

# CALL TO ACTION

## on Protection from Gender-Based Violence in Emergencies

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**Road Map 2016–2020**  
2017 Progress Report

**Call to Action  
on Protection from Gender-Based  
Violence in Emergencies**  
Progress Report 2017

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Humanitarian policy for action



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# Acronyms

<b>AoR</b>	Area of Responsibility
<b>CERF</b>	Central Emergency Response Fund
<b>DfID</b>	Department for International Development
<b>DG ECHO</b>	Directorate-General for European Civil Protection and Humanitarian Aid Operations
<b>EU</b>	European Union
<b>FTS</b>	Financial Tracking Service
<b>GBV</b>	Gender Based Violence
<b>GBV AoR</b>	Gender-Based Violence Area of Responsibility
<b>GBViE</b>	Gender-Based Violence in Emergencies
<b>HC</b>	Humanitarian Coordinator
<b>HCT</b>	Humanitarian Country Team
<b>HNO</b>	Humanitarian Needs Overview
<b>HPC</b>	Humanitarian Program Cycle
<b>HRP</b>	Humanitarian Response Plan
<b>IM</b>	Information Management
<b>IOs</b>	International Organisations
<b>KAA</b>	Key Action Area
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MIRA</b>	Multi-sectoral Initial Rapid Assessment
<b>NGOs</b>	Non-Governmental Organisations
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OPT</b>	Occupied Palestinian Territories

<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>RC</b>	Resident Coordinator
<b>RC/HC</b>	Resident Coordinator/Humanitarian Coordinator
<b>RTAP</b>	Real-time Accountability Partnership
<b>RTE</b>	Real Time Evaluation
<b>SC</b>	Steering Committee
<b>ToRs</b>	Terms of Reference





# 1. Foreword

## **CALL TO ACTION STEERING COMMITTEE — PROGRESS REPORT 2017**

We welcome the progress made to protect persons, especially women and girls, and communities at risk and to provide comprehensive assistance to all survivors of gender-based violence (GBV), including recovery initiatives to rebuild their lives. The Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) was created in 2013 by fifty humanitarian actors. Five years later, the Call to Action is now more than eighty partners strong. However, much work remains to be done. Through collective action, we aim to fundamentally transform the way GBV is addressed in humanitarian operations.

The pledge to act and to hold ourselves accountable for creating change is what binds us together. Joining the partnership means making commitments under the Call to Action Road Map 2016–2020 and bringing our strengths, added-value and capacities to the table. This Progress Report captures achievements made by partners in 2017, as well as the encountered challenges and opportunities ahead.

The report concludes that noteworthy progress has been achieved in different areas, including the improvement of the coordination of humanitarian GBV work at the global and field level, ensuring that humanitarian leadership is responsible for addressing GBV and achieving gender equality, and the increase of donors' funds allocated to GBV in emergencies. Nevertheless, we are not there yet. We must do more as a partnership, and as a wider humanitarian community. We must better engage and promote the leadership of local civil society and women's organisations. Gaps and barriers to GBV funding need to be further analysed and overcome. More Call to Action partners must commit to adopting and implementing institutional and national

policies to tackle GBV. Besides preventing and responding to GBV at large, strengthening the linkages between gender equality and GBV is also an important priority for the work ahead. We also must bring even more partners into the Call to Action partnership.

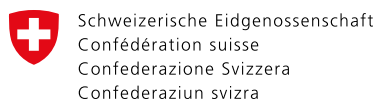
Moving forward, a number of important activities are underway that will advance our collective efforts under the Call to Action. For instance, the finalisation of the minimum standards for specialised SGBV prevention and response scheduled for 2019 will be an important contribution to the implementation of the Road Map. We will also learn a great deal about effective implementation of the Call to Action at the national and local level from the pilot projects in Nigeria and Democratic Republic of Congo and the Real Time Accountability Partnership pilots in South Sudan and Northern Iraq. The EU's humanitarian field department has also organised a series of awareness-raising workshops in 2018, in the context of their leadership, in an effort to bring the initiative closer to the field. Initiatives focused on mitigating the risks of GBV across sectors, such as the rollout of the Inter-Agency Standing Committee GBV Guidelines, have had important achievements and are creating a strong foundation for continued improvements in all sectors of humanitarian response.

The European Union, as current Lead, and the Call to Action Steering Committee look forward to working closely with the next Lead, Canada, to build on the progress of the Call to Action partnership. Together, we can enhance our achievements, lead the way to address the challenges and act strategically vis-à-vis of the upcoming opportunities in 2019. We can change the humanitarian field to better serve persons and communities at risk.

We encourage all Call to Action partners to continue their efforts, and to critically assess where more can be done. We also hope that new partners will join us. It is only through our collective effort that we can reach our goal to fundamentally transform the way that GBV is addressed in emergencies.

Call to Action Steering Committee November 2018:

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Swiss Agency for Development  
and Cooperation SDC



unicef  for every child

Call to Action Lead June 2017–December 2018:

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## 2. Executive summary

Since its launch in 2013, the multi-stakeholder initiative **Call to Action on Protection from Gender-Based Violence in Emergencies**<sup>1</sup> (Call to Action) has grown from the original 50 founding partners to 80 partners<sup>2</sup> comprising local, regional and international non-governmental organisations (NGOs), States and donors, United Nations (UN) partners and other international organizations (IOs). Since 2013 the partnership has consecutively been led by the United Kingdom, the United States of America, and Sweden.

