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EVALUATION REPORT COMBATING GENDER-BASED VIOLENCE IN MONGOLIA PROJECT PHASE 2

(2020-2023)



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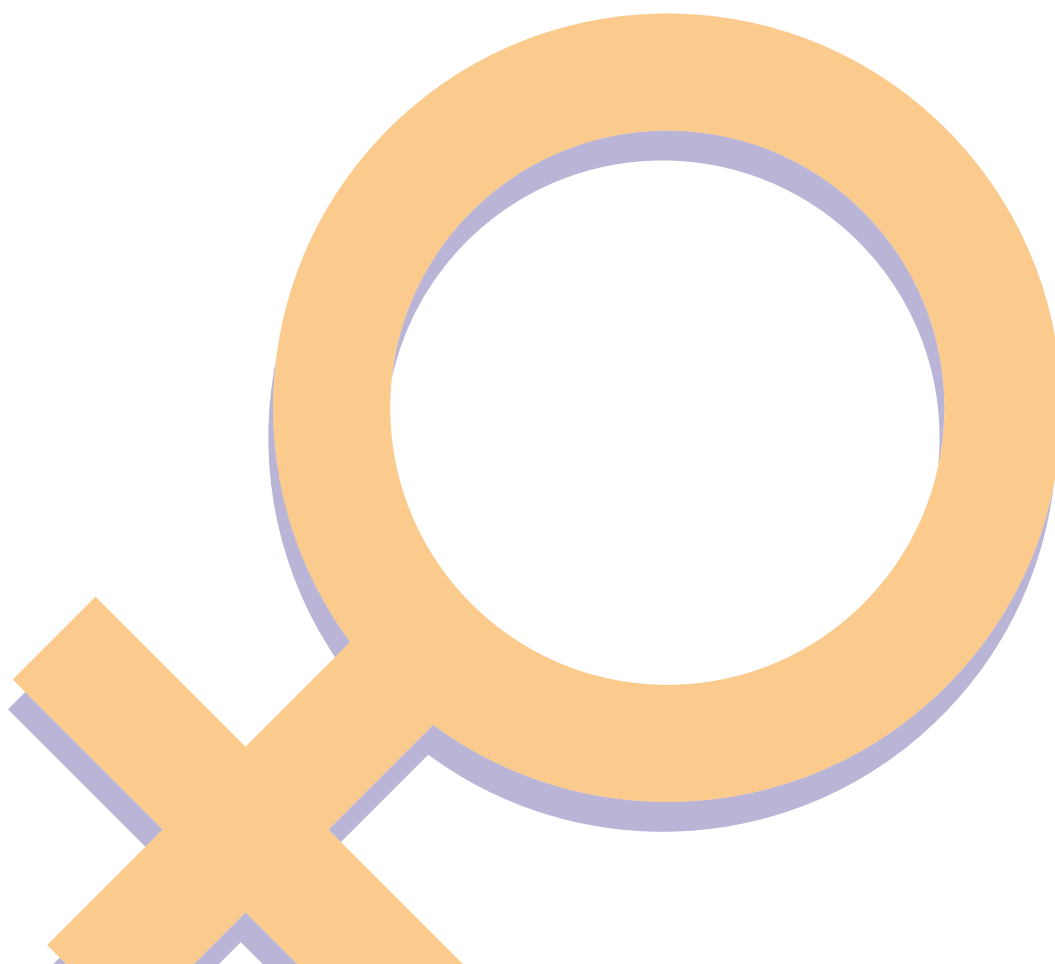
This evaluation report is the result of a rich and fruitful contribution of a diverse group of governmental and non-governmental stakeholders involved in the 2nd phase of the Combating Gender-based Violence project who generously shared their time, knowledge, expertise and experiences throughout the evaluation process. The insights provided by direct implementing partners of the project, as well as those organizations and institutions that received direct technical and financial support from the project to prevent and respond to gender-based violence in Mongolia, were invaluable, and contributed to the strength and usefulness of the evaluation.

We extend our gratitude to all the interviewees, and to all the women and men engaged in the CGBV Project. We are also immensely grateful to, and dedicate this evaluation to those who strive to end GBV in Mongolia and around the world.

ABBREVIATIONS

BCC	Behavior Change Communication
CBO	Community-based organization
CCCP	Coordination Council for Crime Prevention
CEDAW	The Convention on the Elimination of Discrimination Against Women
CGBV	Combating Gender-based Violence (Project)
COVID-19	Coronavirus disease
CP6	The UNFPA Sixth Country Programme of Assistance to the Government of Mongolia
CP7	The UNFPA Seventh Country Programme of Assistance to the Government of Mongolia
DFAT	The Department of Foreign Affairs and Trade (Australia)
DV	Domestic violence
EBRD	The European Bank for Reconstruction and Development
ET	Evaluation team
EU	The European Union
EQ	Evaluation question
FCYDD	Family Children Youth Development Department
GBV	Gender-based violence
GEEW	Gender equality and empowerment of women
GOM	Government of Mongolia
IB	Institutional beneficiary
IDLO	The International Development Law Organization
IP	Implementing partner
IPV	Intimate partner violence
KII	Key informant interview
LCDV	Law to Combat Domestic Violence
LGBTI+	Lesbian, gay, bisexual, transgender, and intersex (plus)
MOJHA	Ministry of Justice and Home Affairs
MOLSP	Ministry of Labor and Social Protection
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MDT	Multidisciplinary Team
NCGE	National Committee on Gender Equality
NEX	National Execution Modality

NGO	Non-governmental organization
NPA	National Police Agency
NSO	National Statistical Office
OSSCS	One Stop Service Centers and Shelters
PwD	Persons with disabilities
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goal
SOGI	Sexual orientation and gender identity/expression
TOC	Theory of Change
TOR	Terms of reference
UN	United Nations
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	The United States Agency for International Development
VAW	Violence against women
VAWG	Violence against women and girls
WHO	World Health Organization



1

INTRODUCTION

Combating gender-based violence (GBV) is an important aspect of promoting gender equality and empowering girls, which in turn are crucial to achieving and accelerating sustainable development. Ending all forms of discrimination against women and girls is a basic human right that must be pursued for its own sake, but this also has a multiplier effects across all other development areas.

As such, the high prevalence of GBV, and especially domestic violence (DV), in Mongolia is considered a major obstacle to sustainable development with the negative impacts it brings to human and socio-economic development. GBV undermines the fundamental human rights of women, young people, and children, as well as of other vulnerable groups.

Supported financially by the Swiss Agency for Development and Cooperation (SDC) and the United Nations Population Fund Country Office Mongolia (UNFPA) and jointly implemented by the Government of Mongolia (GOM) and UNFPA CO, the CGBV Project in Mongolia is one of the first and most comprehensive multi-stakeholder initiatives to address GBV in Mongolia. Implemented in two phases, the CGBV Project seeks to contribute to the reduction of GBV, especially domestic violence (DV), prevalence in Mongolia by strengthening the national capacity for prevention and response to GBV. In the last several years, Mongolia has made headway in responding to and preventing GBV catalyzed by the approval of the revised Law to Combat Domestic Violence (LCDV). The 1st Phase of the CGBV Project, implemented from 2016 to 2020, contributed significantly to the implementation of the LCDV by strengthening national capacity particularly in the areas of data generation, policy advocacy and public awareness, and the establishment of survivor protection mechanisms.

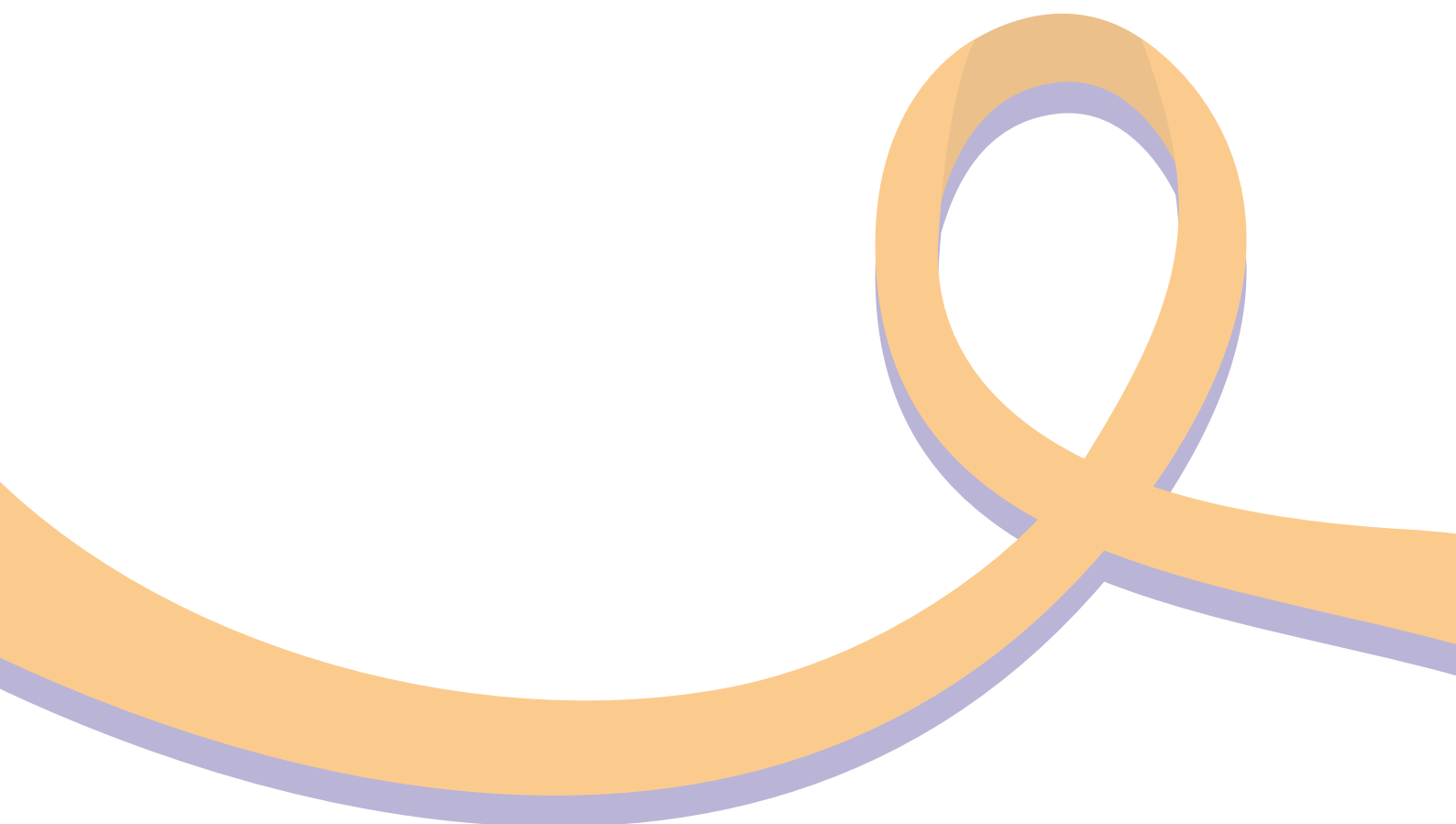
1.1 About the CGBV Project

Building on the achievements and lessons learned from the 1st phase, the 2nd phase of the CGBV Project is a three-year endeavor, commenced in August 2020 with the end date envisioned for July 2023. The 2nd phase has two specific objectives: (1) to institutionalize and sustain government response mechanisms on GBV/DV including through regular and improved data collection and analysis and through strengthening survivor protection and rehabilitation mechanisms; and (2) to promote gender equitable social norms through behavior change and communication efforts, particularly at the community level, with special focus given to engaging men and boys. To achieve these objectives, the 2nd Phase of the CGBV Project focused on:

- Continued capacity building of and advocacy among duty-bearers at the national, provincial and grassroots level;

- Improved and harmonized data generation and utilization for policymaking;
- Strengthening and expanding survivor protection and rehabilitation mechanisms as well as perpetrator rehabilitation mechanisms with a strong focus on sustainability elements; and
- Adaptation/implementation of community-level GBV/DV prevention models based on international good practices adjusted to the Mongolian context.

National ownership lies at the heart of this endeavor as the CGBV Project's activities are in close alignment with Mongolia's own national priorities and policies, and its implementation fall under the leadership of government ministries. The Project takes a human rights-based and survivor-centered approach as well as a gender transformative approach in all aspects of its planning, implementation, monitoring and evaluation. These approaches ensure that GBV is tackled with the perspective that freedom from violence is an essential human right that must be protected and promoted, and that the most effective way to address the issue is by targeting the root causes of GBV. The CGBV Project also further supports Mongolia's commitment to achieving the Sustainable Development Goals (SDG), particularly SDG 5 on achieving Gender Equality that includes the goal of eliminating all forms of violence against women and girls by 2030.



2

ABOUT THE EVALUATION

The evaluation of the 2nd Phase of the CGBV Project was commissioned by UNFPA and prepared by a team of independent evaluators in line with the *United Nations Evaluation Group (UNEG) Norms and Standards, Code of Conduct and Ethical Guidelines* for UN evaluations, as well as *UNEG Guidance on Gender and Human Rights-responsive Evaluations*, and in accordance with international best practice.

2.1 Objective

The objective was to provide an independent evaluation of the project using six (6) criteria of the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) - effectiveness, efficiency, relevance, coherence, impact and sustainability. The evaluation looked also at how adequately were issues of gender and good governance addressed across the project interventions, and how did it contribute to the achieved results. The evaluation aim was to provide findings and recommendations targeting mainly the Mongolian State authorities and other stakeholders, as well as UNFPA, and recommendations at improving the remaining time of the project.

2.2 Scope

The evaluation covered the period since the commencement of the 2nd phase in August 2020, till December 2022, and was conducted between 30 December 2022– 17 April 2023. Annex II presents a detailed tasks and timelines for this evaluation.

The geographic coverage of this evaluation was five provinces and one district of Ulaanbaatar in Mongolia, namely the Arkhangai, Bayan-ulgii, Darkhan-Uul, Khovd and Zavkhan provinces and the Bayanzurkh district. The in-person, primary data collection was conducted in Arkhangai and Darkhan-Uul provinces and in the Bayanzurkh district of Ulaanbaatar. The choice of these locations was driven by substantive number and diversity of the CGBV Project's activities implemented, which allowed the evaluation team (ET) to interview a range of stakeholders able to provide information pertaining to all evaluation questions. For information related to the limitations please see the Limitations section.

2.3 Approach

The evaluation took a theory-based approach to draw conclusions about whether and how the CGBV Project contributed to observed results. The theory of change (ToC) that was developed for the CGBV Project has proved adequate and was not reconstructed for the purpose of this evaluation.

The evaluation was also grounded in a gender-responsive approach and assessed if, and to what extent, social norms that enable, reinforce and sustain inequitable gender and power relationships in Mongolia have changed as a result of the CGBV Project. To this extent, the evaluation generated information on the ways in which the CGBV Project affected men and women differently, and the extent to which the CGBV Project contributed towards gender equality, human rights and women's empowerment in Mongolia.

The evaluation took also an inclusive, participatory and respectful approach to data collection ensuring that women's voices, including different groups, are prevalent throughout the evaluation. To this extent, the evaluation drew on qualitative, primary and secondary data collected from several sources including existing CGBV Project's documents and the interviews with concerned CGBV Project's stakeholders, and through a range of methods including desk review, key informant interviews (KIIs) and individual in-depth interviews (IDI).

The evaluation was conducted partially remotely, and in addition to in-person, field-based interviews, and relying on the ET's extensive experience in remote data collection, the evaluation utilized online channels of communication for data collection.

2.4 Audience

The main implementing partners will use the evaluation findings to help make decisions to ensure sustainability and further improve the GBV prevention and response interventions. UNFPA will use the evaluation findings to improve further programme delivery, learning what works, when and for whom, and refining the programme accordingly for the UNFPA Seventh Country Programme of Assistance to the Government of Mongolia (CP7). Also, SDC will use the products to inform the results, achievements and lessons learned of the contribution they made to GBV prevention and response to the Mongolian public and Swiss people as SDC is phasing out of Mongolia from 2024. Furthermore, the evaluation findings will be an advocacy tool to further sensitize the importance of funding GBV interventions to ensure the sustainability of the project interventions and initiatives for potential donors. Mongolian public, including GBV survivors and people from vulnerable groups are the essential audiences of the evaluation findings.

2.5 Methodology

In line with the evaluation design report, driven by the scope of work (SOW) and the evaluation original terms of reference (TOR), the evaluation used a uniform, qualitative approach to collect data. Data were obtained from primary and secondary data sources, and yielded findings, conclusions and recommendations from: (1) a total of 39 documents and resources reviewed; (2) a total of 57 semi-structured one-on-one KIIs conducted with duty-bearers, and; (3) a total of 9 IDI conducted with rights holders. The groups of stakeholders interviewed represented three categories:

- **Implementing Partners**, which include specifically those who designed, developed, financed, managed and/or provided overall technical guidance to the project as well as governmental, non-governmental and public body duty-bearers who implemented project activities;

- ***Institutional Beneficiaries***, which are the duty-bearers representing selected local and international non-governmental organizations (NGO/INGO) and other community-based organizations (CBO) and groups as well as primary-level government units (khoroo¹ and soum²), which through the CGBV Project, received financial and/or technical capacity building to improve their service delivery and to inspire and bring forth innovative initiatives to combat GBV; and
- ***Individual Beneficiaries***, these are rights-holders.

Annex II presents a full list of all documents reviewed for this evaluation, Annex III presents a full list of key informants interviewed, and Annex IV describes in detail the data collection methods and stakeholder sampling.

Before the data collection process commenced, the original set of evaluation questions was revised and refined to specifically fit the evaluation methods and the targeted stakeholder groups. Annex V presents data collection tools used for this evaluation.

In line with the agreed to methodological approach, varied approaches were utilized to data analysis including descriptive statistics, frequency and content analyses. During the desk review of project documents and the analysis of qualitative data collected, descriptive statistics were used to determine trends and, in some instances, summaries by respondent type. Sustainability analysis and data synthesis were also used. All secondary and primary qualitative data collected through KIIs and IDIs have been coded according to thematic analysis for each evaluation question. During a week-long data analysis workshop in Ulaanbaatar, Mongolia, all data were triangulated across different methods of data collection to corroborate the findings. The evaluation conclusions are based on the convergence of findings from the various data sources and on the totality of evidence. Annex VI presents in detail data analysis methods used for this evaluation, and Annex VII presents the overall evaluation methodology matrix.

All primary data was collected in person in the Arkhangai, Darkhan-Uul and Zavkhan provinces and from the Bayanzurkh district of Ulaanbaatar in Mongolia, and online from the Bayan-Ulgii and Khovd provinces. This choice was influenced by the limited time and funding allocated for this evaluation, as well as other logistical challenges such as the distance from Ulaanbaatar and the harsh winter weather conditions in Mongolia.

Although the evaluation did not encounter any response bias, the respondents selected for interviews represented only the direct project stakeholders and beneficiaries. The evaluation did not seek opinions of stakeholders not directly engaged in and through the CGBV Project. As such, findings and conclusion of this evaluation, particularly those related to external coherence, may not fully represent opinions of others working in the space of GBV prevention and response in Mongolia. Further, while utmost effort was taken to ensure that the evaluation captures the complete range of experiences from all types of informants, the evaluation capture opinions and views of a small number of community members who participated in any of the community-level GBV prevention models. In addition, only a small number of GBV survivors and clients of the six, project-supported One Stop Service Centers and Shelters (OSSCS) were recruited.

2.6 Terminology

In the past decade(s), there has been an explosion of language on GBV. Definitions and terms describing the phenomenon as well as its types vary across sectoral and cultural contexts, and are continuously evolving spurred in part by the developing understanding of gender constructs, contextual focus of development partners, and shifting usage of related terms.

This evaluation applied the term GBV to capture various types of violence including domestic violence (DV) or intimate partner violence (IPV). The evaluation findings refer broadly to GBV because in Mongolia, as well as in other parts of the region, concerned stakeholders often use such term to capture any type of violence including DV. Further the term GBV is also used to refer broadly to efforts to eliminate violence against women (VAW).

2.7 Management

The ET was responsible for conducting all evaluation activities as highlighted in Annex I (Workplan). Dr. Piotr Pawlak (Evaluation Team Leader) led all technical aspects of the evaluation including methodological and technical leadership, evaluation management and communication, as well as data analysis and report writing. He worked in close collaboration with and was supported by Nandinchimeg Magsar (National Gender Consultant) and Dr. Tsetsegsaikhan Batmunkh (National Gender Consultant) to produce all evaluation outputs.

The ET worked in close collaboration with UNFPA and SDC. UNFPA provided administrative support throughout the evaluation process including during the data collection phase, and facilitated initial contacts with the project stakeholders, partners and beneficiaries.

3

EVALUATION FINDINGS

3.1 Effectiveness in Strengthening National GBV Capacity

In order to understand the extent of the overall CGBV effectiveness, the ET interviewed 57 key informants representing both the CGBV Project's IPs and IBs in the Arkhangai, Bayan-Ulgii, Darkhan-Uul, Khovd and Zavkhan provinces and in the Bayanzurkh district of Ulaanbaatar in Mongolia. More than three quarters of the 57 duty-bearers interviewed by the ET indicated that they are long-term partners or beneficiaries of the CGBV Project. This is because, to a large extent, the 2nd Phase of the CGBV Project focused on expanding and scaling up the activities implemented with duty-bearers under its predeceasing phase. During an online interview, referring to his role in implementing activities, a manager of a civil society organization (CBO) stated, *"I have been in charge of this activity from the overall CGBV Project inception. I was involved in the project design and now have been implementing activities continuously until last year,"* and in Ulaanbaatar, another key informant said, *"our NGO implemented one activity under Phase I, but in Phase II we were not involved as an organization. However, I was involved in some activities as an individual consultant."* Considering this, the findings regarding effectiveness of the 2nd Phase should be understood as part of a continuum, a long-term investment by UNFPA and SDC in the prevention and response to GBV in Mongolia. Moreover, the effectiveness findings are based on the collective results of all four thematic components and multiple activities of the project³. This is because, not all key informants have been equally exposed to all components or participated in all activities of the CGBV Project. As such, their responses are more aligned with the type of involvement and therefore are more likely to be subjective. However, aggregated, they provide important and reliable insights into the overall effectiveness of the CGBV Project.

Key Finding: Aggerated results show that the CGBV Project was effective in strengthening national capacity to prevent and respond to GBV. A combination of three specific CGBV Project characteristics – design, approach and content – contributed to it.

Findings from the desk review of project documents provide several positive examples of the effectiveness of the CGBV Project in strengthening national capacity to prevent and respond to GBV. According to the Annual Report (2022), as a result of trainings, *"the capacity of the National Police Agency in collecting and analyzing administrative data has increased significantly"*. A stronger national capacity in GBV prevention and response has been corroborated by the results of the KIIs with IPs. All 26 IPs and more than 20 IBs, including the CGBV Project team, governmental and non-governmental stakeholders, perceived the CGBV Project as highly effective in strengthening national capacity to prevent and respond to GBV. Many respondents complemented individual components or specific activities of the project as powerful and

influential. However, the format, degree and attributes of the effectiveness was not uniformly agreed upon among all types of the duty-bearers interviewed. The most frequently reported were the abilities to develop evidence-based and concrete actions to prevent and respond to GBV (e.g. to manage GBV in emergencies, or to capacitate own constituencies) followed by the accelerate commitment to combating GBV (e.g. becoming a new generation of GBV experts in own professional circle). For some, enhancement of capacity to combat GBV meant also ability to elevate own role and competency as a professional (e.g. being able to provide obstetric services to pregnant mothers who are subject of and/or experienced GBV or special care for children victims of rape). Several other duty-bearers (e.g. staff of National Statistical Office (NSO), and the National Police Agency (NPA), etc.) reported ability to generate, utilize and disseminate GBV evidence to inform policies and programmes; while some others (e.g. Ministry of Justice and Home Affairs (MOJHA) through the Coordination Council for Crime Prevention/CCCP, or National Committee for Gender Equality (NCGE)) reported that enhanced capacity meant for them taking on more systematic leadership at the national or provincial level to combat GBV. This has been highlighted in the interview with staff of the MOJHA who reported:

“Now, as the CCCP is chaired by the Minister of Justice and Home Affairs, the members are trained, and the structure became the main coordinating body for projects on GBV in Mongolia. They had only 3-4 staff at the beginning, now CCCP has over 10 staff and even have a media team to work on GBV.”⁴

In the KIIs, the positive effect of the CGBV Project on strengthening national capacity to prevent and respond to GBV was attributed to three specific features of the CGBV Project, which are presented in the table below.

Table 1: Attributes of the overall effectiveness of the CGBV Project in strengthening national capacity to prevent and respond to GBV

Attribute	Description
1. Design	The design that centered upon national ownership and implementation, and was based on the human rights and gender-transformative principles, grounded in evidence and responded to the actual reality of Mongolia and its population. In the KIIs it was reported that the human rights-based approach of the project ensured that majority of the duty bearers met their obligations, and that the rights-holders were able to claim their rights, in particular the right to care and support ⁵ .
2. Approach	The approach to GBV prevention and response that was based on the use of socio-ecological model focused on implementation of activities that included reducing risk factors for and increasing protective factors against GBV at the individual, family, community and societal levels, and with participation of a diverse group of stakeholders representing both the rights-holders and the duty-bearers from a range of sectors and levels of socio-political structures and geographical locations; and
3. Content	The content of activities that was highly relevant to and reflected current national commitments and priorities with regards to GBV prevention and response, and met the existing demand for guidance and technical competencies in GBV prevention and response in the country.

Key Finding: *The capacity building and advocacy among duty-bearers was the most powerful component of the CGBV Project that enhanced national capacity to prevent and respond to GBV.*

Twenty-four (24) out of 26 IPs reported that the continued capacity building of and advocacy among duty-bearers at the national, provincial and grassroots levels was the most powerful component of the CGBV Project that enhanced national capacity to prevent and respond to GBV. To this extent, the evaluation found that what made this component powerful was that it covered both the topics of knowledge about GBV, awareness of and reflection on own relation to GBV skills for recognition, response and prevention of GBV, and improvements in legal framework for dealing with GBV. Reflecting opinions of the majority of IPs, a member of the MOLSP stated in the interview in Ulaanbaatar,

“The most effective component in strengthening national capacity were trainings of stakeholders and development of the training manuals, curriculums learning materials and guidance on prevention of GBV.”

In the KIIs, project activities that focused on strengthening and expanding survivor protection and rehabilitation mechanisms⁶ and financial support to organizations and institutions providing GBV services, as well as the adaptation and implementation of community-level GBV prevention interventions, have been reported as second most important contributors to improved national capacity to prevent and respond to GBV. This has been reported by more than half of 26 IPs interviewed. Ten (10) IPs reported also that the CGBV Project's strides to improve and harmonize the GBV data ecosystem has been a factor in the enhanced national capacity to combat GBV. In the interview in Ulaanbaatar, a staff member of NSO reported:

“As a professional statistical authority in Mongolia operating at the national level, we are fully empowered and capacitated to combat GBV through learning the methods of data collection and analysis in the GBV field.”

It is important to note that the finding regarding the capacity building component as the most powerful contributor to the reported capacity enhancement may be explained by two facts. Firstly, the capacity building component of the CGBV Project had the wider coverage in terms of intensity, frequency and participation, spanning all types of IPs and development sectors, as compared to activities under the advancements to the GBV data ecosystem, which focused predominately on staff of NSO, NPA and OSSCs. Secondly, the capacity building component received also the most funding as reflected in the project costs analysis. Data shows that 34% of the total CGBV Project budget for 2020-2022 was allocated to building capacity of and advocacy among national, province and grassroot level stakeholders⁷.

Key Finding: *Four specific attributes of the aggregated support provided by the CGBV Project to institutional beneficiaries led to the strengthened capacity to prevent and respond to GBV. As a result, institutional beneficiaries took innovative actions against GBV.*

The evaluation found that, overall, the CGBV Project was effective in strengthening capacity of IBs to prevent and respond to GBV. It was found that a set of four (4) attributes of the CGBV Project was a

particularly powerful and influential contributor to its effectiveness. These attributes are explained in Table II. The combination of these attributes is what led IBs to report positive results regarding the CGBV Project effectiveness in strengthening national capacity to prevent and respond to GBV.

Table II: Attributes of the overall CGBV Project effectiveness in strengthening national capacity for GBV prevention and response, as reported by IBs

Attributes	Description
Provision of financial support that was inclusive, reliable and continuous and supported staff capacity and organizational development	This means provision of financial support that allowed ⁸ both to build capacity of staff and organizational development including coverage of some administrative expenses related to human resources, improving organizational culture, strengthening institutional procedures and practices. Important part of this was also the ability to cover unforeseen circumstances (e.g. related to provision of GBV services during the COVID-19 pandemic) and unplanned activities (e.g. special classes for children of GBV survivors). In the interview in Ulaanbaatar, a staff member of the NCGE said: “The financial support from the CGBV Project have significantly contributed to improving institutional capacity of the organization.”
Development of tailored yet multifarious trainings that included diverse methodology, adequate pedagogy and post-training support	This means the CGBV Project offered a range of trainings and workshops that were diverse in terms of content and contextualized and tailored to specific audience. This includes provision of tailored knowledge and relevant skills to participants’ needs, their scope of work, and/or professional roles and responsibilities within their organizations/institutions (as opposed to a one-fit-all approach to capacity building). In addition, the high quality of the sessions’ facilitation and pedagogy found to be relevant and appropriate, as well as support from training facilitators during and after the trainings.
Provision of specialized tools and technical resources that were made available and accessible online	This means development and provision of methodological tools, toolkits and guidance and other specific technical documents to be used after trainings are completed. These tools have been found as highly appropriate, context-specific, relevant and useful to the diverse ways in which duty-bearers, in their organizational/institutional roles, were involved in GBV prevention and response. This includes the continuous access to and availability of the materials, including via GenderHub, and have been found fundamental.
Building a community of practice among duty-bearers	This means the opportunity for duty-bearers representing both the national and provincial level to come together, be connected and united around the shared goal. This provided opportunities for face-to-face interaction and exchange of experiences ⁹ , propelled to strengthen existing collaborations within their own teams, and enticed to engage in new working relationships and partnerships with others, including across provinces.

