

Call to Action on Protection from Gender-Based Violence in
Emergencies

2023 PROGRESS REPORT

Road Map 2021-2025

23.12.2024

**CALL TO
ACTION** on Protection
from Gender-Based
Violence in Emergencies

Acknowledgements

This report was prepared by the German Federal Foreign Office on behalf of the Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action).

The Federal Foreign Office extends its gratitude to the Steering Committee of the Call to Action, as well as to all reporting partners, for their valuable support. We appreciate the efforts of all reporting partners. Their reports serve as a vital accountability tool in tracking progress on the Call to Action's priorities and enable evidence-based advocacy.

The progress, challenges, and key recommendations highlighted were provided by Call to Action partners through their annual self-reports and were only modified or abridged for the sake of analytical clarity or comprehensibility.



Hagadera Refugee Camp, Kenya. Halimo Farhan, 22, playing with young girls that she mentors at one of the IRC safe spaces for girls within the camp where she mentors young girls. **Credit:** Esther Sweeney for the IRC

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Acronyms

AoR	Area of Responsibility
CBPF	Country-Based Pooled Fund
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CMRIPV	Clinical Management of Rape and Intimate Partner Violence
CtA	Call to Action on Protection from Gender-Based Violence in Emergencies
CtA+ MSP	Call to Action Multi-Stakeholder Pledge
ECHO	European Civil Protection and Humanitarian Aid Operations
ERC	Emergency Relief Coordinator
FTS	Financial Tracking System
GBV	Gender-Based Violence
GBV AoR	GBV Area of Responsibility
GBViE	Gender-Based Violence in Emergencies
GBVIMS	Gender-Based Violence Information Management System
GiHA	Gender in Humanitarian Action
GRF	Global Refugee Forum
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IOM	International Organization for Migration
MHPSS	Mental Health and Psychosocial Support
NGO:	Non-Governmental Organization
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSEA	Protection from Sexual Exploitation and Abuse
RRP	Refugee Response Plan
SEA	Sexual Exploitation and Abuse
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WASH	Water, Sanitation, and Hygiene
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization
WLO	Women-Led Organization
WPHF	Women Peace and Humanitarian Fund
WRC	Women's Refugee Commission

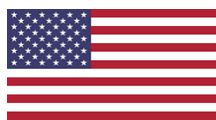
Foreword

As a unique global multi-stakeholder initiative, the Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) seeks to transform the response to Gender-Based Violence (GBV) in humanitarian crises. A decade after its founding, **Call to Action partners remain deeply committed to driving change and fostering accountability** to ensure that every humanitarian response, from the onset of a crisis, integrates the necessary policies, systems, and mechanisms to prevent, mitigate, and respond to GBV. Partners will continue to work both individually and collectively, at all levels, to support survivors and protect those vulnerable to GBV in emergency situations.

The **2023 Annual Progress Report** showcases the diverse engagement of nearly 100 states and donors, international organizations, and non-governmental organizations (NGOs) that are part of the Call to Action. It highlights the **progress** partners have made towards their commitments outlined in the Call to Action Road Map 2021-2025, the **challenges** they face at both country and global levels, and their **recommendations** for more effectively addressing GBV in humanitarian responses. In this way, the 2023 Annual Progress Report, along with partners' self-reports available on the [Call to Action](#) website, serves as an accountability tool tracking key actions. It also aims to be an **advocacy tool**, leveraging the rich knowledge and experience of Call to Action partners to elevate the importance of addressing GBV in humanitarian emergencies.

As Denmark concluded its term as the chair of the Call to Action at the end of 2022, we extend our gratitude to the Danish Government for its leadership. Germany assumed the lead for the 2023-2024 period. In consultation with partners and in response to challenges and opportunities, Germany identified four strategic focus areas, under the overarching theme "**The Call to Action on the Move**": Forced Displacement and GBV; Strengthening Partnerships on the Ground; Improving Accountability in Our Efforts; and Future-proofing Governance Structures. The report highlights how these themes have been mainstreamed into the Call to Action's work during the reporting period.

We also want to extend our appreciation to the Call to Action **Steering Committee partners in 2023**: Arab Women Organisation of Jordan, Germany, Himaya Daeem Aataa (HAD), InterAction, IOM, UNHCR, the USA.



Executive Summary

In 2023, approximately 84 million women and girls were identified as needing GBV prevention and response services across 27 of the most severe humanitarian emergencies.¹ This figure underscores the extensive impact of conflicts, natural disasters, and other crises on vulnerable populations, highlighting the critical need for comprehensive GBV interventions in humanitarian settings.

In the face of the great extent of GBV risks and needs in humanitarian emergencies, Call to Action partners made significant progress in 2023 against the Call to Action Road Map's six outcome areas. A total of **51 partners** reported their performance (reporting rate of 54%). In an encouraging development, **some of the basic performance indicators of the Road Map 2021-2025 increased** compared to last year. Where agreed milestones or even targets were not yet met, the Call to Action partners are still on a good track.

Call to Action partners were successful in achieving **collective outcomes** to address gender equality and GBV in humanitarian responses in 2023, e.g.:

- At the **High-Level Roundtable on GBV Prioritization and Financing** in November 2023, Call to Action partners made commitments to address chronic underfunding and structural barriers by fostering sustainable funding models and expanding participation of women-led organizations (WLOs) in decision-making.
- At the **Global Refugee Forum** in December 2023, Call to Action partners launched the CtA+ Multi-Stakeholder Pledge (MSP) and organised a High-Level Event through which over 100 stakeholders pledged \$15 million for innovative partnerships with women refugee-led organizations.

These collective achievements exemplify the power of collaboration across stakeholder groups for progress toward comprehensive GBV prevention and response in emergencies. Partners also made individual progress against the Road Map's outcome areas:

Outcome 1: Progress on Policy Frameworks and Capacity

Partners supported the expansion of GBV policies in humanitarian frameworks, integration of GBV considerations into **sectoral strategies**, and advocacy for the inclusion of GBV as a priority area in **national policies** in fragile states. **Capacity-building** initiatives also played a key role, with local actors increasingly involved in GBV policy and implementation.

Progress was challenged by a lack of standardization and fragmentation in GBV policy implementation as well as limited local capacity and localization of GBV policies. Hence it is recommended to improve the GBV policy making process while strengthening local capacity.

Outcome 2: Progress on Coordination

States and Donors supported joint GBV coordination mechanisms led by International Organizations, which ensured that **GBV services were integrated** into broader humanitarian frameworks. NGOs actively co-coordinated and participated in coordination mechanisms, ensuring that GBV services were included across multiple sectors.

¹ https://www.unfpa.org/sites/default/files/pub-pdf/GBV_emerg_strategy_SUMMARY_FINAL.pdf

In spite of the progress, partners reported that the fragmentation in GBV coordination led to a lack of accountability and pointed out that barriers for the inclusion of local actors in coordination structures impede their meaningful participation. Partners recommended to increase the focus on localizing coordination and ensure cross-sectoral accountability.

Outcome 3: Progress on Data, Assessment, and Analysis

Partners reported overall progress in **strengthening GBV data systems**. States and Donors invested in improving GBV data collection and the use of disaggregated data. International Organizations worked on improving the **GBV Information Management Systems** ensuring more standardized data collection across crisis settings. NGOs focused on localized and community-driven data collection efforts, ensuring data informed GBV programming and advocacy efforts.

Efforts on timely, ethical, and complete data collection and analysis are limited due to a lack of local capacity, deprioritization in crises settings in favor of emergency response and accessibility of crises areas. These challenges should be approached by increasing technical assistance and capacity building initiatives for local actors.

Outcome 4: Progress on Funding

Partners reported progress in launching and securing **multi-year, flexible funding** for GBV programs. States and Donors sustained their financial commitments to GBV programming. International Organizations used this funding to **expand GBV services**. NGOs secured funding to integrate GBV services into WASH, shelter, and food security and other sectoral programs, with a strong focus on channeling **funding to local WLOs**.

Challenges reported with regards to funding are the focus of grants on immediate needs and lack of access to (direct) funding for local actors. Therefore, partners called for enhanced direct funding modalities for local WLOs, including through multi-year, flexible funding.

Outcome 5: Progress on Specialized GBV Programming

Specialized GBV programming saw significant advancements, among others in the expansion of **case management services, mental health and psychosocial support (MHPSS)**, and the establishment and management of **Women and Girls Safe Spaces (WGSS)**. States and Donors supported comprehensive survivor-centered services, while International Organizations and NGOs provided GBV case management services in conflict-affected settings.

Staffing gaps and lack of trained GBV specialist as well as limited access for women and girls to specialized GBV services in conflict zones hampered progress in this area. Partners recommend approaching these challenges by strengthening local capacities of GBV workers and expanding safe spaces for women and girls.

Outcome 6: Progress on GBV risk mitigation

Partners reported substantial progress in **integrating GBV risk mitigation** across sectors such as WASH, shelter, and health. States and Donors ensured that GBV risk mitigation was included in their funded programs, while International Organizations mainstreamed GBV risk mitigation into sectoral coordination mechanisms' work. NGOs implemented community-driven risk mitigation efforts, including **safety audits** and **community protection groups**.

However, this progress was challenged by the fragmented implementation of GBV risk mitigation which should be addressed through cross-sectoral coordination efforts on GBV risk mitigation.

Conclusion

The 2023 Annual Progress Report of the Call to Action provides a useful overview to partners' efforts to address GBV in humanitarian crises. With nearly 100 partners contributing, the collective achievements underscore the transformative power of collaboration across states and donors, international organizations, and NGOs. The report demonstrates significant progress across the six priority outcome areas of the Road Map 2021–2025, showcasing improved policy frameworks, strengthened coordination, enhanced data systems, increased funding, expanded specialized programming, and integrated GBV risk mitigation.