The European Union (through its Directorate-General for European Civil Protection and Humanitarian Aid Operations – DG ECHO) has led the initiative since June 2017 and Canada will take over the leadership from 2019. For more information on the EU's priorities and achievements during its leadership of the Call to Action please see *here*<sup>3</sup>.

The goal of the Call to Action is to drive change and foster accountability within the humanitarian sphere, so that every humanitarian effort includes the policies, systems, and mechanisms necessary to mitigate Gender Based Violence (GBV) risks, especially violence against women and girls, and to provide safe and comprehensive services for those affected by GBV, from the earliest phases of a crisis.

The **Call to Action Road Map 2016–2020**<sup>4</sup> is the operational framework established to achieve this goal. It is focused on the systemic changes that must be made in policy and practice to transform humanitarian response to GBV. The Road Map sets out six Outcome areas that need to be achieved by 2020, and partners make commitments on Key Action Areas (KAA's), listed under an Outcome area when they become partners. Overall the Road Map stresses that by taking action and achieving the six Outcomes, Call to Action partners are driven to change from “business as usual” to a new norm in which an immediate, good quality, effective and

adequately funded humanitarian response to GBV in emergencies is normal and unquestioned. Achieving this “new normal” requires fundamental and strategic shifts, related to (1) Enhanced Accountability, (2) Collective Action, and (3) Full Engagement with Local Actors.

As accountability is a key component of the initiative, partners self-report on their commitments and actions every year. There are also a set of high-level indicators to measure overall progress. Forty-seven partners (69% of the 68 partners in 2017), submitted reports detailing their progress in 2017. This progress report is based on these reports contributions and on the data compiled on the high-level indicators as listed in the Road Map

### ACHIEVEMENTS

This report finds that in 2017, there has been notable progress in a number of key areas of the Road Map. There have been significant improvements to global and field coordination of humanitarian GBV work including improvements to global leadership of coordination, rapid activation of GBV coordination in the field and an increase in local leadership of GBV coordination. In addition, there has been progress reported in the implementation or development of institutional and national policies on GBV and/or gender equality.

Key achievements include the development of tools and approaches to measure, record and respond to GBV; the assessment of humanitarian system responses to GBV; and advocacy for more funding for GBV. Significant funds have also been allocated by donors to

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<sup>1</sup> <https://www.calltoactiongbv.com>

<sup>2</sup> At the time of writing, in November 2018.

<sup>3</sup> [http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/call\\_to\\_action\\_on\\_protection\\_from\\_gender\\_based\\_violence\\_in\\_emergencies\\_en.pdf](http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/call_to_action_on_protection_from_gender_based_violence_in_emergencies_en.pdf)

<sup>4</sup> <https://www.calltoactiongbv.com/what-we-do>

work on GBV in emergencies (even though GBV and gender equality remain areas of critical concern when it comes to funding in the frame of Humanitarian Response Plans, the Central Emergency Response Fund and other funding mechanisms). Efforts to ensure that humanitarian leadership is responsible for addressing GBV and gender equality have also been fruitful resulting in 100% of the Emergency Relief Coordinator-Humanitarian Coordinator compacts incorporating gender, GBV and Protection from Sexual Exploitation and Abuse (PSEA) deliverables in 2017. These are important accomplishments that contribute to the overall goal of the initiative by creating the framework for success.

## CHALLENGES

In their 2017 reports, partners stated that key challenges such as the lack of sufficient financial resources and insufficient human resource capacity impeded further progress and achievement of goals. Partners also identified a lack of consistent linkage between gender equality and GBV in humanitarian work, which undermines efforts to address both. Alongside this, partners noted that efforts aimed at ensuring that GBV and gender equality are embedded in humanitarian planning and appeals processes, are not fully reflected in the outcome documents of these processes. In addition, partners noted the lack of a consolidated and agreed upon multi-sectoral package of core services related to GBV as a challenge. This is, according to partners, a necessary target to enable evidence-based and appropriate prioritisation of limited funding.

Remaining gaps must therefore be addressed to meet the overall targets for the Road Map including the absence of a comprehensive system to track humanitarian funding to GBV and gender equality, and the lack of a consolidated and agreed upon multi-sectoral package of core services related to GBV.

The report which follows highlights these areas of collective progress and details gaps and challenges that remain. The focus must now be on working together to overcome these and meet targets set in the Road Map. It is also essential to translate systemic achievements at the global level to meaningful action in the field. The Call to Action Partnership (the Partnership), is well positioned to do so.

## RECOMMENDATIONS

In order to achieve this, the Partnership should address the following key areas of recommendations that emerged from the analysis of data. These are summarised below and detailed further in section 7 of the report.

### 1. Funding

Lack of funding and human resources has been identified in almost every outcome area as a main challenge. Further analysis of the gaps, information dissemination and commitments by the Partnership are needed to identify and address the related challenges, gaps and barriers to funding for GBV and gender equality in emergencies for all relevant and involved actors.

### 2. Engagement of civil society

The Partnership needs to make concerted efforts to stimulate the active participation of Civil Society Organisations, especially local and women's organisations from settings affected by or prone to crises in the Call to Action; increase political will, financial resources, and awareness around the work of these organisations in GBV prevention and response efforts and ensure increased recognition and support for their integral role.

