>
</table>

Delay in the implementation, irrelevant expertise

- $P = 2$
- $I = 3$
4. Capacity Assessment: Results of capacity assessments of Implementing Partner (including HACT Micro Assessment) (to be annexed upon completion)