Partners have institutionalized GBV policies and frameworks, enabling systemic responses to address the vulnerabilities of women and girls in crisis settings. Capacity-building efforts have empowered local actors, particularly WLOs, to play a pivotal role in implementing survivor-centered GBV prevention, response, and mitigation. Coordination mechanisms have advanced localization.

However, persistent challenges remain. Chronic underfunding, fragmented policy implementation, data gaps in conflict-affected areas, and cultural resistance to gender equality hinder the scale and effectiveness of GBV interventions. Despite these hurdles, partners have demonstrated resilience, innovation, and dedication to ensuring that GBV is prioritized in humanitarian responses.

Key achievements in 2023 include increased direct funding for local actors, the creation of Women and Girls Safe Spaces, and the successful integration of GBV considerations into broader humanitarian sectors such as WASH, health, and education. Additionally, efforts to engage men and boys in GBV prevention have shown promise in challenging harmful gender norms and fostering community-driven solutions.

As the Call to Action enters the mid-point of its 2021–2025 Road Map, it is evident that partners are on track to achieve the agreed milestones. Yet, the increasing needs driven by ongoing conflicts, climate change, and forced displacement demand sustained and amplified efforts. The collective commitment of partners must continue to grow, ensuring that GBV prevention, response and mitigation remain integral to all humanitarian responses.

Looking ahead, the Call to Action must deepen its focus on localization, enhance direct support for WLOs, and strengthen its governance structures to remain a vital platform for strategic and policy-level collaboration. All partners are invited to join this critical work, ensuring the continued protection and empowerment of women and girls in emergencies. Together, we can build a future where humanitarian action is truly inclusive, equitable, and safe for all.



Hagadera Refugee camp, Kenya. Nasro Aden, a 30-year-old woman, prepares ties and dye fabric in her home in preparation for selling at the market. **Credit:** Esther Sweeney for the IRC

Progress against the Roadmap 2021-2025

Approach

The **2023 Annual Progress Report** highlights the diverse engagement of partners across the three key stakeholder groups of the Call to Action: states and donors, international organizations, and NGOs. A total of **51** partners submitted self-reports; a **compliance rate of 54%**. This includes **13** partners from the States and Donors Working Group, **9** from the International Organizations Working Group, and **29** from the NGOs Working Group, with **respective compliance rates of 57%, 60%, and 50%**.

The **2023 Annual Progress Report** draws on the self-reports of Call to Action partners, highlighting both individual progress made on the **Road Map's Monitoring Framework indicators** and in relation to partners' **commitments under the six outcome areas of the Call to Action Road Map 2021–2025**: (1) Policy Frameworks and Capacity, (2) Coordination, (3) Data, Assessment, and Analysis, (4) Funding, (5) Specialized GBV Programming, and (6) GBV Risk Mitigation. While challenges and key recommendations for achieving the Road Map outcomes—and thereby more effectively addressing GBV in humanitarian responses—are presented, they are abstracted to reflect common perspectives across the membership. As such, the 2023 Annual Progress Report does not provide a comprehensive representation of the extraordinary efforts of individual partners, but serves as an **indicative summary**. Additionally, the report introduces an analysis of **collective outcomes** achieved through cross-stakeholder collaboration, drawing from the joint efforts of partners from all Working Groups and Task Teams, such as high-level events organized throughout the year.

By adopting an analytical rather than a descriptive approach, the 2023 Annual Progress Report goes beyond serving as an accountability tool. It also aims to be a powerful **advocacy tool**, harnessing the extensive knowledge and experience of its partners to elevate the importance of addressing GBV in humanitarian emergencies through tangible, action-oriented findings. Partners' progress, challenges and recommendations were presented at a Call to Action **webinar** in December 2024, used to **validate the findings and further honing the advocacy messages** for the finalization of the Annual Report.

Collective Outcomes

Relating to Outcome 2: Coordination:

Gender Equality and Protection from GBV at the Global Refugee Forum 2023

At the **Global Refugee Forum (GRF) 2023**, the Call to Action, led by **Germany**, with support from the **United Kingdom, Australia, Chile, and the Action Network on Forced Displacement**, launched a [Multi-Stakeholder Pledge \(MSP\) on Gender Equality and Protection from GBV](#). The pledge, referred to as *CtA+ MSP*, has three key objectives: 1) improving protection for over 19 million displaced and stateless women and girls in over 20 countries through GBV prevention and response services, 2) investing in localized, refugee women and girl-led responses, and 3) mainstreaming gender equality and GBV risk mitigation.

The Call to Action contribution to *CtA+ MSP* includes a [CtA Pledge](#) in which commitments are made to: 1) incorporate enhanced **focus on forced displacement**, including refugees in core CtA processes and commitments; 2) prioritize the **participation and leadership of diverse local Women-Led Organizations and Girl-Led Organizations** in the CtA; and 3) **mainstream gender equality and GBV protection** in forced displacement and emergency response contexts.

At the GRF, the Call to Action organised a [High-Level Event on “Gender Equality and Protection from Gender-based Violence”](#), which announced the mobilization of over **100 stakeholders** contributing to the *CtA+ MSP*, including **15 million USD pledged** additionally for **innovative partnerships with refugee WLOs**. This roundtable underscored the need for multi-stakeholder collaboration and substantial financial commitments and highlighted the following challenges and recommendations:



Challenges

- **Funding accessibility:** Persistent funding gaps and complex administrative barriers hinder women-led refugee organizations to respond effectively to GBV in humanitarian crises.
- **Limited inclusion and leadership:** Refugee women and girl leaders often face challenges in participating fully in decision-making processes.
- **Political will and structural inequalities:** Gender equality and GBV prevention remain underprioritized in emergency responses, often due to limited political commitment.

Key Recommendations

- **Strengthen political will and accountability:** Increase commitment to gender equality and GBV prevention as core priorities in humanitarian emergency responses.
- **Direct and flexible funding:** Expand direct funding mechanisms for women-led organizations, ensuring resources are accessible, flexible, and sustained.
- **Support for Refugee Women’s Leadership:** Provide mentorship, capacity-building, and include refugee women and girls in national systems to ensure their meaningful participation in response strategies.

Relating to Outcome 4: Funding:

High-Level Roundtable on GBV Prioritization and Financing

The Call to Action, led by **Germany**, and co-hosted by the **Emergency Relief Coordinator (ERC) Martin Griffiths**, organized a **High-Level Roundtable** “From Commitments to Action: Practical Steps on



Prioritizing GBV Prevention and Response in Emergencies and Addressing Funding Gaps,” at the **German Permanent Mission to the UN in New York** on **November 6, 2023**. The event, technically supported by the Call to Action **Funding Task Team** co-chaired by the United Kingdom, IRC and the GBV Area of Responsibility (GBV AoR), convened Inter-Agency Standing Committee (IASC) Principals, donors, INGOs and Women-Led Organizations (WLOs) to address funding gaps and prioritize GBV prevention

and response in emergencies. The event **took stock of progress achieved since** the High-Level Roundtable in 2021 **and formulated new, ambitious commitments:**

Challenges

- **Chronic underfunding:** Persistent funding shortfalls for GBV programs remain, with GBV often deprioritized in emergency funding.
- **Barriers for WLOs:** Despite playing frontline roles, WLOs face major hurdles in accessing direct funding, navigating administrative requirements, and participating in decision-making processes.
- **Lack of systemic integration of GBV:** GBV prevention and response lack consistent prioritization across sectors, with inadequate integration in humanitarian planning.

Key Recommendations

- **Enhance funding models:** Establish direct, flexible multi-year funding mechanisms for WLOs, including overhead support, to ensure sustainable impact.
- **Improve tracking and accountability:** Utilize tracking systems like the FTS to report GBV funding and track funding flows to local WLOs.
- **Ensure inclusive decision-making:** Mandate participation of WLOs in humanitarian coordination mechanisms and decision-making bodies, while fostering collaboration among UN agencies, donors, INGOs and local actors.
- **Strengthen holistic, multi-sectoral approaches:** Strengthen GBV integration within food security, health, and WASH programs to ensure comprehensive protection for at-risk populations.

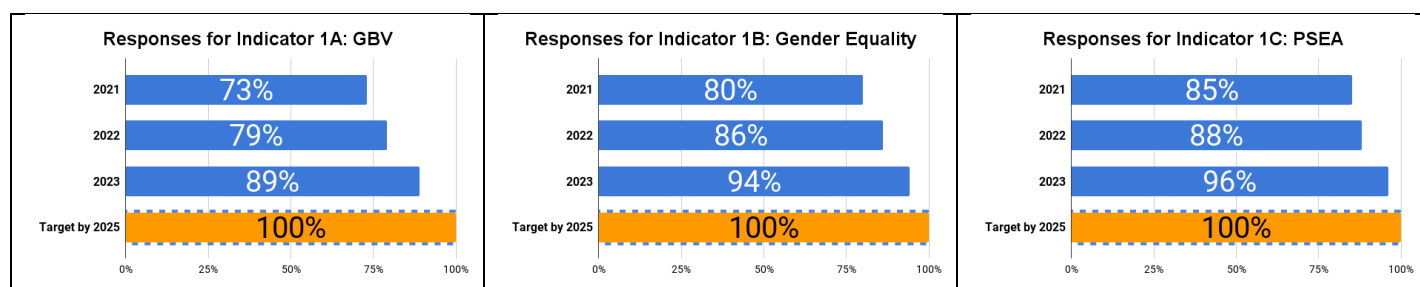
Engagement with the Women’s Peace and Humanitarian Fund

The Call to Action **States and Donors Working Group’s** efforts to support **WLOs to better access GBV in emergency funding** included a conversation with the **Women Peace and Humanitarian Fund’s** (WPHF) global secretariat about their multi donor trust fund mechanism. Thanks to feedback from the States and Donors Working Group, the WPHF **recently introduced an emergency process to respond to crises and support WLOs** in crisis more rapidly.

