Call for Application to

UNFPA-CARE Study on Good Practices in GBV and SRH Programing for Girls

and Relevant Human Interest Stories

Guidance for Applicants

I. **Goal**:

The UNFPA ASRO and CARE MENA office are conducting a study in the MENA region to identify and document strong examples of good practices and human interest stories (HIS) to showcase successful approaches to girl sexual reproductive health (SRH) and gender-based violence GBV prevention and response girls [1]programming, including harmful traditional practices such as child early and forced marriage (CEFM) prevention and female genital mutilation (FGM), increasing access to SRH information and services, as well as prevention of unintended pregnancies among adolescent girls. The good practices/HIS will prioritize UNFPA and CARE programs, but may also refer to other organizations. The examples drawn will aim at identifying the most impactful approaches in the Arab Region, so that they may be replicated in similar contexts. Scope of country mapping: Egypt, Jordan, Lebanon, OPT, Iraq, Sudan, Yemen and Morocco.

As these countries' contexts vary between humanitarian and development, and so does the programing, the standards used for the selection will be based on minimum common standards in GBV and SRH programming in both settings.

The UNFPA ASRO and CARE MENA office invite organizations in the target countries: international, UN, national and community-based organizations, to submit examples of good practices/HIS for the use of this study. This application form is intended for the use of applying organizations.

II. **Examples of GBV and SRH good practices[2]:**
   A. **GBV[3]:**

UNFPA and CARE believe that GBV is rooted in unjust power relations, structures and social/cultural norms; as such programming to combat GBV should be addressed at these different levels.

Examples of CARE's approaches to GBV prevention and response are:

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[1] Girls below 18 years old
[2] These are only examples, and the submitted practices can be beyond them.
[3] https://www.genderinpractice.care.org/promising-practices-gbv

- amplify voices of women and girls – particularly within groups most affected by GBV: supporting women's leadership, networks and coalitions to positively influence policies, laws, norms, and institutional practices toward gender justice.
- engaging men and boys
- shifting social norms that underpin GBV and seeking to enable individuals to make choices affecting their lives and promote gender justice
- promoting inclusive, accountable institutions: supporting individuals and institutions to work in a way that is inclusive, effective and accountable to diverse people's rights and needs
- build on relationships and capacities of solidarity groups: supporting strong relations - among family and intimate partners, peers and communities - toward gender justice

GBV programing can be deliberate about both confronting GBV in sectoral programing (health, food security, livelihoods, etc.) in an integrated way, as well as developing stand-alone innovative interventions and programming.

B. SRH[4]: examples from UNFPA good practices are:
- Good practices have ensured stakeholder involvement to build community trust and secure adult support.
- Adolescent participation and engagement, beyond tokenistic participation and from the onset of an emergency is critical to building adolescent buy-in and increasing demand for services.
- Successful ASRH programs are responsive to the different needs of adolescent subpopulations, including married/unmarried adolescents; in-school/out-of-school adolescents; and adolescents with disabilities.
- Qualified and dedicated ASRH staff, including clinical staff, are crucial to good quality service provision in addition to ongoing training and support.
- The provision of comprehensive SRH services for adolescents at a single site can increase service utilization.
- Take a holistic, multisectoral approach to ASRH programming that moves beyond facility-based health services and a solid SRH focus.
- Provide refresher trainings, structured supervision, recognition and ongoing mentorship to peer educators to address motivation and retention challenges.

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[4] https://www.unfpa.org/sites/default/files/resource-pdf/AAASRH_good_practice_documentation_English_FINAL.pdf

III. Assessment criteria/application:
A. The assessment of the submitted practices/HIS will draw on the following criteria:

1. Where on the gender continuum the approach falls (i.e., how gender transformative was the approach);

2. The extent to which the program and approach meet GBV and SRH programming standards;

3. The degree to which an evaluation and/or impact assessment was completed for the program and if so, what the findings and evidence support from the assessment;

4. The degree to which there is evidence of effort to multiply the impact and ensure the sustainability of the intervention.

Applicants are requested to fill the below tables on the 4 criteria to describe their good practices. CARE team will assess the submitted practices on a scoring sheet, for their own use only, so the study ends up listing and describing 16 good practices on GBV and SRH. There is no limit to the number of applications submitted by individual organizations.

In addition to this, the submitted practices:

- Must have girls below 18 years as the impact group
- May also target a variety of other groups such as men and boys, community leaders, government officials, service providers, etc.
- Can be a humanitarian or development program
- Should be supported by evidence such as proposals, donor reports, internal and external evaluations, media material, and other related documents.
- Have been or currently are being implemented in the time frame of 2012-2017.
- Must be accompanied by HIS to highlight its nature and impact and the story should include pictures.