The ET found also that the CGBV Project have inspired some IBs to take innovative actions against GBV. This in turn, had positive impacts on the way IBs approached GBV prevention and response, and how

they provided and managed support and rehabilitation GBV services, and protected and empowered GBV survivors and those at risk of violence. This has been illustrated in the interview with officer from the FCYDD in Arkhangai Province who said: *“The project (CGBV) gave us a lot of motivation to look for other initiatives to combat GBV, rethink our services and search for new opportunities. We realized that when you start something, you start thinking also how you can expand it, how you can make everything better.”*

Table III: Illustrative examples of innovative initiatives to combat GBV developed by duty-bearers as a result of the CGBV Project

Location	Innovative GBV interventions inspired by the CGBV Project
Chingeltei District	Staff of local FCYDD convened a community based new initiative “We Are Together” to address alcohol abuse in the community as risk factor for GBV. The initiative brought together more than 30 community members and 4 people have been reported to quit alcohol.
Arkhangai Province 3rd bagh	A local OSSC established a community based Facebook group to share information and facts about GBV and to disseminate information about GBV services available for GBV survivors and those at risk of violence in the province.
Darkhan Province	A local police agency was inspired to review the progress of their work during a monthly all-staff meeting, and decided to motivate its staff with salary increase (as a performance bonus) for those police officers who responded to most cases of domestic violence.
Zavkhan province	Staff of local OSSC organized swim classes at the provincial swimming pool and a meditation training for GBV survivors to deal with trauma and stress.

3.2 Effectiveness in Institutionalizing National GBV Mechanisms

Evaluation Question: How effective has the CGBV Project been in institutionalization of national mechanisms to prevent and respond to GBV?

When examining the extent of the CGBV Project’s effectiveness in ensuring national ownership of GBV prevention and response in Mongolia, the evaluation considered a range of the CGBV targeted activities that aimed to establish and elevate norms, systems and/or practices among duty-bearers that support addressing GBV as a national priority¹⁰.

Key Finding: The CGBV Project succeeded in supporting institutionalization and boosting national ownership of GBV prevention and response mechanisms in Mongolia.

Both, findings from the desk review of project documents as well as the results of the KIIs show that the CGBV Project was effective in supporting institutionalization of GBV prevention and response in Mongolia. Project documents point towards a success with regards to the National Police Agency, MLSP/

FCYDA and NCGE taking over the project-established GBV databases and systems including the *eGBV*, *eTuslamj* and *GenderHub*. The expanded and supported OSSCs and improved services of MDTs have been reported to ensure a functional multi-sectoral cooperation and coordination mechanism in place for protection of GBV survivors at both national and sub-national levels with sufficient budget allocation.¹¹

In the KIIs with IPs, it was found that the CGBV Project was successful in boosting national ownership of GBV prevention and response. Numerous compelling examples have been identified through this evaluation.

The evaluation found that as a result of the CGBV Project's advocacy efforts and capacity building activities with the GOM, new GBV positions have been created and staff have been appointed at various academic and governmental institutions to work specifically on GBV. Some of these agencies accredited training modules developed and pilot-tested by the CGBV Project, with some of these trainings being now offered on a regular basis and as mandatory for new hires. For example, a GBV module in the Comprehensive Sexuality Education (CSE) curricula, developed with the CGBV Project's support and implemented by the Vocational Education Evaluation Center (VEEC), is now reflected in the approved and accredited curricula of the TVETs and Polytechnic.¹² The national ownership of GBV prevention and response is also demonstrated through the GOM assuming a leadership role in organization and a scale-up of social and mass-media campaigns which were previously low-scale and implemented by the civil society. For example, in 2022, the 16 Days of Activism Against GBV campaign was jointly organized by the GOM and the UN, development partners and CSOs and involved Members of the Parliament, Government Ministries and other high level officials¹³.

The CGBV Project also supported the development of a methodology for drafting local and sectoral gender policy. Widely adapted by the GOM, the methodology application led to all 21 Mongolian provinces, Ulaanbaatar and its nine districts, as well as 14 out of 16 sectoral Ministries developing institutional and/or sectoral gender policies. This, according to interviews, has boosted the GOM's commitment in promoting gender equality and combating GBV, and led to mobilization of state and local resources for GBV. Also, with the CGBV Project support, the evaluation of the GOM's mid-term strategy for promoting gender equality was conducted¹⁴. Based on the evaluation results, the National Programme on Promotion of Gender Equality (2017-2021) and the Cross-Sectoral Strategy to Promote Gender Equality (2022-2031) was developed, approved and implemented. This, as reported by a staff of the NCGE, is the result of the continuous support of the CGBV Project to strengthen national capacity to prevent and respond to GBV.

Key Finding: *The CGBV Project funding modality and extensive advocacy among duty-bearers have led to mobilization of the GOM resources to invest in and scale up GBV prevention and response. However, a sense of concern persists with regards to certainty of long-term, uninterrupted cross-sectoral financial and human resources needed for effective and sustainable GBV prevention and response.*

A factor that significantly contributed to the institutionalization of GBV prevention and response in Mongolia was the CGBV Project funding modality, which included co-financing of the 2nd Phase by the GOM. In the interview, a representative of a donor community reported that by encouraging joint funding mechanism, UNFPA and SDC have successfully motivated the Mongolian Government to place GBV on

the national priority list. The evaluation found that the ‘*pooled-funding*’ approach increased collaboration among government stakeholders and development partners played a crucial role in strengthening national ownership of GBV prevention and response. This was found to have a transformational effect on the way, and the extent, to which governmental stakeholders considered addressing GBV in programmes, policies and in mobilization of resources.

The findings from the desk review of project documents revealed that the upstream level advocacy and other interventions under the 2nd Phase have resulted in the allocation of state and provincial budget for GBV prevention and response. This included budget allocations for the administrative expenses of OSSCs, expansion of GBV support and rehabilitation services to other locations, and investments in communication and public GBV awareness raising interventions. For example, in 2022, the GOM allocated a total of 487.8 million MNT to GBV prevention and response, and specifically to support the operations of MDTs at the grassroots level (which is a significant increase of 129% from 2020¹⁵), and a total of 283 million MNT for behavior change and communication activities on GBV (as compared to 185.9 million MNT in 2021). Data shows that in 2021, the CCCP allocated 333.2 million MNT for MDTs. This progress led to several measurable achievements including expanded GBV support and rehabilitation services and stronger multi-sectoral coordination and GBV response across the country¹⁶.

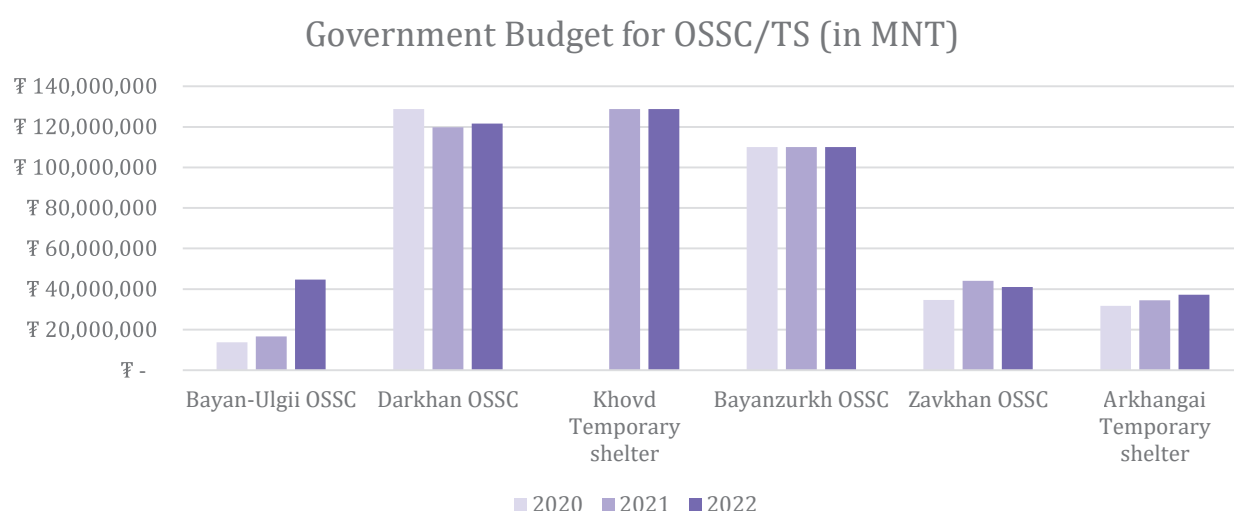
In the KIIs, among 20 IPs who responded to the question, fifteen (15) perceived the CGBV Project to be effective in supporting mobilization of resources for GBV prevention and response. In the interview with the NCGE, a staff member said, *“As a result of the successful implementation of the CGBV Project, over the last two years the NCGE has increased its budget allocation for GBV prevention and response. Salaries and administrative expenses accounted for most of the budget, but we could get some funding from state budget for capacity-building and other activities”*. Importantly, among the 20 IPs interviewed, five (5) reported that the CGBV Project advocacy with the GOM helped them to obtain additional funds for GBV prevention and response from other UN agencies, donors and development partners. For example, in the interview at the MOH, a staff member reported that as a result of its involvement in the CGBV Project, the Ministry obtained additional funding for gender work from WHO and UNICEF. As a result, in March 2022, the Ministry was able to organize GBV trainings for teachers, doctors, social workers in 25 public schools in the Sukhbaatar district. Similarly, the engagement and positive experience with the CGBV Project has also enabled the CCCP to mobilize approximately 3 million USD for GBV prevention and response from the Asian Development Bank.

However, majority of the IPs could not with certainty articulate the exact amount of state or provincial budget allocations for GBV; though there was a consensus with regards to the purpose of strengthening and expanding GBV support and rehabilitation services. In one interview, a respondent said, *“I don’t know the exact budget amount, but the implementing partner informed me that the budget allocation by the Crime Prevention Coordination Council is constantly increasing.”* The latter point has been corroborated in the KIIs with IBs. The financial data received by the ET from the six project-supported OSSCs show rather steady financial support by the GOM over the past 3 years (Table IV below).

While the evaluation found positive examples of resource mobilization for GBV prevention and response among the GOM, a sense of concern was also uncovered with regards to uncertainty of long-term, uninterrupted cross-sectoral financial and human resources needed for effective GBV prevention and response. This was reported in the KIIs with IPs and IBs. In one such interview, a respondent from

an international development organization in Mongolia stated: *“Beyond the current GOM financial contribution to GBV prevention and response, I don’t see concrete examples of state level mobilization of financial resources,”* and in another interview a respondent said: *“At this point I cannot tell with certainty about the financial mobilization or confirmed financial commitments to GBV prevention and response at the highest level of the GOM.”* The importance of this concern should not be underscored as it may have several negative consequences including collection, analysis and dissemination of GBV prevalence data for policy making. Despite extensive advocacy with the GOM, as of March 2023, the revisions to the National Statistical Law are pending.¹⁷ This means a regular conduct of the National GBV Survey is not mandated and, consequently, no human and financial resource are allocated for the GBV prevention and response. Combined, this creates an enabling milieu to challenge the overall sustainability of the CGBV Project gains and accomplishments.

Table IV: Financial contributions by the GOM for the six project-supported OSSCSs



Key Finding: *As a result of the CGBV Project, there is a progress in multi-stakeholder collaborations, reinforcing existing working relationships and in creating new partnerships for a stronger multisectoral GBV response, in particularly at provincial and district level. The CGBV Project’s close and direct collaboration with gender focal points at relevant ministries and governmental agencies, and the targeted engagement with MOJHA and CCCP contributed to this¹⁸.*

The evaluation found that the CGBV Project was effective in strengthening multisectoral response to GBV at the national and provincial level. Seventeen (17) out of 26 IPs attested to this. This is attributed to the CGBV Project creating multiple opportunities for networking, sharing of knowledge and lessons learned and overall collaboration between groups of duty-bearers. The interview with a staff member of the NCGE illustrates this accomplishment very well:

“The CGBV Project has been implemented across a wide range, not only in one sector but other sectors as well, making a significant contribution to ensuring intersectoral coordination in the national and province level.”

In the KIIs with IPs, two specific factors have been identified that contributed to the effectiveness of the CGBV Project in strengthening multisectoral response to GBV at the national level. These combined, led to a reported high level of enthusiasm, recognition of and commitment to ‘working together’, and overall acceleration of coordination of GBV response among duty-bearers. This in turn, resulted in budget allocations¹⁹ and event organization²⁰ by the GOM, as highlighted in earlier sections. The two factors are:

- ▶ First, the close and direct collaboration between the CGBV Project and focal points overseeing gender issues at relevant ministries and governmental agencies, and the fact that these points of contacts have remained in their position for the duration of the project implementation. This allowed the CGBV Project to build trust and support for the project and to develop shared goals related to GBV. This is an important factor considering a challenge of the high turnover rates among government staff as well as changes in focal points or decision-makers within implementing agencies has been experienced during the implementation of the 1st Phase and, as demonstrated through this evaluation, persisted during the 2nd Phase.
- ▶ Second, the targeted engagement of the CGBV Project with MOJHA, in particular direct work with the CCCP chaired by the Minister for Justice and Home Affairs, which serves as a coordinating body in the area of GBV prevention and response and oversee GBV response (and prevention) in Mongolia in accordance to the LCDV. This was demonstrated in the interview with staff member of the MOJHA who said, *“The GBV issue needs extensive collaboration of all sectors, government and CSO organizations, so at council and sub-council level we collaborate effectively.”*

Success in collaboration for stronger GBV response have also been reported in the KIIs with IB. Twenty six (26) out of 31 IBs interviewed agreed, though to a varied degree²¹, that the CGBV Project was effective in strengthening multisectoral response to GBV at the provincial level. Reflecting the view of majority, a member of the MDT interviewed in Darkhan province who reported:

“To prevent domestic violence, the police department at Darkhan-Uul province cooperates with many governmental and non-governmental organizations, such as the CCCP, the NCGE, provincial government agencies, Narcology center and OSSCs. The project (CGBV) mobilized us to increase the coordination with government and non-government organizations and collaboration with citizens in protecting the rights of GBV survivors.”

Key Finding: *The CGBV Project was successful in supporting institutionalization of GBV data generation/ collection and analysis mechanisms in the government administrative statistics. However, several concerns have been uncovered regarding GBV data quality, analysis, utilization and dissemination, national ownership of data bases/systems and its utilization by national and provincial level duty-bearers.*

Over the last several years, challenges persisted with the administrative statistics and data on GBV in Mongolia. These include a lack of standardization and harmonization in the collection, analysis and dissemination of this information²². There have been reports of the administrative databases being incompatible for integration, and there has been limited information-sharing among relevant bodies of the GOM²³. The CGBV Project aimed to change that, and the evaluation sought to understand how

effective was the project in institutionalization of GBV data collection, analysis and dissemination mechanisms.

Through the desk review of project documents, the evaluation found that the CGBV Project contributed to GBV data generation and succeeded in ensuring availability of GBV data by sharing with public and decision makers for formulation of policy and programmes²⁴. The Project co-produced several GBV data knowledge and information materials. These included the monograph for gender using the 2020 Census data, in-depth secondary analysis of data from 2017 GBV Survey²⁵, the Economic Costs of Intimate Partner Violence in Mongolia study²⁶ (2020) and administration of a small-scale survey on OSSCSs client satisfaction and public awareness raising on GBV, among others.

Importantly, by establishing and handing over the *GenderHub*²⁷ to the NCGE for administration and maintenance, the CGBV Project ensured national ownership of resources on GBV. Similarly, in 2022, pilot testing of the *eTuslamj*, the project-supported data system for better tracking of GBV service data, was completed, and the database was subsequently handed over to the FCYDA. Correspondingly, the *eGBV* database²⁸, an integrated database system developed under the 1st Phase was also integrated into the General Police Emergency Call System (ESC) of Crime and Misconduct and crime registration data. Since then, GBV data has been widely shared with the public in form of quarterly and yearly reports.²⁹

Over the last few years the NPA made efforts within its capacity to improve the generation, analysis and dissemination of GBV data. As a result, in addition to the 2017 National GBV survey data, currently the police-generated and analyzed GBV data is the only source of relevant information on the prevalence of GBV in Mongolia. It informs policy documents, SOPs and projects proposal for policy and programme development across all levels of the GOM, and is used by UN agencies and development partners and CSOs in Mongolia.

In the KIIs with IPs, there has been an overall consensus that the CGBV Project was successful in supporting institutionalization of GBV data generation/collection and analysis mechanisms. However, these interviews revealed also a sense of concern regarding the quality, reliability and confidentiality of the GBV data, and the extent to which GBV data is being utilized and disseminated for decision making³⁰. More than three quarters of all 26 IPs interviewed highlighted this. It was revealed that while the duty-bearers regularly collect GBV data, the analysis are not always shared between government agencies. For instance, there is limited evidence of police sharing the eGBV data with the health sector for development of mitigation measures (e.g. addressing unhealthy and excessive use of alcohol in communities as a risk factor for GBV). A concern has also been raised with the inconsistent way the data have been analyzed and disaggregated, and how trends and statistics are presented. Aggregated, these concerns have been reported by more than half IPs interviewed. In one interview the government stakeholder in Ulaanbaatar said:

“A system was created to collect data on GBV. However, I don’t know how good and valuable these data are. Even in our organization, we receive monthly data from the police. However, I observed that the collected data were not analyzed well. The information is recorded into an eGBV database, and particular reports are generated by this system. However, greater quantitative data analysis and utilization at the decision-making level are required.”

At the national level, interviews with IPs uncovered also a sense of limited ownership of eTuslamj and GenderHub - spurred in part by a frequent transfer of ownership related to limited human resources available with relevant technical knowledge and maintenance skills. This in turn led to temporary operationality challenges. In one interview, a government employee said:

“eTuslamj database was developed and handed over to the FCYDA, however there was no any IT person for 6 months, which lead to some interruptions in the eTuslamj database operation.”

The above concerns have also been observed in the KIs with IBs. While positive results are to be observed with regards to staff of the project-supported OSSCs collecting relevant data through the use of *eTuslamj*, data collection was reported not to be systematic. Several other challenges persist with regards to a limited computer literacy and access to internet connection among staff, time consuming data entry and a limited familiarity with the program and its ‘know-how’, and a limited recognition among some social workers of the importance of the GBV data, which leads to fragmented input, data analyses and utilization/dissemination. This is further hindered by the reported high level of complexity³¹, irregular operationality and undependable functionality of the *eTuslamj* system. Combined, the challenges reported by IPs and IBs impend the extent to which institutionalization of the GBV data ecosystem has been achieved by the CGBV Project. Further, this has a potential to hinder the overall levels of the sustainability of these accomplishments over time.

Key Finding: *The extensive in numbers and diverse in forms multidisciplinary outreach by the CGBV Project led to effective engagement of selected part of the Mongolian populations in GBV prevention and response. As a result, knowledge has been increased among duty-bearers about their obligations with regards to GBV prevention and response, and the understanding has been raised among rights-holders of their rights and entitlements.*

Between 2020 and 2022, the CGBV Project has undertaken extensive and multidisciplinary efforts to reach Mongolians from all walks of life with messages of gender equality, gender equity, peace and non-violence. The extensive in numbers and diverse in forms outreach included but was not limited to adaptation and implementation of numerous community-based comprehensive behavior change communication (BCC) models, public and social media campaigns and activities³², production and dissemination of videos, posters, content creation and news reports, text messages blasts (SMS), sensitization events and number of trainings and workshops with community members which included both the duty-bearers and the rights-holders. In 2022 alone, two nation-wide GBV awareness campaigns have been implemented and reportedly reached more than 13.2 million people/times³³. Innovatively, through the recognition and use of technology as a powerful tool in reaching communities, the CGBV Project engaged with cultural curators and media influencers in changing public mentality and community behavior, who through social media content creation and posts galvanized close to 1,500,000 online based audience³⁴. Furthermore, there have also been a successful utilization of TV to reach wider audience. In 2021, supported by the CGBV Project the CCCP produced a feature-length movie “Shadow of the Sun”, which addresses various issues of GBV, including its causes and consequences.³⁵ The evaluation found that the CGBV Project, through extensive in numbers and diverse in forms outreach, was effective in recruiting

selected parts of the Mongolian population in shifting inequitable social norms that enable, reinforce and sustain GBV.

The evaluation found that investing in the multidisciplinary technical approach was relevant and effective in increasing knowledge among duty-bearers about their obligations with regards to GBV prevention and response. It was also effective in raising understanding among the rights-holders about their rights and entitlements. The CGBV Project's investment in a multidisciplinary approach ensured effective engagement with community members representing all walks of life. It involved gatekeepers, societal agents of change, and actors in the social sphere who are in positions of power to initiate and sustain change. For example, the Safe School Initiative reached a total of 4368 students, parents and teachers. In addition, the initiative prompted the creation of agents of change within these school communities to raise GBV awareness within the broader community.³⁶ However, while there is much to celebrate with regards to gains in knowledge, the evaluation found limited evidence of effectiveness of the CGBV Project in evoking changes, if any, related to inequitable attitudes towards and practices of GBV. Furthermore, as discussed in the Impact section, it is unclear to what extent, and how sustainable, are these changes, if any, and to what extent, these led to shifts in inequitable social norms that enable, reinforce and sustain GBV. At the same time, it is important to note that changes in attitudes require longer periods of time, with social change and changes social norms (including behaviors and practices) taking longer. It also requires shift in social expectations not just individual attitudes along with reinforcement of new norms and behaviors that may have not been feasible within the 3 years of the CGBV Project implementation. However, the evaluation suggests that the CGBV Project has initiated a change and has contributed to a progress towards more gender equitable and violence free Mongolia.

Key Finding: *Despite the CGBV Project taking calculating steps and a new strategic orientation to engage men and boys to combat GBV, there is evidence of inconsistencies in the way men have been reached and engaged as community level beneficiaries and participants, and as gatekeepers at the highest levels of the GOM. Interventions being carried out as pilots and a limited local expertise in engaging men to prevent GBV have been key factors in this finding. As a result, very little evidence exists of measurable changes in men's attitudes and behaviors towards GBV.*

A part of its effort to engage selected parts of the population, under the Outcome 2, Output 2.1³⁷, the CGBV Project took calculated steps and a strategic orientation to engage men and boys in shifting inequitable social norms. According to project documents, the 2nd Phase of the CGBV Project, *“focused more on the male side of GBV, which can be both victims but also perpetrators.”*

The evaluation found that by effectively adapting and implementing community-level GBV prevention models, the CGBV Project was effective in engaging men and boys as allies and agents of change. For example, the implementation of the Safe School intervention in Arkhangai Province is a good example of engaging male students, alongside female students, in discussions about gender equality and non-violence. As a result of the intervention, students organized school-based events promoting respect, kindness and non-violence among peers and in the community. Men and boys have also been a target group and received messages of equality, respect and non-violence through social and mass media campaigns implemented by the CGBV Project.

The evaluation found that the men have been engaged as participants and co-beneficiaries in the process of addressing inequitable social and gender norms. By addressing violence as rooted in patriarchy, the CGBV Project has reached men with messages of harmful masculinities and their impact on both women as well as men, and their communities. The project has also reached men as perpetrators of violence. For example, the CGBV Project supported five training centers for perpetrators of violence providing mandatory behavior change training and counselling. As a result, 5,492 men detained at the Correctional Center of the Court Decision Implementing Agency have undergone the training³⁸. In addition, the Voluntary Psychological Counselling Center³⁹ (or Men's Rehabilitation Center which has been now renamed as 'Family Center') has been established in the Chingeltei district, where FCYDD refurbished 3 rooms in its building, and the operational guideline for the center have been developed.

However, the evaluation uncovered some inconsistencies in the way men have been reached as participants and co-beneficiaries. For instance, the KIIs revealed that that intake of male clients at the Center has not been reported due to pending human resources and other logistical decisions. There have been no final decisions made with regards to the conceptual framework how man will be recruited and what support services will be provided to them (e.g. individual counseling, family and or group counseling, behavior change training, or other services, etc.). In the interview, a national level government representative said: *"The project (CGBV) intended to carry out activities that provide greater attention to men as abusers during the project's second phase, but did not so well performed,"* and in another interview, referring to men as GBV survivors, a local CSO representative reported: *"Partners have not engaged men and boys as victim of GBV."* The latter sentiment has also been reflected in the KIIs with staff of OSSCSs, who reported limited effectiveness of the CGBV Project in meeting the needs of male GBV survivors.

Regarding the above finding, the evaluation suggests an important context. The interventions with men initiated in the 2nd Phase were largely pilots, and several components of these efforts including the development of the operational guideline, training manual and needs assessment for the Voluntary Psychological Counselling Center took almost eighteen out of 36 months of the project implementation. Limited local expertise in engaging men for gender equality and GBV prevention has also been a factor in the late kickoff of these interventions, including the training of trainers for the Center which started only at the end of 2022. As a result, it might be too early to understand the full extent of these interventions, and too early to seek measurable changes in men's attitudes and behaviors towards GBV.

The evaluation found positive results regarding the CGBV Project effectiveness in engaging with a diverse range of male duty-bearers and gate keepers in GBV prevention and response. However, the ET did not find a compelling evidence of such engagement being strategic and systematic, and at the highest levels of the GOM. On the contrary, the CGBV Project has focused on men who do not have the institutional power to initiate transformative actions to combat GBV including to change structures, cultures and practices that enable, reinforce and sustain gender inequalities. In the KIIs, informants agreed that power brokers and decision-makers from the highest structures of the GOM (and other non-governmental institutions, private sector or public life) have not been strategically or systematically engaged. Yet, those men hold power and are in a position to initiate structural social and cultural change from values and norms, to rules and codes of conduct.

Furthermore, both the findings of the desk review of project documents and the results of the KIIS provided a very little evidence of measurable changes in men's attitudes and behaviors towards GBV;

either as a result of the exposure to messages of gender equality and/or non-violence or as a result of the targeted activities with perpetrators of GBV. However, several stories of change resulting from men undergoing mandatory behavior change training and counselling, have been reported by the director of the Correctional Center.

Key Finding: *The overall levels of the CGBV Project effectiveness are attributed to specific project-related and external enablers of, and two specific external barriers. The latter, are also factors hindering the overall results of the project sustainability and impact results.*

The evaluation uncovered several specific enablers of, and barriers to, overall effectiveness of the CGBV Project (see Table V). Specifically, the identified barriers are largely “external” in nature and are not related to gaps or specific flaws in the design or shortcomings in the implementation of the CGBV. They are the reasons why some key informants may have perceived the CGBV as less effective. Nevertheless, the importance of these two barriers cannot be underscored as they have also obstructed the extent to which the CGBV was perceived as sustainable and impactful.

Table V: Enablers of, and barriers to, overall effectiveness of the CGBV Project

Enablers
Pre-existing political will and environment that was conducive to implementation of efforts to address GBV. This means, the 2nd Phase of the CGBV Project built upon the accomplishments ⁴⁰ of the 1 st Phase, and was implemented in the environment with strong political will, national commitment to, support for and buy-in to combat GBV from key government stakeholders across a range of ministries and agencies. The GOM has already prioritized and put forward several key development agendas related to GBV ⁴¹ , including through its commitments to creating an enabling legal and policy framework conducive to improving gender equality in the country ⁴² . This has been reported by 20 out of 26 IPs and 21 out of 31 IBs. In one interview, a governmental stakeholder said the following about the implementation of the 2nd Phase of the CGBV Project, “It was perfect timing for both sides – the project and the GOM”.
The CGBV Project team experience and expertise. This means, high-level knowledge, extensive thematic expertise and the professional as well as personal commitment to combating GBV in Mongolia. The team’s dedication and attention to efficient and timely management of the project, skillful collaboration with a range of stakeholders and efficient coordination with multiple IPs has led to acceleration in meeting project objectives. This was reported by 16 IPs and 12 IBs, among which one said: “Thanks to the UNFPA and SDC team for their work and collaboration, it was easy to overcome any challenges.”

Barriers

Uncertainty around retention of human capacity and transfer of knowledge and skills among governmental staff working on GBV prevention and response. This is related to the problem of frequent rotations of civil servants between departments and agencies, which may result in them leaving the field of GBV prevention and response. Further, a culture of mentorship of new GOM staff may be lacking leading to new cadre of officials being not properly equipped with the capacity to effectively, efficiently, impactfully and in a sustainable manner, prevent and respond to GBV. There are also other implications including possible pushback from duty-bearers who were not previously sensitized on GBV, which in turn has a potential to hinder the existing commitment to combating GBV, and sustain the existing harmful social and gender norms that enable and reinforce GBV in Mongolia. This has been reported by 17 IPs and 16 IBs. In one interview, when asked about barriers to the CGBV Project effectiveness, a key informant said, “High turnover, inconsistency of the personnel, especially at the provincial level, has been a problem. We had to repeat many trainings to ensure staff is capacitated.”