### 3. Linkages between gender equality and GBV

Partners identified that the lack of consistent linkages made between gender equality and GBV in humanitarian work undermines efforts to address both and reported it as a particular challenge in their work. Partners noted that it is important for humanitarian actors to understand that gender inequality perpetuate norms that promote GBV and that gender inequalities lead to increased risks, exclusion and discrimination. A deeper narrative should be created for how work on GBV contributes and promotes gender equality. More could also be done in the Call to Action to report on explicit progress made on gender equality, in line with the Call to Action's third objective of mainstreaming gender equality throughout humanitarian action.

### 4. Policy frameworks

All Call to Action Partners should ensure that their organisational leadership maintain momentum in ensuring a policy framework is in place for integrating both GBV and gender equality in their humanitarian work.

## 5. Core package of services

The Call to Action Partnership, needs to build on the preparatory work done in 2017 and agree a package of core GBV services for specialised GBV prevention and response to be undertaken during each phase of an emergency. This package, development of which is already underway, is expected to be adopted in 2019. This core package will enable standardisation of procedures and alignment of measures in GBV prevention and response.

## 6. Learning of field-focused initiatives relevant to Call to Action

A number of Call to Action partners have initiated or are part of further efforts in making the Call to Action initiative more concrete and tangible at field-level and relate directly to implementation of the Call to Action and Outcome areas of the Road Map. The learning and results of initiatives should be promoted across and by the Partnership. Examples of these include, the Call to Action Road Map pilots in Nigeria<sup>5</sup> and Democratic Republic of the Congo, the Real Time Accountability Partnership (RTAP)<sup>6</sup>, the 2015 Inter-Agency Standing Committee GBV guidelines<sup>7</sup> and the Gender Handbook for Humanitarian Action<sup>8</sup>, as well the awareness-raising workshops that the EU's humanitarian field network organised during 2018. New actions should build on existing initiatives and examples of good practice be shared with partners in a systematic way.

## 7. Advocacy

The Partnership should develop a detailed advocacy strategy, making better use of the Call to Action platform to speak with a collective voice and to take advantage of the potential of Call to Action as a platform to connect local initiatives to the global arena.

## 8. Commitments and reporting

It was found that not all partners have up-to-date commitments on the Call to Action Road Map, and not all partners consistently report on their commitments. Partners should review their commitments, where appropriate, and should ensure coherence in reporting undertaken under the partnership. To enhance accountability, new partners should be encouraged to make more tangible commitments on the Road Map and look at benchmarks for reporting on progress.

## 9. Data collection, evaluation and analysis

These are fundamental tools to identify gaps, define effective GBV prevention and response, elaborate annual plans and create advocacy messaging. The Partnership should focus on improving and refining existing data collection tools and information management systems and ensure these inform humanitarian planning and programming.

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<sup>5</sup> <https://www.humanitarianresponse.info/en/operations/nigeria/call-action-road-map>

<sup>6</sup> <https://interagencystandingcommittee.org/focal-points/documents-public/real-time-accountability-partnership-gbv-emergencies>

<sup>7</sup> <https://gbvguidelines.org/en>

<sup>8</sup> [https://interagencystandingcommittee.org/system/files/2018-iasc\\_gender\\_handbook\\_for\\_humanitarian\\_action\\_eng\\_0.pdf](https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf)



# 3. Objectives and methodology

In September 2017, the European Union (through DG ECHO) commissioned the INSPIRE Consortium, formed by Groupe Urgence Réhabilitation (URD, France), Overseas Development Institute (ODI, United Kingdom), Global Public Policy Institute (GPPI, Germany) and the Institute of Studies on Conflicts and Humanitarian Action (IECAH, Spain) —leading this assignment— to facilitate the finalisation of the monitoring and evaluation framework relevant to the Call to Action Road Map and to write this 2017 annual progress report.

This annual report aims to provide a comprehensive analysis of progress, challenges and gaps on key action areas to achieve the Call to Action Outcomes reported by stakeholder groups in 2017; and to measure the high-level indicators set in the Road Map. All these elements combined provide a broad picture of the collective achievements of the Call to Action. The report is based on the data gathered from partner reports and the high-level indicators, and from additional inputs provided during the annual partners meeting held 27–29 June 2018 in Brussels. It highlights both the individual work of partners and collective achievements of the initiative in 2017.

Forty-seven partners (69% of the 68 partners in 2017), submitted reports including:

- 21 out of 33 NGO members (57%)
- 14 out of 22 State and Donor members (54%)
- 12 out of 13 International Organisation members (92%)

Forty-three partners reported on progress made against specific commitments related to Key Action Areas of the Call to Action Road Map. The remaining four opted to report their progress more generally. This is a significant increase (23%) from the 30 partners (out of 65 partners in 2016) that reported in 2016.

## Limitations of the 2017 progress report:

1. Not all partners have made specific commitments on the Call to Action Road Map, and therefore the option was offered to provide and report general information. Some partners who did make commitments on the Road Map, however, did not link their reporting to specific actions, opting to provide more general information. This may have resulted in missing information regarding specific progress against some Outcomes.
2. Not all partners reported on progress in 2017, and some partners may not have reported against all the commitments they made. This will also have limitations on capturing all the progress in the report.
3. For measurement of the high-level indicators, even though significant progress was made, some of the activities did not meet the threshold to be included in the indicator. Therefore, the calculation of the indicator may not reflect the full progress made towards the milestones for 2017.