Outcome 1: Policy Frameworks and Capacity

Actors working in humanitarian settings have the institutional and system-wide policies and capacity to address GBV, promote gender equality, and ensure accountability.

Indicator		Targets/ Milestones	2021	2022	2023	Trend
1A	Percentage of Call to Action partners that report having a current policy that guides their work on GBV in humanitarian contexts.	60% by 2021 80% by 2023 100% by 2025	73% (40/55)	79% (45/58)	89% (45/51)	↗
1B	Percentage of Call to Action partners that report having a current policy that guides their work on gender equality in humanitarian contexts.	60% by 2021 80% by 2023 100% by 2025	80% (44/55)	86% (50/58)	94% (48/51)	↗
1C	Percentage of Call to Action partners that report having a current policy that guides their work on PSEA in humanitarian contexts.	60% by 2021 80% by 2023 100% by 2025	85% (47/55)	88% (51/58)	96% (49/51)	↗



Progress:

Institutionalization of GBV policies and frameworks:

States and Donors such as **Australia, Germany, Ireland, Italy, Norway, Slovenia, Sweden, Switzerland** and the **United Kingdom** focused on institutionalizing GBV into their broader humanitarian frameworks. Australia introduced a Gender Equality Strategy and **Germany** launched its Feminist Foreign Policy putting the protection from GBV at the heart of its efforts and, like **Italy and Switzerland**, applied **gender budgeting/gender resource allocation markers**. **Norway** launched its National Action Plan on Women's Rights and Gender Equality in Foreign and Development Policy with a focus on SGBV prevention and response, while **Ireland's** Policy for International Development has a gender equality focus, as do **Slovenia's** Guidelines for Mainstreaming of Gender Equality in International Development Cooperation and Humanitarian Aid and **Sweden's** Agenda for Development Cooperation with a focus on gender equality and the strengthening of women's and girls' rights and empowerment. The **United Kingdom** institutionalized its GBV commitments through its International Women and Girls Strategy and its Women, Peace and Security National Action Plan, providing a stronger foundation for integrating GBV into policy and operational levels, including in humanitarian crises. The **USA** released the U.S. Strategy and National Action Plan on Women, Peace, and Security in 2023 and advanced accountability of the humanitarian system to women and girls through its Safe from the Start ReVisioned.

International Organizations such as **UNICEF, UNHCR, IOM** and **UNFPA** deployed GBV in Emergency (GBVIE) specialists / Surge Response Rosters staff to crises settings to ensure programme implementation in line with internal GBV frameworks especially in emergency contexts. **IOM** implemented its Institutional Framework for Gender-Based Violence in Crises through tailored capacity building measures. In addition, **WHO** and **OCHA** worked on integrating GBV as a cross-cutting issue into broader health and emergency frameworks respectively, ensuring that GBV policies were part of health response strategies (Clinical Management of Rape and Intimate Partner Violence (CMRIPV) toolkit) and prioritized in strategic planning documents. Within the structure of the IASC, the ERC continued to promote strengthened coordination and harmonization of efforts among gender equality, GBV and Sexual Exploitation and Abuse (SEA) actors.

NGOs like **ActionAid, InterAction Norwegian Church Aid, ABAAD, Empowerment for Development, Yemen Family Care Association**, and **Plan International** made significant progress in advocating for GBV policies. **InterAction** finalized the Core Standards for Survivor-Centered Support for international humanitarian and development actors to provide support to survivor and victims of sexual exploitation, abuse and harassment. while **ABAAD** co-chaired the Protection from Sexual Exploitation and Abuse (PSEA) network in Lebanon.

Capacity building for local actors:

A common theme across all stakeholder groups was the focus on building the capacity of local actors to establish and implement GBV policies and frameworks. **States and Donors** like **Ireland** funded capacity-building initiatives, particularly targeting local Women Led Organizations (WLOs) including in conflict-affected regions, while **Sweden** also continued to support locally led initiatives and women's rights organizations.

International Organizations such as **UNHCR** and **UNICEF** played a key role in expanding partnerships with WLOs to foster more equitable collaborations and enhance local capacities.

NGOs like **IRC, NRC/NORCAP, Sama for Development, CARE, Coalition for Humanity, Action Against Hunger, Oxfam, Médecins du Monde, Première Urgence Internationale, Islamic Relief Worldwide, ICVA and Trócaire** also prioritized capacity-building, focusing on local partners. **Sama for Development** trained local WLOs in Lebanon on frameworks for GBV case management and coordination, while **Coalition for Humanity** trained and built capacity for over 100 local authorities on community-based protection mechanisms, GBV risk assessment, etc. in South Sudan. This focus on local empowerment allowed WLOs to take ownership of GBV initiatives and lead policy implementation in their communities.

Advocacy for national policy integration:

NGOs led advocacy efforts to influence national policy frameworks. NGOs such as **Cameroon Women's Peace Movement, Women's Refugee Commission (WRC), and Women Empowerment Organization** were active in advocating for GBV integration into national policies. **WRC** developed policy-oriented recommendations for Kenyan national and county governments to improve the environment for women-led organizations to respond to GBV in emergencies.

Cross-sectoral policy integration:

States and Donors such as the **ECHO** and **Australia** emphasized the integration of GBV policies across various sectors and diverse teams for their implementation.

IOs like **OCHA** worked to integrate GBV risk mitigation into Humanitarian Response Plans (HRPs), ensuring that GBV policies were part of sectoral coordination mechanisms. **WFP** promoted an intersectoral approach relating GBV and food and nutrition security on a working level via workshop but also through high-level advocacy.

This cross-sectoral integration was mirrored by **NGOs** like **Action Against Hunger, and EngenderHealth** which worked to ensure that GBV policies were embedded in food security, WASH, health, and livelihood programs. These efforts allowed for a more holistic approach to GBV prevention and response, ensuring that policies were not siloed but integrated across all areas of humanitarian action.

Challenges:

Despite progress, partner organizations faced a range of challenges in advancing policy frameworks and capacity-building efforts.:

- **Lack of standardization and fragmentation in GBV policy implementation:** While partners reported progress had been made in developing GBV policies, they found a lack of consistent policy implementation across different humanitarian sectors such as food, health, education, and WASH, which often put limits to the impact the respective GBV policies could exert.
- **Limited local capacity and localization of GBV policies:** Despite significant efforts to build the capacity of local actors, partners reported that local WLOs and local state duty bearers sometimes lacked the technical capacity to fully implement GBV policies and facilitate translating global policies into locally actionable frameworks. Building capacity and ensuring contextualized policy implementation proved to be particularly challenging in fragile contexts where governance structures are weak, security dynamics are shifting, and access is limited.






Key recommendations:

To address these challenges and further enhance policy frameworks and capacity, specific recommendations are proposed:

- **Strengthen local capacity for tailored implementation of policies:** Partners recommended continued investment in capacity-building initiatives for local partners. This includes strengthening partnerships with WLOs for their meaningful participation in policy development, their training – along with community leaders – and empowerment to translate GBV policies into on-the-ground actions. It is important to ensure that local actors have the technical expertise to adequately prevent, mitigate and respond to GBV incidents. Capacity strengthening of state duty bearers is also recommended to help national governments integrate GBV policies into broader social protection systems.
- **Advocate for integration of GBV policies across sectors:** Partners emphasized the importance of advocacy for cross-sectoral integration of GBV into sectoral policies and coordination mechanisms, highlighting the positive impact on the entire vulnerable population.
- **Reinforce inter-agency collaboration:** Partners recommended strengthening inter-agency efforts to harmonize GBV standards and tools across humanitarian sectors for enhanced coherence.

Outcome 2: Coordination

Effective coordination within the GBV sector, and between other relevant actors and the GBV sector, ensures action and accountability to prevent and respond to GBV at all levels of the response.

Indicator		Targets/ Milestones	2021 ²	2022 ³	2023	Trend
2A	Percentage of countries with a Humanitarian Coordinator where leadership roles for national/subnational GBV coordination are co-led/led by a national actor.	40% by 2021 50% by 2023 60% by 2025	28% (8/28) 16% (refugee or mixed coordination mechanisms)	53% (15/28) 63% (refugee or mixed coordination mechanisms)	64% (21/33) ⁴ 51% (refugee or mixed coordination mechanisms) ⁵	 
2B	Percentage of countries with a national-level GBV coordinator that report coordination with PSEA or gender coordination mechanisms.	60% by 2021 80% by 2023 100% by 2025	46% (15/32)	64% (18/28) 100% (refugee coordination mechanisms)	67% (22/33) ⁶ 100% (refugee coordination mechanisms) ⁷	 
2C	Percentage of countries with a Humanitarian Coordinator with dedicated GBV coordinators.	40% by 2021 50% by 2023 60% by 2025	50% (14/28 countries)	69% (22/32 countries)	51% (17/33 countries) ⁸	

² Please see 2021 Annual Report for further information on the figures.

³ Please see 2022 Annual Report for further information on the figures.