Persistent harmful social and gender norms that are the root-cause of GBV. This means, despite concrete achievements over the past few years related to improving gender equality in Mongolia, there is still high regard for patriarchal values and presence of stereotypical gender roles and harmful gender attitudes and beliefs that underpin GBV.

3.3 Efficiency related to Governance, Timeliness and Financial Resources

Evaluation Question: How efficient has the CGBV Project been with regards to cost, timeliness, management and quality.

For the purpose of this evaluation, the project efficiency has been defined as the extent to which the CGBV Project outputs and outcomes have been achieved with the appropriate amount of resources, in a timely manner and through effective governance by the CGBV Project team. It is difficult to assess the CGBV Project efficiency, inter alia, due to several factors. This includes: the limited information with regards to efficiency matters available in the project documents, difficulties in obtaining performance/financial data from external stakeholders (e.g. IPs), as well as the interconnectedness of the 1st and 2nd Phase and overlap in project activities and accomplishments. However, although based on limited evidence, findings from the desk review of project documents as well as results of the KIIs provide some indications as to whether the governance as well as time, human and financial resources allocated for the CGBV Project implementation were sufficient to meet the project's objectives.

Key Finding: *To a large extent, the CGBV Project was well-governed and delivered on its promises cost-efficiently and in a timely-manner. Three specific factors related to the CGBV Project team's expertise and management approach and style contributed to this positive outcome. However, limited human resources and a weak link between activities implementation and the results they generated, may have hindered the overall efficiency of the CGBV Project.*

The evaluation revealed that, to a large extent, the CGBV Project was well-governed and delivered on its promises in a timely-manner and cost-effectively. Table VI below presents a summary of factors that contributed to the CGBV Project efficiency, as identified in the evaluation. Each of these factors is then explained in the following paragraphs. To this extent, compelling testimonies from interviews are presented. In the KIIs, the combination of these factors has been reported as essential to overall efficient delivery of the CGBV Project outcomes. Importantly, through the desk review of project documents, the evaluation found financial efficiency of the CGBV Project. This can be demonstrated through the downward relationship between financial inputs for strengthening and expending of GBV services and their outputs measured in number of clients receiving services at the project-supported OSSCSs over time. In 2020, with a total investment of 20 million MNT project-supported OSSCSs served a total of 3,799 clients; in 2021 the amount of 142,787,385 MNT allowed services of a total of 5,964⁴³ clients; and in 2022, with the investment of 311,634,522 MNT a total of 5524 clients received services (169% increase from the 2019 baseline)⁴⁴.

Table VI: Factors identified as enablers of the CGBV Project overall efficiency

Factors that contributed to the CGBV Project efficiency	
✓	Diligent project planning and skillful coordination and coordination of project partners and their activities by the CGBV Project team
✓	SDC and UNFPA experience and knowledge in coordinating complexities and managing challenges of the CGBV Project implementation and execution
✓	Establishment, operationality and functionality of CGBV Project planning, coordination, monitoring and reporting mechanism
✓	Timeliness, straightforwardness and standardization of project processes, and opportunities for adjustments in implementation, results tracking, measuring and reporting by IPs

- **Diligent project planning and skillful coordination and coordination of project partners and their activities by the CGBV Project team**

“UNFPA proved to be able to manage SDC funds during the 1st phase of the CGBV Project.”⁴⁵

In Mongolia, UNFPA chairs the Gender Thematic Group of the United Nations⁴⁶, and leads the Gender-Based Violence Sub-Cluster of the Humanitarian Country Team. For more than two decades now, the agency has been successfully coordinating GBV work in Mongolia and has been effectively collaborating with the international community and the Mongolian Government (source). With this knowledge in mind, and considering positive experience with planning and management of the 1st phase of the CGBV Project, the evaluation found a strong evidence of quality and diligent planning and governance of the 2nd Phase by the CGBV Project team.

The evaluation found that the skillful, proactive, transparent and timely coordination of project partners and their activities by the CGBV Project team has been a key to efficient implementation of the CGBV Project. The Evaluation of the UNFPA Gender Programme, under which the CGBV Project was

implemented, concluded that UNFPA has been executing project activities and coordinating project activities executed by IPs in accordance with the project agreement and UNFPA rules and regulations, including the national execution modality (NEX) signed between UNFPA and IPs⁴⁷. In the KIIs, more than three quarters of 43 stakeholders interviewed emphasized the ability of the CGBV Project team to simultaneously collaborate with a whole range of national and provincial level partners including primary-level government administrative units (municipalities/soums and districts/khoroos). In particular, the capacity to eloquently communicate project messages (e.g. CGBV Project objectives and desirable outcomes with regards to ending GBV) to and among government ministries and agencies, civil society organizations, media actors and the private sector, has been found to be essential to the CGBV Project efficiency. This in turn, allowed the CGBV Project to advance partnerships, strengthen coordination and develop and reinforce shared goals among national and province level actors engaged in prevention and response to GBV in Mongolia. This finding has been demonstrated in the interview with a staff member of the Ministry of Justice and Home Affairs, who reported that:

“UNFPA team had good inter personal communication skills. That’s why the team could collaborate with all government organizations and at the same time support CSOs, and listen to our comments and suggestions while being very flexible.”

By leveraging and catalyzing partnerships, the CGBV Project, to a large extent, was able to achieve, in particular, Output 1.1⁴⁸ and 1.2⁴⁹, both of which represent building blocks for the achievement of the project Outcome 1⁵⁰. To this extent, the finding that the CGBV Project was efficient in strengthening and expanding survivor protection and rehabilitation mechanisms and can be corroborated through the overall high levels of client satisfaction with services of OSSCs supported by the CGBV Project. For instance, in the nationwide survey on client satisfaction with OSSCs and temporary shelters (TS) conducted in 2020 by NSO and UNFPA⁵¹, out of 196 people 76.3% reported having received the services that they needed, and rated their satisfaction with these services above average (6-9) on the scale from 1 to 9⁵². In the similar survey, conducted in 2022 by NSO, 95% of 101 respondents reported they had received the services in the CGBV Project supported OSSCs they needed and required, and 81.3% of 101 reported satisfaction with those services.⁵³ Importantly, all 9 GBV survivors interviewed by the ET reported very satisfactory experience with the services they received. The high levels of satisfaction with the GBV services supported by the CGBV Project are demonstrated in the interviews in OSSC in Arkhangai Province in which a respondent stated:

“I feel like at home here (at OSSC), feel like I am with my relatives, as the staff always kind to me.”

- **SDC and UNFPA experience and knowledge in coordinating complexities and managing challenges of the CGBV Project implementation and execution**

The KIIs with IPs highlighted the value of the technically experienced SDC and UNFPA staff in managing complex operation and demanding workload related to the CGBV Project implementation. For example, a representative of an international development agency operating in Mongolia reported in an interview that what made the project efficient was the dedicated UNFPA team and their willingness to go above and beyond a simple compliance with donor requirements. Ten (10) KIIs with high level stakeholders highlighted that UNFPA and SDC has many years of experience working with government and non-government organizations and has a good reputation in Mongolia as trusted and reliable partners.

The SDC and UNFPA have shown its expertise and skillfulness in bringing together and managing efficiently diverse group of stakeholders to implement the CGBV Project. This has been demonstrated in one interview with a national level implementing partner interviewed in Ulaanbaatar who pointed out:

“A multisectoral response to GBV at the national and provincial level has been strengthened a lot through this (CGBV) project. GBV is a complex issue and one donor, one development partner or organization cannot work on this. It is important to have a good multisectoral collaboration. When we started (the CGBV project) some agencies did not even want to sit at the same table, and now stakeholders discuss issues and solve issues together.”

However, it is important to highlight a sentiment that has been shared by a few respondents interviewed who, collectively, emphasized gaps and shortcomings in the UNFPA human resources performance, particularly with regards to donor communication, and proactive mobilization of resources to scale up GBV work in Mongolia. Part of the above sentiment may be attributed to the circumstantial staff rotation. In 2022, only 3 UNFPA staff members⁵⁴ have been managing and executing the CGBV Project, though on and off, and two others were absent due to sickness in the latter part of 2022 and the beginning of 2023. Furthermore, for almost half of the 2020-2022 implementation period, the position of the UNFPA Head of Office for Mongolia was vacant. While the evaluation did not find specific negative or long-term consequences of this situation on the CGBV Project efficiency⁵⁵, some stakeholders reported apprehension with the project transparency, some degree of delay and fragmentation in high level decision making, and limited engagement of UNFPA staff in mobilization of resources to scale up GBV work. Despite several high-level advocacy missions⁵⁶ and advocacy meetings⁵⁷ that took place during the CGBV Project implementation phase, which provided opportunity to advocate for further commitment of local and national governments to combating GBV and to ensure project sustainability, a respondent interviewed in Ulaanbaatar articulated:

“There has been limited accountability (among the CGBV project team) for the work to secure additional funding to scale up the project. While a few opportunities to engage other donors and bring in additional funding emerged, little has been done to pursue them.”

- **Operationality and functionality of CGBV Project planning, coordination, monitoring and reporting mechanism**

The evaluation found that the mechanisms for planning, coordination, monitoring and reporting were efficiently established by the CGBV Project team, and that monitoring and reporting was conducted systematically and thoroughly. For example, the quarterly review meetings with the CGBV Project IPs, managed by the CGBV Project team, served as effective and efficient platform for exchange of information and experience in implementation of project activities and as an opportunity to review, track and adjust project progress. In an interview in Ulaanbaatar, a representative of a national body on gender equality explained that the CGBV Project team was very diligent in conveying quarterly review meetings, which provided multiple opportunities to discuss project progress, plan future activities including making appropriate changes to the implementation structure and schedule. In another interview in Ulaanbaatar, a representative of the international development agency attested that the CGBV Project management committee regularly evaluated the results of the CGBV Project and very carefully reviewed and approved the operational planning, from defining responsibilities, daily tasks, and project management activities. Stocktaking of project documents corroborated the existence of annual reports (2020-2022), quarterly

progress reports and activities implementation reports by project partners, and several field visit reports and notes from joint monitoring missions⁵⁸. Furthermore, according to project documents, the project work plan was prepared in close consultation with IPs and approved by the Steering Committee and monitored through quarterly IP meetings and quarterly reporting mechanisms. As a result of such planning, coordination, monitoring and reporting, in 2022, the CGBV Project implementation achieved rate of 98 %, while the project financial implementation rate was 99% (US\$ 1,074,993.67) of the planned US\$ 1,084,624.78 for that year⁵⁹.

- **Timeliness, straightforwardness and standardization of processes, and opportunities for adjustments in implementation, results tracking, measuring and reporting**

The challenges and complexities of implementing donor-funded, multi-year and multi-stakeholder projects call for a strategic approach that facilitates also a degree of flexibility, adjustability and agility of project teams with regards to project implementation and processes. The evaluation found that the CGBV Project included a degree of flexibility, which allowed for unplanned undertakings and addressing urgent needs and vulnerabilities of the organizations and beneficiaries. During the Covid-19 pandemic, and in light of intensification of all types of GBV, adjustments were made to respond to the unforeseen and unplanned circumstances. For instance, to address the most urgent needs of GBV survivors across the country a total of 655 Dignity Kits⁶⁰ containing hygiene and health products for women and girls were supplied to support the operations of OSSCSs⁶¹; and in Chingeltei and Sukhbaatar districts, instead of in-person capacity building activities with duty-bearers two new OSSCSs were established to respond to increased number of GBV⁶² and to provide GBV survivors with services to help them escape and heal from violent situations. A statement given by a representative of the MOLSP showcases this finding:

“We initiated and requested to establish two new OSSCSs due to the COVID-19 related increase in GBV cases. The CGBV Project team took immediate action to reprogramme the workplan and supported the idea. It was a very effective decision, and as a result within a month we were able to respond to the emerging needs due to COVID-19 pandemic.”

Furthermore, during the 1st and 2nd year of the 2nd phase of the CGBV Project, several initiatives were spearheaded and additional resources were mobilized to improve duty-bearers' response to GBV in the context of the COVID-19 pandemic. This included building the capacity of COVID-19 front-liners from the National Emergency Management Agency on GBV detection and referral, and provision of training on management of GBV in emergencies for staff of the OSSCSs⁶³.

The evaluation found that this flexibility in the project outputs had a tremendous impact on the lives of GBV survivors and those at risk of violence. This can be seen in the number of persons subjected to physical, sexual or psychological violence who received psychosocial, medical and/or legal support by visiting OSSCSs during the COVID-19 pandemic. According to the Annual Report (2021), project-supported OSSCSs served a total of 5,964 clients in 2021, a 57% increase from 2020⁶⁴.

It is important to note that the CGBV Project explored and utilized the available technology to implement some project activities during the COVID-19 pandemic including online video-conference platforms. This was especially efficient in maintaining a close coordination among project partners and in continuing the implementation of capacity building efforts among duty-bearers. For instance, during the COVID-19 related lockdown, an online training for MDTs was organized for a total of 30 staff from various NGOs

working with PwD⁶⁵. However, it is important to note that the remote facilitation of activities limited personal interactions between duty-bearers making it difficult to motivate coordinated actions against GBV, or to inspire and maintain working relations for better GBV response. Notwithstanding, the use of technology to implement project activities during the COVID-19 pandemic had the advantage of being more cost efficient than in-person trainings and workshops (e.g. no travel was required), and generally, made it easier to find mutually convenient times for participants.

The evaluation found that simplified and standardized processes and opportunities to adjust the way project partners implemented, tracked and measured result of their activities was a particularly important element of the reported efficiency of the CGBV Project. Furthermore, the evaluation found that the personalized support and contextualized guidance by the CGBV Project team to individual project partners, and high degree of responsiveness to requests and inquiries enabled them to manage their activities timely, and in some cases, increase activity inputs. In the interview at the National Center Against Violence, a staff member reported that absence of bureaucracy, CGBV Project team's flexibility, quick decision making and ease of working with UNFPA has been a key to the project efficiency. In another interview at the OSSC in Darkhan-Uul Province, a health worker explained how timeliness and consideration of the CGBV Project team played an important role in managing work:

“The CGBV Project team was very flexible with the situation our team faced. At the start of the project or during the COVID-19 pandemic, many COVID-19 rapid tests were ordered with project funding. We didn't need to reorder numerous tests after COVID was decreased; we could instead purchase medication for cough/cold. Therefore, we requested team to change the purchase, and the project resolved it very quickly.”

In the KIIs with IBs, the CGBV Project efficiency has also been reported in terms of timely distribution of funds, in particular to the primary-level project partners, to implement or manage project activities. This has been articulated in several interviews with staff of OSSCSs across all 5 provinces and in the Bayanzurkh district. For example, in the Chingeltei District, a director of the local FCYDD reported that relevant project funds have been timely transferred to the MOLSP and then quickly disbursed to the local OSSC. This allowed an uninterrupted provision of essential services to GBV survivors including PwD. In Zavkhan Province, a staff member interviewed reported:

“We did not have delays in receiving funding for implementation of project activities. It was done in a time-efficient manner and allowed us to complete (building) refurbishments on time.”

The evaluation revealed several gaps in efficiency. Firstly, efficiency of community level GBV prevention models may be challenged. Although implemented timely and with adequate human resources, several of these interventions did not progress beyond the pilot-testing phase. Furthermore, although these interventions led to measurable positive gains in knowledge among Mongolian population, limited evidence exists that this investment resulted in changes in harmful attitudes and violent behaviors, or led to measurable shifts in inequitable social norms that enable, reinforce and sustain GBV. This is an important finding as 28% of the total 2020-2022 CGBV Project budget (over 353 thousand USD out of over 1,8 million USD)⁶⁶ was deployed for implementation of advocacy, public awareness raising, and community based models. Based on this finding, the evaluation noted the importance of strengthening the links between project implementation, deployed resources, and the measurable outcomes generated.

3.4 Relevance in Meeting the Needs of Stakeholders, Groups and Individuals

The OECD's definition of relevance comprises four main dimensions: responding to needs, policies and priorities; being sensitive and responsive to context; being based on quality of design; and responsiveness over time⁶⁷. This evaluation examined if, and to what extent, the CGBV Project was relevant to meeting the needs and priorities of the GOM with regards to GBV prevention and response, including soum/khoroo-level government administration and CSOs engaged in combating GBV. It also evaluated the CGBV Project against the concept of equity defined as ensuring the project benefits are extended to, and/or are available and accessible to, all segments of the Mongolian population, in particular GBV survivors and those at risk of violence.

Evaluation Question: How relevant has the CGBV Project been in meeting the needs and priorities of the GOM with regards to GBV prevention and response?

Key finding: *By responding directly to the existing needs, building upon the existing commitments in GBV prevention and response and being grounded in the evidence, to a large extent, the CGBV Project met the needs and priorities of national level government and public body stakeholders engaged in GBV prevention and response in Mongolia.*

Table below presents a summary of specific areas and factors that contributed to the CGBV Project being perceived by respondents as relevant in meeting the needs and priorities of the GOM with regards to GBV prevention and response, as identified in the evaluation. Each of these factors is then explained in the following paragraphs and supported by compelling examples.

Table VII: Factors that contributed to meeting the need and priorities of the GOM

Specific areas of the GOM met by the CGBV Project	Factors that contributed to the CGBV Project being perceived relevant to the needs and priorities of the GOM
<ul style="list-style-type: none"> • Need for deeper knowledge and better understanding of the drivers, manifestation and scale, and consequences of GBV; • Demand for technical knowledge and competencies in developing effective GBV prevention and response strategies and plans; • Necessity to effectively, and in a systematic way, coordinate GBV prevention and response efforts at the national level; and • Need for comprehensive GBV evidence and GBV database for program development and policy making. 	Responding directly to the existing demand among the GOM for guidance and technical competencies on GBV prevention and response.
	CGBV Project took approach focused on building on the current commitments and development priorities with regards to improving gender equality (which include GBV prevention and response)
	Being grounded in the evidence and responding to the actual reality of Mongolia and its population in regards to GBV.

Firstly, the applicability of the CGBV Project to meeting the priorities of the GOM has been documented in the project documents. According to the Evaluation of the UNFPA Sixth Country Programme of Assistance to the GOM (CP6), the CGBV Project was found to be highly relevant, and in addition to working with strategic governmental partners, was “in line with country interests, policies, strategic plans and mode of operations.”⁶⁸ The evaluation concluded that CP6, under which the CGBV Project was implemented, “stays relevant to the country priorities”⁶⁹. Secondly, findings from the KIIs show that the CGBV Project met one or more of the needs and priorities of the GOM. In the interview in Ulaanbaatar, by emphasizing the CGBV Project’s compatibility with the GOM’s development goal to achieve gender equality and empower all women and girls, a CGBV Project team member reported:

“Since a new government was formed in 2020, our project (CGBV) has been fully consistent with the priorities and agendas of the Mongolian Government.”

- **CGBV Project met the existing demand for guidance and technical competencies in GBV prevention and response**

The relevance of the CGBV Project in meeting the needs of the GOM has been frequently reported in the KIIs. Twelve (12) IPs from the GOM reported that CGBV Project appropriately addressed specific needs of the GOM, though, a large majority of them spoke about aggregated (rather than a singular) needs. These needs include but are not limited to:

- ▶ Deeper knowledge and better understanding of the drivers, manifestation and scale, and consequences of GBV;
- ▶ Technical skills and competencies in developing effective GBV prevention and response strategies and plans;
- ▶ Ability to systematically coordinate GBV prevention and response efforts at the national and province level, and;
- ▶ Demand for comprehensive GBV evidence and GBV database for program development and policy making.

Aggregated, these interviews emphasized the existing demand among governmental stakeholders for effective, coordinated and contextualized guidance on overall GBV prevention and response, and how the CGBV Project met such demand. Furthermore, what stands out in the aggregated response is the paramount importance and contribution of two of the CGBV Project components to meeting the specific needs (and key development agendas and priorities) of the GOM. Firstly, the continued capacity building of and advocacy among duty-bearers at the national, provincial and grassroots level, which by filling the gap in knowledge and skills, strengthen their capacity to prevent and respond to GBV. To this extent, the KIIs highlighted also that most participants of the first component (e.g. trainings, workshops, sensitization events, and awareness raising and advocacy meetings conducted by the CGBV Project) attended the events because their work roles involved GBV prevention and response and they were eager to make a difference as well as being interested in these events as a professional development opportunity. Secondly, advances made to GBV data generation⁷⁰, which filled the void in the evidence base on GBV prevalence in Mongolia, and provided platform for advocacy around policy revisions, programme development and attention to technical competencies in GBV response among governmental employees. These two CGBV Project components have also been found, as discussed in

earlier chapters, to be the very effective in strengthening the overall national capacity to prevent and respond to GBV in Mongolia.

- **CGBV Project took approach focused on building on the current commitments and development priorities with regards to GBV prevention and response**

Among the IPs interviewed, all 12 respondents representing the GOM as well as 5 representing non-governmental bodies (local and international), attested also to the high degree of applicability of the CGBV Project's objectives, scope and focus, components, content and format to their organizational missions, key institutional priorities, and/or existing or planned agendas with regards to, broadly, improving gender equality (which includes GBV prevention and response). These interviews highlight the importance of the CGBV Project approach to partnering with the GOM in combating GBV in Mongolia.

- ▶ Firstly, the CGBV Project work with the GOM, in particular activities implemented under Output 1.1 and 1.2. of the Project Outcome 1, was aligned with the existing GOM's political priorities and key development agendas related to GBV⁷¹. These include, but are not limited to: the Mongolian Government Vision 2050, Government of Mongolia Action Plan 2020-2024, and the Mongolian National Program on Gender Equality 2017-2021⁷², all of which focus on, although to a varied degree, improving gender equality in the country that includes GBV prevention and response. This has been demonstrated in an interview with a staff member of the MOLSP who described how the CGBV Project overall goal (to contribute to reduction of GBV prevalence in Mongolia), was relevant to the strategic development goal of the GOM that, *"Everyone should live in a safe, and non-violent environment, and that every person's human rights should be protected as stipulated in the Government Vision 2050."*
- ▶ Secondly, it complemented the GOM's existing commitments to creating an enabling legal and policy framework conducive to improving gender equality in the country by focusing on combating GBV. This includes, but is not limited to, the adaptation of two key legislation addressing gender issues including the Law on the Promotion of Gender Equality (LPGE) in 2011, and the revised Law to Combat Domestic Violence (2016) (LCDV), as well as the most of the international human rights agreements which Mongolia is a signatory to⁷³. When asked about how relevant was the CGBV Project to meeting the priorities of the GOM, one of the governmental stakeholders interviewed in Ulaanbaatar stated, *"the CGBV Project did not try to push its own agenda, like some do."*

In the KIIs, several other examples have been provided of how the CGBV Project met the priorities of the GOM with regards to GBV prevention and response. For example, the activities under Output 1.1 of the Project Outcome 1, to ensure that the duty-bearers have the technical capacity to collect GBV data, has been relevant to the NSO's mission to generate, analyze and disseminate data for policy making. Another example was given in the interview with the National Committee on Gender Equality (NCGE), in which the respondent stated that the capacity building on GBV delivered by CGBV Project were relevant to the NCGE's role in implementing the **Government Action Plan 2020-2024** and specifically the Paragraph 4.2.7, which calls for human rights and gender education for all. As a result of this, the NCGE increased attention to training of civil servants on gender and GBV issues, as reported by the stakeholder interviewed. Aggregated, the responses from the KIIs highlight also the high degree of complementarity

of the CGBV Project to the institutional/departmental missions of select governmental partners (see also findings in the *Coherence* section).

- **CGBV Project was grounded in evidence and responded to the actual reality of Mongolia and its population with regards to GBV**

Another important factor deemed as instrumental in the success of the project being relevant to meeting the needs and priorities of the GOM, extrapolated from the KIIs, was that it was based on evidence and data, and responded to the actual, on-the-ground reality in Mongolia and its population. This means, in particular, the CGBV Project addressed concerns about the “high regard for patriarchal customs and stereotypical gender roles”⁷⁴, attended to pervasive harmful attitudes and beliefs that underpin GBV and its acceptability, and dealt with the high prevalence of GBV and a strikingly low number of GBV survivors who seek help⁷⁵. This has been demonstrated in the interview with a government official in the Bayanzurkh district of Ulaanbaatar. The respondent described how the CGBV Project successes - in particular the generation of evidence on GBV/DV with the 2017 National GBV Survey and establishment of the eTuslamj and eGBV database - highlighted the “concerning reality of our country.” This in turn, according to the respondent, made the project relevant to the GOM’s objective to support gender mainstreaming in development and poverty reduction policies. By being grounded in the evidence, and fitting into the GOM’s vision for Mongolia to become a leading Asian country in terms of its social development, economic growth and its citizens’ quality of life⁷⁶, the CGBV Project has been regarded by respondents as highly relevant.

Evaluations Question: How relevant has the CGBV Project been in meeting the needs and priorities of soum/khoroo-level government administration and CSOs engaged in GBV prevention and response?

Key finding: *The CGBV Project was relevant to meeting the needs of soum/khoroo-level government administration and CSOs working in GBV prevention and response. High frequency, and diversity, of the CGBV Project activities at the national and provincial level offered to provincial level duty-bearers encouraged intra-province and intra-district cooperation, strengthened collaborations and propelled sharing of experiences/lessons learned in more effective GBV prevention and response.*

In the KIIs, IBs were asked about the extent to which the CGBV Project met the needs and priorities of their organization/institutions with regards to GBV prevention and response. Twenty-one (21) out of 31 IBs reported a high degree of the CGBV Project being relevant. A large majority of these interviews have corroborated the earlier finding that the CGBV Project was relevant as it complemented the existing national GBV priorities, strategies, plans and mode of operations of the GOM.

Twelve (12) out of 31 IBs reported the CGBV Project met their specific technical needs in preventing and responding to GBV, and in particular, how to:

- ▶ Develop and implement interventions to combat GBV and develop appropriate measures to protect communities from violence;
- ▶ Handle GBV cases and provide survivor-centered services that is safe and confidential;
- ▶ Better track GBV service data, and to utilize GBV data for programming and decision-making; and
- ▶ Effectively contribute to multi-stakeholder and multi-sectoral GBV response⁷⁷.

Aggregated, these interviews highlighted the paramount importance and contribution of the CGBV Project continued capacity building of and advocacy among duty-bearers at the provincial and grassroots levels. The power of this CGBV Project's component has been articulated in an interview with a Bagh Governor in the Arkhangai Province who stated that: *“Our previous trainings, advocacy activities were not reaching the target (community members). But with this project (CGBV) we were taught to identify the problem, target and run a campaign effectively.”*

The KIIs emphasized also the existing demand at the province and district levels for reliable protection, support and rehabilitation services, and how the CGBV Project met such demand. In an interview, a staff member of the Chingeltei District Family Children Youth Development Department reported: *“Upgrading and modernizing the shelter (OSSCS) was relevant and complimentary to the vision and mission of the FCYDD to support families. With this project (CGBV) the quality of our work has improved.”* The desk review of project documents provided multiple corroborations for this finding. For example, in 2022, the CGBV Project provided financial support to NCAV to facilitate the operation of a GBV helpline. As a result, the hotline provided counselling to 1064 people⁷⁸. Based on this as well as KIIs, it is clear that the CGBV Project, by establishing, expanding and upgrading GBV support and rehabilitation services, has filled the vacuity in the availability, and addressed the gaps in accessibility of GBV services. By addressing the health, emotional, psychosocial, legal and social, in many instances also economic, needs of GBV survivors, in particular women and children, the project has also made a significant impact on the lives of individuals and groups at risk of violence.

The evaluation findings point towards two positive attributes of the aggregated CGBV Project support that enabled soum/khoroo-level government administration and CSOs have their needs met.

- ▶ Firstly, high frequency of and diversity in implementation of CGBV Project activities at the province and district level as opposed to the national level only. It was further supported by the opportunities for the soum/khoroo-level government administration to attend and participate in activities at the national level. This, in turn, encouraged intra-province and district cooperation and strengthened collaboration between MDTs to share capacity, exchange experiences and lessons learned, to address challenges in combating GBV.
- ▶ Secondly, the existing national-level buy-in and support for GBV prevention and response that trickled down to province and district level and encouraged and empowered soum/khoroo-level government administration to mobilize against GBV. This, in turn, as reported in KIIs, led the CGBV Project reaching GBV survivors and those at risk of violence who are in need for support and rehabilitation services.

The evaluation did not find specific barriers to the CGBV Project being relevant to meeting the needs and priorities of soum/khoroo-level government administration and CSOs with regards to GBV prevention and response. However, several risks to sustainability have been unearthed, which have the potential to negatively influence the desirable long-term impact of the CGBV Project (also presented and described in EQs on sustainability and impact). These are the uncertainty of a long-term funding for GBV prevention and response, including core funding for institutional/organizational development, limited knowledge and skill transfer among governmental duty-bearers, and frequent turnover of government employees which leads to loss of human capacity built to prevent and respond to GBV.

Evaluation Question: How relevant has the CGBV Project been in meeting the needs of GBV survivors and those at risk of violence?

Key finding: Overall, the CGBV Project was highly relevant to meeting the needs of GBV survivors and those at risk of violence. In addition to social, legal, health and economic needs, the CGBV Project empowered GBV survivors and those at risk of violence to seek lives free of violence. However, three external and project-related factors contributed to the CGBV Project being perceived as less relevant to the needs of herder women living in remote areas, SOGI-based violence survivors and male GBV survivors.