# 4. Key Progress by outcome

## ● OUTCOME 1

**Humanitarian actors adopt and implement institutional policies and standards to strengthen gender equality, prevent and respond to GBV, and enhance accountability for taking-action.**

Key Action Area	Key Stakeholders	Timeframe for achievement
<b>1.1</b> Establish and implement internal institutional policies, standards, and practices that drive action and accountability on GBV and gender equality in humanitarian service delivery.	IOs, INGOs, National Civil Society, States	2016–2017
<b>1.2</b> Establish and implement national policies and plans on gender equality and GBV (e.g., national strategies as appropriate) that guide priorities, processes, protocols, human and financial resource allocation, and advocacy.	States / Donors	2016–2017
<b>1.3</b> Strengthen human resources processes and practices to reflect institutional commitments to, and accountability for, action on GBV and gender equality, including recruitment, job descriptions/terms of reference (ToRs), performance reviews, and sex balance of staff at all levels.	IOs, INGOs, National Civil Society, States	2017–2018
<b>1.4</b> Integrate action on gender equality and GBV into standards, tools, guidance, processes, and priorities for service delivery, funding, and advocacy.	IOs, INGOs, National Civil Society, States	2017–2018
<b>1.5</b> Integrate GBV and gender equality considerations into tools, guidelines, and processes related to monitoring and evaluation, building an evidence base, and information collection, sharing, and use.	IOs, INGOs, National Civil Society, States	2016–2018
<b>1.6</b> Build general and/or specialized knowledge and capacity among staff, management, and local partners for taking-action, on GBV prevention, response, and preparedness (links with Outcomes 5 and 6).	IOs, INGOs, National Civil Society, States	2016–2020
<b>1.7</b> Systematically advocate for inclusion of Call to Action considerations in relevant policy processes (e.g., World Humanitarian Summit, Women, Peace and Security agenda).	IOs, INGOs, National Civil Society, States, States and Donors	2016–2020

The existence of high-level policy frameworks, guidance and standards to underpin the mechanisms for actions to address Gender-Based Violence (GBV) on the ground is critical to achieving Outcome 1. As such, each partner is required to commit to Key Actions Areas (KAA) in Outcome 1 as part of their membership in the Call to Action. Therefore, all 43 partners who reported against specific commitments in 2017, reported against at least one KAA in this Outcome.

The highest number of commitments reported are in three important areas which are critical to achieving the Road Map Outcomes: establishing institutional policies and plans, (KAA 1.1); integrating gender equality and GBV into standards and tools, (KAA 1.4) and building specialised knowledge and capacity, (KAA 1.6). Substantial progress is being made in all these areas, however more focus is needed to ensure actions are completed as these Key Actions have a complementary effect to achieve other Outcomes as is described later in this report. The area with least commitments reported is strengthening human resources policy and practice (KAA 1.3), with only seven out of 43 partners (16%) reporting. This is also an important area to enable implementation of critical activities in the Road Map, therefore more focus needs to be given by more stakeholders in this area.

The Road Map aimed to achieve completion of two key action areas by the end of 2017: 1) *the establishment and implementation of internal institutional policies, standards and practices* (KAA 1.1), and 2) *establishing and implementing national policies and plans on Gender Equality and GBV* (KAA 1.2). The majority of these actions, 75% are still on-going and have not yet been completed, with a quarter of partners reporting having completed actions.<sup>9</sup> Although actions are still on-going, good progress was made in 2017 with 22 partners (51%), reporting progress in this area. Seventeen partners reported revising, developing or rolling out policies related to gender equality, GBV and/or Prevention of Sexual Exploitation and Abuse, (PSEA). United Nations Security Council Resolution 1325<sup>10</sup> (UNSCR 1325) has guided National Action Plans that have been developed by four states, and national strategies and action plans have been developed in three states related to gender, women's rights and humanitarian action.

Most partners indicated that the process is taking longer than planned, and some reported that a lack of technical capacity in this area causes delays. Despite this, it is expected that a majority of actions will be completed within the Road Map period.

According to the Road Map, three key areas of action 1) *the strengthening of human resources processes and practices* (KAA 1.3); 2) *the integration of action on gender equality and GBV into standards, tools, guidance, processes, and priorities for service delivery, funding, and advocacy* (KAA 1.4); and 3) *the integration of action on gender equality and GBV for Monitoring & Evaluation (M&E), building an evidence base and information sharing* (KAA 1.5), are to be completed by the end of 2018.

In relation to strengthening human resources, for those partners who reported in 2017, actions are ongoing and making positive progress, with most partners reporting having completed planned actions, and others reporting that they have completed the analysis stage and are now going forward with implementing recommendations or revising policies. In regard to the incorporation of specific activities on gender equality and GBV into tools and standards, only 25% of partners reported they had completed their actions and therefore more focus needs to be given to this area in 2018. For integrating gender equality and GBV into monitoring and evaluation (M&E) and building an evidence base, progress has been made in this area with 42% of actions completed and the rest on-going.

<sup>9</sup> Not all of these self-reported policies were available for review, and there were inconsistencies between self-reports and the number of policies provided to the secretariat. This leads to differences between the self-reported data included here and the calculations for high-level indicators 1a and 1b reported on later.

<sup>10</sup> Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all United Nations peace and security efforts. It also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict.

The two high-level indicators for Outcome 1 are linked to (1) key actions establishing institutional policies/standards on GBV and gender equality and (2) establishing national policies and plans on GBV and gender equality, as these are the foundational actions for the Outcome. They are based on the premise that progress on strengthening the humanitarian response to GBV is inseparable from progress on gender equality.