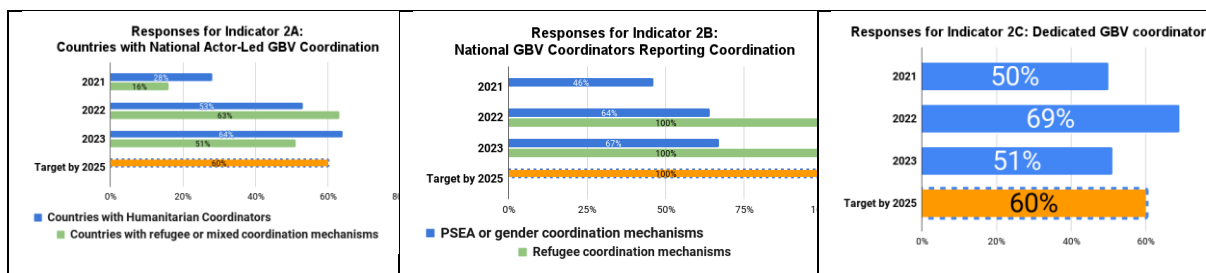
⁴ Burkina Faso, Cameroon, Chad, Democratic Republic of Congo, Ethiopia, Guatemala, Haiti, Mali, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Somalia, South Sudan, Turkey - Earthquake response, Ukraine, Whole of Syria - Turkey cross border (Gazientep based), Yemen, Zimbabwe.

⁵ In the following countries, national/subnational GBV refugee coordination is co-led by a national actor: Cameroon, Niger, Burkina Faso, Uganda, Djibouti, Lebanon, Tanzania, Jordan, Ivory Coast, Chad, Mozambique, Türkiye, Hungary, Bulgaria, Croatia, Zambia, Iraq – UNHCR Data Collection, July 2024.

⁶ Burundi, Burkina Faso, Cameroon, DRC, El Salvador, Ethiopia, Guatemala, Haiti, Libya, Mozambique, Nepal, Nicaragua, Nigeria, oPt, Somalia, South Sudan, Turkey, Ukraine, WoS Turkey, WoS Damascus, Yemen, Zimbabwe.

⁷ UNHCR Data Collection, July 2024.

⁸ Afghanistan, Burkina Faso, Central African Republic, Colombia, Ethiopia, Honduras, Libya, Mozambique, Nigeria, oPt, Somalia, South Sudan, Turkey, Ukraine, WoS NE, Venezuela, Yemen.



Progress:

Strengthening of global, national, and sub-national GBV coordination mechanisms and inter-sectoral coordination on GBV:

Across all stakeholder groups, substantial progress was made in improving coordination mechanisms to prevent, mitigate and respond to GBV. **States and Donors** like **Denmark** and the **USA** supported the GBV coordination structures through the GBV AoR leadership, while **ECHO**, **Sweden** promoted the coordination across humanitarian sectors and inclusion of GBV risk mitigation into humanitarian planning and response. The **United Kingdom** sustained its support to and placed emphasis on integrating WLOs/WRLOs into **Country-Based Pooled Funds (CBPFs)**.

UNFPA's leadership in GBV coordination in IDP settings at the global, national, and sub-national levels remained critical, particularly through its deployment of GBV AoR coordinators to lead field-level coordination for improved preparedness, response, and recovery efforts in complex emergencies as well as its engagement in the Cash Working Group. **UNHCR's** leadership in GBV coordination in Refugee settings placed strong emphasis on localizing GBV coordination by integrating WLOs and WRLOs into refugee coordination mechanisms, supporting them through trainings and tools. In 2023, 329 WLOs were part of or were co-chairing GBV coordination mechanisms in refugee settings, which is a 75% increase over the 2021 baseline. **UNICEF** led and co-led several global interagency initiatives including the global reference group for GBV risk mitigation, its sub-group on GBV institutionalisation and the GBV minimum standards task team of the Global GBV AoR. **IOM** supported the IASC in developing a new guidance note on Inter-Agency SEA Referral Procedures and initiated the update of the Deployment Package for Inter-Agency PSEA Coordinators. The **GBV AoR** continued to bridge PSEA and GBV stakeholders to strengthen inclusion of SEA survivors in GBV referral pathways, and provided input to the forthcoming Humanitarian Coordinator's guidance by the PSEA global working group. **OCHA** continued to facilitate robust GBV coordination mechanisms, co-chairing the Gender in Humanitarian Action (GiHA) Working Groups in 21 crisis settings, facilitating inclusion of GBV concerns in Humanitarian Country Team (HCT) meetings. **WHO** supported the integration of GBV into national health response plans in close coordination with the governments.

NGOs played a vital role in improving coordination and co-ordination at both global and local levels. Organizations such as, **Action Against Hunger**, **ActionAid** and **PaWED** actively participated in the **GBV AoR** and other sectoral coordination mechanisms, ensuring that GBV risk mitigation and response were included in WASH, health, nutrition, and shelter programmes by integrating GBV services into sectoral programs, especially in conflict-affected areas. **ActionAid** supported local WLOs to be nominated to co-lead GBV sub-clusters at (sub-)national level among others in Ethiopia and the Democratic Republic of the Congo. NGOs worked closely with IOs to ensure that GBV was prioritized in coordination for multi-sectoral responses.

Localization of GBV Coordination:

States and Donors like, **Germany** and the **USA** prioritized coordination on GBV at both global and national levels, including through funding of the GBV AoR and localizing GBV coordination with a strong emphasis on empowering local actors to lead GBV coordination efforts, also including through partnership with CARE.

International Organizations like **UNFPA**, **UNHCR** and **OCHA** emphasized the importance of localizing coordination by ensuring that WLOs were included in national and sub-national coordination mechanisms. The **GBV AoR**, supported by **UNFPA**, ensured localized GBV coordination in IDP- settings through WLO co-coordinators in 2 national and 7 sub-national contexts. **UNHCR** successfully increased the membership of WLOs in GBV coordination mechanisms in Refugee settings by 75%, with 329 WLOs participating in refugee coordination mechanisms globally. **OCHA** worked to ensure women's participation in humanitarian coordination and decision-making fora. 10 HCTs had at least one local women's organization member or a Women's Advisory Board to the HCT. **WFP** partnered with local WLOs in a variety of contexts to leverage the cross-sectoral, meaningful participation of women and girls.

NGOs such as **Trócaire**, **Sama for Development**, **WRC**, **Oxfam**, **Women Empowerment Organization**, **Norwegian Church Aid**, **Himaya Daeem Aataa (HDA)**, **ICVA** and **Global Communities** also reported significant progress in promoting localization. **Trócaire** focused on ensuring that local organizations were part of national GBV coordination platforms. **Global Communities** worked with local partners in Ethiopia and South Sudan to strengthen the capacity of local actors to lead GBV response coordination. **HDA** engaged in and coordinated actively with the national GBV working group in Lebanon to identify gaps related to GBV.

Challenges

Despite the progress in GBV coordination, challenges remained in ensuring comprehensive and effective coordination to prevent, mitigate and respond to GBV across all humanitarian settings:

- **Fragmentation and lack of accountability:** While progress had been made in improving coordination across some sectors (e.g., WASH, health), other sectors lagged behind. This resulted in inconsistent service provision for survivors across different sectors. Partners highlighted the need for better accountability within coordination mechanisms and across the system, especially in cases where interagency commitments are not fully met, to ensure that all sectors consistently prioritize GBV.
- **Limited participation of local actors:** Despite efforts to localize GBV coordination, partners reported that local actors often struggled to participate fully in coordination mechanisms. This was due to limited technical capacity and resources, which hindered local WLOs from engaging in GBV coordination at the same level as international actors, lacking support to take leadership roles in coordination platforms and limiting their ability to influence decision-making at the national level.
- **Inconsistent government participation:** Governments did not always prioritize GBV within their broader humanitarian or development frameworks, leading to gaps and slowing down progress in coordination between national authorities and humanitarian actors, particularly in conflict-affected settings where government structures were weak or absent.

Key recommendations

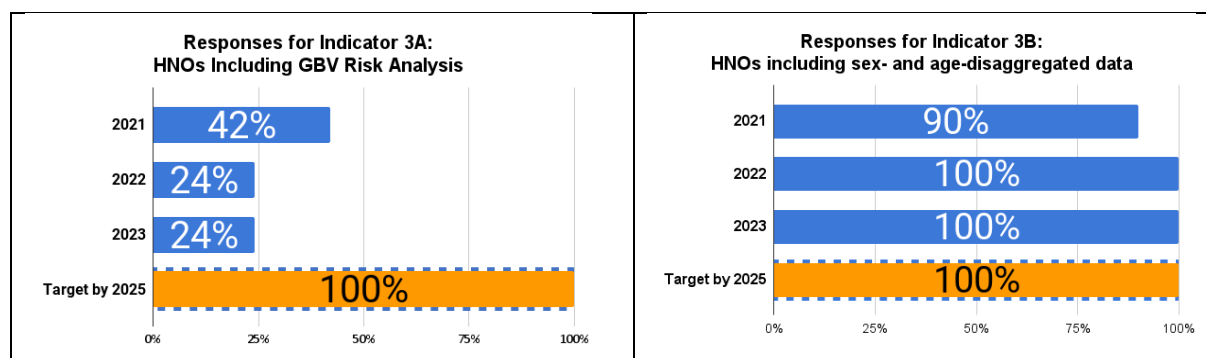
To improve coordination efforts, the following targeted recommendations are proposed:

- **Strengthen interagency and cross-sectoral accountability mechanisms:** Partners called for clearer guidelines to ensure that agreed-upon coordination roles and responsibilities are actually fulfilled and suggested monitoring systems to track progress. This might help to ensure that GBV remains a priority within all coordination efforts and that all sectors consistently integrate GBV risk mitigation in their response.
- **Enhance localization of coordination efforts:** Partners recommended to localize coordination efforts by empowering local WLOs to co-lead GBV coordination mechanisms. Partners called for funding for targeted capacity-building programs for local actors, ensuring local actors have the skills and resources to participate meaningfully in coordination efforts and taking leadership roles in national and sub-national coordination mechanisms.

Outcome 3: Data, Assessment and Analysis

Data on GBV and gender is collected, shared, stored, and analyzed safely and ethically in consultation with GBV and gender experts, and supports humanitarian planning, programming, and funding decisions.