The desk review of project documents revealed that the CGBV Project was highly relevant to meeting the needs of local communities including GBV survivors and those at risk of GBV. This has already been highlighted in the Evaluation of the UNFPA Sixth Country Programme of Assistance to the GOM (2021), which concluded that “*the needs of most vulnerable populations are identified and considered in CP6 outcomes related to GEEW and GBV*” and that “*the implementation of the programme is focused on reaching vulnerable groups.*”⁷⁹ Moreover, according to Annual Report (2022), the community-based behavior change communication models implemented by the CGBV Project, including SASA Together and Safe School, have been reported to be usable in the Mongolian context⁸⁰. Importantly, meeting the needs of local communities has been demonstrated with regards to the care provided to GBV survivors and those at risk of violence. By strengthening the survivor protection and rehabilitation mechanisms in Mongolia, the CGBV Project reached thousands of GBV survivors (see Table VIII below) addressing their health, emotional, psychosocial, legal, social and, in many instances, also economic needs. The CGBV Project took also actions to support the needs of people with disabilities (PwD) and young girls⁸¹ including by integrating art therapy methodology and decoration into services of OSSCs (e.g. at the OSSC in the Zavkhan province), procuring learning opportunities for these groups, as well as providing sewing, drawing and decorating equipment and supporting expansion of OSSCs that included wheelchair access.

Table VIII: Number of GBV survivors and those at risk of violence whose essential needs have been met through support provided at the CGBV Project-supported OSSCs ⁸²

Year	Number of GBV survivors and those at risk of violence
2020	Seventeen (17) project-supported OSSCs provided services to 1,476 clients in the third and fourth quarters of 2020 (Phase 2 reporting period). A total of 636 cases were handled by MDTs in the areas where the project-supported OSSCs are located during the same time period. The Project also supported the operations of the 24/7 hotline run by the National Center Against Violence, which provided referral and counselling services to 1,186 people.
2021	OSSCs provided services to 5,964 clients. A total of 2,002 cases were handled by MDTs in the areas where the project-supported OSSCs are located and 1,452 calls were received by the hotline service run by the NCAV.
2022	A total of 5,524 GBV survivors have received services at the OSSCs nationwide.

The above finding has been reflected in the IDIs with 9 GBV survivors conducted by the ET and has been corroborated in the results of the research on the effectiveness of the project-supported OSSCs conducted by NSO and UNFPA in 2022. In the survey, 95% of 101 respondents reported they had received the services they needed and required in the project-supported OSSCs, and 81.3% reported also satisfaction with those services.⁸³ To this extent, the evaluation uncovered two specific factors that made the quality of care highly relevant. These include: (1) provision of care in a confidential, safety and personal way, and addressing the most immediate needs in a manner of their urgency⁸⁴; (2) addressing education needs and skills development including provision of learning materials, books and dignity kits, including for children.

As noted within the Fourth Periodic Report by the UN Committee on Economic, Social and Cultural Rights in Mongolia, poverty disproportionately affects women, children, LGBTQI persons, persons with disabilities, and herders living in remote areas⁸⁵. According to the report, individuals living in poverty are more vulnerable to violence because the environments in which they live tend to be more dangerous, unstable, and uncertain⁸⁶. To this extent, the evaluation uncovered that more could have been done to meet the needs of specific segments of the Mongolian population. In the KIIs, such sentiment has been shared by a few members of CSOs and staff of OSSCs. Although the project aimed to be inclusive and address the needs of the most vulnerable and most disadvantaged groups, the ET did not find a compelling evidence of engagement with some parts of the Mongolian population. This includes herder women living in remote areas, as well as the LGBTI+ community (particularly survivors and those at risk of SOGI-based violence). Moreover, while conceptually, the 2nd Phase focused on engaging with men and boys, and project documents suggest that in 2022 there was an increase in visits to OSSCs by men⁸⁷, results of the KIIs do not provide strong evidence that the needs of male GBV survivors have been extensively met⁸⁸. There are also mixed results with regards to the extent to which the voluntary perpetrator rehabilitation model (Output 2.3) has actually been successful. To this extent, the KIIs revealed three specific barriers to meeting the needs of the above segments of the Mongolian population, and these are presented in the table below.

Table IX: Barriers to CGBV Project meeting the needs of LGBTI+ community in Mongolian, as reported in the KIIs

Barrier	Description
<i>Persistent harmful social and gender norms that are the root-cause of GBV.</i>	The pervasiveness of harmful social and limiting gender norms and attitudes towards LGBTI+ community, which limited the extent to which survivors of SOGI-based violence seek support and rehabilitation. This has been well explained in the interview with a staff member of the MOH who reported: “As LGBTI+ community is not accepted in our country, it is challenging to implement any activities addressing the needs of this group”. Furthermore, the presence of persistent harmful social and gender norms that are the root-cause of GBV has also been identified as a serious barrier to the CGBV Project overall levels of effectiveness and sustainability.
<i>A lack of clear social inclusion strategy</i>	A lack of a clear inclusive strategy in place and dearth of specific activities under the CGBV Project focused on the rights, needs and priorities of the LGBTI+ community. This includes also no engagement with and involvement of any LGBTI organization as CGBV Project implementing partners or recipients of technical or financial support by CGBV Project.
<i>Location of some project-supported OSSCSs</i>	The rapid expansion in setting up OSSCSs in areas and locations perceived as not best suited, including in Police Stations, which has been reported in KIIs as not effective. This limited effectiveness, however, has been reported to be associated with community and/or individual perception that seeking GBV support or help through police means one is guilty of something and/or involved in crime. A staff member of CSO reported that “Some OSSCs were established in places that do not need it, and provide only short-term services, and as a result, do not have many clients.” This led to some survivors not seeking support and/or rehabilitation services, as reported in the KII.

3.5 Internal and External Coherence, Compatibility and Complementarity

Evidence has shown that no single sector or organization can adequately prevent or respond to GBV⁸⁹, and that GBV is a complex and multifaceted problem that cannot effectively be addressed from a single vantage point⁹⁰. As such, multi-stakeholder and multi-sectoral partnerships and coordination across all levels of social ecology are central to effective, efficient and sustainable prevention and response to GBV. At the heart of this rests the concept of coherence among partners understood as compatibility of their priorities, alignment in shared-goals, and complementarities in approaches. The evaluation looked internal and external coherence; the extent to which the CGBV Project was compatible, coordinated and synergized with other efforts to prevent and respond to GBV in Mongolia. This includes initiatives by SDC, UNFPA and other donors and international and national development partners in Mongolia.

Evaluation Question: What is the extent to which the CGBV Project was compatible with other interventions of SDC in Mongolia?

Key finding: *Through desk review of project documents and KIIs, the evaluation found that the CGBV Project was compatible with the mission and internal priorities of both the SDC.*

Swiss Government's holistic approach to promoting gender equality and ending GBV in Mongolia includes support for women's rights organizations, services, access to justice and prevention as well as building capacity of stakeholders and the GBV evidence base⁹¹. By investing in comprehensive preventive and care services that advance the elimination of GBV, the CGBV Project was coherent with this mission. Moreover, by targeting GBV survivors, individuals at risk of GBV, perpetrators of GBV, and policy and decision-makers, it complemented the SDC's Strategy for Mongolia 2018-2021; in particular, the strategic goal to contribute to the empowerment of Mongolian citizens and institutions towards an equitable, green and prosperous society, leaving no one behind⁹². Desk review of project documents and the KIIs with staff of SDC in Ulaanbaatar revealed also that the CGBV Project was aligned with the SDC Head Office's principles on responsible exit⁹³. In addition, with its overall focus on improving gender equality, the CGBV Project was also compatible with and complemented other SDC's projects in Mongolia⁹⁴. Among these are: the **Education for Sustainable Development** project, the **Understanding and Managing Internal Migration** project, the **Governance and Decentralization Programme** project, and the **Mainstreaming Social Accountability** project. In these projects gender has been transversally mainstreamed including through focus on improving equality between women and men and attention to sex-disaggregated data. The compatibility and alignment of the CGBV Project with the Swiss Government's holistic approach to promoting gender equality and combating GBV in Mongolia has been captured in project documents, *"the project (CGBV) is in line with Mongolia's and Switzerland's commitment to combat GBV and gender inequalities."*⁹⁵

Evaluation Question: What is the extent to which the CGBV Project was compatible with interventions of other actors in the space of GBV in Mongolia?

According to project documents reviewed, coherence⁹⁶ has always been a part of the CGBV Project's value system, guided by the project team's organizational missions and key institutional priorities, as well as the experience and expertise in combating GBV and commitment to promoting gender equality in Mongolia. Describing the state of external compatibility of the CGBV Project, a CGBV Project team member interviewed stated:

"From its inception, as the largest project combating GBV in Mongolia, the CGBV Project has always been very well aligned with the Sustainable Development Goals, with the Mongolian Government, in particularly the Mongolian National Program on Gender Equality 2017-2021, and has been complementary to the programmatic investments of other partners in Mongolia operating in the space of GBV."

Key finding: *The CGBV Project was coherent with the interventions of other actors promoting gender equality and ending GBV in Mongolia. It was aligned with and complemented the Mongolian Government and public bodies ongoing country-level efforts to improve gender equality and reduce GBV. The project complemented the work of other donor agencies and development organizations in the space of GBV prevention or response, and filled the gaps in programmatic agendas of civil society with regards to gender equality and social inclusion.*

Through desk review of project documents and KIIs, the evaluation found that the CGBV Project was aligned with and complemented the efforts of other stakeholders - governmental, and to lesser extent, non-governmental actors - engaged in the promotion of gender equality and combating GBV in Mongolia. Numerous compelling examples of the specific agendas and thematic areas complemented by the CGBV have been identified through this evaluation. What stands out in this finding is that the external compatibility and synergy of the CGBV have been instrumental to positive results with regards to its effectiveness in strengthening national level efforts, commitments and capacities to reduce GBV prevalence in Mongolia.

Table below presents a summary of specific areas and key priorities complemented by the CGBV, as identified in the evaluation. Each of these areas is then explained in the following paragraphs. To this extent, compelling examples are presented of how the CGBV was coherent with the works of specific actors, and how it complemented their specific agendas and key priorities.

Table X: Specific areas and key priorities complemented by the CGBV Project

What did the CGBV Project align with and/or complement?	
✓	UNFPA's vision set forth in the 2030 Agenda for Sustainable Development, in particular to end GBV
✓	Mongolian Government and public bodies ongoing country-level efforts to improve gender equality and reduce GBV
✓	The work of other donor agencies and development organizations in the space of GBV prevention or response
✓	Filled the vacuum of comprehensive interventions that enhance and link primary GBV prevention and response services and addressed gaps in programmatic agendas of civil society organizations in Mongolia with regards to gender equality and social inclusion

- **UNFPA's vision set forth in the 2030 Agenda for Sustainable Development, in particular to end GBV**

Mongolia ranks 70 out of 146 in the 2022 Gender Inequality Index⁹⁷ and GBV is widespread in all segments of the society both in rural and urban areas. Evidence from the National GBV Survey (2017) under the 1st phase of the CGBV Project showed that over one in every two women (57.9%) have experienced some form of intimate partner abuse at least once in their lifetime⁹⁸. According to SDC, the high prevalence of GBV is considered a major obstacle to sustainable development⁹⁹. It is estimated that GBV costs an average of 1.2 - 3.7% of a country's GDP due to lost productivity¹⁰⁰. The achievement of gender equality and the empowerment of all women and girls is one of the Sustainable Development Goals (SDG #5)¹⁰¹,

and GBV is one of the key issues that UNFPA addresses under this goal as the leading UN agency in Mongolia. By effectively strengthening national capacity for GBV prevention and response through its work with policymakers and civil society, justice system, health system and multiple development and humanitarian partners, the CGBV Project complemented the UNFPA's vision set forth in the 2030 Agenda for Sustainable Development, in particular one of the transformative and people-centered results to end GBV in the country.

The evaluation found also that, internally, the CGBV Project's activities complemented other programmes implemented under the UNFPA Sixth Country Programme of Assistance to the GOM. Being part of the Gender Equality and Women's Empowerment (GEWE) programme, the CGBV Project complemented the Sexual and Reproductive Health and Reproductive Rights (SRHRRR), and the Youth Development (YD) programmes. The identified synergies between the CGBV Project and the two programmes included implementation of joint trainings¹⁰², and co-production of knowledge and information products including research¹⁰³ and assessments¹⁰⁴.

- **Ongoing country-level efforts of the Mongolian Government and public bodies to improve gender equality and reduce GBV prevalence**

As a signatory to most international human rights agreements, including the Convention on the Elimination of Discrimination Against Women (CEDAW), and its pledge to achieve the SDGs, the Government of Mongolia continues to demonstrate its commitment to creating an enabling legal and policy framework conducive to improving gender equality¹⁰⁵. Mongolia's long-term development policy - **Mongolian Government Vision 2050** - places a strong focus on the reduction of poverty and the move towards a more inclusive economic growth. Sustainable development is defined throughout the policy also in relation to social development, including gender equality¹⁰⁶. The evaluation found that the CGBV Project was compatible with this overarching goal, created synergies with actions to improve gender equality, and further complemented other efforts of the Mongolian Government to ensure Mongolian citizens enjoy quality of life that is free of violence.

Both the desk review of project documents as well as KIIs revealed that the CGBV Project investment in strengthening and expanding survivor protection and rehabilitation mechanisms, was aligned with the **Government of Mongolia Action Plan 2020-2024**, in particular the objective to build temporary protection facility to defend the rights of women, children, elderly and individuals with special needs (Objective 4.3.3). The CGBV Project was aligned with the **Mongolian National Program on Gender Equality 2017-2021**, in particular the objective to develop comprehensive and systematic preventive and care services that advance the elimination of GBV (Objective 2.2.5). Through a combination of its targeted components¹⁰⁷, the CGBV Project complemented also the implementation, and in some cases revisions to, national and local laws and policies to prevent and respond to GBV, in particular the **Law to Combat Domestic Violence** (LCDV)¹⁰⁸, and accelerated implementation of ministerial regulations, for instance, Joint Order No. A/80, A/132, A/60¹⁰⁹. In 2021, with the support of the CGBV Project, the draft amendment of the Statistics Law was prepared, which when approved, would mandate to regularly conduct national survey on GBV prevalence in Mongolia¹¹⁰. Attesting to the high level of compatibility of the CGBV Project with the Mongolian Government's efforts to improve gender equality and reduce GBV prevalence, one of the CGBV Project team members interviewed in Ulaanbaatar reported:

“We work very closely with the GOM and support their mid and long term needs and priorities. All activities (under the CGBV project) are relevant to the GOM’s agenda on gender and support their priorities on GBV as outlined in the Government Vision 2050 and the Government Action Plan 2020-2024.”

The evaluation found numerous other examples of how the CGBV Project complemented the Mongolian Government’s efforts to improve gender equality and reduce GBV at the province and district levels. By creating a pool of trained professionals across the Arkhangai, Bayan-Ulgii, Darkhan-Uul, Khovd and Zavkhan provinces and Ulaanbaatar, the CGBV Project supported the common practice of knowledge sharing, cooperation and collaboration among government employees, particularly as it relates to supporting and protecting local families and children. In Arkhangai Province, a member of the local MDT reported that his participation in the CGBV Project-supported capacity building complemented his official responsibilities of supporting and protecting local families and children. He reported that CGBV Project inspired him to collaborate with other members of MDT to, “organize a full day activity with families to raise awareness about alcohol abuse as a risk factors for violence.” In another interview, a staff member of the MLSP reported that the CGBV Project, and in particular the activities that focused on engaging men and boys in challenging and shifting harmful masculinities, was aligned with the recent initiative, “Men’s Participation and Leadership in Social Development”, auspicated by the President of Mongolia in efforts to change men’s stereotypes and attitudes about men’s values, participation in society, role models, and leadership.

Furthermore, the evaluation found that the CGBV Project was complementary to organizational missions, specific key development agendas and programmatic priorities of individual ministries, agencies and departments of the Mongolian Government as well as efforts of public bodies working to improve gender equality in Mongolia.

One of the core values of Mongolia’s National Program for the Development of Statistics (2017– 2020) is to “consider gender issues in statistical data procedures for the collection, processing, storage, and presentation of all statistical data”¹¹¹. Through the desk review of project documents and interviews with staff of NSO, the evaluation found that by investing in efforts to improve and harmonize GBV data generation and utilization for policymaking, the CGBV Project complemented the NSO’s mission to produce and disseminate statistical data and reports for decision-making and awareness raising around GBV. In 2021, with the support of the CGBV Project, the draft amendment of the Statistics Law was prepared, which when approved, would mandate to regularly conduct national survey on GBV prevalence in Mongolia¹¹². In 2022, an assessment of the health sector GBV response readiness was conducted as part of the CGBV Project. Findings of the assessment complemented the sector’s plans to strengthen the existing legal environment in addressing health needs of GBV survivors and improve operational procedures and mainstreaming gender and GBV into its sectoral development framework¹¹³. In the KIIs, twelve (12) out of 26 IPs representing the Mongolian Government and ten (10) out of 31 IBs who responded to the complementarity question agreed that the CGBV Project was aligned with their institutions’ development priorities, and complemented their agendas related to combating GBV, and broadly, promoting gender equality. These respondents highlighted also that the CGBV Project took active steps throughout its implementation period to ensure activities do not duplicate or replicate their efforts but rather complement them and fill gaps in spaces where they are absent. In the interview

in Ulaanbaatar, NSO staff member described how the establishment and support to both the eTuslamj and eGBV databases, as well as the conduct of the 2017 National GBV Survey and the secondary analysis of the data sets of the survey, have added value to efforts to prevent and respond to GBV in Mongolia. The respondent stated:

“We now have accurate information and statistics regarding the prevalence and nature of GBV in Mongolia, and we know that protection, support and rehabilitation services are needed. By establishing the GBV databases in the country, the CGBV Project contributed to preventing violence at the national and local levels.”

The evaluation uncovered numerous compelling examples of the specific agendas and/or priorities related to GBV prevention and response of key institutions of the Mongolian Government and public bodies complemented by the CGBV Project. These are presented in Annex VIII.

- **The work of other donor agencies and development organizations in the space of GBV prevention or response**

The evaluation found that the CGBV Project, without overlapping, was compatible with, and in many instances complemented, several initiatives by other donor agencies and development organizations in Mongolia. For example, through the desk review of project documents it was found that the CGBV Project complemented efforts of the Asian Development Bank (ADB), and corresponded with the implementation of the ADB's Strategy 2030, particularly, the operational priority to accelerate progress on gender equality. By investing human and financial resources in strengthening protection and rehabilitation mechanisms for GBV survivors in Arkhangai, Bayan-Ulgii, Darkhan-Uul, Khovd and Zavkhan provinces as well as in the Bayanzurkh district of Ulaanbaatar, the CGBV Project complemented the ADB's Combating Domestic Violence against Women and Children, focused on ensuring the quality of and strengthening access to prevention and multidisciplinary response to domestic violence in Uvs, Sukhbaatar and Selenge provinces and in the Nalaikh and Songino-Khairkhan districts of Ulaanbaatar. The evaluation identified several projects implemented by other donor agencies and development organizations in Mongolia that benefited from the CGBV Project implementation, and these are presented in table below. However, it is important to note that while the CGBV Project has complemented their efforts, and in some ways also boosted, these institutions have not been strategically engaged or involved in the meeting the CGBV Project outputs and outcomes. This is perhaps a lost opportunity to fortify the GBV momentum built by the 1st and advanced by the 2nd Phase of the CGBV Project. A strategic engagement with these donor agencies and development organizations could have also been a factor in institutionalization of GBV prevention and response, which includes long-term, sustainable political, financial and human resources commitment to ending GBV in Mongolia.

Table XI: Examples of projects and activities by other donor agencies and development organizations complemented by the CGBV Project

Project name	Implementing Organizations and Donor	Scope of the CGBV Project's Complementarity
<i>Strengthening the Domestic Violence Response in Mongolia¹¹⁴</i>	<i>Implementer: International Law Development Organization (IDLO)</i> <i>Donor: Global Affairs Canada</i>	By building capacity of justice sector actors, including first responders, police, prosecutors, and judges and increasing their GBV awareness, complemented the project's efforts to strengthening legal response to GBV.
<i>Strengthening Fiscal and Financial Stability¹¹⁵</i>	<i>Implementer: Ministry of Finance</i> <i>Donor: The World Bank/ International Development Association (IDA)</i>	By advocating for increased funding commitments from both state and local budgets in combating GBV, complemented the project's efforts to support GOM in integration gender-sensitive budgeting into Mongolia's finance mechanisms ¹¹⁶ .
<i>Promoting Gender Equality in Decision-Making in Mongolia¹¹⁷</i>	<i>Implementer: UNDP and MLSP</i> <i>Donor: The Korea International Cooperation Agency (KOICA)</i>	Through capacity building and awareness raising activities with governmental stakeholders and media as well as strengthening and expanding GBV support and rehabilitation mechanisms, complemented the project's focus on economic empowerment and medical and psychological support, legal assistance, and counseling for GBV survivors ¹¹⁸ .
<i>Protecting Girls from Violence and Exploitation¹¹⁹</i>	<i>Implementer: NCAV</i> <i>Donor: UN Trust Fund</i>	By strengthened and expanded survivor protection and rehabilitation mechanisms, complemented the project's focus on providing trauma-informed and victim-centered service to girl victims of violence and exploitation.

It is important to note that while the CGBV Project was aligned with, and to a large extent also complemented, GBV/gender equality-focused programs implemented by other donor agencies and development organizations in Mongolia, the evaluation did not find evidence that it created fiscal synergies with these partners, developed financial partnerships and/or leveraged or created co-funding opportunities to scale up GBV prevention and response. The above concern can, however, be explained by two scenarios. Firstly, the ET did not interview representatives of these agencies and as such is unable to determine if mobilization of appropriate and implementable resource for GBV prevention and response among respective institutions took place. Another explanation could be the respective implementation schedule of these initiatives. Majority, if not all, have been either in the final implementation phase or have been completed by the time this evaluation took place, possibly restricting the opportunities for and degree of available funding. However, the evaluation findings suggest also a need for more strategic

engagement with some partners including the International Development Law Organization (IDLO), the European Bank for Reconstruction and Development (EBRD), the World Bank, the European Union (EU), the Green Climate Fund, the United States Agency for International Development (USAID), the Department of Foreign Affairs and Trade (DFAT) and private companies. Closer partnership and strategic collaboration with these actors could have contributed to more effective resource mobilization for GBV prevention and response. It would have also been an accelerating factor in the CGBV Project meeting its sustainability and impact objectives. Attesting to this finding, in an interview in Ulaanbaatar, one of the CGBV Project team members stated:

“To large extent, we don’t really have the evidence that others are putting money into GBV prevention and response in Mongolia.”

- **Filled the vacuum of comprehensive interventions that enhance and link primary GBV prevention and response services and addressed gaps in programmatic agendas of civil society organizations in Mongolia with regards to gender equality and social inclusion**

“Prior to 2019, VAW campaigns were celebrated in Mongolia primarily by local NGOs on a small scale. The project (CGBV), expanded the campaigns’ reach national level.”¹²⁰

Importantly, the evaluation found that while the CGBV Project was coherent with and complementary to efforts by international donor agencies and large national development institutions, at the granular level, it filled the vacuum of comprehensive interventions that enhance and link primary GBV prevention and response services. This has been equally highlighted by all 26 IPs, as well as 21 institutional beneficiaries interviewed representing Mongolian Government and 10 institutional beneficiaries representing members of the civil society. The evaluation acknowledges that there are many small-scale projects implemented by international and national NGOs across Mongolia. While some of these organizations periodically address issues of GBV through their programming, they do so indirectly, by broadly, promoting gender inequality and social exclusion. Further, these efforts are also much smaller in scale and shorter in duration, mostly implemented at a single level of social ecology (e.g. addressing violence in the family), and usually targeting only one specific group of interest (e.g. children who experience violence). For example, World Vision, which is the largest international NGO in Mongolia, works toward positive transformation and poverty reduction. While the organization has several programs focused on violence prevention, including the Time’s Up for Sexual Violence against Children funded by the SDC and the European Union, it focuses on protecting children from violence and exploitation and is restricted to two areas: the Songinokhairkhan district of Ulaanbaatar and Sukhbaatar soum of Selenge province.

The KIIs revealed that the CGBV Project’s complementary approach helped it to fill the gap in knowledge and skills to prevent and respond to GBV. This finding has been corroborated by more than 90% of key informants interviewed for this evaluation. Cumulatively, informants reported that no other effort like the CGBV Project existed in Mongolia before. The CGBV Project team was able to effectively and strategically position the CGBV Project in the country. This was achieved by providing the knowledge and skills necessary to prevent and respond to GBV that other programmes have not addressed, rather than duplicating or replicating such efforts.

3.6 Impact on Reducing GBV Prevalence

Evaluation Question: What is the impact of the CGBV Project on reduction of GBV in Mongolia?

Individual and group attitudes and behaviors are shaped, reinforced and sustained by the underlying gender, social, socio-political, socio-economic, cultural, and religious norms. These norms take forms of shared beliefs that inform attitudes and drives practices. In order to tackle harmful social norms and practices, in particular those around GBV, there is a need to recruit and actively engage with groups and individuals to create new shared beliefs, which in turn, transform expectations around certain behaviors, including violence¹²¹.

Key Finding: *There is a strong evidence of impact of the CGBV on raising GBV awareness among selected parts of the Mongolian population. However, there is limited evidence of effectiveness of the CGBV Project in evoking changes, if any, related to inequitable attitudes towards and practices of GBV. The impact of the CGBV Project on shifting inequitable social norms that enable, reinforce and sustain GBV in Mongolia is unclear.*

As demonstrated in the Effectiveness section, the CGBV Project was effective in recruiting and engaging with selected parts of the Mongolian population in shifting inequitable social norms that enable, reinforce and sustain GBV in Mongolia. However, the evaluation found limited evidence of effectiveness of the CGBV Project in evoking changes, if any, related to pervasive and inequitable attitudes towards and practices of GBV. Except for anecdotal statements from a few IPs and even fewer from IBs, and some poorly supported conclusions in the CGBV Project documents, no reliable data exist that can be used to measure how the CGBV Project affected social changes. While several CGBV Project activities - mostly trainings, workshops and some sensitization events conducted pre and post-activity assessments with mostly duty-bearers to better understand how their knowledge changed as a result of the activities, no data was collected to understand changes in their attitudes towards and practices of GBV. Therefore, it is difficult to corroborate how effective was the CGBV Project in inducing changes, if any, with regards to personal attitudes and practices associated with GBV. Furthermore, it is unclear to what extent, and how sustainable, are such changes, if any, and to what extent, these led to shifts in harmful social and inequitable gender norms¹²². In an interview in Darkhan province, a social worker interviewed highlighted the difficulty in securing changes in attitudes and behaviors associated with the use of violence, “even though knowledge on GBV exists among people living in Darkhan-Uul, it is yet to be translated into a change in their attitudes and behaviors, especially among those who abuse alcohol and live poor. [the project raised awareness on GBV but ...] ... those people continue to view domestic violence and alcohol use as normal, as an everyday behavior.” Furthermore, while the desk review of project documents and the KIIs revealed that the CGBV Project raised knowledge and increased understanding about GBV among Mongolian population, the evaluation also raises questions about the sustainability of these changes over time. In the IDIs conducted with GBV survivors, it was suggested that, while the CGBV Project raised awareness in communities about GBV, including among perpetrators of domestic violence, there is a gulf between knowing about violence and “retaining the knowledge and living lives free of

violence.” Five (5) GBV survivors interviewed, whose male partners have received information on GBV as part of a perpetrator rehabilitation program, reported no changes in their partners’ behaviors. A female GBV survivor interviewed in the Arkhangai Province stated:

“Beliefs of my husband did not change. I think it’s impossible to change people’s behaviors, especially people who drink.”

Several important factors may influence the above findings. Firstly, the ET has not interviewed extensively participants of any of the community level GBV prevention models. Thus, we are unable to testify to the effectiveness of the CGBV Project in shifting people’s attitudes and behaviors towards violence. Secondly, the one-off character of many of the CGBV Project activities with selected parts of the population, including men and boys, at the community level, short implementation time, and a lack of follow up may have not initiate the desirable transformative effect among some participants. Finally, it may be too early to capture any changes related to social norms that occur over time as a result of the CGBV Project’s activities; after all, breaking down harmful social covenants and shifting restrictive gender agreements shaped by tradition for centuries may require more time and effort that goes beyond one project, one organization and even one generation.

Key Finding: *By integrating women’s economic empowerment interventions into the operations of OSSCs, the CGBV Project has empowered GBV survivors and transformed their lives to become independent and life free of violence. By doing so, the CGBV Project made a stride to reduce GBV in Mongolia.*

Global research evidence shows that poverty is a recognized risk factor for multiple forms of GBV, in particular VAWG ¹²³, and that programming to reduce economic insecurity is a key strategy for GBV prevention¹²⁴. In the IDIs, several GBV survivors spoke not only about the persistent social and negative gender norms that create pressures for women to endure violence, but referred also to multiple challenges and risk factors for violence including lack of education, high levels of alcohol abuse in the family, unemployment and poverty. These interviews highlighted the impact of integration of women’s economic empowerment interventions into the operations of OSSCs as a strategy to prevent GBV. In particular, the ability of the GBV survivors to imagine lives that are economically independent, free of violence, and to ‘break the cycle of violence.’