To meet the criterion of these indicators the policy needs to address both gender equality and GBV. There are therefore partners other than those included in the calculations below that have a policy on either GBV or gender equality. To stress, the below calculations only includes those partners that have policies on both.

#### **Indicator 1a**

*% of partner organizations that have established enforceable institutional policies/standards on GBV and on gender equality for programming in humanitarian settings.*

Six and a half percent (3/46) of non-State partners shared both gender equality and GBV policies with the Call to Action leadership.

#### **Indicator 1b**

*% of state partners with national policies and implementation plans on GBV and on gender equality.*

Eighteen percent (4/22) of state and donor partners shared national plans/policies for both gender equality and GBV with the Call to Action leadership.

## ● OUTCOME 2

**All levels within the humanitarian architecture promote effective and accountable interagency inter sectoral GBV leadership and coordination.**

Key Action Area	Key Stakeholders	Timeframe for achievement
<b>2.1</b> Strengthen GBV coordination mechanism at the global cluster level to achieve enhanced accountability, effective leadership, and performance in line with cluster standards and guidelines.	IOs, INGOs	2017–2020
<b>2.2</b> Establish timely and effective GBV coordination mechanism at field level to achieve enhanced accountability, effective leadership, and performance in line with cluster standards and guidelines.	IOs, Affected States, INGOs, National Civil Society	2017–2020
<b>2.3</b> Institutionalize and systematize inter-sectoral GBV coordination and coordination between thematic/working groups on GBV and gender equality at global and field levels.	IOs, INGOs, Civil Society, States	2018–2020
<b>2.4</b> Dedicate qualified staff to meaningfully engage in gender and GBV as pertains to global interagency mechanisms/groups, including the GBV Area of Responsibility (AoR) and the Gender Reference Group.	IOs, NGOs	2017–2020
<b>2.5</b> Establish explicit responsibilities for action and accountability on GBV and gender equality in the ToRs of Resident/Humanitarian Coordinators (RC/HCs), Humanitarian Country Teams, and cluster lead agencies, including coordination and programming in each phase of an emergency (links with Action 1–3).	IOs	2017–2020
<b>2.6</b> Proactively promote effective local leadership of and robust engagement in assessments, planning, implementation, and monitoring of GBV and gender equality interventions.	IOs, INGOs, National Civil Society, States	2017–2020

Outcome 2 of the Road Map is critical to strengthening the interagency systems and structures that can clearly guide, support, coordinate, lead, and govern humanitarian action and its linkage with GBV and gender equality. Reporting on these KAAs for this Outcome was started in 2017, therefore most actions are in year one of a three-year process.

In 2017, 22 of the 43 partner organisations (51%) reported against at least one KAA in relation to Outcome 2. This included ten of 12 International Organisations (83%); eight of 19 NGOs (42%); and four of 14 States and Donors (29%).

The highest number of commitments were made in two key areas, 1) *strengthening the GBV coordination mechanism at the global level* (KAA 2.1) and 2) *dedicating qualified staff to meaningfully engage in gender equality and GBV coordination processes and mechanisms* (KAA 2.4). This indicates a positive step towards improving coordination. The lowest number of commitments were made in *pro-actively promoting local leadership and engagement in assessments, planning, implementation, and monitoring of GBV and gender equality interventions* (KAA 2.6). As full engagement with local actors is one of the key strategic shifts of

the Road Map, more commitments need to be made on this action area.

Work on strengthening the GBV coordination at the global level and dedicating staff to meaningfully engage in global interagency mechanisms is progressing very well with about one third (33%) of actions being completed and the remainder of the 67% of actions on-going.

In 2017 outstanding progress was reported in terms of establishing explicit responsibilities for action and accountability on GBV and gender equality. These explicit mandated

responsibilities and accountabilities were defined in the terms of references of Humanitarian Coordinators, Humanitarian Country Team compacts, as well as the Global Coordinators Group and the Inter-Cluster Groups at country level. These efforts have likely contributed to ensuring that 100% of the Emergency Relief Coordinator-Humanitarian Coordinator compacts incorporated gender, GBV and Protection from Sexual Exploitation and Abuse (PSEA) deliverables in 2017. This is a major step forward, and an important multiplier for potential further action and increased accountability on GBV in emergencies.

The indicators for Outcome 2 are directly linked to key actions on strengthening GBV coordination mechanism at the global level, establishing timely and effective coordination mechanisms at field level and promoting effective local leadership. There are three high-level indicators for this Outcome each addressing a different aspect and level of coordination.

#### **Indicator 2a**

**% of global level GBV AoR members satisfied with leadership, performance, and accountability of the global humanitarian GBV coordination mechanism.**

This was measured by a brief survey that requested GBV AoR members to indicate their level of satisfaction with three elements of the AoR: leadership, performance, and accountability. The measurement of this indicator for 2017 is 47% (7/15) indicating satisfaction with all three elements. This represents substantial improvement in relation to 2016. Respondents to the survey rated the AoR especially favorably as regards its leadership and performance. It is clear that significant work is ongoing to address remaining challenges facing the global GBV AoR. The overall target for this indicator is for 85% of AoR members to indicate satisfaction with all 3 elements by 2020.

#### **Indicator 2b**

**% of new crises with a country level humanitarian GBV coordination mechanism established within 14 days of cluster activation.**

This corresponds to establishing timely and effective GBV coordination mechanisms at the field level. It is expected that the number of new crises for which clusters are activated will vary from year to year. In 2017 there were two such crises. The measure for this indicator for 2017 is 100% (2/2). This is ahead of the milestone of 80% of 2018. This level of achievement therefore needs to be maintained.