Criteria 1: How gender-transformative is it? (Blind-0, Transformative-1, Sensitive-5,)

Fill and attach CARE's gender marker, attached, to assess the degree to which the submitted practice is gender transformative. CARE's gender continuum ranges from gender blind programming to sensitive to gender transformative.

Criteria 2: Does it follow good practice guidelines for GBV and SRH?

Using the IASC guidelines[5] for GBV practices (combating CEFM, FGM) and unintended adolescent pregnancies; and the WHO guidelines[6] for the SRH practices that involve direct service delivery (such as health services or information). SRH programming that does not involve delivery of SRH services (such as capacity building for partners) will be assessed according to the criteria 2.1.

2.1 GBV practices:

Criteria	What is the criteria about?	What activities?
1. Human Rights-Based Approach (4 activities:5 points each)	This approach seeks to attend to the rights as well as the needs of girl children; how those needs are determined and addressed is informed by legal and moral obligations and accountability.	- Assess the capacity of rights-holders to claim their rights (identifying the immediate, underlying and structural causes for non-realization of rights) and to participate in the development of solutions that affect their lives in a sustainable way. - Assess the capacities and limitations of duty-bearers to fulfill their obligations - Build the capacity of duty-bearers to overcome limitations - What accountability tools are used? Are complaint mechanisms and tools made accessible to beneficiaries?
2. Survivor-centered Approach[7] (5 activities: 5 points each)	The approach helps to promote a beneficiary's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions.	Beneficiaries' rights: - To be treated with dignity and respect - To choose - To privacy and confidentiality - To non-discrimination - To information Are observed in all stages and activities such as case management sessions and referrals.

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[5] http://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

[6] Making health services adolescent friendly, http://apps.who.int/iris/bitstream/10665/75217/1/9789241503594_eng.pdf

[7] This criterion is not relevant for non-service oriented SRH programming.

3. Community-Based Approach (5 activities:5 points each)	A community-based approach insists that affected populations should be leaders and key partners in developing strategies related to their assistance and protection.	Activities to engage all facets of the community: affected people, duty-bearers, gatekeepers, and different forums in both prevention and response efforts through, for example community committees, FGDs.
4. Systems approach (5 activities:5 points each)	The systems approach can be applied to introduce systemic changes that improve GBV prevention and mitigation efforts (and, for some sectors, response services)—both in the short term and in the long term.	- Strengthen agency/organizational/sectoral commitment to gender equality and GBV-related - Programming Improve humanitarian actors', and development actors', knowledge, attitudes and skills related to gender equality and GBV through sensitization and training. - Collaborate with other organizations to address underlying causes that affect sector capacity to prevent and mitigate GBV, such as gender imbalance in staffing, lack of resources, accountability mechanisms, gender budgeting, and also lack of coordination efforts between sectoral actors - Strengthen safety and security for those at risk of GBV through the implementation of infrastructure improvements, such as in education and transportation and the development of GBV-related policies - Ensure adequate monitoring and evaluation of GBV-related programming

2.2 SRH practices:

Criteria	What is the criteria about?	What activities?
1. Accessible (5 points)	Beneficiaries are able to obtain the health services that are available.	In terms of distance, eligibility criteria, working hours, cost, etc.
2. Equitable (5 points)	All beneficiaries, not just selected groups, are able to obtain the health services that are available.	The eligibility criteria does not leave any one behind on the basis of color, race, gender, sexual orientation, or other associations of identity (e.g., marital status, religion, etc.)

3. Appropriate (5 points)	The relevant SRH services (i.e. the ones they need) are offered.	- SRH services are decided based on a needs assessment, - services are age appropriate for example in terms of the language used. -
4. Effective (5 points)	The right health services are provided in the right way, and make a positive contribution to the clients' health.	Beneficiaries are involved in the design, implementation and assessment of the activity.

Criteria 3: evaluation and impact assessment (3 activities: 5 points each (evidence on conducting evaluation, disaggregated data, and impact)

Criteria	What is the criteria about?
An evaluation and/or impact assessment has been conducted; the findings from this/these assessment(s) provide strong proof of the efficacy and impact of the submitted practice.	- External and/or internal evaluation - Data within the evaluation is -disaggregated by sex, age, disability, and other relevant associations of identity (e.g., marital status, religion, location) - The degree to which the practice was impactful on individual beneficiaries, communities, systems

Criteria 4: Sustainability and Multiplying Impact (5 points (if practice was sustained after project end)**)**

1. How is the submitted practice sustainable? Did it continue after project end? Was there ownership by the local community?
2. Since these practices are meant for replication and scaling, what ideas/recommendations can the practice team provide for replication and scaling?

   (Please remember to attach a HIS to highlight the submitted practice.)