Indicator		Targets/ Milestones	2021 ⁹	2022 ¹⁰	2023	Trend
3A	Number of Humanitarian Needs Overviews (HNOs) that include GBV risk analysis in at least 4 sectors.	Target 100%	8 HNOs	5/21 HNOs	5 ¹¹ /21 ¹² HNOs	→
3B	Number of HNOs that include sex- and age-disaggregated data for all sectors	Target 100%	18/20 HNOs	21/21 HNOs	22/22 HNOs (HNRPs included) ¹³	→



⁹ Please see 2021 Annual Report for further information on the figures.

¹⁰ Please see 2022 Annual Report for further information on the figures.

¹¹ Central African Republic, Somalia, South Sudan, Syria, Ukraine.

¹² GBV AoR HPC Analysis, June 2023.

¹³ Data disaggregation by sex, age and disability is reflected in all 22 HNOs and HNRPs for 2024 (produced in 2023) reviewed by end of April 2024 - either as actual numbers or percentages. These include: 12 HNRPs, namely Afghanistan, Chad, Colombia, Haiti, Honduras, Mali, Mozambique, Myanmar, Somalia, South Sudan, Sudan, Ukraine. 10 HNOs, namely Burkina Faso, Cameroon, CAR, DRC, El Salvador, Ethiopia, Guatemala, Nigeria, Syria, Yemen.

Progress:

Strengthening GBV Data Collection Systems:

States and Donors such as **Denmark, ECHO, Germany, Slovenia, Sweden, the United Kingdom**, prioritized investments in the improvement of GBV data collection systems and gender-sensitive data assessment and analysis tools that allowed for more accurate and comprehensive information on GBV risks and the integration of GBV data into broader humanitarian data frameworks. Donors focused on improving disaggregated data in GBV and cross-sectoral programming, ensuring that GBV risks faced by specific vulnerable groups also considering age and disability were accurately captured.

International Organizations made significant advances in integrating GBV-related data collection and analysis into their humanitarian responses. **UNFPA**, worked on strengthening the GBV Information Management System (GBVIMS+/Primero), facilitating that safe and ethical GBV data collection was standardized across crisis settings. **OCHA** continued to prioritize the integration of gendered data and analysis into humanitarian planning processes, deploying 21 Senior Gender Advisors to crisis contexts. **IOM** demonstrated significant progress in integrating GBV data indicators and sections into their Multi-Sectoral Needs Assessments and the Displacement Tracking Matrix to reduce GBV risks. **UNICEF** reported progress in the deployment and operationalisation of Primero/GBVIMS+ with a landmark achievement of UNICEF's support to the first government led GBVIMS+ instance in Africa.

NGOs like **ABAAD** and **Trócaire** made progress in improving their Monitoring, Evaluation, Accountability, and Learning (MEAL) systems to standardize data collection tools and systematically capture GBV-related data. This allowed for the identification of vulnerable groups in need of targeted GBV interventions and enabled better tracking of GBV incidents and the effectiveness of GBV programs in conflict-affected areas.

Localized and Community-Based Data Collection:

International Organizations like **UNICEF** and **UNFPA** focused on improving data collection and systems for GBV programming through partnerships with local actors, supporting capacity-building for data collection and analysis to maintain expertise locally. **NGOs** and **International Organizations** prioritized the localization of data collection, ensuring that local actors played a leading role in gathering and analyzing GBV data. emphasized the importance of training local WLOs to collect GBV data, where they faced challenges in accessing reliable data.

Using Data to Inform Programming:

States and Donors like **Denmark** and **Sweden**, reported emphasis on having a strong evidence base to define effective GBV prevention and response, follow-up dialogue with partners to ensure the targeting of most vulnerable populations in their programming and using GBV data to adapt and target their programming in response to the specific needs of survivors, especially in conflict-affected regions. **International Organizations** like **WHO WFP**, and **UNFPA** used GBV data to inform their health, food security, and protection responses, ensuring that survivors had access to appropriate services based on data-driven assessments. **WHO** advanced efforts to identify barriers to quality and accessibility of health services for GBV survivors by developing an evidence-based quality assurance tool. **WFP** piloted the Integrated Cross-Cutting Context Analysis and Risk Assessment framework (I-CARA) in which GBV features in all of the components to better understand the complexities of the humanitarian response. NGOs such as **ABAAD, CARE, Norwegian Church Aid, Action Against Hunger, Global Communities, WRC**, and **Asamblea de Cooperación por la Paz** reported significant progress in using GBV data to

shape their community-based interventions. **WRC** used GBV data to guide its protection programming in refugee camps, ensuring that its interventions were responsive to the specific needs of women and girls affected by conflict and displacement. **Action Against Hunger** used data on GBV risks for nutrition tools on Senegal.

Challenges

While progress has been made, partners still face significant challenges in collecting, analyzing and effectively utilizing data related to GBV:

- **Limited capacity for GBV data collection:** Partners reported that local actors often lacked the technical expertise and resources needed to conduct comprehensive GBV assessments. Local partners had limited access to training and technological tools, lacking the infrastructure to manage GBV data effectively. Partners also lamented that in crisis situations, data collection often took a back seat to emergency response efforts, which delayed the availability of accurate and up-to-date information needed for effective GBV programming.
- **Ethical concerns and data privacy:** Partners raised concerns that GBV data collection needed to adhere to ethical standards and that weak or not enforced data protection laws in some regions were problematic, putting survivors at risk of re-traumatization, emphasizing the need for survivor-centered data collection practices.
- **Data gaps in conflict-affected areas:** A key challenge reported by partners was the lack of reliable data in conflict-affected regions, highlighting difficulties in collecting data in areas where access to affected populations was restricted due to ongoing insecurity.

Key recommendations

To address these challenges and improve data collection, assessment, and analysis in GBV programming, the following recommendations are proposed:

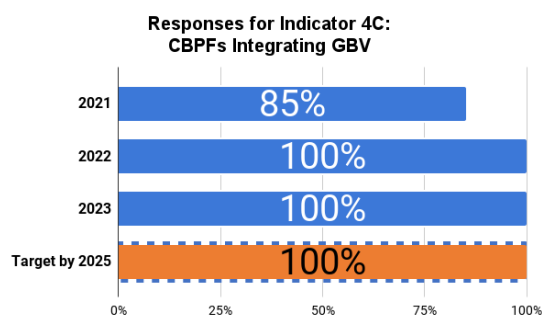
- **Strengthen GBV data tools and systems:** Partners recommended targeted funding to strengthen GBV data systems, including data tools for disaggregated data collection, which help identify the unique needs of women, girls, and marginalized populations and facilitate tracking GBV outcomes to ensure resources are directed toward the right interventions. Partners also recommended developing cross-sectoral data platforms that allow for better coordination and sharing of GBV data across sectors.
- **Increase technical assistance and capacity-building for local actors:** Partners recommended continued investment in capacity building to improve local actors' ability to collect and analyze GBV data, among others through IOs' and INGOs' technical assistance to local WLOs, community-based organizations, and state duty bearers to ensure that they have the skills and tools to conduct reliable assessments and manage GBV data systems effectively.
- **Develop and/or reinforce ethical data collection frameworks:** Partners recommended developing and/or reinforcing the implementation of ethical guidelines for survivor centered GBV data collection that prioritizes the safety and dignity of survivors across sectors. Partners called for joint efforts to ensure that all GBV data collection adheres to international ethical standards, particularly in conflict-affected regions.

- **Address data gaps in conflict zones:** Partners recommended prioritizing GBV data collection and analysis in conflict-affected and hard-to-reach areas to fill data gaps where access to reliable information is limited. This allows for evidence based GBV programming where violence against women and girls is most likely.
- **Improve data integration across sectors:** Partners called for improved data integration across humanitarian sectors via multi-sectoral needs assessments to ensure that GBV considerations and risk factors are systematically included in broader humanitarian needs analyses.

Outcome 4: Funding

Sufficient funding is provided for GBV and gender equality staffing, interventions, initiatives, and programs during every phase of emergency response.

Indicator		Targets/ Milestones	2021 ¹⁴	2022 ¹⁵	2023	Trend
4A	Amount (in USD) allocated by Call to Action partners to GBV in emergencies activities.	Annual increase	Insufficient data available from partner reports	Available data from partner reports is insufficient to allow comparability.	Available data from partner reports is insufficient to allow comparability.	N/A
4B	Percentage of funds (in USD) allocated by Call to Action partners to GBV in emergencies activities by local actors.	Annual increase	Insufficient data available from partner reports	Available data from partner reports is insufficient to allow comparability.	Available data from partner reports is insufficient to allow comparability.	N/A
4C	Percentage of country-based pooled funds that integrate GBV into strategies, selection criteria, and funding decisions.	100% by 2025	85% (17/20)	100% (18/18)	100% (16/16) ¹⁶	→



¹⁴ Please see 2021 Annual Report for further information on the figures.

¹⁵ Please see 2022 Annual Report for further information on the figures.

¹⁶ Afghanistan, Central African Republic, Democratic of the Congo, Ethiopia, Lebanon, Myanmar, Nigeria, oPt, Somalia, South Sudan, Sudan, Syria, Syria Cross Border, Ukraine, Venezuela, Yemen. Additionally, note that a Regional Humanitarian Pooled Fund exists for West and Central Africa.