#### **Indicator 2c**

**% of countries with a Humanitarian Coordinator that have a national-level humanitarian GBV coordination co-led/led by a national actor.**

This field level focused indicator corresponds to the promotion of effective local leadership. Based on information provided by the GBV AoR, the measure for this indicator in 2017 is 35% of countries (12/34). This is ahead of the milestone of 30% by 2018 and is well on track for the target of 50% by 2020.

Overall, the measurement of this indicator relevant to the global GBV coordination mechanisms is therefore overwhelmingly positive, and well on track to meet the different milestones.

## ● OUTCOME 3

**Needs assessments, analyses, and planning processes support effective and accountable integration of GBV prevention and response and gender equality into humanitarian response efforts.**

Key Action Area	Key Stakeholders	Timeframe for achievement
<b>3.1</b> Strengthen preparedness to integrate gender equality and GBV prevention and response into humanitarian action (e.g., sex and age disaggregated data, gender analyses, prepositioned supplies, trained local actors, planned gender equality indicators, GBV preparedness in national plans).	IOs, NGOs, National Civil Society, Affected States	2017–2020
<b>3.2</b> Revise and implement tools and methodologies that govern emergency needs assessments (sectoral and inter-sectoral) to integrate GBV and gender equality issues.	IOs, NGOs	2016–2017
<b>3.3</b> Integrate GBV prevention and response and gender equality into humanitarian planning processes, plans, and reviews (links to Outcomes 5 and 6).	IOs, NGOs, National Civil Society, Affected States	2016–2020
<b>3.4</b> Establish/strengthen accountability mechanisms for integration of GBV and gender equality programming into the Humanitarian Program Cycle (links with Outcomes 1 and 2).	IOs, NGOs, Affected States	2016–2020
<b>3.5</b> Conduct and report on at least one inter-agency real time evaluation (with a focus on humanitarian response to GBV and gender equality) in at least one L3 emergency setting per year.	IOs, NGOs, Affected States, National Civil Society	2016–2020

Outcome 3 is focused on interagency humanitarian assessments, planning and evaluation processes to ensure that these incorporate GBV and gender equality. More than half of the partners that self-reported in 2017 (51%) made commitments in this Outcome, International Organisations, (IOs) being the most predominant stakeholder group (50%). There have been many initiatives and activities undertaken in support of this Outcome including work by IOs and NGOs focused on capacity development through trainings/capacity building, and the development of tools for gender mainstreaming and GBV prevention. Some States and Donors reported the prepositioning of resources, both material and financial, for GBV prevention, and there were several activities related to enhancing accountability for addressing GBV and gender equality through multi-agency initiatives.

Among the initiatives/activities reported there are several joint initiatives supported by partners that were started in 2017, such as the piloting of the Call to Action Road Maps in Nigeria (in 2018 Democratic Republic of the Congo was added as well), the Real Time Accountability Partnership (RTAP), and the process of roll out of the revised IASC GBV Guidelines, showing consensus and coordination among the humanitarian community. These initiatives also signal efforts by the entire partnership in bringing the Call to Action initiative closer to field level and to be more concrete about what enhancing accountability at field-level really means. This was also a major topic at the Call to Action Partners Meeting in June 2018. The dynamic between these different initiatives and how they relate to global processes of the Call to Action are an important topic of further focus and coordination.



There is ongoing progress in Outcome 3, with an impressive number of tools and methodologies reported. Most actions are to be accomplished by 2020 and therefore partners are on track, however there are three areas of slower progress:

1. The systematic inclusion of GBV and gender equality into needs assessments tools, in particular the five assessed under indicator 3a.

2. The integration of GBV prevention and response and gender equality into humanitarian planning processes, plans, and reviews (KAA 3.3).
3. Conducting Real Time Evaluations (RTEs) in L3 emergencies (KAA 3.5). Only three partners have made commitments in this area, and none of them conducted an RTE in 2017. A much greater focus is needed, including more partners making commitments and an RTE taking place in 2018.

The indicators for Outcome 3 are linked to Key Action Areas on tools and methodologies, and on integration of GBV and gender equality into humanitarian planning processes, plans, and reviews. They are also related to Key Action Area 1.5 under Outcome 1. They focus on measuring progress on the inclusion of GBV and gender equality in key humanitarian assessment tools and processes over the five-year timeline of the Road Map.

#### **Indicator 3a**

**% of selected inter-sector/inter-cluster and sector/ cluster assessment tools that integrate GBV and gender equality.**

Of the five tools selected to measure indicator 3a\*, in 2017, only the Humanitarian Needs Overview was deemed to have fully integrated GBV and gender equality, so the measurement of this indicator is 20% integrating GBV and gender equality (1/5).

#### **Indicator 3b**

**% of Humanitarian Program Cycle (HPC) countries where GBV and GE are integrated into HPC processes and reflected in documents.**

This requires both the inclusion of GBV and gender equality in HPC processes as well as reflection of this in the documents

(e.g., specific inclusion of GBV and gender equality in Humanitarian Response Plans) that form the basis for humanitarian system response, monitoring, and evaluation. A checklist has been developed which guides the review of HRPs. A HRP should meet all checklist criteria to be included in the numerator. For 2017, 0% (0/18) of the response plans reviewed reflected the integration of GBV and gender equality. Whilst progress was found in many of the plans, and whilst they did include increased number of elements of GBV and gender equality, no plan met all of the criteria to be included in this indicator. The analysis suggests that the processes behind the development of HRPs do not sufficiently focus on GBV and gender equality, and that this is reflected in plans- particularly, but not only, in the sections focused on measurement (M&E), which lack specific GBV indicators and sex disaggregated targets. As partners reported that efforts are underway, the measurement of this indicator suggests that partners face difficulty in creating further space for GBV and gender equality in these processes.