According to project documents, all six CGBV Project-supported OSSCs piloted women’s economic empowerment initiatives. For example, in NCAV-run shelter in Ulaanbaatar, twelve (12) female GBV survivors, including four with disabilities, took part in skills development trainings and 5 others received personalized support for their small business initiatives¹²⁵. In 2022, according to Annual Report (2022), a total of 182 women benefitted from the women’s economic empowerment initiatives and six women managed to find a permanent job¹²⁶. Three women started their own small business and, “several families have continued their lives without violence.”¹²⁷ At the OSSCs visited by the ET, GBV survivors who participated in the piloted economic empowerment initiatives highlighted how these CGBV Project-supported interventions provided them with the necessary knowledge and skills and with needed resources to advance socially and economically. This has been articulated in the interview with

a client of the project-supported OSSC in the Bayanzurkh district who described how participation in this intervention changed her life:

“The skills I learned helped me to feel empowered, become more self-confident, pay attention to my hair, beauty. I was provided with training and needed utensils for hair dressing by OSSC, later I added more equipment for hair dressing little by little, started using different hair styles. I cut hair of all my children at home, my family never goes to hairdresser any more. I obtained very useful skill. I became more confident in me, and am not financially dependent on my husband anymore.”

It is difficult to affirm with confidence the extent to which the CGBV Project contributed to breaking the cycle of violence; after all, the project-generated research shows the extent of GBV in Mongolia.¹²⁸ However, based on the evaluation findings, it is clear that the CGBV Project has created several pathways for GBV survivors to live violence-free lives. The IDIs with GBV survivors at the project-supported OSSCs have confirmed that the CGBV Project have positively impacted their lives. By strengthening and expanding GBV services, the CGBV Project has transformed lives of those who experienced and/or are at risk of violence. A powerful illustration of such impact was the interview with a GBV survivor in Darkhan-Uul province, in which the respondent referring to the ability to access and obtain GBV services in a project-supported OSSC, said: “the access to the service (OSSC) had a good impact on my life that I will carry with me for the rest of my life.” Importantly, the CGBV Project has also empowered GBV survivors and those at risk of violence. For example, a forum organized under the CGBV Project by the NCAV allowed GBV survivors to share their personal stories of courage and persistence perseverance and the ways to overcome violence and abuse. The IDIs highlighted how the CGBV Project ¹²⁹ helped GBV survivors and those at risk of violence to challenge their own attitudes towards and perceptions of violence, improved their levels of self-esteem and confidence, allowing them to find sense of social belonging, motivating or inspiring to reflect on and define new life priorities and take steps to become independent. It has been reported in all 9 IDIs with GBV survivors. This is a substantial accomplishment of the CGBV Project with regards to its overall goal to contribute to reduction of GBV in the country.

3.7 Sustainability of the CGBV Project Benefits and Accomplishments

Evaluation Question: To what extent has the CGBV Project achieved each of its intended targets (outcomes and outputs), and which of the achieved targets are likely to be sustainable?

The concept of the CGBV Project sustainability refers to the project desired goal to institutionalize national response mechanisms on GBV and engage selected parts of the population in shifting inequitable social and gender norms that enable, reinforce and sustain GBV. To this extent, the findings discuss the sustainability of the CGBV Project specific gains (e.g. knowledge built, skills provided, etc.) and/or accomplishments (e.g. revised/passed, established GBV databases, new GBV services provided, etc.) over time. Moreover, the sustainability findings are based on the collective results derived from all four thematic components of the project¹³⁰. This is because not all key informants have been equally exposed to all components of the CGBV Project. The responses are roughly aligned with the type of involvement and therefore are more likely to be subjective and represent what each key informant was familiar with rather than an objective opinion about the sustainability of each component or even activity and its gains and accomplishments.

Key Finding: *To a large extent, the CGBV Project ensured stronger national capacity to, and ownership of, GBV prevention and response, which suggests that it will continue after the end of the project. The CGBV Project methodological approach, which included sustainability built into its design, is a factor in overall sustainability of the CGBV Project. However, findings suggest also fragility of the CGBV Project gains and accomplishments against several external factors which may limit the extent of their durability after the end of the current CGBV Project phase.*

Twenty three (23) out of 31 IPs interviewed reported that the aggregated positive results of the CGBV Project will endure after the end of the project. When asked which component of the CGBV Project specifically has the potential to be the most sustainable, majority pointed towards the strengthened and expanded survivor protection and rehabilitation mechanisms. Equally, the CGBV Project accomplishments related to the capacity built among duty-bearers as well as the improved and harmonized data generation and utilization for policymaking have been found to be sustainable. Only a few suggested potential sustainability of the accomplishments related to the implementation of community level GBV prevention models, although the ET uncovered several positive examples of GOM and partners taking over several activities including organization of a nation-wide GBV awareness campaigns or taking over the eTuslamjj and the eGBV databases. Seven (7) IPs interviewed reported doubts regarding sustainability of any of the CGBV Project accomplishments linking it to uncertainty in the availability and appropriation of a long-term, uninterrupted funding by the GOM for scaling-up of GBV prevention and response in Mongolia.

Among the IBs, twenty two (22) out of 31 who responded to the sustainability question attested to it. Among these interviewees, the capacity built among soum/khoroo-level government administration and CSOs to prevent and respond to GBV (in particular to provide direct, reliable, confidential and survivor-centered support and service to GBV survivors) as well as the strengthened and expanded GBV support and rehabilitation mechanism (in particular the elevated services that are being offered to GBV survivors and the upgraded facilities that welcome them), are the most likely to remain after the end of the current phase of the CGBV Project. To this extent, the evaluation found positive results regarding the effectiveness of the CGBV Project in advocating for, and supporting, mobilization of financial resources from the national and local level governments for the operation of project-supported OSSCs. For example, in 2022, the GOM allocated a total of 487.8 million MNT to support the operations of MDTs at the grassroots level, and almost 2.4 billion MNT for provision of lifesaving and protection services to GBV survivors¹³¹. Financial data from four OSSCs and two temporary shelters (TS)¹³² obtained by the ET shows that between 2020-2022 the CGBV Project financial support to the OSSCs has progressively decreased¹³³ but the operational capacity of these institutions increased, as measured in numbers of clients receiving services overtime¹³⁴. A social worker at OSSC in Ulaanbaatar reported in the interview: “we can continue the center’s operation even after the project finishes”. However, it is important to note that, aggregated, the interviews with IBs, in particular duty-bearers working at OSSCs and TSs, have also expressed worry about lingering unpredictability of future state-level financial commitments to respond to GBV. This has been illustrated in the interview with the Head of FYCDD in Darkhan province, and has been a cross-cutting barrier to sustainability identified in the KIIs. In the interview a respondent stated:

“The center receives more than 150 million MNT from the state budget every year. Of course, this budget is not enough, most of it is spent on salaries and administrative expenses of the center. We are exploring the possibility of increasing our operations and finding ways to covering expenses in the future.”

Both groups, IPs and IBs, have also reported several factors perceived as enablers of, and barriers to, the overall sustainability of the CGBV Project benefits over time. Each of these factors is then explained in table below. Among these, two project-related enablers and four external barriers of sustainability have been identified. It is important to note that these external barriers do not suggest CGBV Project’s ineffectiveness, underperformance or lack of applicability to the lived reality and needs in Mongolia. Rather, they are the reasons why some IPs and IBs may have perceived the gains and/or accomplishments of the CGBV Project as less likely to be sustainable.

Table XII: Enablers of, and barriers to, overall sustainability of the CGBV Project gains and accomplishments of the 2nd phase of the CGBV Project

Enablers
<ul style="list-style-type: none"> • <i>Sustainability from the inception.</i> The design of the CGBV Project that included focus on sustainability through, on the one hand, co-sharing of funding between SDC/UNFPA and the Mongolian Government¹³⁵, and; on the other hand, focus on institutionalization of GBV prevention and response through building national ownership of actions, activities, regulations and laws on GBV. However, despite demonstrated financial¹³⁶ and political commitments by the GOM to improve gender equality in Mongolia¹³⁷, some doubts have been expressed in the KIIs with regards to the degree of national ownership of GBV prevention and response as it relates to future political priorities and development agendas. This suggests the need for continuous advocacy with and technical support to duty bearers, with focus on sustainability of funding. • <i>The CGBV Project methodological approach.</i> The sound methodological approach that was based on the best practice in GBV prevention and response, and in particular: (1) the project's wholistic design that included focus on both prevention and response to GBV and encompassed interventions on various levels of social ecology including work on national as well as province/district levels; (2) addressed GBV through various development sectors; (3) involved diverse types of stakeholders and groups of direct and indirect beneficiaries which allowed for and encouraged multisectoral, multi-level reflections, exchange of ideas and sharing of knowledge; (4) provided support that included both 'what to do' to effectively and impactful prevent or/and respond to GBV (e.g. building capacity to prevent GBV, strengthening GBV support and rehabilitation services) but also 'how to do it' by providing specialized tools and guidance (e.g. development of manuals and curriculum, sharing of information and 'know-how', and provision of contextualized guidance to specific duty-bearers on GBV prevention and response and beyond. • <i>Resource Mobilization.</i> The CGBV Project funding modality and extensive advocacy among duty-bearers have led to mobilization of the GOM resources to invest in and scale up GBV prevention and response. However, a sense of concern persists with regards to certainty of long-term, uninterrupted cross-sectoral financial and human resources needed for effective and sustainable GBV prevention and response.
Barriers
<ul style="list-style-type: none"> • <i>Uncertainty of a long-term, uninterrupted cross-sectoral financial resources for GBV prevention and response.</i> Beyond the current SDC/UNFPA and the Mongolian Government's financial contribution, uncertainty of a long-term and uninterrupted funding for scaling-up of GBV prevention and response that cuts across all GOM agencies and sectors, has been most frequently reported in the KIIs¹³⁸. To this extent, also a lack of institutional funding to go to scale¹³⁹ has been reported. Despite positive results related to the CGBV Project support mobilization of financial and human resources among the GOM for GBV prevention and response (in particular for expanding GBV support and rehabilitation mechanism), limited local or institutional budget exist to scale up community level GBV prevention models (e.g. replication and/or scale up of the Safe School model). This suggests the need for continuous advocacy with the GOM duty bearers to ensure sustainable funding for GBV prevention and response.

- ***Persistent attitudes of 'doubt' regarding the prevalence of gender inequality and GBV in Mongolia.*** Despite data evidence generated by the CGBV Project and the GOM¹⁴⁰, there have been reports of continuing limited recognition among some duty-bearers and rights holders of the problem of GBV in Mongolia. This includes limited understanding of the scale and manifestation of the problem, consequences including economic impact, and the importance of addressing GBV including as part of the efforts to improve broader socio-economic development outcomes. This is further compounded by the high regard for patriarchal customs, presence of stereotypical gender roles and harmful gender attitudes and beliefs that underpin GBV. This in turn, as reported in the KIIs, leads to fragmental and irregular engagement of some parts of the GOM and other public and private sector stakeholders in collective actions and sustainable efforts to promote gender equality and prevent and respond to GBV at individual, family, institutional and societal levels.
- ***Uncertainty around retention of human capacity and transfer of knowledge and skills among governmental staff working on GBV prevention and response.*** (please see also barriers to the CGBV Project effectiveness, in the Effectiveness section)
- ***Fragility of political commitment to combating GBV at the local level***¹⁴¹. Despite the evaluation showing positive results regarding improved capacity and increased commitment of soum/khoroo-level government administration to GBV prevention and response, there have been multiple reports of fragility of political commitment to combating GBV at the local level. Mongolian governance is based on centralized system with both executive and legislative power concentrated centrally. Although key political priorities and major development agendas are defined at the higher level and trickled down to lower level governments, future local officials may not find the issue of GBV relevant to local priorities and community needs. This is particularly important in light of limited knowledge and skills transfer among governmental staff. This in turn evokes a climate of unpredictability in allocation of funding designated for prevention and response to GBV (including possibility of cutting specific budget lines, or collapsing budget lines to respond to other pressing or unforeseen crises, for instance another outbreak of pandemic).

Despite some specific barriers, the findings from the KIIs suggest a high likelihood of sustainability of the CGBV Project gains and accomplishments over time. This is because, in addition to building capacity of selected duty-bearers to prevent and respond to GBV, the CGBV Project has raised overall levels of awareness among its partners and empowered them to effectively prevent and respond to GBV in Mongolia. For example, officer at the FCYDD in Chingeltei District interviewed by the ET highlighted how the CGBV Project provided him with necessary knowledge and galvanized to support people with disability at risk of GBV, something he did not do before.

Key Finding: Offering GBV awareness raising and economic empowerment to GBV survivors have contributed to positive results regarding overall sustainability of the CGBV Project gains and accomplishments.

Sustainability literature has cited the influential role of awareness raising among public in facilitating increases in gender equitable outcomes¹⁴². To this extent, findings from the IDIs suggest also a likelihood of sustainability of the CGBV Project benefits over time. This is because, in addition to its success in strengthening and expanding the GBV support and rehabilitation services in Mongolia, the CGBV Project raised also awareness among its direct beneficiaries on what constitutes violence, and why it should never be tolerated and accepted (also demonstrated in the Effectiveness section). The desk review of project documents provided multiple evidence of increased awareness and knowledge of GBV among public - community members, and policy and decision-makers. This is attributed to the extensive in breadth, depth and numbers thematic workshops, tailored trainings, contextualized capacity building, and numerous campaigns implemented under the 2nd phase of the CGBV Project. Awareness raising plays important role in preventing GBV, and is key to informing GBV survivors of their rights and the support services available to them¹⁴³. Importantly, 9 GBV survivors interviewed by the ET reported increased awareness on and knowledge of GBV as a result of the CGBV Project. These interviews highlighted how the CGBV Project raised their understanding of what constitute violence, what is abuse and discrimination, and that violence in any form is not something to be accepted or tolerated. This is an important finding when considering the overall high levels of acceptability of violence in Mongolia. In the 2017 National Study on GBV in Mongolia, more than 48 % of 7920 women aged 15-64 interviewed agreed with the statement that “a good wife obeys her husband even if she disagrees” suggesting that while a large proportion of women may condemn violence, they also tolerate it.¹⁴⁴

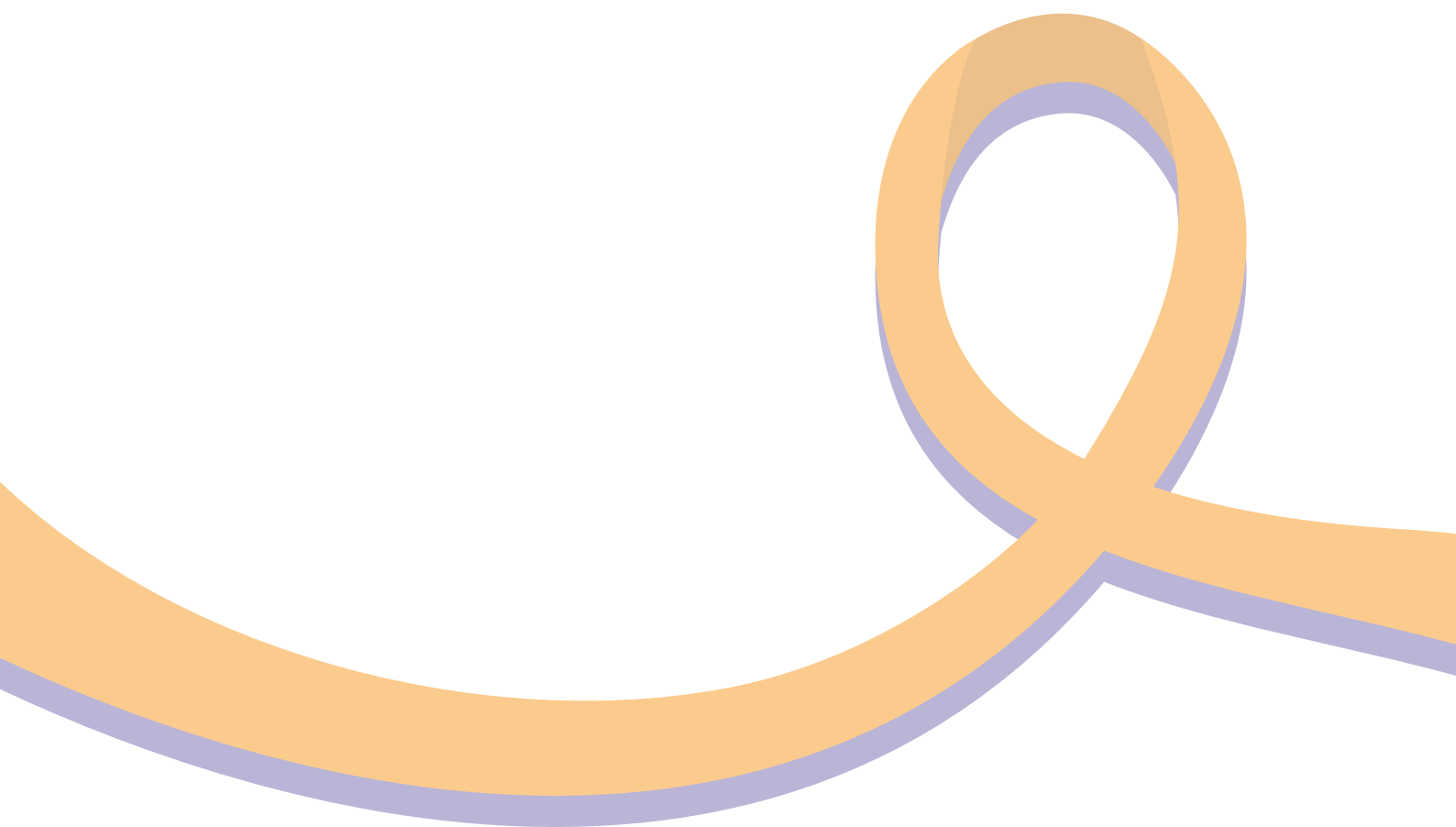
Furthermore, global research evidence shows that poverty is a recognized risk factor for multiple forms of GBV, in particular VAWG ¹⁴⁵, and that programming to reduce economic insecurity is a key strategy for GBV prevention¹⁴⁶. In the IDIs, several GBV survivors spoke not only about the persistent social and negative gender norms that create pressures for women to endure violence, but referred also to multiple challenges and risks factors for violence including lack of education, high levels of alcohol abuse in the family, and poverty. These interviews highlighted also the importance and, as demonstrated in the Impact section, positive impact of integration of women’s economic empowerment interventions into the CGBV Project as a successful strategy to prevent GBV. This is a substantial contribution to sustainability of the CGBV Project gains over time.

Key Finding: The knowledge, communication and information materials produced, disseminated, shared and made accessible by the CGBV Project play an important role in ensuring sustainability of GBV prevention and response.

According to the project documents, the CGBV Project has created an extensive repository of resources for duty bearers - organizations and institutions including government agencies, academic and civil society; data users including policymakers and programme developers; as well as allies, advocates and activists working in the GBV space in Mongolia. The CGBV Project has also told the stories of change through the participants of workshops and training, audience of campaigns and events, as well as individual men and women through multimedia products, social media posts, news pieces and articles and production of other knowledge, communication and information materials including GBV data and its analysis. To capture these developments, the CGBV Project established under Phase I the GenderHub,

an online repository of resources on GBV including GBV data, which during the implementation of the 2nd phase was modified and handed over to the National Committee on Gender Equality for further administration and maintenance. Despite anecdotal reports of a shortage of NCGE human resources to routinely maintain and update the GenderHub, and plans to transfer the resource hub to the MOJHA, the portal continues to be used by the public and updated regularly every year¹⁴⁷. As of 1 April 2023, more than 14,000 people have visited the website, and more than 3700 utilized it including by downloading resources. The evaluation found that to a large extent, this deliberate and continuous efforts by the CGBV Project team to ensure the knowledge, communication and information materials are produced, regularly disseminated, shared and made accessible to direct and indirect beneficiaries and stakeholders was found to be an important factor for the CGBV Project sustainability.

The evaluation found that, overall, the gains and accomplishments of the CGBV Project will be sustained over time, given the long-term, quality of efforts to expand knowledge and raise awareness on GBV, build capacity, strengthen systems and institutionalize GBV prevention and response in Mongolia. This in turn leads us to believe that the nationally-led GBV prevention and response will continue to be carried out in the future.



4

CONCLUSIONS

The first ever National GBV Survey (2017) published under the 1st Phase of the CGBV Project revealed the high prevalence of GBV in the country, as well as presence of harmful attitudes and patriarchal beliefs that underpin GBV in Mongolia. Combating GBV is an important aspect of promoting gender equality and empowering girls, which in turn are crucial to achieving and accelerating sustainable development. Ending all forms of discrimination against women and girls is a basic human right that must be pursued for its own sake, but this also has a multiplier effects across all other development areas. The CGBV Project was one of the first and most comprehensive multi-stakeholder initiatives to address GBV in the country by strengthening the national capacity for prevention and response. Building on the tremendous achievements of the 1st Phase¹⁴⁸, the 2nd Phase of the CGBV Project focused on developing effective prevention mechanisms as an important step toward ending GBV altogether. Its goal was to reduce the prevalence of GBV by further strengthening the national capacity for prevention and response.

The CGBV Project has been proven to have had very good results, as is evident from this evaluation report.

Overall, the CGBV Project has been found to be effective. The evaluation concludes that the CGBV Project strengthened national and provincial level capacities to prevent and respond to GBV. It also ensured, although not firmly, national ownership of the GBV support and rehabilitation mechanisms and the improving data generation and utilization for policymaking. Specific attributes of the CGBV Project were instrumental in the effectiveness of the project, namely, the design, approach and content.

The evaluation found that the capacity building and advocacy among duty-bearers was the most powerful component of the CGBV Project that enhanced national capacity to prevent and respond to GBV. At the same time, the value of other CGBV Project components cannot be overlooked. The combination of these, as shown by this evaluation, is a key factor in ensuring stronger, effective and sustainable GBV prevention and response in Mongolia.

Inclusive, reliable and continuous financial support, multiple tailored trainings and workshops accompanied by appropriate methodology, practical tools and technical resources, and the face-to-face interactions between stakeholders have been identified as contributors to the overall effectiveness of the CGBV Project in strengthening provincial level capacity to prevent and respond to GBV. The evaluation concludes that the combination of these attributes has strengthened multisectoral GBV response which led to stakeholders taking innovative actions against GBV.

The evaluation concludes that the CGBV Project succeeded in boosting national ownership of GBV prevention and response mechanisms in Mongolia. To this extent, the evaluation concludes that the

CGBV Project funding modality and the extensive advocacy among duty-bearers have been an effective strategy to mobilize resources to scale up GBV prevention and response. However, the evaluation highlights the need for ensuring long-term, uninterrupted cross-sectoral financial and human resources needed for effective and sustainable GBV prevention and response. The evaluation emphasizes the fragility of this accomplishment and concludes there is a need for more further strategic actions to ensure advancements and sustainability.

The evaluation concludes that the multidisciplinary outreach by the CGBV Project led to effective engagement of selected part of the Mongolian populations in GBV prevention. It concludes that knowledge has been increased among duty-bearers about their obligations with regards to GBV prevention and response, and the understanding has been raised among rights-holders of their rights and entitlements. At the same time, the evaluation concludes that despite calculating steps and a new strategic orientation men and boys have not been fully engaged in GBV prevention and response, both as duty-bearers and as rights holders.

The evaluation concludes that there is much to celebrate regarding the effectiveness of the CGBV Project. At the same time, it highlights existence of external barriers and existing risks to the progress that has been made in combating GBV as a national priority.

The CGBV Project has been found to be largely efficient. The evaluation concludes that, to a large extent, the CGBV Project was well-managed and delivered on its promises cost-efficiently and in a timely-manner. Three specific factors related to the project team's expertise and management approach and style contributed to this positive outcome. At the same time, limited human resources and a weak link between implementation of some activities and the results they generated, may have hindered the overall results. This suggests a need for integration of more robust risk mitigation measures and development of contingency plans in any future multi-sectoral and multi-stakeholder initiatives to address GBV in Mongolia.

To a large extent, the CGBV Project has been found to be relevant; however, some more could have been done to engage the most vulnerable and at risk segments of Mongolian population. The evaluation concludes that, by directly responding to the existing needs of the GOM in GBV prevention and response, and doing so in contextualized and tailored ways, building upon the existing commitments to combating GBV and being grounded in the evidence, the CGBV Project, largely, met the needs and priorities of national and provincial level stakeholders engaged in GBV prevention and response in Mongolia. The evaluation concludes also that, overall, the CGBV Project was highly relevant to meeting the needs of GBV survivors and those at risk of violence in Mongolia. At the same time, groups such as SOGI-based violence survivors, herder women living in remote areas, as well as male GBV survivors may have been left behind. This suggests a need for closer, more targeted and strategic engagement with organizations and stakeholders representing these groups to ensure their equal participation and sharing of benefits of any future GBV prevention and response efforts.

Largely, the CGBV Project has shown to be internally and externally coherent. The evaluation concludes that, to a large extent, the CGBV Project success can be attributed to its complementary character. This is because the CGBV Project was coherent with the international and national gender equality visions including the Mongolian Government and public bodies ongoing country-level efforts to improve gender

equality and reduce GBV. The evaluation concludes that the CGBV Project complemented the work of other donor agencies and development organizations and filled the gaps in programmatic agendas of civil society with regards to gender equality, social inclusion and GBV in Mongolia. However, more strategic engagement with these partners could have been an accelerating factor in the CGBV Project meeting its objectives.

There have been mixed results regarding impact of the CGBV Project. The evaluation concludes that the CGVB had impact on raising GBV awareness among selected parts of the Mongolian population. At the same time, the evaluation conclusions are inconsistent with regards to the CGBV Project evoking changes in inequitable attitudes towards and practices of GBV and in shifting inequitable social norms that enable, reinforce and sustain GBV in Mongolia.

There is high likelihood of the CGBV Project sustainability. The evaluation concludes that, to a large extent, the CGBV Project gains and accomplishments will endure after the end of the current phase of project. At the same time, the evaluation conclusions suggest fragility of these CGBV Project gains and accomplishments, spurred in part by uncertainty of a long-term, uninterrupted cross-sectoral human, financial resources and on-going political commitment to GBV prevention and response.

Based on these conclusions, the evaluation recommends specific actions, which are presented in the next section.

5

RECOMMENDATIONS

The evaluation recommends the following actions to address the findings and conclusions in this report.

Recommendations for UNFPA Mongolia:

Considering the UNFPA's long tradition of and experience in supporting efforts to promote human rights, gender equality and empowerment of women in Mongolia, it is recommended that UNFPA continues provision of technical and financial support to combat GBV to CGBV Project's partners and beneficiaries. With attention to the recommended improvements listed below, the continuation and/or scale up of the CGBV Project should be considered a logical choice in the agency's next efforts to address the pervasive problem of GBV, and broadly promoting human rights, gender equality and empowerment of women in Mongolia.

For the next phase of the CGBV Project:

1. **Consider investing in closer collaborations with and involvement of other donor agencies, international development organizations and private sector, in and outside Mongolia.** This includes, but is not limited to: IDLO, EBRD, the World Bank, the EU, the Green Climate Fund, USAID and DFAT. Preserving and further expanding the multi-stakeholder and multidisciplinary character of the CGBV Project, and partnering with new actors has the potential to address the most pressing barriers to sustainability of the CGBV Project, particularly the uncertainty of long-term, cross-sectoral financial resources for GBV prevention and response. This effort could start with an extensive mapping of the ongoing or planned work of others, and comprehensive assessment of their agendas and priorities, capacities and capabilities as well as their strengths and weaknesses in combating GBV in Mongolia. Such mapping exercises could also help identify and capitalize on various programmatic opportunities for collaboration and complementarity and more strategically and effectively bring the GBV agenda forward.
2. **Undertake targeted efforts to ensure higher representation of senior national-level government officials in GBV prevention and response.** This includes focus on senior national-level government officials as recipients of technical support aimed at strengthening national capacities to prevent and respond to GBV, and as targets of advocacy aimed at institutionalization of GBV prevention and response. The government stakeholders of the CGBV Project, to a large extent, included mostly mid-level governmental staff with limited power to influence policy decisions. Addressing

this will contribute to cementing and sustaining the high-level political, human and financial commitment to GBV prevention and response. It will also lead to national-level buy-in and support for further surveys to measure GBV prevalence in Mongolia, and will ensure greater resource for, and stronger ownership of, the systems of data collection established with the support of the CGBV Project.