Progress:

Increase in Donor Commitments to GBV Funding

Funding is a critical element for effective GBV programming. Throughout 2023, partner organizations worked to track and increase the funding allocated to GBV, while also advocating for increased financial support for both global and local actors. **States and Donors** like the **ECHO, Germany, Norway, Switzerland, the United Kingdom** and the **USA** were instrumental in providing substantial financial support for GBV programming. ECHO allocated 40.1 million USD to GBV, Norway 46.8 million USD, Switzerland 18.8 million USD, the United Kingdom contributed 22.6 million USD to the UN Trust Fund to End Violence Against Women and 47.7 million USD to grant funding to WROs alone, supporting grassroots organizations in crisis settings. The USA allocated nearly 228 million USD to GBV prevention and response programming globally.

International Organisations like UNHCR and IOM and **NGOs also** invested efforts to ensure sustained financial resources to prioritize GBV prevention, risk mitigation, and response, despite stressed budgets. Furthermore, while acknowledging challenges in accurately tracking GBV funding, they worked on enhancing their internal financial systems to monitor GBV-related funding across sectors and regions, for instance **UNHCR** by using COMPASS.

Support for Local Women-Led Organizations (WLOs)

A recurring theme across stakeholder reports was the focus on directing funding towards **local WLOs**, either directly or through partners. **States and Donors** such as **Australia, Denmark, Finland, Ireland, and Switzerland** emphasized the importance of investing in WLOs and prioritized funding to local actors including refugee-led organisations, ensuring that these organizations had the capacity to lead GBV interventions.

International Organizations like **UNHCR** similarly focused efforts on channeling donor funding to WLOs in fragile and conflict-affected settings. **OCHA** continued to work on developing mechanisms to track GBV allocations, ensuring that a significant proportion of humanitarian funding reached local actors on the ground. **UNICEF** reported that it had signed multi-year partnership agreements with WLOs to provide more predictable and equitable funding to an increased number of WLOs.

NGOs like **Asamblea de Cooperación por la Paz, IRC, CARE, and Trócaire** highlighted their efforts to secure funding for WLOs, working with donors and International Organizations to direct resources to local partners, empowering them to deliver GBV services including in conflict-affected and hard-to-reach areas and leading on community-based GBV interventions.

Flexible Funding for Emergency Responses and multi-year funding in protracted crises:

A key area of progress for all stakeholders was the commitment to **flexible** and **multi-year funding** for GBV programs. **States and Donors** like **Denmark, Germany, Italy, Ireland, Sweden, and the United Kingdom** emphasized the importance of providing flexible funding that allowed NGOs and local actors to adapt to rapidly changing contexts and evolving GBV risks. **Switzerland** ensured multi-year funding for GBV partners in protracted crises and advocated for flexible funding throughout every phase of a humanitarian response.

The **United Kingdom**, together with **IRC** and the **GBV AoR** co-chaired the multi-stakeholder GBV Task Team focusing on removing barriers that prevent the prioritisation and resourcing of GBV in humanitarian contexts in the Call to Action.

OCHA's role in funding advocacy and coordination through the Central Emergency Response Fund (CERF) and Country-Based Pooled Funds (CBPFs) remained critical in 2023. OCHA reported that 71% of CERF-funded projects had a gender component, while 83% of CBPF projects included GBV prevention, risk mitigation, or response as a project objective or component. 8% of CBPF funds were allocated WLOs. This proportion remains relatively low, indicating room for growth in channeling resources directly to local organizations.

International Organizations and **NGO** partners reported success in using flexible funding to respond quickly to emergency or disaster-affected contexts, shifting resources with evolving GBV needs and adapting their services to meet urgent needs of survivors, including sexual violence cases in displacement settings. Partners also reported utilizing flexible funding to integrate GBV services into their broader WASH, shelter, health, nutrition etc. programs, ensuring that women and girls have access to safe water and sanitation, sufficient food, safe housing and health services alongside GBV services.

Challenges

Despite the progress made by partner organizations in allocating or securing funding for GBV, significant challenges persist:

- **GBV funding gap:** Partners across all stakeholder groups reported challenges in allocating or securing adequate funding for GBV programs. In 2023, only 22.7% of the global GBV requirements outlined in humanitarian response plans were met, leaving a vast portion of GBV programming underfunded and/or deprioritized. This shortfall directly impacted the ability to scale up life-saving services and address the rising needs of GBV survivors in crisis settings.
- **Short-term funding cycles with focus on emergency response funding:** A key challenge highlighted by partners was the prevalence of short-term funding cycles and GBV emergency funding for immediate needs rather than for prevention, GBV risk mitigation, development and implementation of GBV policies and frameworks, GBV coordination, GBV case management, MHPSS, clinical care services and medium-term capacity-building. This limited the sustainability of GBV programs and restricted partners' ability to scale up GBV services in protracted humanitarian crises and in conflict-affected and hard-to-reach areas.
- **Limited direct funding for local actors:** Despite progress in directing funds to local actors, including WLOs, local actors still faced difficulties in accessing direct funding from international donors. Only 6% of CBPF funds were allocated to WLOs in 2023. Most funding continued to flow through intermediaries, with limited resources reaching local actors and curtailing their ability to meaningfully contribute to GBV response efforts, particularly in areas where local actors are best positioned to provide culturally appropriate services close to the affected population.
- **Tracking of funding flows:** Partners also identified challenges in accurately tracking funding for GBV, particularly when it is integrated into broader humanitarian programming. For instance, integrated programs that address multiple needs (such as protection, health, and education) often do not disaggregate funds specifically allocated to GBV, making it challenging to assess the true financial commitment to GBV programming.

Key recommendations

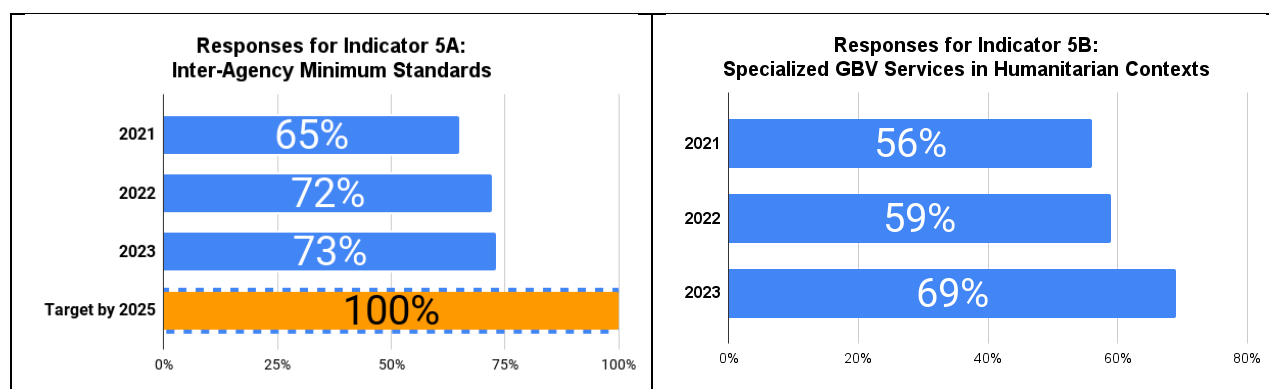
To address funding challenges and ensure that sufficient resources are allocated for GBV prevention, mitigation and response, the following recommendations are proposed:

- **Increase multi-year, flexible funding for GBV programming:** Partners called for an overall increase of funding allocations for GBV programming in humanitarian responses, especially flexible multi-year funding to ensure the sustainability of GBV response. This refers to all areas of the GBV response: programming, coordination, policy implementation, GBV prevention and risk mitigation, capacity-building of local actors, and institutional capacity strengthening. This enables organizations to adapt their GBV prevention efforts to changing needs in protracted and/or hard to reach crisis settings.
- **Strengthen funding tracking system:** Partners recommended improved financial and more widely used tracking systems to better monitor GBV-specific funding and how funds are allocated to GBV within integrated programming. This will also facilitate more accurate reporting on GBV-related expenditures.
- **Increase direct funding to WLOs:** Partners recommended an ongoing examination of funding modalities and a significant increase in direct funding to local WLOs through the creation of transparent funding mechanisms that allow local organizations to apply directly for resources without relying on intermediaries. Partners also recommended expanding partnerships with local actors to facilitate their access to apply for GBV-related funds, strengthen their financial management capacity and ability to implement GBV programs independently.
- **Increase funding for cross-sectoral GBV integration:** Partners called for funding of humanitarian programmes across sectors that integrate GBV analysis, prevention, risk mitigation and response into other humanitarian sectors like health, WASH, food, and education for consistent integrated GBV service provision across all humanitarian responses.
- **Address the gap between humanitarian and development funding:** Partners recommended funding mechanisms that support both immediate GBV responses and long-term development initiatives that ensure survivors receive uninterrupted care even after the immediate humanitarian phase has ended and the root causes of GBV are addressed. Funding should prioritize GBV interventions that link humanitarian aid with long-term development goals.

Outcome 5: Specialized GBV Programming

GBV prevention and response programming, including specialized services, that meet the Inter-Agency Minimum Standards for GBV in Emergencies Programming are implemented in every phase of emergency response.

	Indicator	Targets/ Milestones	2021	2022	2023	Trend
5A	Number of Call to Action partners that report applying the Inter-Agency Minimum Standards in their humanitarian GBV prevention and response work ¹⁷	60% by 2021 70% by 2022 80% by 2023 90% by 2024 100% by 2025	36 (65%)	42 (72%)	37 (73%)	↗
5B	Number of Call to Action partners that report implementing specialized GBV services in humanitarian contexts.	Sustained/increased numbers in self-reported implementation of specialized GBV services in line with the Minimum Standards annually ¹⁸	31	34	35 (69%)	↗



¹⁷ This includes donors, when they report that they would systematically use the Minimum Standards in Decision making on support for GBV programming in humanitarian GBV prevention and response work.

¹⁸ Only those actors with relevant capacity (including expertise, financial, and human resources) should undertake provision of specialized services.