\* The five tools selected are: the Multi-Sector Initial Rapid Assessment (MIRA), Needs Comparison Tool (NCT), Coordination Performance Monitoring, Humanitarian Needs Overview (HNO), and the Humanitarian Dashboard.

## ● OUTCOME 4

**Funding is available for GBV prevention and response for each phase of an emergency, from preparedness and crisis onset through transition to development.**

Key Action Area	Key Stakeholders	Timeframe for achievement
<b>4.1</b> Identify barriers to national, bilateral, multilateral, and pooled funding for action on GBV at each phase of an emergency, from preparedness and onset through transition to development.	IOs, INGOs, National Civil Society, States	2016
<b>4.2</b> Revise funding guidelines to address barriers and ensure funding is available for GBV prevention and response (see Outcome 5 and Definitions of Key Terms) at each phase of an emergency, from preparedness and crisis onset through to the transition to development.	IOs, States/Donor	2016–2017
<b>4.3</b> Identify (or develop new) innovative funding streams to enable rapid implementation of core GBV services (see Definition of Key Terms and Outcome 5).	IOs, INGOs, States/Donors	2017–2020
<b>4.4</b> Establish tracking mechanisms to report on funding for GBV programming.	IOs, States/Donors	2016–2017
<b>4.5</b> Develop and implement advocacy strategies for prioritizing and funding GBV programming.	All partners, all stakeholder groups	2016–2020

Ensuring appropriate funding is key to achieving progress in preventing and responding to GBV in humanitarian crises. Despite this, reporting on this Outcome suggests that relatively few stakeholders have commitments under this Outcome. Of the stakeholders reporting in 2017, 20 have reported, comprising eight out of 14 (57%) reporting States & Donors, seven out of 12 (58%) reporting International Organizations, and five out of 21 (24%) reporting NGOs.

Significant funding allocations to work on GBV in emergencies, which enabled capacity building and on the ground responses have been reported under this outcome area. Partners detailed annual amounts of allocations to the prevention and response of GBV in emergencies, including capacity building.

In addition, partners reported that work was being undertaken to ensure that funding was available for local Civil Society Organisations, to develop guidelines and internal tracking mechanisms for their GBV funding.

Other achievements reported by partners relate to identification and overcoming of barriers to funding, especially to local organisations in crisis affected settings, ensuring new and innovative funding is directed to GBV programming, and tracking their humanitarian funding to GBV work.

Despite these important efforts, in 2017, the fewest commitments reported on for this Outcome (tied at three commitments each) were on *identifying barriers* (KAA 4.1) and on *innovative funding streams*, (KAA 4.3). Notably, in relation to above, no reporting states/donors indicated commitments under KAA 4.1 and only one under KAA 4.3 though these are KAAs where States and Donors action could be transformative. It may be that stakeholders are reluctant to make Call to Action commitments under *innovative funding streams* (KAA 4.3) until the core GBV service package is identified (see Outcome 5), however, elements of this core service package have already been identified, (for example clinical management of rape services which are part



of the agreed minimum standards for the health sector) and could benefit from funding to enable rapid implementation. NGOs were absent from *innovative funding stream* (KAA 4.3) reporting despite being included as key stakeholders for the KAA in the Road Map.

As per the Road Map, work on identifying the barriers to funding for action, was to have been undertaken primarily in 2016, so this may have led to limited focus in 2017. However, it is unclear whether the collective identification of barriers has been completed and whether this analysis is informing funding practice and decision-making. Further dialogue on funding priorities, ways of working of donors, and continued challenges, are therefore encouraged.

Under the Road Map, Key Action Areas on revision of funding guidelines to address barriers and on establishing a comprehensive mechanism for tracking GBV funding should have been

completed by 2017. While existing mechanisms such as the Financial Tracking Service (FTS), allow reporting of funds that support GBV sector projects, is it likely that funding to GBV and gender equality may not be captured, or fully disaggregated, if the activities are listed under other sectors such as protection or health.

Reliable and sufficient funding is critical to meeting the goals of the Call to Action and the Road Map. This Outcome was included to highlight the importance of moving beyond ad hoc approaches to funding, and of addressing obstacles to funding.

Increased engagement and dialogue on challenges and priorities, in all KAAs in Outcome 4, is essential for progress in the Road Map overall and for achieving a transformation in how GBV risk mitigation, prevention and response are approached in humanitarian contexts.

The indicators for Outcome 4 are directly linked to actions, revision of funding guidelines, incorporating core GBV services into funding proposals and establishing a mechanism to track funding.

**Indicator 4a**

**# projects to implement core GBV services in strategic response plans, by country.**

**Indicator 4b**

**# humanitarian crises where a funding tracking mechanism for GBV is in place.**

There is no reporting in 2017 for 4a and 4b, as no core package of GBV services have been adopted yet. Measurement of these indicators is scheduled to begin in 2018.