3. ***Provide greater technical support to partners in connecting the collection/generation and analyses of GBV data with utilization and dissemination of such GBV data.*** The objective will be, on the one hand, greater awareness raising, and on the other hand, more effective policy making and programme development to address GBV. The technical support should include a focus on both the systemic and technically sound gathering and analysis of reliable and comparable GBV data, as well as strategic use of such data to shift inequitable social and gender norms that enable, reinforce and sustain GBV.
4. ***Address the needs of the most vulnerable and most marginalized segments of the Mongolian population, including herder women living in remote areas as well as the LGBTI+ community.*** This could be done in two ways: by including such organizations in the design, implementation, monitoring and evaluation of the next phase of the CGBV Project; and by developing a clear social inclusion strategy to ensure this and other GBV interventions and programs are relevant to individuals and groups representing diverse social and identity characteristics. The objective of such engagement should also include development of strategic actions to create a supportive environment to address the pervasive stigma and discrimination, gender stereotypes, misinformation, and misperceptions around gender, SOGI and other social and identity characteristics.
5. ***Ensure any CGBV Project activities include specific inputs and outputs related to attitudinal and behavioral changes among beneficiaries representing both the duty-bearers and the rights holders.*** This will require a development and a systematic application of measurement of all beneficiaries' attitudinal and behavioral changes. This includes also measuring potential changes in men's attitudes and behaviors towards GBV as a result of the exposure to messages of gender equality and/or non-violence and the targeted activities for men as perpetrators of GBV.
6. ***Develop and include mechanisms to track or measure the desired impact of the community level GBV prevention models, in particular GBV awareness raising efforts.*** Developing effective procedures and mechanisms to track or measure the effectiveness of the community level GBV prevention models would be useful approach for ensuring their relevance and effectiveness. To this extent, the next phase of the CGBV Project should include indicators assessing the impact of the community level GBV prevention models on attitudes and behaviors. Public awareness indicators can be measured by means of a public opinion survey, through face-to-face interviews among a representative sample of the targeted audience, or by deriving ratios of those exposed to such models to those who engaged in some form of measurable action against GBV during or after exposure.

Recommendations for the Swiss Agency for Cooperation and Development:

1. Widely disseminate the accomplishments of the CGBV Project. Considering the overall positive results regarding the relevance, effectiveness, efficiency, coherence, impact and sustainability of the CGBV Project, achievements and lessons learned from the CGBV Project implementation should be shared with a wider audience in the region and globally. This could be achieved through development and dissemination of communication products related to the CGBV Project (e.g. summary of results, briefs on what works in GBV prevention and response, etc.), representation of the CGBV Project at international forums, seminars and meetings, and investment in social media presence to reach policy-makers and program developers and implementers. This includes, in particular, those working on advancing gender equality and combating GBV by building capacity of stakeholders, building evidence around GBV, creating GBV support and rehabilitation services, and empowering citizens and institutions towards more equitable and just societies.

Recommendations for the Government of Mongolia:

1. Revise the National Law on Statistics. Address shortcomings of the legal framework, in particular pending revisions to the National Law on Statistics, which when revised would ensure conduct of the National GBV Survey in regular intervals. This, in turn, will allow to generate reliable and comparable GBV data. This would be a millstone in addressing the issue of GBV in Mongolia as it would increase the visibility of the GBV problem, secure human and financial resources needed for GBV prevention and response, help inform GBV policy making and program and monitor the overall progress in reducing prevalence of GBV.
2. Conduct study on violence against LGBTI+ Mongolians. The invisibility of some segments of the Mongolian population in the overall GBV prevention and response efforts, and in particular a lack of adequate data on SOGI-violence against LGBTI+ people makes it difficult to formulate robust policy and comprehensive programmatic responses. Conducting a national level in-depth research on SOGI-based violence would help to better understand the nature, causes and consequences of such violence and would help to identify appropriate national level preventive and response measures. This could be addressed by providing support and funding to LGBTI+ CSOs, which already map and record cases of violence and discrimination towards LGBTI+ people.
3. Appropriate a long-term, uninterrupted cross-sectoral financial and human resources for effective and sustainable GBV prevention and response. Considering findings of this evaluation, this will require allocation of budget line for GBV at national and provincial levels. Dedicated, long-term, uninterrupted cross-sectoral financial and human resources allocation for GBV prevention and response would address also another finding of this evaluation, namely, limited ownership of the eTuslamj and GenderHub database/system related to shortcoming in human resources available. Furthermore, it would ensure uninterrupted availability and expansion of, and access to, GBV services in the project-supported OSSCs, and beyond, for GBV survivors and those at risk of all kinds of violence including SOGI-based violence.

4. Institutionalize a training on GBV as part of every new hire and new employee orientation package. Such move will address the uncertainty around retention of human capacity and transfer of knowledge and skills related to GBV prevention and response among provincial level governmental staff. This could be achieved by adapting selected GBV thematic training modules developed by the CGBV Project and successfully implemented with the GOM.
5. Continue to support the cadre of government employees who received GBV capacity building through the CGBV Project and those who are directly involved in GBV prevention and response. This includes, but is not limited to, members of MDTs, staff of OSSCs and other institutions and organizations providing GBV services and working with those at risk of violence. This could be done through country-level meetings (annual or biannual), additional capacity building seminars, trainings, and workshops with the objective of creating opportunities for peer-support, exchange of knowledge and skills, nurturing national and provincial capacities, and mentoring new cadre of duty-bearers. To this extent, support should include concrete actions to address the issue of mental and physical health among those involved in GBV prevention and response who often endure significant mental and physical health effects from their work, such as stress and trauma.

6 ANNEXES

Annex I: Workplan and Schedule of Deliverables

This table presents the workplan for the evaluation with specific tasks to be accomplished and deliverables as approved by UNFPA during the evaluation inception phase.

PP	Dr. Piotr Pawlak (Evaluation Team Leader)							
NM	Nandinchimeg Magsar (Local Gender Consultant)							
TB	Dr. Tsetsegsaikhan Batmunkh (Local Gender Consultant)							
UNFPA	Dr. Khalid Sharifi, Dr. Oyunaa LKhagvasuren, Oyun Banzragch, Bilguun Lkhagva, Angiragmaa Chuluunbaatar							
Lead	Task/Deliverable		# of days			Timeline		Comments
			PP	NM	TB			
Milestone 1: Evaluation Preparation								
PP	Onboard the evaluation team (ET) and ongoing communication throughout the evaluation process/period within the evaluation team and with UNFPA (includes, participation in presentations, provision of updates and regular bi-weekly virtual check-ins)		3	3	3	30 Dec		Ongoing communication and check-ins throughout the evaluation
PP	Organize, prepare for and facilitate a kick-off meeting with the UNFPA team for introductions, clarification of evaluation objectives, timeline, expectations and miscellaneous questions, request additional documents, etc.		1			4Jan		The kick-off meeting to inform the workplan and methodology design
PP	Develop detailed workplan for the evaluation		3			5-9 Jan		Workplan to be submitted as annex to the Design Report

Milestone 2: Desk Review and Design Report						10-25 January
TB	Initial desk review of the existing UNFPA documents	2	2	2	10-12 Jan	
PP	Develop a detailed evaluation methodology (Design Report) including evaluation questions, data collection tools, sampling and analysis strategy and specifying limitations and risks and developing mitigation strategies.	5	2	2	10-15 Jan	TB and NM to develop research instruments
PP	Prepare for and lead an online evaluation methodology validation meeting with UNFPA	2			13 Jan	The ET to present and elaborate methodological approach to the evaluation. The meeting will solicit initial feedback on the methodological approach
PP	Submission of the draft Design Report to UNFPA for review				16 Jan	Draft Design Report will incorporate comments, if any, from the online validation meeting
UNFPA	Provide written comments on the draft Design Report	Comments to be received within 7 working days from the submission date, by COB Tuesday, January 24th				
PP	Incorporate feedback from the validation briefing into the Design Report and submit the final version to UNFPA	1			24-25 Jan	
Milestone 3: Data Collection						25 January – 20 February
NM	Identify key informants for the evaluation (in close collaboration with UNFPA), develop data collection schedule, coordinate data collection activities with stakeholders, plan logistics, liaise with UNFPA to identify/recruit key informants (ongoing)		1		25 Jan	Ongoing process NM to develop final list of stakeholders to be included as annex in the final evaluation report
NM	Conduct KIs in Arkhangai and Darkhan-Uul provinces and Case Studies in the Bayanzurkh district		22		25 Jan-20 Feb	Ongoing process

TB	Conduct KIIs in Arkhangai and Darkhan-Uul provinces and Case Studies in the Bayanzurkh district			21	25 Jan-20 Feb	Ongoing process
PP	Review and validate interviews transcripts	2			25 Jan-20 Feb	Ongoing process
Milestone 4: Data Analysis and In-Country Mission						
PP	Develop code book and conduct coding of qualitative data (findings from the desk review and the qualitative data)	8			25-Jan-20 Feb	Ongoing process (coding of interview transcripts takes place as they become available)
PP	Travel from Washington DC to Ulaanbaatar	2			25-26 Feb	2 working days each way
PP	Organize and lead internal data analysis meetings with the ET	3	3	3	27 Feb-3 March	
PP	Organize, prepare for, and facilitate in-person out-data collection brief meeting with UNFPA	2			3 March	Focus on data collection process debriefing and presentation of preliminary trends and patterns in results. The meeting will also provide opportunity to solicit initial feedback on framing of high level evaluation findings and potential recommendations
PP	Return travel from Ulaanbaatar to Washington DC	2			4-5 March	2 working days each way
Milestone 5: Evaluation Report						
PP	Develop draft Evaluation Report	8	2	2	10-25 March	NM to finalize all annexes for the final evaluation report
PP	Submission of the draft Evaluation Report with annexes to UNFPA for review				25 March	

UNFPA	Review of the draft Evaluation Report and provision of comments to the ET	Comments to be received within 7 working days from the submission date, by COB Tuesday, April 4th			
PP	Incorporate feedback from UNFPA into the draft Evaluation Report and submission of the final version to UNFPA	2	1	1	Final submission on April 7
PP	Preparation for, development and online presentation of the evaluation results to UNFPA	1.5		7 April	Webinar-style presentation meeting ¹⁴⁹ . Potential invitation of other concerned stakeholders (e.g. implementing partners, SDC, GOM) to participate.
Deliverable 7: Evaluation Brief					
TB	Develop a summary brief and submit to UNFPA for review	0.5		1.5	Submission for review on April 3
UNFPA	Review of the draft Evaluation Report and provision of comments to the ET	Comments to be provided within 3 working days from the submission date, by COB Friday, April 14th			
TB	Incorporate UNFPA feedback into the final Summary Brief Report and submission of the final version to UNFPA			0.5	Final submission on Monday, April 17
Total # of days		42	36	36	

Annex II: List of Documents Reviewed

This table presents list of project documents, reports and publications, and other resources reviewed by the ET.

List of Documents Reviewed	
Project reports and documents	
1	Ariunbold Sh, Mandakhzorig O, Tsogzolmaa J. 2023. The study on assessment of the OSSCSs client satisfaction and public knowledge, attitude, and practice on GBV/DV in Mongolia. 2023. Ulaanbaatar.
2	Breaking the silence of equality: National study on GBV in Mongolia”, National Statistics Office, 2017
3	CGBV Project field mission reports: 2021-2022
4	CGBV Project document (Prodoc) Phase 1
5	CGBV Project document (Prodoc) Phase 2
6	CGBV Project Phase 1 Final Report, 2020
7	CGBV Project Phase 2, Annual Report 2020
8	CGBV Project Phase 2, Annual Report 2021
9	CGBV Project Phase 2, Annual Report 2022
10	Convention on the Elimination of Discrimination Against Women (CEDAW) in 1980; the Convention on the Rights of Persons with Disabilities in 2009; and the Sustainable Development Goals adopted in 2015
11	Convention on the Rights of the Child in 1990; the Vienna Declaration and Programme of Action adopted in 1993 at the World Conference in Human Rights; the Beijing Platform of Action adopted in the Fourth World Conference on Women in 1995
12	Breaking the Silence of Equality. 2017 National Study on Gender-based Violence in Mongolia. Ulaanbaatar, Mongolia, 2018
13	Formal Procedure for the Prevention of Violence in Educational Environments and Dormitories. 2021.Intervention Factsheets. Ulaanbaatar; 2021.
14	Law on the Promotion of Gender Equality (LPGE) in 2011, and the revised Law to Combat Domestic Violence (2016)
15	Law on Combating Domestic Violence
16	Mongolian Government Vision 2050, Government of Mongolia Action Plan 2020-2024
17	Mongolian Government Action Plan (GAP) 2024-2024
18	Mongolian National Program on Gender Equality 2017-2021.

19	NSO and UNFPA. 2020. Report on the Survey Evaluating the Public's Knowledge and Attitudes Toward Gender-Based Violence and Client Satisfaction with One-Stop Service Centres/Temporary Shelters. Ulaanbaatar, 2020.
20	National Statistics Office of Mongolia. 2017. National Program for the Development of Statistics of Mongolia for 2017-2020.
21	National Economic Costs of Violence study, UNPFA, NSO
22	Project Proposal: Combating Gender-Based Violence in Mongolia, Phase Two 2020 – 2023. Ulaanbaatar, July 2020.
23	UNFPA Strategic Plan 2018-2021
24	UNFPA Strategic Plan 2022-2025
25	UNFPA Mongolia CP6 Evaluation Report (2017-2022)
26	UNDAF 2017-2022
27	UN Common Understanding on a Human-Rights-Based Approach (HRBA) to Development Cooperation
28	UNFPA. 2021. Evaluation of the UNFPA Sixth Country Programme of Assistance the Government of Mongolia. Final Report, February 21, 2021.
29	UN. 2015. Concluding Observations on the Fourth Periodic Report (Mongolia). UN Committee on Economic, Social, and Cultural Rights, 2015.
30	Report of joint Government monitoring of OSSCSs.
31	Report of small scale survey on client satisfaction, National Statistics Office, 2020 and 2022
32	SDC Cooperation Strategy for Mongolia 2018-2021
33	SDC's online resources on Combating Gender-based Violence
34	SDC. 2017. Cooperation Strategy Mongolia 2018–2021
35	The study looked into five forms of partner violence: physical, sexual, emotional, economic violence, and controlling behaviors. National Statistics Office and UNFPA. 2018
36	Translating Women's Voices into Action in Mongolia: Addressing Gender-Based Violence through Investments and Infrastructure. Tsolmon Begzsuren and Veronica Medizabal Joffre; Asian Development Bank, 2018.
37	Towards Mongolia's Long-Term Development Policy Vision 2050: Advancing Education Equity, Efficiency and Outcomes. A Synthesis Report by the Ministry of Education, Culture, Science and Sports. 2020.
38	World Economic Forum. 2022. Global Gender Gap Report. Insight Report, July 2022
39	World Health Organization, "Fact Sheet: Update on Addressing Gender-Based Violence in Development Projects" (2018)

Website and online resources

- 1 Combating Gender-based Violence in Mongolia's campaign webpage
- 2 Gender-based Violence Prevention And Response Information Resource Platform
- 3 <https://www.unfpa.org/human-rights-based-approach>
- 4 https://cabinet.gov.mn/wp-content/uploads/2050_VISION_LONG-TERM-DEVELOPMENT-POLICY.pdf
- 5 https://mongolia.unfpa.org/sites/default/files/pub-pdf/small_scale_survey_report.pdf
- 6 <https://genderhub.mn>
- 7 https://asiapacific.unfpa.org/sites/default/files/pub-pdf/2017%20National%20Study%20on%20Gender-based%20Violence%20in%20Mongolia_0.pdf
- 8 https://www3.weforum.org/docs/WEF_GGGR_2022.pdf
- 9 https://asiapacific.unfpa.org/sites/default/files/pub-pdf/2017%20National%20Study%20on%20Gender-based%20Violence%20in%20Mongolia_0.pdf
- 10 <https://www.eda.admin.ch/deza/en/home/countries/mongolia.html/content/dezaprojects/SDC/en/2016/7F09457/phase2?oldPagePath=/content/deza/en/home/laender/mongolei.html>
- 11 <https://sdgs.un.org/goals/goal5>
- 12 <https://www.eda.admin.ch/deza/en/home/sdc/publications.html/content/publikationen/en/deza/cooperationstrategies/cooperation-strategy-mongolia>
- 13 <https://documents1.worldbank.org/curated/en/801531597033753381/pdf/Towards-Mongolia-s-Long-Term-Development-Policy-Vision-2050-Advancing-Education-Equity-Efficiency-and-Outcomes.pdf>
- 14 <https://www.en.nso.mn/page/52>
- 15 [https://www.who.int/publications/i/item/WHO-RHR-18.19;](https://www.who.int/publications/i/item/WHO-RHR-18.19)

Annex III: List of Stakeholders Interviewed

	Name	Position	Stakeholder Category
UNFPA			
1	Dr. Khalid Sharifi	Head of the UNFPA Mongolia Office	Project team
2	Ms. Angiragmaa Chuluunbaatar	Programme Associate	Project team
3	Dr. Oyunaa LKhagvasuren	Assistant Representative	Project team
4	Ms. Oyun Banzragch	Programme Specialist on Gender equality and Women's Empowerment	Project team
5	Ms. Bilguun Lkhagva	Programme Analyst	Project team
6	Ms. Kai Jimenez	Former UNV-GBV Programme Officer	Project team
7	Ms. Battuya Khurlee	Programme Analyst, Adolescent and Youth Programme	Project team
SDC			
8	Mr. Benoit Meyer Bisch	Deputy Director	Project team
9	Ms. Zayasaikhan Dugeree	National Programme Officer	Project team
Government institutions			
10	Ms. Nyamgerel Lkhamtogmid	Secretary and Head of Secretariat, The Coordination Council for Crime Prevention	IP
11	Ms. Amarbayasgalan Chuluun	Senior Officer, The Coordination Council for Crime Prevention	IP
12	Ms. N.Doljinsuren	Senior Statistician, The National Statistics Office	IP
13	Ms.J.Tsogzolmaa	Senior Statistician, The National Statistics Office	IP
14	Ms. E.Bayarbayasgalan	Head of Division to Combat DV, The National Police Agency	IP
15	Mr. Batkhishig	Specialist, The National Committee on Gender Equality	IP
16	Ms. Battsetseg Sukhbaatar	Head of the Division of Sustainable Development Policy, The National Committee on Gender Equality	IP
17	Ms. Bayarmaa Narantuya	Director of the Department of Family Policy Implementation Coordination, Ministry of Labour and Social Protection	IP
18	Ms. Narantuya Rentsenbyamba	Officer, Department of Family Policy Implementation Coordination, Ministry of Labour and Social Protection	IP
19	Ms. B.Uyanga	Officer, Ministry of Health	IP

20	Mr. Kh.Azbayar	Head of the Family, Children, Youth Development Division in the Chingeltei District	IB
21	Ms. Ariunzaya.A	Former Chair of NSO and Minister for LSP	IP
22	Mr. Mendsaikhan	Secretary, Bayanzurkh District, Citizen Representative Khural	IB
23	Mr. Amgalan	Head of the Family, Children, Youth Development Department, Darkhan-Uul Province	IB
24	Mr. Chinzorig	Head of Ulaanbaatar (Nalaikh) Detention Center	IP
25	Ms. Enkhuslen	Police Officer, Police Department, Darkhan-Uul Province	IB
26	Ms. Oyunbilig.D	3rd Bagh Governor, Darkhan-Uul Province	IB
27	Ms. Narantsetseg	Officer in Charge of Gender, Health Department, Arkhangai Province	IB
28	Ms. Narantuya	Officer, Children, Youth Development Department, Arkhangai Province	IB
29	Ms. Khajidmaa O.	Officer, Children, Youth Development Department, Arkhangai Province	IB
30	Ms. Mandukhai	Police Officer, Police Department, Arkhangai Province	IB
31	Ms. Arnagul	Police Officer, Police Department, Bayan-Ulgii	IB
332	Ms. S.Javkhlan	Governor, Arkhangai – Erdenebulgan soum Bag 4	IB
33	B.Zandraagoomii	Social worker, Arkhangai – School 3	IB
34	Mr. Enkhbold	Director, Arkhangai – School 3	IB
Civil Society			
35	Ms.N.Arvinaria	Director, The National center against Violence	IP
36	Ms. S.Baigalmaa	Project Coordinator, The National Center Against Violence	IP
37	Ms. Z.Undrakh	Shelter Coordinator, The National Center Against Violence	IB
38	Ms. Munkhsaruul	Former staff of People in Need Mongolia	IP
39	Mr. Jenkins Timothy	Former director, People in Need Mongolia	IP

40	Ms. Tuvshintugs Dekhchinjav	Monitoring, Evaluation, Accountability, and Learning Manager, People in Need Mongolia	IP
41	Ms. Erdenetsetseg	Head of Tugs Tavan Medremj NGO, Arkhangai	IB
42	Ms. Ganbayasgakh	Director, Gender Equality Center	IB
6 OSCCs			
43	Ms. Ariuntuya	Coordinator, OSSC, Bayanzurkh District	IB
44	Ms. Dalaijargal.J	Social worker, OSSC, Bayanzurkh District	IB
45	Ms. Anujin.E	Health worker, OSSC, Bayanzurkh District	IB
46	Ms. Munkhtsetseg.E	Psychologist, OSSC, Bayanzurkh District	IB
47	Mr. Battulga	Head, OSSC, Chingeltei District	IB
48	Mr. Shinegerel	Social worker, OSSC, Chingeltei District	IB
49	Ms. Namuunaa	Senior social worker, OSSC, Darkhan-Uul Province	IB
50	Ms. Darisuren	Health worker, OSSC, Darkhan-Uul Province	IB
51	Ms. Tserenbadam	Psychologist, OSSC, Darkhan-Uul Province	IB
52	Ms. Narmandakh	Social worker, OSSC, Darkhan-Uul Province	IB
53	Ms. Badamkhand	Senior social worker, OSSC, Arkhangai Province	IB
54	Ms. Olziijargal	Coordinator, OSSC, Zavkhan Province	IB
55	Ms. Ankhtsetseg	Social worker, OSSC, Zavkhan Province	IB
56	Ms. Dashdavaa	Social worker, OSSC, Zavkhan Province	IB
57	Ms. Toshloi	Coordinator, Shelter, Khovd Province	IB
Project Beneficiaries			
58	Female	Client, OSSC in Bayanzurkh District	CS
59	Female	Client, OSSC in Bayanzurkh District	CS
60	Transwoman	Client, OSSC managed by NCAV	IDI
61	Female	Client, OSSC in Arkhangai Province	IDI
62	Female	Client, OSSC in Arkhangai Province	IDI
63	Female	Client, OSSC in Arkhangai Province	IDI
64	Female	Client, OSSC in Darkhan-Uul Province	IDI
65	Female	Client, OSSC in Darkhan-Uul Province	IDI
66	Female	Client, OSSC in Darkhan-Uul Province	IDI

Annex IV: Data Collection Methods and Stakeholder Sampling

- **Desk Review**

A total of 39 documents was reviewed. This included documents provided by UNFPA and SDC related to the 1st and 2nd Phase of the CGBV Project. Specifically, documents describing the ToC, the M&E framework and the project proposal, the annual reports (2020, 2021 and 2022) and documents related to the CGBV Project budgeting and finances¹⁵⁰ as well as the documents and resources available online at the UNFPA project website and online resource developed as part of the project implementation. In addition, the evaluation undertook a review of the following: (1) CGBV Project knowledge products (including reports, publications, social media posts, materials developed for and associated with the provision of capacity building to duty-bearers, and content of workshops to raise GB awareness on GBV and, when available, also client satisfaction surveys and/or, pre and post-tests from capacity building and GBV awareness raising efforts; (2) mission reports developed after traveling to project implementation sites, and; (3) a short review of literature including third-party sources related to the context of the CGBV Project implementation. The documents were reviewed chronologically, and coded according to thematic analysis for each strategic evaluation question. Annex III for a complete list of documents reviewed.

- **Key Informant Interviews with Duty-Bearers**

A total of 57 interviews was conducted with a range of stakeholders involved in and engaged through the 2nd Phase of the CGBV Project. Specifically, the interviews reached the following three types of informants: (1) 9 informants representing UNFPA and SDC who designed, developed, monitored and managed the CGBV Project; (2) 17 informants representing the Mongolian Government and other public bodies who implemented the CGBV Project activities; (3) 31 representatives of governmental and non-governmental institutions who received technical and/or financial support from the CGBV Project.

Two semi-structured interview guides were developed for KIIs to specifically fit the informant types. The evaluation used purposive sampling for the KIIs to identify respondents who, based on their familiarity and involvement with, and knowledge and experience of the CGBV Project, could speak knowledgeably to all six evaluation questions.

- **In-depth Individual Interviews with Rights-holders**

A total of 9 IDIs were conducted with rights holders. These informants, characterized different age, gender, sexual orientation and gender identity/expression (SOGI), geographical, socio-economic, educational, and professional backgrounds, and represented both users of the GBV survivor protection and rehabilitation mechanisms as well as participants of community-level GBV prevention models implemented by the CGBV Project. In preparing for the IDIs, a set of specific questions was developed.

Annex V: Data Collection Tools

Below are three sets of questionnaires for each of the CGBV Project stakeholder category.

KIIs with Project team and IPs

My name is Nandinchimeg Magsar/Dr. Tsetsegsaikhan Batmunkh and I am an independent evaluator, and on behalf of UNFPA Country Office in Mongolia, I am conducting an evaluation of Phase 2 of the Combating GBV Project in Mongolia. The project objective was to contribute to reduction of GBV/DV prevalence in Mongolia by strengthening national capacity to prevent and respond to GBV/DV.

The purpose of the evaluation is to examine achievements by the CGBV Project in Mongolia from its inception in August 2020 to December 2022.

Particularly, the evaluation questions will focus on understanding the effectiveness, relevance, sustainability and impact of the UNFPA CGBV Project project phase 2. Your opinions are extremely important in providing recommendations to UNFPA and the Government of Mongolia on how to best prevent and respond to GBV and DV.

Your participation in this evaluation will provide valuable information. Your answers will be used only for the purposes of the research, and your responses will be confidential, unless you wish to be identified.

If you give permission, may I proceed with this interview?

Date:		Start Time:		End Time:	
Respondent Name:					
Affiliation and Position					
Sex:					
Location:					
Interviewed by:					

Can you tell me which component of the CGBV Project were you involved/engaged in?	
Response	

Effectiveness	
Probing: I would like to start with a few questions focused on effectiveness of the CGBV Project.	
Q1: Generally, when you think about your involvement with the CGBV project, how effective was the CGBV Project in strengthening of national capacity to prevent and respond to GBV?	
Q2. Specifically, which component of the CGBV project was effective to strengthening national capacity to prevent and respond to GBV? Can you explain why and how ? <ul style="list-style-type: none"> • Capacity building of and advocacy among duty-bearers; • Improved and harmonized data generation and utilization for policymaking; • Strengthened and expanded survivor protection and rehabilitation mechanisms; and • Implementation of community-level GBV prevention models to shift gender inequitable gender norms that drive GBV. 	
Q3. How and to what extent has the CGBV Project been effective in strengthening a multisectoral response to GBV at the national and provincial level? Particularly: Expending GBV support and rehabilitation services Developing	
Q4. How effective was the CGBV Project in mobilizing resources (additional) for GBV prevention and response? <ul style="list-style-type: none"> • How effective has the advocacy work by CGBV Project been at the national and sub-national CCCP level to secure the necessary human and financial resources for OSSC and MDT operations. • What is the progress of revising Statistics Law which will ensure necessary funding (and human resources) to conduct GBV surveys? • What is the progress of developing National Programme on Combating GBV, which will increase funding as the Government follows a Programme-based budgeting system? • What is the annual allocated budget and percentage of increase in annual fund allocation by the Crime Prevention Coordination Council and Sub-Councils for GBV? 	

Probing: The CGBV Project aimed at build capacity of various stakeholders to institutionalize GBV data collection, utilization and dissemination. This includes, for example, establishing database on services provision to GBV survivors with standardized methods for data collection- provision of data to eGBV integrated data system, creating GBV Datahub, etc.

Considering your experience with the CGBV Project:

Q5. How and to what extent was the CGBV Project **effective in institutionalizing GBV data collection, analysis and dissemination mechanisms?**

Q6. How effective were the **capacity-building and advocacy activities** among duty-bearers at the national, provincial and grassroots levels in preventing and responding to GBV? **Explain why and how.** Particularly:

- In developing/implementing GBV prevention and response efforts (e.g. interventions)?
- In generating, utilizing and disseminating GBV data
- In implementing/adapting community level GBV prevention models aimed to shift gender inequitable gender norms that drive GBV.

Q7. Generally, what are some of the (1) barriers, and some of the (2) enablers of the CGBV Project effectiveness in strengthening national capacity to prevent and respond to GBV (any component or activity)?

What factors (what enablers) made the CGBV Project effective?

What factors (what barriers) made the CGBV Project ineffective?

Efficiency	
<p>Probing: When we use the term “best value for money” we mean the most advantageous combination of cost, quality and sustainability to project’s desirable outcomes.”</p> <p>When you think about the projects’ two outcomes: (1) national response mechanisms on GBV/DV are Institutionalized and sustained, and (2) gender equitable social norms are promoted through behavior change and communication efforts, particularly at the community level, with special focus given to engaging men and boys):</p>	
<p>Q8. To what extent the CGBV Project delivered its two outcomes cost-effectively, in a timely-manner, and with good governance (management)</p> <ul style="list-style-type: none"> • Please provide examples? 	
<p>Q9. What are some of the barriers and/or enablers to the CGBV Project being efficient? Specifically, to:</p> <ul style="list-style-type: none"> • In being cost-effective • In being implemented timely • In good governance/being well managed 	
Relevance	
<p>Probing: The CGBV Project hoped to meet the specific priorities of the GoM and development partners related to GBV prevention and response. For example, priorities related to prevention and response to GBV stipulated by the Mongolian Strategies (Vision 2050, Government Action Plan 2020-2024), UNFPA Strategic Plan 2018-2021, the Sustainable Development Goals, and SDC Cooperation Strategy 2018-2021 as well as SDC Phase-out Cooperation Programme 2022-2024.</p> <p>When you think about the CGBV Project:</p>	
<p>Q10. To what extent did the project meet the needs and priorities of the government of Mongolia (and development partners) to prevent and respond to GBV in Mongolia?</p> <ul style="list-style-type: none"> • What priorities have been met and how • How did the CGBV Project aligned with national policy commitments on GBV? • What particular needs of GOM have not been met? 	