Progress:

Expansion of GBV case management and survivor-centred support:

Specialized GBV programming following the Inter-Agency Minimum Standards on GBV in emergencies, including the expansion of case management services as well as evidence generation for GBV programming, was a key area of progress reported across all stakeholder groups. The **United Kingdom** invested in various initiatives such as *What Works to Prevent Violence* or *ACT for Survivors* to address GBV in conflict and crises. The **USA** supported and elevated, especially WLOs, to provide quality GBV interventions, including survivor-centred case management services. **Slovenia** supported projects empowering vulnerable women against GBV, offering multi-sectoral assistance.

International Organizations like **UNICEF**, **UNFPA**, **UNHCR**, **WFP**, **IOM** and **WHO** also reported significant progress in expanding quality prevention and response services for survivors, including GBV case management and clinical management of rape in conflict-affected IDP and refugee settings. This entailed using digital referral pathway tools. **UNICEF** integrated GBV case management into its child protection services in crisis settings, ensuring that child survivors of GBV had access to appropriate care. **WHO** contributed to training health workers on managing GBV cases in health facilities, particularly in emergency settings where the need for survivor-centered care was critical. **UNFPA** scaled up cash and voucher assistance within GBV case management and developed guidance and e-learning materials.

NGOs played a leading role in delivering specialized GBV programming. Organizations like **Trócaire**, **Himaya Daeem Aataa**, **EngenderHealth**, **Genderforce**, **Sama for Development**, and **Women Empowerment Organization (WEO)** expanded their GBV case management services in fragile states, focusing on providing survivor-centered support with the provision of access to legal assistance, mental health services, and protection programs. **Sama for Development** and **WEO** emphasized the importance of integrating GBV case management with local health systems, working with local actors to provide medical and psychosocial care in conflict-affected communities.

Mental Health and Psychosocial Support (MHPSS) and Sexual Reproductive Health (SRH)

MHPSS and SRH was another major area of progress in specialized GBV programming. **States and Donors** like **Germany**, **Norway** and **Sweden** supported SRH and MHPSS services for GBV survivors, including in fragile states where access to this specialized care was limited, integrating SRH and MHPSS into GBV case management and ensuring that GBV survivors received trauma-informed care and access to mental health services alongside physical health care.

International Organizations like **UNFPA** and **UNICEF** emphasized their role in expanding MHPSS for GBV survivors in humanitarian settings. **UNFPA** focused on including MHPSS in their surge capacity, supporting the dissemination of the MHPSS Minimum Service Package and co-chairing the MHPSS Task Team under the GBV AoR, ensuring that women and girls who experienced sexual violence had access to mental health services. **UNICEF** worked on integrating MHPSS into its virtual service provision.

NGOs such as **ABAAD**, **Médecins du Monde**, **Première Urgence Internationale**, and **WRC**, played a key role in delivering MHPSS services to GBV survivors in both humanitarian and development settings as part of a broader GBV case management program.

Safe Spaces for Women and Girls:

Another area of progress in specialized GBV programming concerns Women and Girls Safe Spaces (WGSS), where survivors of GBV could enjoy a safe environment and women and girls could access

comprehensive services going beyond immediate needs. **International Organizations** like **UNFPA** and **UNICEF** played a key role in supporting the establishment and management of WGSS in crisis settings as well as their integration into existing protection services. **UNFPA** created resources and operational guidance notes on WGSS, which were disseminated widely through webinars and direct support on the ground. In contexts with significant access challenges, partner also deployed innovative technical solutions such as virtual safe spaces by **UNICEF** that provide support to girls and women. **NGOs** like **Coalition for Humanity** and **Plan International** also contributed to the creation of WGSS in fragile settings and reported progress in establishing WGSS where women and girls had access to case management, mental health services, and protection programs, including adolescent girls at risk of sexual violence.

Challenges

Despite these advancements, partners faced significant challenges in implementing specialized GBV programming:

- **Staffing gaps and lack of trained GBV specialists:** A major challenge highlighted by partners was the lack of qualified (local) GBV specialists to deliver services in conflict settings and trained staff to monitor progress on GBV programming through standardized GBV indicators. Partners reported that it was difficult to recruit and retain staff trained in trauma-informed clinical care; GBV case management; and Mental Health and Psycho-Social Support (MHPSS), particularly in fragile states where there were high turnover rates, hampering the continuity and quality of care in emergency settings. Health workers in emergency settings often lacked the training needed to provide clinical care and psychosocial support to GBV survivors.
- **Limited access to specialized GBV services in conflict zones and contexts of marginalisation:** A recurring challenge partners reported were ongoing security concerns in conflict-affected areas and the digital gender divide, which limited safe access of women and girls to specialized GBV services, including GBV case management and clinical care services to survivors. The challenging security situation across many humanitarian responses also prevented partners from scaling up GBV services in acute and protracted contexts. While virtual solutions were deployed, such innovations do not fully replace the need for in-person services.
- **Cultural resistance:** Partners highlighted continued cultural resistance to the implementation of GBV programming, policies, and risk mitigation measures. In many regions, deep-rooted, harmful gender norms and cultural attitudes towards GBV made it difficult to advocate for policy changes, particularly in conflict-affected contexts where there is often a fallback to harmful gender norms. Further, these norms and attitudes hampered the implementation of strategies that promoted the safety and protection of women and girls, including a resistance to engaging men and boys in GBV prevention efforts.

Key recommendations

To address the challenges in scaling and sustaining specialized GBV programming, the following recommendations are proposed:

- **Strengthen local capacity to deliver specialized GBV services:** To address the challenge of staffing gaps and a lack of trained GBV specialists, partners recommended investment in capacity-

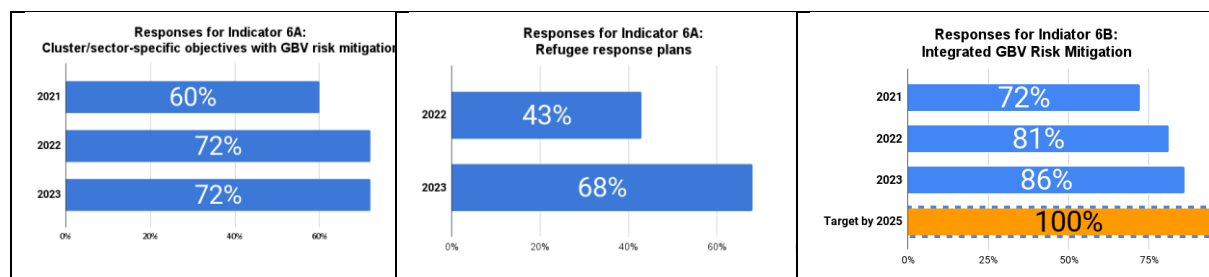
building initiatives to train local actors, including WLOs and community-based organizations, in GBV case management, MHPSS and trauma-informed care, ensuring that local actors are equipped to provide specialized, culturally appropriate GBV services. This includes the promotion of cross-agency collaboration on the development and dissemination of specialized tools along with guidance that standardizes care für GBV survivors. Partners also suggested improving the technical skills of local health and social workers in delivering GBV services, creating a strong link to social protection systems. Lastly, surge deployments of GBV experts across sectors, with a special focus on training local actors for their integration in programming and coordination mechanisms, can effectively address staffing gaps and build local capacity.

- **Expand Women and Girls Safe Spaces (WGSS):** Partners recommended that increased funding for the creation and maintenance of Women and Girls Safe Spaces (WGSS) in humanitarian settings, where women and girls can access a range of services in safe and supportive environments. WGSS are an entry point to the provision of comprehensive care to GBV survivors.
- **Integrate Mental Health and Psychosocial Support (MHPSS):** To address the psychological needs of GBV survivors, partners requested integrating Mental Health and Psychosocial Support (MHPSS) into all GBV programming. Partners should prioritize MHPSS as part of GBV case management, ensuring that survivors have access to trauma-informed care as part of a comprehensive mental health care support package to survivors.
- **Engage men and boys in GBV prevention, response and risk mitigation:** Partners highlighted the need to engage men and boys across the project cycle in GBV prevention, response and mitigation efforts given cultural resistance against GBV policy implementation to ensure a holistic approach. This includes advocating for policy frameworks and implementing activities that focus on gender equality and challenging harmful gender norms, also suggesting that state duty bearers adopt GBV policies that include the active participation of men and boys in prevention, response and risk mitigation efforts.

Outcome 6: GBV Risk Mitigation

GBV risk mitigation and promotion of gender equality are effectively integrated into program design, implementation, and monitoring and evaluation across all humanitarian sectors in line with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

Indicator		Targets/ Milestones	2021 ¹⁹	2022 ²⁰	2023	Trend
6A	% of total cluster/sector plans in humanitarian plans that include GBV risk mitigation within the cluster/sector-specific objectives.	Annual increase	60%	72% HRP published	72% ²¹ HRP published	→
				43% Refugee response plans	68% Refugee response plans	↗
6B	Number of Call to Action partners that report integrating GBV risk mitigation in their humanitarian work.	Annual increase 100% by 2025	40 (72%)	47 (81%)	38 (86%)	↗



¹⁹ Please see 2021 Annual Report for further information on the figures.

²⁰ Please see 2022 Annual Report for further information on the figures.

²¹ Among 25 HRPs published, GBV is mentioned either directly (n=6) or indirectly (n=12) in the overall strategic objectives. GBV AoR Data Collection, July 2024. Directly: Central African Republic, Chad, Honduras, Mali, Nigeria, Venezuela. Indirectly: Burundi, Cameroon, Colombia, El Salvador, Haiti, Mozambique, Myanmar, Niger, oPt, Sudan, Ukraine, Yemen.

Progress:

GBV risk mitigation across humanitarian sectors:

Significant progress was made in integrating GBV risk mitigation across various humanitarian sectors, such as WASH, shelter, health, and food security. **States and Donors** like **ECHO, Finland, Germany, Switzerland, the United Kingdom, and the United States** emphasized the importance of ensuring that GBV risk mitigation measures were systematically integrated into their multi-sectoral humanitarian programs, including through training of staff, the promotion of GBV safety audits to ensure that women and girls can safely access services, the use of cash for GBV outcomes, and institutionalising safeguarding against Sexual Exploitation, Abuse, and Harassment (SEAH) in humanitarian programming.

International Organizations such as **UNICEF, UNHCR, IOM, and WFP** contributed to ensuring that GBV risk mitigation was mainstreamed across sectors in humanitarian responses. **UNICEF** worked to integrate GBV considerations into nutrition and child protection programs through a cross-cutting indicator on GBV risk mitigation. **UNHCR** and **IOM** focused on mitigating GBV risks in shelter and protection as well as CCCM programs and coordination to reduce the risks of sexual violence. **OCHA** promoted cross-sectoral coordination to ensure that GBV risk mitigation was included in Humanitarian Response Plans (HRPs) and **UNHCR** increased GBV risk mitigation analysis in Refugee Response Plans (RRPs) by 25% compared to 2022, emphasizing that GBV considerations must be part of the planning for interventions across clusters.

NGOs also played a vital role in advancing GBV risk mitigation across sectors. **Oxfam, CARE, NRC-NORCAP, Action Against Hunger, Norwegian Church Aid, Première Urgence Internationale, Global Communities** reported progress in integrating GBV risk mitigation into their programming, among other things WASH, shelter, nutrition and protection. The NGOs' integration efforts ensured for instance that water distribution points and sanitation facilities were designed with the safety of women and girls in mind, using lighting and community-led safety monitoring to reduce risks of sexual violence. Furthermore, GBV risk mitigation was embedded in the management of food distribution points, which minimized risks to women and girls by considering their safe access to food assistance. GBV safety audits, in collaboration with local partners, helped to assess the risks of GBV in schools, water points, and shelters in IDP and refugee camps, and lay the basis for the implementation of mitigation measures.

Community driven GBV risk mitigation initiatives:

Another key area of progress was the implementation of **community driven GBV risk mitigation initiatives**. **States and Donors** like **Ireland** and the **United Kingdom** supported community-led approaches to GBV risk mitigation, funding programs that empowered local WLOs and community groups to take a leading role in reducing GBV risks. Specific tools and approaches supported through donor funding included community-driven safety audits, where local WLOs assessed GBV risks in displacement settings and proposed safety interventions, as well as strengthening the role of local actors in social protection to deliver response services.

International Organizations like **UNFPA, WFP, IOM and UNICEF** also emphasized community-based approaches to GBV risk mitigation. **UNFPA** worked with local partners to conduct community-led GBV assessments, ensuring that mitigation strategies reflected local realities and were implemented by community members. **UNICEF** focused on integrating GBV risk mitigation into their programming, working with local actors to monitor risks by using a GBV risk tool.

NGOs such as **Plan International**, **Empowerment for Development**, **Islamic Relief Worldwide**, and **Trócaire** played a key role in implementing community driven risk mitigation efforts by working with local communities conduct safety audits and to identify high-risk areas for women and girls, developing localized protection strategies.

Engagement of men and boys in GBV risk mitigation:

Several **States and Donors**, including **Ireland** and **Sweden**, funded programs that engaged men and boys in community-led GBV prevention, focusing on including men and boys in gender equality and GBV awareness programs in conflict-affected regions. Donor funding also facilitated work towards changing harmful gender norms and the reduction of GBV risks by involving male community leaders in prevention efforts, encouraging men and boys to play an active role in advocating for gender equality in crisis settings.

International Organizations like **WFP** emphasized the role of men and boys in GBV risk mitigation across sectors, particularly in education, protection, nutrition and child protection programs. Trainings of male community leaders in displacement camps helped make them advocates for GBV risk mitigation for the promotion of safety measures across humanitarian programming. WFP engaged with men and boys through incorporating GBV risk mitigation as a component of its nutrition and resilience programming.

NGOs such as **ABAAD**, **EngenderHealth**, **Coalition for Humanity**, and **IRC** reported progress in engaging men and boys in GBV prevention in humanitarian settings, working with male community members in displacement settings to identify GBV risks and implement protection strategies. NGO efforts also aimed at challenging harmful gender norms and creating safer environments for women and girls by involving male community members in the prevention and mitigation of GBV.

Challenges

Despite progress, several challenges continue to hinder the full integration of GBV risk mitigation measures across sectors:

- **Inconsistent operationalization of GBV risk mitigation across sectors:** A key challenge reported by partners was the difficulty in operationalizing global GBV risk mitigation strategies by consistently translating them into local action plans across all humanitarian sectors. Some sectors were faster and others slower to adopt risk mitigation strategies, which resulted in the uneven implementation of GBV risk mitigation measures, leaving gaps in some sectors where women and girls remained at risk and leading to fragmented service provision for survivors.
- **Capacity gaps across sectors:** Many local actors and frontline workers lacked the necessary training and tools to effectively integrate GBV risk mitigation into their day-to-day activities. Partners reported that gaps existed in the capacity of field workers to conduct GBV safety audits, respond to disclosures, and implement referral systems in emergency setting.
- **Safety concerns and access challenges:** Partners reported that ongoing conflicts made the implementing of effective GBV risk mitigation measures a significant challenge where they faced difficulties in reaching the affected population. This includes challenges in conducting in-person safety audits and ensuring physical access to safe spaces for women and girls.

Key recommendations

To overcome these challenges and enhance GBV risk mitigation efforts, the following recommendations are proposed:

- **Strengthen cross-sectoral implementation of GBV risk mitigation:** Partners recommended strengthening interagency coordination to improve the systematic institutionalisation of GBV risk mitigation and the cross-sectoral implementation of GBV risk mitigation strategies for the prioritization of women's and girls' safety and protection. This requires close collaboration between clusters to develop joint tools and strategies, e.g., sectoral assessments and planning processes.
- **Enhance community-driven GBV risk mitigation efforts:** Partners called for the need to enhance community-driven GBV risk mitigation efforts by involving local actors, among them WLOs and community leaders, in developing localized risk mitigation strategies that reflect the needs and realities of the community. Funding should be provided for building the capacity of local actors to lead GBV risk mitigation efforts in their communities.



Credits: UNFPA, Palestine, Gaza



UNHCR's GBV Officer leads a group session for IDP women in Mozambique

Annex A: List of Call to Action partners in 2023

States and Donors (25)	Non-Governmental Organizations (58)	International Organizations (15)
<ul style="list-style-type: none"> - Australia - Belgium - Bulgaria - Canada - Czech Republic - Denmark - European Union - Finland - France - Germany - Ireland - Italy - Japan - Latvia - Luxembourg - Netherlands - Norway - Peru - Portugal - Slovenia - Spain - Sweden - Switzerland - United Kingdom 	<ul style="list-style-type: none"> - ABAAD - Resource Center for Gender Equality - ActionAid - Action Against Hunger (AAH) - African Indigenous Women Empowerment (AIWE) - Alight (formerly American Refugee Committee) - Arab Women Organization of Jordan (AWO) - Asamblea de Cooperación Por la Paz (ACCP) - Cameroon Women's Peace Movement (CAWOPEM) - CARE International - Christian Aid - Coalition for Humanity - Danish Refugee Council (DRC) - Democracy School Yemen - Dynamique des Femmes Juristes (DFJ) - Empowerment for Development - EngenderHealth - Genderforce - Geneva Call - Global Communities - Heartland Alliance International - HelpAge - Himaya Daeem Aataa (HAD) - Hope Revival Organization (HRO) - Humanity and Inclusion - InterAction 	<ul style="list-style-type: none"> - Elrha/Humanitarian Innovation Fund - Food and Agriculture Organization of the United Nations (FAO) - Gender-Based Violence Area of Responsibility (GBV AoR) - International Federation of Red Cross and Red Crescent Societies (IFRC) - International Organization for Migration (IOM) - United Nations Educational, Scientific and Cultural Organisation (UNESCO) - United Nations Office for the Coordination of Humanitarian Affairs (OCHA) - Organisation for Economic Cooperation and Development (OECD) - United Nations Children's Fund (UNICEF) - United Nations Population Fund (UNFPA) - United Nations Office of the High Commissioner for Refugees (UNHCR) - United Nations Relief and Works Agency (UNRWA) - UN Women - United Nations World Food Program (WFP) - United Nations World Health Organisation (WHO)

<ul style="list-style-type: none"> - United States of America 	<ul style="list-style-type: none"> - International Center for Research on Women (ICRW) - International Council of Voluntary Agencies (ICVA) - International Medical Corps (IMC) - International Planned Parenthood Federation (IPPF) - International Rescue Committee (IRC) - Islamic Relief Worldwide (IRW) - Legal Action Worldwide (LAW) - Médecins du Monde (MdM) - MSI Reproductive Choices - NGO Working Group on Women, Peace and Security - Norwegian Refugee Council (NRC) - Norwegian Church Aid (NCA) - Oxfam - Plan International Incorporated - PAI - Première Urgence Internationale (PUI) - Refugees International (RI) - Relief Agency - Salient Humanitarian Organisation (SHO) - Save the Children - Struggle Against Poverty - Syria Relief & Development (SRD) - Tearfund - Trócaire - Women and Health Alliance (WAHA) International - War Child - WaterAid - Women Empowerment Organisation (WEO) - Women for Women International - Women's Refugee Commission (WRC) 	
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	<ul style="list-style-type: none"> - Women's Rights and Health Projects Nigeria - World Vision International - Yemen Family Care Association (YFCA) 	
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