Probing: One of the CGBV Project objectives was to be as relevant as possible to the needs of local populations. When you think about the CGBV project:	
Q11. To what extent did the CGBV Project meet the needs of the GBV survivors and those at risk of GBV ?	
<ul style="list-style-type: none"> • What particular needs have been met? Can you provide example? • What about the needs of marginalized and excluded populations, including LGBTI+ people and PwD? 	
Q12: What are some of the barriers and/or enablers to the CGBV Project being relevant? Specifically, to:	
<ul style="list-style-type: none"> • The priorities and needs of government partners. • The needs of GBV survivors and those at risk of GBV. 	
Coherence	
Probing: I now would like to explore your perception around the coherence of the CGBV Project with regards to other national efforts to prevent and respond to GBV.	
When you think about the CGBV Project:	
Q13. To what extent and how has the CGBV Project complemented national level efforts to reduce GBV prevalence in Mongolia?	
<ul style="list-style-type: none"> • Can you provide examples of other national efforts (e.g. policies, programs, activities, capacity building, knowledge base, by the GOM or/and other development partners in Mongolia, etc.) and how the CGBV Project has complemented them? 	
Q14. Which components, to what extent and how, of the CGBV Project were specifically complementary to national efforts to reduce prevalence of GBV in Mongolia?	
<ul style="list-style-type: none"> • Capacity building of and advocacy among duty-bearers • Efforts to improve and harmonize data generation and utilization for policymaking; • Strengthening and expanding survivor protection and rehabilitation mechanisms; • Community-level GBV prevention models. 	

Sustainability	
<p>Probing: The concept of sustainability refers to the CGBV Project's objectives to ensure that GBV response and prevention (e.g. mechanisms, approaches, actions) are institutionalized. This means, to ensure that the knowledge, skills as well as specific results and accomplishments of the CGBV Project will remain in place, will endure after the project ends.</p>	
<p>Q15. To what extent will the CGBV Project benefits endure after the conclusion of the current phase?</p> <ul style="list-style-type: none"> • Can the CGBV Project partners (target GOM institutions, NGOs/CSOs, OSSCs, groups, individuals) engaged/involved in CGBV Project continue the activity independently? 	
<p>Q16. Which components, and why, of the GBV project related to prevention and response to GBV are likely to sustain after the project end in July 2023?</p> <ol style="list-style-type: none"> 1. Increased capacity among duty-bearers; 2. Improved and harmonized data generation and utilization; 3. Strengthened and expanded survivor protection and rehabilitation mechanisms; and 4. Community-level GBV/DV prevention models (shifts in gender inequitable norms as a result of the models implementation) 	
<p>Q17. Specifically, to what extent activities and efforts initiated within the project have been institutionalized (nationally owned) as a result of the CGBV Project. Particularly:</p> <ul style="list-style-type: none"> • Evidence generation (GBV/DV data collection, analysis and dissemination mechanisms, e.g. inclusion of conduct of GBV Survey into the Statistics Law) • Policy change and implementation (e.g. approval and implementation of a National Programme on Combating GBV/DV) • Capacities of duty-bearers (e.g. ability of NGOs to engage in policy dialogue at the national level to create the legal and policy GBV framework). • GBV prevention models with rights-holders (e.g. CSE and other GBV modules have been incorporated into school curricula at the secondary and university levels) 	

<p>Q18: What are some of the barriers and/or enablers of sustainability of CGBV Project accomplishments/results?</p> <ul style="list-style-type: none"> • What factors contribute to CGBV Project being sustainable? • What factor makes it unsustainable? 	
Impact	
<p>Probing: The overall goal of the Phase 2 of the CGBV Project was to contribute to reduction of GBV/DV prevalence in Mongolia by strengthening national capacity to prevent and respond to GBV/DV.</p> <p>To your knowledge:</p>	
<p>Q19. To your knowledge, to what extent and how, the goal (above) has been accomplished? Please provide examples.</p>	
<p>Q20. Specifically, what is impact of CGBV Project on duty bearers' capacity to (1) greater resource mobilization for GBV prevention, (2) on better data generation, utilization and dissemination, and (3) delivery GBV services?</p>	
<p>Q21. As a result of the CGBV Project, to what extent have your organization (institution, agency, department) integrated PSEAH in your core functioning, policy document and staff trainings?</p>	
<p>Probing: Projects addressing the issue of GBV may have unintended positive or negative consequences. For example, a project may create opposition, resistance or even open disapproval among some populations to shifting the historically and culturally accepted and tolerated norms of behaviors, even if they are harmful. On the other hand, GBV-focused projects may lead to new opportunities that have not been calculated as part of a project, for example, national recognition of the importance to collect reliable data on prevalence of VAWG.</p> <p>When you think about the specific components of the CGBV Project:</p>	

<p>Q22. Are there any unintended positive or negative consequences? Particularly, as result of:</p> <ul style="list-style-type: none"> • Capacity building of and advocacy among duty-bearers • Efforts to improve and harmonize data generation and utilization for policymaking; • Strengthening and expanding survivor protection and rehabilitation mechanisms; • Community-level GBV/DV prevention models. 	
Additional Comments	
<p>Probing: Before ending this interview, I would like to ask you if you have and would like to provide any additional comments or feedback about your experience with the CGBV Project.</p>	
<p>Q23. Do you have any recommendations for the next phase of the CGBV Project?</p> <ul style="list-style-type: none"> • Do you have any recommendations or suggestions for the CGBV Project to make it more successful? • What changes would you recommend? What would you do differently? • What was missing in the Phase 2 that you would like to add in next phase of the CGBV Project? 	

KIIs with Institutional Beneficiaries

<p>The CGBV Project objective is <i>to contribute to the reduction of GBV/DV prevalence in Mongolia by strengthening national capacity for prevention and response. This goal was to be achieved through the following components:</i></p> <ol style="list-style-type: none"> 1. Continued capacity building of and advocacy among duty-bearers at the national, provincial and grassroots level; 2. Improved and harmonized data generation and utilization for policymaking; 3. Strengthened and expanded survivor protection and rehabilitation mechanisms as well as perpetrator rehabilitation mechanisms with a strong focus on sustainability elements; and 4. Community-level GBV/DV prevention models based on international good practices adjusted to the Mongolian context. <p>Can you tell me which component of the CGBV Project were you involved/engaged in?</p>	
Response	

Effectiveness

Probing: I would like to start with a few questions focused on effectiveness of the CGBV Project.

Q1: Generally, when you think about your involvement with the CGBV Project, **how effective** was the CGBV Project **in strengthening your/ capacity of your organization/institution** to prevent and respond to GBV? In particular:

- How effective was the technical capacity provided by the CGBV Project (in particular (1) on gender transformative approach; (2) to respond to children survivors of GBV/DV, (3) to manage GBV in emergencies, such as COVID)?

Probing: The CGBV **project** aimed to strengthen survivor protection and rehabilitation mechanisms in particular with regards to referral mechanisms, reintegration services, livelihood and economic empowerment, organization capacity improvements through, for example, development of self-assessment checklist, regular conduct and report usage of other tools/ spot checks and monitoring visits.

Q2. Specifically, how effective was the CGBV Project **in strengthening your/you organization/ institution's capacity** to improve service delivery for GBV survivors and those at risks

- How about service delivery for marginalized and excluded populations including LGBTI+ people and people with disabilities?

Probing: The CGBV Project provided technical capacity to stakeholders (CSO, NGOs, province-level government authorities) to ensure they have the knowledge and skills to prevent and respond to GBV.

Q3. Specifically, how effective was the CGBV Project **in strengthening your/organizational/ institutional capacity** to develop **innovative initiatives to combat GBV?**

- Please provide examples of any interventions (or plans) developed?

Probing: Another important aspect of the CGBV Project was to promote gender equitable social norms through behavior change and communication efforts/models (e.g. small group-based interventions, large-scale integrated campaigns, social media campaigns, etc.), particularly at the community level, with special focus given to engaging men and boys.

Based on your experience and involvement with the CGBV Project, and to your best possible knowledge:

<p>Q4. How effective was the CGBV Project in adapting and implementing such community-level GBV prevention models/interventions?</p> <ul style="list-style-type: none"> • How applicable were these to the Mongolia context? • To what extent men and boys have been engaged? 	
<p>Probing: The CGBV Project aimed at build capacity of various stakeholders to institutionalize GBV data collection, utilization and dissemination. This includes, for example, establishing database on services provision to GBV survivors with standardized methods for data collection- provision of data to eGBV integrated data system, creating GBV Datahub, etc.</p>	
<p>Considering your experience with this component of the CGBV Project:</p>	
<p>Q5. How effective, and to what extent, was the CGBV Project in improving GBV data collection, analysis, utilization and dissemination, including at your organization?</p> <ul style="list-style-type: none"> • What is the result of these improvements (e.g. your organization have accurate GBV data, etc.)? 	
<p>Q6. Generally, what are some of the (1) barriers, and some of the (2) enablers of the CGBV Project effectiveness in strengthening your/your organization/institution capacity to prevent and respond to GBV (any component or activity)?</p> <ul style="list-style-type: none"> • What factors (what enablers) made the CGBV Project effective? • What factors (what barriers) made the CGBV Project ineffective? 	
<p style="text-align: center;">Efficiency</p>	
<p>Probing: When we use the term “best value for money” we mean the most advantageous combination of cost, quality and sustainability to project’s desirable outcomes.”</p>	
<p>When you think about the projects’ two outcomes: (1) national response mechanisms on GBV/DV are Institutionalized and sustained, and (2) gender equitable social norms are promoted through behavior change and communication efforts, particularly at the community level, with special focus given to engaging men and boys):</p>	
<p>Q7. To what extent the CGBV Project delivered its two outcomes cost-effectively, in a timely-manner, and with good governance (management)?</p> <p>Please provide examples?</p>	

<p>Q8. What are some of the barriers and/or enablers to the CGBV Project being efficient? Specifically, to:</p> <ul style="list-style-type: none"> • In being cost-effective • In being implemented timely • In good governance/being well managed 	
Relevance	
<p>Probing: The CGBV Project hoped to meet the specific needs and priorities related to GBV prevention and response of both the GoM (including those at the provincial level), NGOs and CSOs as well as individuals - men and women, communities.</p> <p>When you think about the CGBV Project:</p>	
<p>Q9. What particular needs and priorities of target populations, and how, have the CGBV Project met? In particular:</p> <ul style="list-style-type: none"> • Needs of GBV survivors/those at risk of violence? • The most vulnerable and marginalized populations including LGBTI+ and PwD • Can you provide specific example? 	
<p>Q10: What particular needs and priorities of your organization/institutions, and how, have the CGBV Project met?</p> <ul style="list-style-type: none"> • Provide example and explain how. 	
<p>Q11. What particular needs of individual men and women (target communities) have been met by the CGBV Project?</p> <ul style="list-style-type: none"> • Provide example and explain how. 	
<p>Q12: Generally, what are some of the barriers and/or enablers to the CGBV Project being relevant (relevant to GOM, relevant to NGOs, relevant to individual community members)?</p> <ul style="list-style-type: none"> • What enablers? • What barriers? 	

Coherence

Probing: I now would like to explore your perception around the coherence of the CGBV Project with regards to other national efforts to prevent and respond to GBV.

When you think about the CGBV Project:

Q13. To what extent has the CGBV Project **coordinated and collaborated** with other similar projects related to GBV prevention to avoid duplication, share lessons learned, etc.?

- Can you **provide examples** of projects or activities implemented by your organization/institution and **how** the CGBV Project has complemented them?

Q14. Which components of the CGBV Project, **to what extent, and how**, were **specifically complementary** to you/your organization's vision, mission and work? Please explain why!

- Capacity building of and advocacy among duty-bearers
- Efforts to improve and harmonize data generation and utilization;
- Strengthening and expanding survivor protection and rehabilitation mechanisms;
- Community-level GBV prevention models that aimed to shift gender inequitable social norms that drive GBV.

Sustainability

Probing: The concept of sustainability refers to the CGBV Project's objectives to ensure that GBV response and prevention (e.g. mechanisms, approaches, actions) are institutionalized. This means, to ensure that the knowledge, skills as well as specific results and accomplishments of the CGBV Project will remain in place, will endure after the project ends.

Q15. When you think about the CGBV Project, how likely it is that its results will remain in place (**to what extent** will the CGBV Project **benefits endure after the conclusion** of the current phase)?

- How likely that you/your organization retains the knowledge and skills on GBV prevention and response provided as part of capacity building and technical support?
- **How likely** will you/your organization **continue the activity (continue provision of expanded/upgraded GBV service) independently** after the project ends in June 2023?
- What about **resources mobilization (financial sustainability)**?

<p>Q16. When you think about sustainability (either specific knowledge and skills provided to you, your organization or community, capacity built, or expanded/upgraded GBV services, etc.), what are the barriers/enablers to the sustainability?</p> <p>What factors will enable the sustainability, and what factors are barriers to sustainability?</p>	
Impact	
<p>Probing: One of the CGBV Project goals was to contribute to reduction of GBV/DV prevalence in Mongolia by strengthening national capacity to prevent and respond to GBV/DV. As discussed, the key to strengthening such GBV prevention and response was provision of specific knowledge, skills, capacity building, or investments in expansion/upgrading of GBV services, and adaptation/implementation of community-level GBV prevention.</p> <p>To your best knowledge:</p>	
<p>Q17. What is the impact of CGBV Project on your capacity (as organization/institution) to more effectively and sustainability prevent and respond to GBV. Specifically, what is the impact with regards to your ability to:</p> <ul style="list-style-type: none"> • Mobilize resources for GBV work • Generate, utilize, disseminate GBV data • Capacity to expend GBV services and deliver comprehensive support or rehabilitation (either to GBV survivors, those at risk, marginalized and excluded populations, and GBV perpetrators) • Design/Implement GBV prevention and response interventions 	
<p>Q18. As a result of the CGBV Project, to what extent have your organization (institution, agency, department) integrated PSEAH in your core functioning, policy document and staff trainings?</p>	
<p>Q.19. What is the CGBV Project impact on reduction of GBV in your context? Please also explain why (explain the evidence on which you base your opinion)?</p> <ul style="list-style-type: none"> • What specifically contributed to that? • What are barriers that prevented such contribution? 	

: Projects addressing the issue of GBV may have unintended positive or negative consequences. For example, a project may create opposition, resistance or even open disapproval among some populations to shifting the historically and culturally accepted and tolerated norms of behaviors, even if they are harmful. On the other hand, GBV-focused projects may lead to new opportunities that have not been calculated as part of a project, for example, national recognition of the importance to collect reliable data on prevalence of VAWG.

When you think about the specific components of the CGBV Project:

Q20. Are there any unintended positive or negative consequences? Particularly, as result of:

- Capacity building of and advocacy among duty-bearers
- Efforts to improve and harmonize data generation and utilization for policymaking;
- Strengthening and expanding survivor protection and rehabilitation mechanisms;
- Community-level GBV/DV prevention models.

Additional Comments

Probing: Before ending this interview, I would like to ask to provide any additional comments, feedback or suggestions for the CGBV Project.

Q21. Can you provide recommendations for the next phase of the CGBV Project?

- What changes would you recommend? What would you do differently to see more impact at the individual, community, institutional/organization level?

IDI with CGBV Project Individual Beneficiaries

The CGBV Project objective is to prevent and respond to GBV in Mongolia. This has been envisioned through two components:

1. **Strengthening and expanding survivor protection and rehabilitation mechanisms** as well as perpetrator rehabilitation mechanisms; and
2. **Adaptation and implementation of community-level GBV/DV prevention models** to shift gender inequitable social norms that drive GBV.

Can you tell me which component of the CGBV Project sounds familiar to you/you involved/engaged in? For example, you may have accessed some services provided by the OSSC, or attended specific workshops or trainings, or an awareness-raising program.

Response	
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Effectiveness

Probing: The CGBV Project aimed to strengthen survivor protection and rehabilitation mechanisms, particularly referral mechanisms and reintegration services for GBV survivors and those at risk of GBV. To do so, the project funded expansion of OSSC services for GBV survivors and those at risk of GBV.

Various structural and environmental factors such as distance from the center or hours of operation, and factors related to quality of services such as attitudes of OSSC staff, limited services provided such as no access to economic opportunities influence how a GBV survivor or a person at risk of GBV experience such center.

Q1. Generally, what is your experience with the expanded/upgraded services at OSSC?

Q2. When you think about the various services, support and/or rehabilitation services, offered by OSSC, what made them ease to access/difficult to access?

- What made the services complete/comprehensive? /What made them inadequate?
- What are the barriers and/or enablers to accessing the services?

Probing: One of the CGBV Project objectives was to increase awareness and understanding of the community about GBV by conducting GBV awareness campaigns/social media campaigns/ conducting trainings and workshops/capacity-building activities.

To your best knowledge:

<p>Q3. To what extent, and how, was the CGBV Project (activity in which you participated) effective in raising your awareness or/and providing knowledge, etc. about GBV?</p> <ul style="list-style-type: none"> • Please provide example what you know now that you did not know before. 	
<p>Probing: In order to address GBV, many organizations and institutions work to change traditional or cultural beliefs in communities that justify and normalize GBV. For example, organizations work to change such beliefs held in community that a woman should tolerate violence at home to keep her family together, or that a husband has a right to hit his wife if she disobeys him.</p> <p>I now would like to ask you about your perception:</p>	
<p>Q4. To what extent, and how, the CGBV Project (activity/ies that you participated in) may have change such beliefs held in your community?</p> <ul style="list-style-type: none"> • Changed your beliefs? • Changed beliefs of others? 	
<p style="text-align: center;">Relevance</p>	
<p>Probing: The CGBV Project and activities implemented as part of it, including the one you participated in, hoped to meet the specific needs and priorities of individuals - men and women, communities – who may have experience GBV or are at risk of GBV. For example, an activity may provide useful information on where to seek support if you are at risk of GBV, or what to do when you witness violence, or may offer new skills how to manage family conflicts in peaceful way.</p> <p>When you think about your participation in the CGBV Project /specific activity:</p>	
<p>Q5. How relevant were the newly expanded services/upgraded facilities of OSSC to you?</p> <ul style="list-style-type: none"> • How did the OSSC services/activities meet your needs (social, health, economic needs)? • Was there anything you hoped for but did not receive? 	
<p>Q6. To what extent, and how, was the service offered by OSSC centered and focused on your needs and your wishes/how did they meet your needs?</p> <ul style="list-style-type: none"> • To what extent was the services offered comprehensive/not adequate? • To what extent was it confidential/private? Please provide example • How safe/protected did you feel? Please provide example 	

Probing: One of the CGBV Project was to adapt and implement activities to raise awareness among community members about GBV.

When you think about your participation in the activity/ies:

Q7. How appropriate/applicable was t/were they to you/and your life?

- How well-suited/appropriate to the context and reality of your community?

Q8. How relevant was this activity/ies implemented to the reality of men and boys in your community?

- To what extent were the activities applicable or related to men and boys lives (as potential perpetrators of GBV, but also as potential survivors of GBV?)

Sustainability

Probing: The tailored workshop for survivors to gain livelihood skills; community-level GBV activities aimed at changing negative beliefs, and GBV awareness-raising activities adapted and implemented by the CGBV Project provided participants (community members) with new knowledge, skills how to end GBV, and/or with the sense of empowerment and well-being. We refer to these gains as project benefits.

When you think about these benefits:

Q9. How likely these benefits will endure after the end of the project (these activities) in June 2023?

- To what extent will the OSSC continue provisions of services?
- To what extent community members will utilize the knowledge and skills to end GBV in their communities?

Impact

Probing: In Mongolia, one in every two Mongolian women has experienced violence perpetrated by an intimate partner at least once in their lives. The overall goal of the CGBV Project was to reduce the high prevalence of GBV in Mongolia

In your opinion:

Q10. As a result of your access to and services offered by OSSC, what has change in your life? <ul style="list-style-type: none"> • What has changed in your family, your community 	
Q11. As a result of your participation in the community-level GBV prevention activity/ies, what has change in your life? <ul style="list-style-type: none"> • What has changed in your family, your community 	
Q12. Generally, what were the barriers to the project/activity/ies positively impacting/influence your life? <ul style="list-style-type: none"> • What are the barriers to the activity/ies being impactful? 	
Additional Comments	
Probing: We are at the end of the interview, and this is an opportunity for you to share with me any outstanding thoughts or views you have about the CGBV Project.	
Q13. Can you provide any suggestions or recommendations for the project (or specific activity/s you participated in)?	

Annex VI: Data Analysis Methods

- **Document review and descriptive statistics**

Quantitative data from the CGBV Project documents, and any data collected by the UNFPA team stored in a database were used to describe what the CGBV Project did and accomplished. It includes, for example, findings related to inputs (e.g., what trainings were conducted) and outputs (e.g., degree of GBV/DV data collection, analysis and dissemination mechanisms institutionalization), as well as activity results and outcomes (e.g. extent to which national capacity to prevent and respond to GBV has been strengthened).

Descriptive statistics were used to examine the quantitative data from the CGBV Project documents and the KIIs, and to address all evaluation questions. In general, descriptive statistics provided trends and simple summaries by the type of respondent (CGBV Project team, IPs, IBs, and Individual Beneficiaries). Data visualization techniques (e.g., boxes, tables, etc.) were used as appropriate to illustrate the results.

- **Content analysis**

For responses from KIIs, content analysis was used to examine and illustrate patterns. Interview transcripts were coded for thematic analysis. Content analysis identified themes relevant to answering all six evaluation questions, recorded the frequency with which the themes occurred, and examined the content of the illustrative text to provide a better understanding of the meaning of and context in which statements were made. The analysis also assessed and, when warranted, highlighted evidence that deviated from the common themes.

- **Sustainability analysis**

The EQ6 required making informed conclusions about the sustainability of accomplishments, and by inference, about the CGBV Project objectives. The evaluation identified factors that allowed the objectives to be achieved over a sustained period of time. It then asked questions about the likelihood that these factors would stay the same, improve or worsen. The evaluation includes understanding of how different conditions affected the achievement of targets, what organizational capacity was built among the stakeholders, the presence of barriers to sustaining outcomes, and the supporting environment for the sustainment of outcomes.

- **Contribution analysis**

The evaluation examine how effective the CGBV Project was in (1) strengthening and institutionalizing the Government of Mongolia's response mechanisms on GBV/DV including strengthening survivor protection and rehabilitation mechanisms and regular and improved data collection and analysis; and (2) promoting gender equitable social norms through adaptation and implementation of behavior change and communication efforts, particularly at the community level, with special focus given to engaging men and boys. To answer these questions, the evaluation used a simple form of contribution analysis to assess what larger changes occurred (e.g., gaining knowledge, becoming aware or gaining skills to prevent and respond to GBV or to develop interventions and implement efforts to combat GBV in Mongolia), and then worked backward to look at what contributed to these changes.

- **Data synthesis**

Conclusions of this evaluation are based on the totality of evidence: the convergence of findings from different sources of data. Where findings converged, the evaluation formulated conclusions to answer the evaluation questions based on reasonably strong evidence. Where findings diverged dramatically, the evaluation examined the strength of the evidence associated with different lines of evidence and, absent a preponderance of credible evidence for one line, presented both as findings.

Annex VII: Evaluation Methodology Matrix

This table presents the respondent groups (information sources) and the method of data collection and data analysis used in this evaluation.

Criteria	Evaluation Question	Information Sources	Data Collection Method	Data Analysis Method
Effectiveness	EQ1: How effective has the CGBV Project been in: (a) strengthening national capacity for prevention and response; (b) improving and harmonizing data generation and utilization for policymaking; (c) strengthening and expanding survivor protection and rehabilitation mechanisms as well as perpetrator and rehabilitation mechanisms, and; (d) implementing/ adapting community-level GBV prevention models?	<ul style="list-style-type: none"> • CGBV Project Team • Implementing Partners • Institutional Beneficiaries • Individual Beneficiaries (rights-holders) 	<ul style="list-style-type: none"> • Document review • KIs • IDI 	<ul style="list-style-type: none"> • Document review and descriptive statistics • Comparative statistics • Contribution analysis
Efficiency	EQ2: How efficient has the CGBV Project been with regards to cost, timeliness, management and quality.	<ul style="list-style-type: none"> • CGBV Project Team • Implementing Partners • Institutional Beneficiaries 	<ul style="list-style-type: none"> • Document review • KIs 	<ul style="list-style-type: none"> • Document review and descriptive statistics • Content (frequency) analysis • Comparative statistics
Relevance	EQ3: How relevant has the CGBV Project been in meeting the needs and priorities of: (a) the GOM and development partners engaged in GBV prevention and response in Mongolia, and; (b) GBV survivors and those at risk of GBV?	<ul style="list-style-type: none"> • CGBV Project Team • Implementing Partners • Institutional Beneficiaries • Individual Beneficiaries (rights-holders) 	<ul style="list-style-type: none"> • Document review • KIs • Case Study 	<ul style="list-style-type: none"> • Document review and descriptive statistics • Content (frequency) analysis • Comparative statistics

Impact	EQ4: How impactful has the CGBV Project been on: (1) institutionalization of national response mechanism to prevent and respond to GBV including GBV data collection, analysis and dissemination mechanism; (2) increasing access to GBV services for survivors and those at risk of GBV, and; (3) shifting gender inequitable norms that drive GBV?	<ul style="list-style-type: none"> • CGBV Project Team • Implementing Partners • Institutional Beneficiaries • Individual Beneficiaries (rights-holders) 	<ul style="list-style-type: none"> • Document review • KIs • Case Study 	<ul style="list-style-type: none"> • Document review and descriptive statistics • Content (frequency) analysis • Comparative statistics
Coherence	EQ5: How coherent has the CGBV Project been with regards to other existing national level efforts to reduce GBV in Mongolia?	CGBV Project Team Implementing Partners Institutional Beneficiaries	Document review KIs	<ul style="list-style-type: none"> • Document review and descriptive statistics • Content (frequency) analysis • Comparative statistics • Sustainability analysis
Sustainability	EQ6: To what extent has the CGBV Project achieved each of its intended targets, and which of the achieved targets are likely to be sustainable?	<ul style="list-style-type: none"> • CGBV Project Team • Implementing Partners • Institutional Beneficiaries • Individual Beneficiaries (rights-holders) 	<ul style="list-style-type: none"> • Document review • KIs • Case Study 	<ul style="list-style-type: none"> • Content (frequency) analysis • Document review and descriptive statistics • Contribution analysis

Annex VII: Illustrative Examples of Institutions and Areas of Work Complemented by the CGBV Project

Institution/Body	What, and how, did the CGBV Project complement?
National Statistical Office	<ul style="list-style-type: none"> • Through close collaboration with and advocacy around revisions to the Statistics Law, supported the reporting on the progress on the fulfillment of SDGs 5 and 10; • By building capacity of NSO staff, brought clarity and rigor to several small-scale efforts to collect qualitative and quantitative data on GBV led by NSO and improved the knowledge and skills to lead GBV data collection, analysis and dissemination in safe, confidential and reliable way using internationally proven methodologies¹⁵¹. • By investing in and supporting development of various GBV data knowledge and communication materials (e.g. Nation-wide GBV survey and its analysis, etc.), supported NSO's mission to disseminate statistical data and reports for decision-making and awareness raising.
Ministry of Labor and Social Protection	<ul style="list-style-type: none"> • By investing in improvement and harmonization of GBV data¹⁵², helped guide Ministry's efforts to allocate necessary human and financial resources to combat GBV. • Complemented Ministry's effort to develop, revise and implement the comprehensive social protection policy, which addresses GBV and promotes of gender equality and the protection of vulnerable groups, including women and children. • As the country largest GBV intervention, complemented implementation of the Vision 2050, in particular the priorities on gender equality and GBV prevention and response. • By building capacity of MDTs, supported the Ministry's mandate to oversees and strengthen the work of the FCYDD. • By establishing and handing over the eTuslamj database, supported institutionalization of GBV data collection at local FYCDDs, as mandated by the LCDV. • Through the continued capacity building of and advocacy, supported Ministry's role in implementation of the LCDV.
Ministry of Education and Science	<ul style="list-style-type: none"> • By supporting the roll out of the comprehensive sexuality education (CSE) curriculum and Safe School Model, supported the Ministry's gender policy and the agenda to build teachers' capacity to facilitate inclusive education for all.

Ministry of Justice and Home Affairs	<ul style="list-style-type: none"> • By bringing together national level stakeholders, complemented supported the Ministry's agenda to coordinate GBV prevention and response efforts among governmental stakeholders. • Through provision of technical assistance and capacity building, complemented CCCP in preparing the annual workplan and helped to coordinate GBV-focus activities at the national level. • By raising awareness and providing capacity building to staff on GBV, complemented preparation of the Cross-sectoral Strategic Plan for Promoting Gender Equality in Mongolia (2022-2031).
Ministry of Health	<ul style="list-style-type: none"> • By strengthening survivors support and rehabilitation services, complemented the Ministry's objective to ensure the availability, accessibility, affordability, and equity of quality healthcare services for all Mongolians, including GBV survivors and those at risk of violence. • By raising awareness and providing capacity building to staff, supported approval of the emergency guideline and inclusion of provision of emergency care for the GBV survivors in the emergency health service package approved by the Minister in 2022.
National Police Agency (NPA)	<ul style="list-style-type: none"> • By investing in harmonization of GBV data, complemented NPA's ongoing effort to collect and generate administrative data on GBV. • Through targeted capacity building on GBV, complemented NPA's role in the implementation of the LCDV and protecting GBV survivors and their families. • By offering technical and methodological support, boosted the NPA's effort to organize public campaigns against violence. As a result, one of the campaigns organized under the leadership of Police Crime Prevention Department received best campaign award of the GOM.
National Committee on Gender Equality	<ul style="list-style-type: none"> • By establishing and handing over the Gender Training Hall and GenderHub¹⁵³ complemented the Committee's mission to coordinate establishment of a gender database, and subsequent dissemination of GBV data. • By bringing together, mobilizing and building capacity of public and the government stakeholders including media professionals and journalists to prevent and respond to GBV, complemented the Committee's role to coordinate and organize activities on the formulation, implementation, and monitoring of gender policies, programs and special measures, including those related to GBV prevention and response. • By strengthening the capacity of soum/khoroo-level government administration and CSOs to prevent and respond to GBV, complemented the work of the Commission's to monitor the implementation of the LCDV.

<i>National Center Against Violence</i>	<ul style="list-style-type: none"> • By providing technical support to NCAV, strengthened the capacity of MDTs, OSSCs and shelters staff at national level to provide survivor-centered GBV support and protection. • By supporting co-development of eTuslamj, complemented the NCAV's mission to establish unified OSSC database. • Through provision of technical support complemented the NCAV to become leading CSO in GBV.
<i>Governors and bagh Governors</i>	<ul style="list-style-type: none"> • By promoting the wider dissemination and use of best practice methodologies for GBV research, complemented the quality and rigor of other ongoing qualitative and quantitative data collections with regards to gender inequalities and violence in Mongolia. • Helped to bring attention to the problem of GBV, including the role of patriarchal social norms and limiting gender norms in GBV as well as alcohol use as a risk factor for DV. • By providing technical support, capacitated members of MDTs chaired by the soum khoroo governors in GBV prevention and response, and mobilized closer collaborations between MDTs and local OSSCs.
<i>Members of local MDTs, OSSCs and social workers</i>	<ul style="list-style-type: none"> • Through multiple training opportunities and interactive workshops, complemented MDT's role in coordinating GBV prevention and response among its members, and between province and districts. • By building knowledge and skills to prevent and respond to GBV, complemented MDT's roles and responsibilities to provide support and protections to families and children. • By providing financial support and/or technical capacity building trainings, workshops, international and local study tours, complemented the ongoing efforts to improve and expand service delivery to GBV survivors and to inspire and bring forth innovative initiatives to combat GBV.

Endnotes

1. A khoroo is an administrative subdivision of Ulaanbaatar, the capital of Mongolia.
2. A soum is a second level administrative subdivision of Mongolia.
3. These are: (1) the continued capacity building of and advocacy among duty-bearers; (2) improved and harmonized data generation and utilization; (3) strengthened and expanded survivor protection and rehabilitation mechanisms as well as perpetrator rehabilitation mechanisms, and; (4) implementation of community-level GBV/DV prevention models.
4. The staff increase might also be a result of advocacy towards the importance of coordinating body of GBV interventions at the national level to guide the subnational level CCCP and the primary level MDT.
5. UNFPA was one of the agencies that in 2003 adopted the UN Common Understanding on a Human-Rights-Based Approach (HRBA) to Development Cooperation, which clarifies how human rights standards and principles should be put into practice in programming. Please see: <https://www.unfpa.org/human-rights-based-approach>
6. Including provision of contextualized and tailored technical assistance to GBV first responders. In the KIIs, front-lines GBV respondents were understood as staff of OSSCs, social workers, members of MDTs and others such as medical staff who provide direct support and rehabilitation services to GBV survivors and those at risk.
7. As compared with 28% of the total project budget allocated for implementation of community level GBV prevention models, 26 for strengthening and expanding GBV services, and 11% for data ecosystem. Data received from UNFPA Mongolia staff.
8. This is in addition to developing and/or strengthening the existing GBV services, developing new effective, equitable, confidential survive-centered services including addressing the social and economic needs of GBV survivors and those at risk of violence, or modernizing and expanding service facilities.
9. The face-to-face interactions were interrupted during the 2020-2021 period due to the outbreak of the COVID-19 pandemic.
10. These actions, implemented during the 2nd Phase of the CGBV's four components, included but were not limited to capacity build in GBV prevention and response, advocacy among duty-bearers to revise the existing or develop new laws, improvements in and harmonization of GBV data collection, strengthening multisectoral GBV response, utilization and dissemination, strengthening a multisectoral response to GBV as well as mobilization of financial and human resources needed to prevent and respond to GBV.
11. UNFPA. 2021. Evaluation of the UNFPA Sixth Country Programme of Assistance to the Government of Mongolia. Final Report, February 21, 2021.
12. As reported in the 2021 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2021.
13. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
14. Conducted during the 1st Phase of the CGBV Project.
15. In 2020, the budget was 145 million MNT.
16. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
17. Several factors of political and financial background led to this. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
18. The engagement was specifically highlighted. However, it is important to also recognize other engagements with MLSP, MOH, NCGE, NPA, and NCAV
19. In 2022, the allocation of funds from national budget to support the work of the CCCP on GBV/DV issues and the operations of the MDTs was 449.7 million MNT; a substantial increase of 35% from 333.2 million MNT in 2021. The 2021 annual fund allocation by the CCCP for GBV/DV prevention and response was 145,091 million MNT. As reported in the 2021 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2021; and reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
20. For example, in 2022, the Annual National Forum on Strengthening a Multi-Sectoral Response to GBV was organized. The event brought together a total of 800 MDT members, representatives from soum/khoroo-level government administration, health, police, social welfare and education sectors as well as representatives of FCYDD from 21 provinces and 9 districts.
21. There have been concerns about high turnover rates among government staff which hinders multisectoral GBV coordination and response.

- 22 UNFPA. 2020. Project Proposal. Combating Gender-Based Violence in Mongolia, Phase Two 2020 – 2023. UNFPA; Ulaanbaatar, Mongolia, July 2020.
- 23 UNFPA. 2020. Project Proposal. Combating Gender-Based Violence in Mongolia, Phase Two 2020 – 2023. UNFPA; Ulaanbaatar, Mongolia, July 2020.
- 24 According to project documents, in 2022, two SOPs were revised based on the eGBV and several new projects have been developed using the evidences from the eGBV. According to project documents, eGBV this led to data utilization in the policy formulation and programmes to address GBV/DV. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 25 The analysis was conducted in 2021 by the NSO.
- 26 Please see: <https://www.universityofgalway.ie/media/researchcentres/womensstudies/2023/THE-ECONOMIC-COSTS-OF-INTIMATE-PARTNER-VIOLENCE-IN-MONGOLIA---Brochure.pdf>
- 27 This is an online repository of resources on GBV including GBV data. It was established under the 1st Phase, and launched in 2020.
- 28 The database collects nationwide data on DV, particularly individual information from calls to the police or OSSCs/shelters as well as information on the response implemented by the police.
- 29 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 30 This has also been highlighted in the project documents. According to the 2022 Annual Report, due to the changes in the SOP on conducting situational analysis for cases of violence, the registration menu of the data base has had to be revised. The system will be fully functional in the middle of the second quarter of 2023.
- 31 A very nuanced level of information is required to be entered, which as reported, is not always available,
- 32 For example, a social media and mass media campaign celebrating the 16 Days of Activism against Violence Women led by UNFPA and jointly organized by the governmental IPs reached audience through: (1) 10 videos of key officials and leaders reiterating their support for ending GBV in Mongolia were posted online; (2) 53 social media activities; (3) 50 content (news reports, information sessions, podcast, reels, shorts etc) were disseminated through 62 V channels, 47 FM radios, 8 studios, 14 daily newspapers, 22 websites, and; (5) Targeted text messages were sent to 5.7 million people (through e-Mongolia, e-barimt, G-mobile and Skytel). As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 33 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 34 For example, the HumanZ girls start up media agency produced eight different posts which engaged 708,779 people and received a reaction from 124, 900 people. Of these 80 percent were women and 20 percent were men. Also, Boomerang Mongolia media agency reached 200,000-520,000 people with their content, and Comedian Amartuvshin produced nine different posts, which reached 185,000 people, Singer Gantogoo reached to 16,000 people with his posts. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 35 UNFPA. 2021. Intervention Fact Sheets. UNFPA Mongolia. Available at: https://mongolia.unfpa.org/sites/default/files/pub-pdf/unfpa_mongolia_co_interventions_2021.pdf
- 36 Based on the results of this pilot initiative, the Ministry of Education and Science (MoES) developed and approved the “Formal Procedure for the Prevention of Violence in Educational Environments and Dormitories”. As reported in the UNFPA. 2021. Intervention Factsheets. Ulaanbaatar; 2021.
- 37 The CGBV project Output 2.1: Comprehensive GBV/DV communication, education and behavior change model at the community level is piloted in focus areas
- 38 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 39 The center offers psychological services for men and boys. Procurement of the equipment, furniture, and renovation of the facilities has been supported by the CGBV. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 40 Part of this is related to accomplishments of the 1st Phase of the CGBV. This includes survivor protection and multi-sectoral coordination mechanisms developed, policy frameworks and other guidelines developed or strengthened, duty-bearers being capacitated and mobilized.
- 41 Please see section on Coherence to learn more how the CGBV was aligned with and complemented these commitments.
- 42 This includes, but is not limited to, the adaptation of two key legislation addressing gender issues including the Law on the Promotion of Gender Equality (LPGE) in 2011, and the revised Law to Combat Domestic Violence (2016), as well as the most of the international human rights agreements which Mongolia is a signatory. The latter includes but is not limited to: the Convention on the Elimination of Discrimination Against Women (CEDAW) in 1980; the Convention on the Rights of the Child in 1990; the Vienna Declaration and Programme of Action adopted in 1993 at the World

Conference in Human Rights; the Beijing Platform of Action adopted in the Fourth World Conference on Women in 1995; the Convention on the Rights of Persons with Disabilities in 2009; and the Sustainable Development Goals adopted in 2015, among others.

- 43 The overachievement of the target may be attributed to the spike of GBV incidences due to COVID-19 restrictions.
- 44 Based on the data from 2020, 2021 and 2022 Annual Reports and financial data obtains from UNFPA project team.
- 45 SDC. CP GBV: Combating Gender-Based Violence in SDC priority theme: Gender Mongolia (GBV) 2019/2020.
- 46 In the group the initiatives of all agencies towards gender are discussed.
- 47 UNFPA. 2021. Evaluation of the UNFPA Sixth Country Programme of Assistance the Government of Mongolia. Final Report, February 21, 2021.
- 48 Output 1.1 of the CGBV project: GBV/DV data collection, analysis and dissemination mechanisms are institutionalized
- 49 Output 1.2 of the CGBV project: Survivor protection and rehabilitation mechanisms are strengthened
- 50 Outcome 1 of the CGBV project: National response mechanisms on GBV/DV are institutionalized and sustained.
- 51 The survey was implemented in all 21 provinces of Mongolia and included OSSCSs supported by the CGBV project. Please see: NSO and UNFPA. 2020. Report on the Survey Evaluating the Public's Knowledge and Attitudes Toward Gender-Based Violence and Client Satisfaction with One-Stop Service Centres/Temporary Shelters. Ulaanbaatar, 2020. Available at: https://mongolia.unfpa.org/sites/default/files/pub-pdf/small_scale_survey_report.pdf
- 52 The survey used scale of 1 to 9 (with 9 being the highest) based on five areas: (1) attitude and communication skills of service providers; (2) knowledge and experience of service (3) overall quality of the service provided; (4) physical environment of the OSSCSs, and (5) privacy and security in the OSSCSs.
- 53 Ariunbold Sh, Mandakhzorig O, Tsogzolmaa J. 2023. The study on assessment of the OSSCSs client satisfaction and public knowledge, attitude, practice on GBV/DV in Mongolia. 2023. Ulaanbaatar.
- 54 Including the Programme Specialist, Programme Analyst, and Programme Associate, with short-term support by a UNV and occasional support by the Monitoring & Evaluation Analyst and Media and Communications Analyst.
- 55 With regards to project development and implementation, finance, staff and office administration.
- 56 For example, in 2021, UNFPA, in collaboration with the Government of Mongolia, SDC, the European Union, and the UN Special Rapporteur on Violence Against Women organized a high-level advocacy mission to Umnugobi province. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 57 For example, in 2022, UNFPA conducted a high-level advocacy meeting with donors including EU, Canada Development Cooperation and the private sector including Erdenes Mongol Ltd, Oyu Tolgoi LLC to explore cooperation and synergies to strengthen gender equality and GBV Prevention and response in the country. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 58 For example, monitoring missions of SDC, UNFPA and the Mongolian Government to the selected project sites including in Zavkhan, Arkhangai, Khovd and Bayan-Ulgii provinces.
- 59 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 60 Dignity Kits are basic hygiene and sanitation kits catering to the specific needs of women and children.
- 61 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 62 The increase in GBV cases was associated with COVID-19 lockdown.
- 63 As reported in 2021 and 2022 Annual Narrative Progress Reports.
- 64 However, the overachievement of the target may be attributed to the spike of GBV incidences due to COVID-19 restrictions. As reported in the 2021 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2021.
- 65 As reported in the 2021 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2021.
- 66 Financial data received from the UNFPA Mongolia.
- 67 OECD. 2021. Applying Evaluation Criteria Thoughtfully. OECD Publishing, Paris. Available at: <https://doi.org/10.1787/543e84ed-en>
- 68 UNFPA. 2021. Evaluation of the UNFPA Sixth Country Programme of Assistance the Government of Mongolia. Final Report, February 21, 2021.
- 69 UNFPA. 2021. Evaluation of the UNFPA Sixth Country Programme of Assistance the Government of Mongolia. Final Report, February 21, 2021.

- 70 This include establishment and support to both GBV databases, eTuslamj and eGBV, as well as the conduct of National GBV survey including the secondary analysis of the data sets of the first National GBV Survey (small scale survey on client satisfaction and public awareness raising on GBV/DV).
- 71 Please see section on Coherence to learn more how the CGBV was aligned with and complemented these commitments.
- 72 This includes but is not limited to: Mongolian Government Vision 2050, Government of Mongolia Action Plan 2020-2024, the Law on Combating Domestic Violence, Joint Order No. A/80, A/132, A/60, the Mongolian National Program on Gender Equality 2017-2021.
- 73 This includes but is not limited to: the Convention on the Elimination of Discrimination Against Women (CEDAW) in 1980; the Convention on the Rights of the Child in 1990; the Vienna Declaration and Programme of Action adopted in 1993 at the World Conference in Human Rights; the Beijing Platform of Action adopted in the Fourth World Conference on Women in 1995; the Convention on the Rights of Persons with Disabilities in 2009; and the Sustainable Development Goals adopted in 2015, among others.
- 74 As cited in ADB. 2018. Translating Women's Voices into Action in Mongolia: Addressing Gender-Based Violence through Investments and Infrastructure. Tsolmon Begzsuren and Veronica Medizabal Joffre; Asian Development Bank, 2018.
- 75 For example, the 2017 National GBV Survey found that half of over 7000 Mongolian women interviewed believe that "a good wife obeys her husband even if she disagrees", suggesting that women believe that husbands have greater decision-making authority in their household. See 2017 National GBV Survey.
- 76 As stated in the Annex I to Resolution 52, Vision 2050, Long-term Development Policy of Mongolia. Available at: https://cabinet.gov.mn/wp-content/uploads/2050_VISION_LONG-TERM-DEVELOPMENT-POLICY.pdf
- 77 To large extent, this is a result of the Annual National Forum on Strengthening a Multi-sectoral Response to GBV organized with a special focus on MDTs in 2022 by the Coordination Council for Crime Prevention headed by the Minister of Justice and Home Affairs with the project support. A total of 800 multidisciplinary team members, including representatives from soum administration, health, police, social welfare and education sectors participated. Family, children and youth development agencies from 21 provinces and nine districts also took part. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 78 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022
- 79 UNFPA. 2021. Evaluation of the UNFPA Sixth Country Programme of Assistance to the Government of Mongolia. Final Report, February 21, 2021.
- 80 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 81 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 82 Collective evidence based on data from the 2020 Annual Narrative Progress Report, Reporting Period: 1 August – 31 December 2020; 2021 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2021, and; 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 83 Ariunbold Sh, Mandakhzorig O, Tsogzolmaa J. 2023. The study on assessment of the OSSC/shelter client satisfaction and public knowledge, attitude, practice on GBV/DV in Mongolia. 2023. Ulaanbaatar.
- 84 For example, receiving physical exam and obtaining warm clothes first, followed by psychosocial counseling before legal advice.
- 85 UN. 2015. Concluding Observations on the Fourth Periodic Report (Mongolia). UN Committee on Economic, Social, and Cultural Rights, 2015.
- 86 Ibid
- 87 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 88 In 2020, only 3% of 1,476 clients in the project-supported OSSCs and TS were men, and in 2021 this was 9% of 5,964 clients. As reported in the 2020 Annual Narrative Progress Report, Reporting Period: 1 August – 31 December 2020 and 2021 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2021.
- 89 For example, see: CARE International. N.D. Addressing GBV through a Multi-stakeholder Approach. Available at: http://gender.careinternationalwikis.org/_media/care_myanmar_vrw_gbv_model_brief_final.pdf
- 90 Arango, D., Morton, M. Gennari, F., Kiplesund, S, and Ellsberg, M. 2014. Interventions to Prevent and Reduce Violence Against Women and Girls: A Systematic Review of Reviews. Women's Voice, Agency, and Participation Research Series. Washington, DC: World Bank.
- 91 UNFPA. 2020. Project Proposal. Combating Gender-Based Violence in Mongolia, Phase Two 2020 – 2023. Ulaanbaatar, Mongolia; July 2020.

- 92 SDC. 2017. Cooperation Strategy Mongolia 2018–2021. Available at: <https://www.eda.admin.ch/deza/en/home/sdc/publications.html/content/publikationen/en/deza/cooperationstrategies/cooperation-strategy-mongolia1>
- 93 The principle of responsible exist call for achieving the maximum sustainable results out of SDC projects. To obtain such sustainable results, at both national and local levels and aiming at behavioral changes, the 2nd phase of the was initiated for the period of 3 years until July 2023 (administrative closure by end of 2023), with a lower budget of CHF 2.7 million.
- 94 In particular through project's activities efforts focused on shifting inequitable social and gender norms that are the root-cause of GBV.
- 95 As stated in UNFPA. 2020. Project Proposal: Combating Gender-Based Violence in Mongolia, Phase Two 2020 – 2023. Ulaanbaatar, July 2020.
- 96 External coherence is defined as the extent to which the intervention is compatible with interventions of other actors in the country and thematic field (complementarity and synergies).
- 97 World Economic Forum. 2022. Global Gender Gap Report. Insight Report, July 2022. Available at: https://www3.weforum.org/docs/WEF_GGGR_2022.pdf
- 98 The study looked into five forms of partner violence: physical, sexual, emotional, economic violence, and controlling behaviors. National Statistics Office and UNFPA. 2018. Breaking the Silence of Equality. 2017 National Study on Gender-based Violence in Mongolia. Ulaanbaatar, Mongolia, 2018. Available at: https://asiapacific.unfpa.org/sites/default/files/pub-pdf/2017%20National%20Study%20on%20Gender-based%20Violence%20in%20Mongolia_0.pdf
- 99 Please see: SDC's online resources on Combating Gender-based Violence. Available at: <https://www.eda.admin.ch/deza/en/home/countries/mongolia.html/content/dezaprojects/SDC/en/2016/7F09457/phase2?oldPagePath=/content/deza/en/home/laender/mongolei.html>
- 100 World Health Organization, "Fact Sheet: Update on Addressing Gender-Based Violence in Development Projects" (2018)
- 101 The Sustainable Development Goal #5: "Achieve gender equality and empower all women and girls." Available at: <https://sdgs.un.org/goals/goal5>
- 102 In particular, as part of the capacity-building training for the Youth Development Centres, the GEWE programme facilitated a series of training on PSEA, Nation-wide GBV survey results, gender, gender equality, GBV prevention and response. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 103 For instance, UNFPA collaborated with the UNFPA Regional Office in conducting a feasibility study of the integration of GBV prevention through the Comprehensive Sexuality Education Program. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 104 For instance, together with the SRHR RR programme, the CGBV jointly conducted the assessment on the health sector's response to GBV. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 105 Two key legislations addressing gender issues have been adopted in the last decade, and include the Law on the Promotion of Gender Equality (LPGE) in 2011, and the revised Law to Combat Domestic Violence (LCDV) in 2016. In addition, under the LCDV, domestic violence is deemed a criminal offense.
- 106 MECSS. 2020. Towards Mongolia's Long-Term Development Policy Vision 2050: Advancing Education Equity, Efficiency and Outcomes. A Synthesis Report by the Ministry of Education, Culture, Science and Sports. Available at: <https://documents1.worldbank.org/curated/en/801531597033753381/pdf/Towards-Mongolia-s-Long-Term-Development-Policy-Vision-2050-Advancing-Education-Equity-Efficiency-and-Outcomes.pdf>
- 107 The four components are: (1) Capacity building of and advocacy among duty-bearers; (2) Improvement and harmonization of data generation and utilization for policymaking; Strengthening and expanding survivor protection and rehabilitation mechanisms as well as perpetrator rehabilitation mechanisms, and; (4) Implementation of community-level GBV/DV prevention models.
- 108 LCDV, which was approved in December 2016 and became effective in February 2017, defines the duties and responsibilities of the health, justice and social sectors, the police, non-governmental organizations (NGOs) and other service providers in the delivery and coordination of multi-sectoral services for GBV response.
- 109 According to the order, "the one-stop service center shall provide the necessary services to the victims of violence, regardless of their jurisdiction, in cooperation with other organizations and specialists, 24 hours a day, free of charge." (reflected in Section 2 and 3 of the order).
- 110 Due to the political and financial difficulties, the revision of Statistics Law is pending.
- 111 National Statistics Office of Mongolia. 2017. National Program for the Development of Statistics of Mongolia for 2017-2020. <https://www.en.nso.mn/page/52>

- 112 Due to the political and financial difficulties, the revision of Statistics Law is pending.
- 113 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 114 The project was implemented from 2017 to 2022.
- 115 This is a 5-year project implemented from 2017 to 2022.
- 116 This is a 4-year project implemented from 2018 to 2022.
- 117 The project's implementation period is 2021-2024.
- 118 These include vocational training to develop GBV survivors economic empowerment and independence as well as reintegration support programme that covers medical and psychological support, legal assistance, and counseling for survivors.
- 119 The project's implementation period is 2021-2024.
- 120 UNFPA. 2021. Intervention Fact Sheets. UNFPA Mongolia. Available at: https://mongolia.unfpa.org/sites/default/files/pub-pdf/unfpa_mongolia_co_interventions_2021.pdf
- 121 Alexander-Scott, M. Bell, E. and Holden, J. 2016. DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). London: VAWG Helpdesk.
- 122 The above concern can, however, be partially explained by the fact that the evaluation team has not interviewed extensively participants of community level GBV prevention models about shift in their attitudes and behaviors, as a result of activities implemented under the CGBV.
- 123 For example, see: Heath, R. 2014. Women's Access to Labor Market Opportunities, Control of Household Resources, and Domestic Violence: Evidence from Bangladesh. *World Development*, 57, 32-46; Kandpal, E., Baylis, K., and Arends-Kuenning, M. 2013. Measuring the effect of a community-level program on women's empowerment outcomes: evidence from India. *World Bank Policy Research Working Paper* 6399. Washington, DC: World Bank; and Heise, Lori L. 2011. What works to prevent partner violence? An evidence overview. United Kingdom, STRIVE Consortium, December 2011.
- 124 WHO. 2019. RESPECT women – Preventing violence against women. Available at: <https://www.who.int/publications/i/item/WHO-RHR-18.19>; WHO. 2016. INSPIRE: seven strategies for ending violence against children. World Health Organization 2016. Available at: <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241565356-eng.pdf>
- 125 As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 126 This initiative was piloted under the 2nd Phase with implementation of approximately two years. Currently, it is being evaluated and if shown the relevance it will be scaled up in other provincial facilities.
- 127 Citing findings from IP's reports, as reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 128 NSO and UNFPA. 2017. Breaking the Silence for Equality. 2017 National Study on Gender-based Violence in Mongolia. Ulaanbaatar, 2018. Available at: https://asiapacific.unfpa.org/sites/default/files/pub-pdf/2017%20National%20Study%20on%20Gender-based%20Violence%20in%20Mongolia_0.pdf
- 129 This means opportunities to receive essential services at the project supported OSSCs including psychosocial, counseling, and mentoring.
- 130 These are: (1) the continued capacity building of and advocacy among duty-bearers; (2) improved and harmonized data generation and utilization; (3) strengthened and expanded survivor protection and rehabilitation mechanisms as well as perpetrator rehabilitation mechanisms, and; (4) implementation of community-level GBV/DV prevention models.
- 131 This is a 35% increase from the 2021 in the GOM fund allocations form 2021. As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 132 This includes: TSs in Arkhangai and Khovd, and OSSCs in Bayan-Ulgii, Darkhan and Zavkhan provinces and in the Bayanzurkh district of Ulaanbaatar.
- 133 It has temporally increased in response to the COVID-19 pandemic.
- 134 For instance, in 2022, project-supported OSSCs served a total of 5524 clients in 2022 (169 % increase from the 2019 BL). As reported in the 2022 Annual Narrative Progress Report, Reporting Period: 1 January – 31 December 2022.
- 135 The total budget of this project was USD 5.426 million, SDC contribution was USD 2.7 million, hence 49.8%. There was an increase in the Mongolian government's and UNFPA co-sharing of funds from 30% in phase 1 to 50.2% in phase 2.
- 136 This includes co-funding of the 2nd phase of CGBV by the GOM.
- 137 Please see the Relevance section of the report for information on current GOM commitments to improving gender equality and combating GBV.

- 138 However, the evaluation also found numerous examples mobilization of financial and human resources for GBV prevention among the GOM (please see Effectiveness section).
- 139 This been reported in KII with institutional beneficiaries.
- 140 In particular, the conduct of the 2017 National GBV Survey.
- 141 This been reported in KII with institutional beneficiaries. For more details see Relevance section.
- 142 OECD. 2021. Gender and the Environment : Building Evidence and Policies to Achieve the SDGs. OECD Publishing, Paris. Available at: <https://www.oecd-ilibrary.org/sites/33ee0bb5-en/index.html?itemId=/content/component/33ee0bb5-en>
- 143 R. Jewkes, S. Willan, L. Heise, L. Washington, N. Shai, A. Kerr-Wilson and N. Christofides. 2020. Effective design and implementation elements in interventions to prevent violence against women and girls. What Works to Prevent VAWG? Global Programme Synthesis Product Series. Pretoria: South African Medical Research Council.
- 144 The quantitative survey with over 7,000 women, part of the study, explored also women's perceptions about gender roles in the home provide an insight into how acceptable certain behavior between partners may be. In the survey, just under half (47.6%) of ever-partnered women who have not experienced physical and/or sexual partner violence agreed that a good wife should obey her husband even if she disagrees. By comparison, more than half (55.4%) of ever-partnered women who have experienced physical and/or sexual partner violence agreed. Please see: National Statistics Office and UNFPA. 2018. Breaking the Silence of Equality. 2017 National Study on Gender-based Violence in Mongolia. Ulaanbaatar, Mongolia, 2018. Available at: https://asiapacific.unfpa.org/sites/default/files/pub-pdf/2017%20National%20Study%20on%20Gender-based%20Violence%20in%20Mongolia_0.pdf
- 145 For example, see: Heath, R. 2014. Women's Access to Labor Market Opportunities, Control of Household Resources, and Domestic Violence: Evidence from Bangladesh. World Development, 57, 32-46; Kandpal, E., Baylis, K., and Arends-Kuening, M. 2013. Measuring the effect of a community-level program on women's empowerment outcomes: evidence from India. World Bank Policy Research Working Paper 6399. Washington, DC: World Bank; and Heise, Lori L. 2011. What works to prevent partner violence? An evidence overview. United Kingdom, STRIVE Consortium, December 2011.
- 146 WHO. 2019. RESPECT women – Preventing violence against women. Available at: <https://www.who.int/publications/i/item/WHO-RHR-18.19>; WHO. 2016. INSPIRE: seven strategies for ending violence against children. World Health Organization 2016. Available at: <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241565356-eng.pdf>
- 147 This has been mentioned in the interview with a staff member of of NCEG who added the transfer to the MOJIA would ensure operationality and sustainability of the resource page.
- 148 The 1st Phase succeeded in three important ways: 1) it generated evidence with the National GBV Survey and various researches and databases that are used for policymaking; raised public awareness and sensitized both the public and duty-bearers on GBV issues; 2) it directly supported survivor protection and multi-sectoral coordination mechanisms; and 3) it supported the establishment of eleven OSSCs for GBV survivors across the country.
- 149 Please note this is a presentation of results only. The meeting will not be soliciting any specific technical feedback on the report.
- 150 The 2022 Annual Report has not been finalized and is currently not available.
- 151 Largely motivated by the accomplishments and successes of the 1st phase of the CGBV, in particular the completion of the national GBV prevalence study.
- 152 In particular, additional analysis, and subsequent use of, findings of the National GBV Survey (2017) findings and supporting the National Economic Costs of Violence study.
- 153 GenderHub is the online hub for GBV data and other resources which was established under Phase 1 of the CGBV.