## ● OUTCOME 5

**Specialized GBV prevention and response services are implemented in each phase of an emergency, from preparedness and crisis onset through transition to development.**

Key Action Area	Key Stakeholders	Timeframe for achievement
<b>5.1</b> Establish a package of core GBV services for specialized GBV prevention and response to be undertaken during each phase of an emergency.	IOs, INGOs, National Civil Society, Affected States	2016–2017
<b>5.2</b> Implement, evaluate, and report on specialized services through the use and effectiveness of the core services package for GBV prevention and response in each phase of an emergency.	States/Donor	2018–2020 <sup>11</sup>
<b>5.3</b> Strengthen technical capacity —international, national, and local— to implement specialized GBV prevention and response programming (including the core services) in each phase of an emergency.	IOs, INGOs, National Civil Society, Affected States	2016–2020
<b>5.4</b> Continue to build the global evidence base to define effective GBV prevention and response interventions in humanitarian settings.	IOs, INGOs, Affected States	2016–2020
<b>5.5</b> Deploy GBV technical experts within 72 hours of declaration of an L3 emergency to initiate specialized GBV programming.	IOs, INGOs, National Civil Society	2016–2020

Outcome 5 is focused on programming at field level by ensuring expertise on the ground, building evidence for what works, and by enabling the implementation of GBV prevention and response services at each phase of an emergency. This Outcome is supported and guided by the policies and systems in Outcomes 1 through 4. In 2017, 28 out of 43 reporting partners (63%) reported on at least one commitment in one of the Key Action Areas of Outcome 5.

According to the Road Map timeline, a package of GBV core services (KAA 5.1), should have been developed by 2017. A lot of preparatory work in terms of feasibility has been undertaken by the Task Team of the GBV AoR, and the package is currently (at the time of writing, in 2018) being developed and is slated to be completed in 2019. An agreed package of core services should make it easier to standardise procedures and align measures in GBV prevention and

mitigation as well as help inform funding and other resource allocations in the future. The delay in the achievement of this action has therefore affected the progress in key actions that measure implementation, as well as evaluate and report on those key services.

The majority of partners reporting in 2017 have been working on strengthening technical capacity to implement specialised GBV prevention and response programming (KAA 5.3), and building the global evidence base to support effective GBV prevention and response interventions in humanitarian settings (KAA 5.4).

<sup>11</sup> This KAA has not been assessed in 2017 as it is meant to start in 2018.

Despite focus on these two areas, partners have reported slow progress in building the global evidence base, as well as strengthening technical capacities to implement GBV programmes. They also noted the need to invest in the implementation of monitoring and evaluation programmes to get reliable data on which to base interventions.

There were very few actions reported around the deployment of GBV technical experts within 72 hours of declaration of an L3 emergency

(KAA 5.5)<sup>12</sup>: 10% of reported activities were focused on field implementation and 40% of activities related to capacity building. In order to be more effective in this area, efforts need to be focused on increasing the number of GBV technical experts deployed. This may include increasing the roster of deployable technical experts, increasing funding to ensure surge deployments and building the capacity of technical staff in implementing organisations on GBV prevention and mitigation.

There are two high-level indicators for Outcome 5 related to endorsement of a package of core GBV services for specialised GBV prevention and response for all crisis phases, and implementation of a comprehensive capacity development strategy.

#### **Indicator 5a**

***Set of core GBV services for all crisis phases is established and agreed to by Call to Action partners.***

Some sectors and organisations have already established elements of this set of core services, like the Task team of the GBV AoR, that has been working on the development of the global minimum standards, and minimum standards for the health sector; however, there is not yet an identified and agreed-upon package of core GBV services, though specific funding was allocated for it at the end of 2017. The Road Map target is that Call to Action partners endorse a package of core GBV services for specialized GBV prevention and response

for all crisis phases by end of 2018. Work had been undertaken by the relevant GBV AoR Task Team to assess feasibility. At the time of writing, work on developing the package was ongoing. The package is expected to be adopted.

#### **Indicator 5b**

***Finalization and implementation of a comprehensive capacity development strategy targeting national and international GBV specialists.***

This is the only indicator measuring capacity development per se and it is focused on GBV specialists, in particular, rather than non-technical staff. There are other actions (especially under Outcome 6) for building capacity that will be monitored and reported over time through annual reporting and annual meetings. The target is being implemented according to the time frame set out in the strategy. In 2017 there has been ongoing work as per the GBV AoR strategy and as detailed by some partners.

<sup>12</sup> The L3 emergencies declared in 2017 were Cox' Bazar (Rohingya) and Kivu (Democratic Republic of Congo).

## ● OUTCOME 6

Those managing and leading humanitarian operation have and apply the knowledge and skills needed to foster gender equality and reduce and mitigate GBV risk.

Key Action Area	Key Stakeholders	Timeframe for achievement
<b>6.1</b> Revise sector-specific/cluster tools, standards, processes, trainings, and other key materials for all phases of the program cycle to reduce and mitigate GBV risk in accordance with the revised GBV Guidelines (links with Action 1–6).	IOs, INGOs	2016–2017
<b>6.2</b> Implement revised sector-specific/cluster tools, standards, processes, trainings, and other key materials for all phases of the program cycle to reduce and mitigate GBV risk in accordance with the revised GBV Guidelines.	IOs, INGOs	2017–2020
<b>6.3</b> Evaluate and report on the implementation of revised sector-specific/cluster tools, standards, processes, and other key materials for reducing and mitigating GBV risk, for all phases of the program cycle.	IOs, INGOs	2017–2020

Outcome 6 is also focused on the field implementation level, and is strongly linked to the development of tools, standards and processes in Outcome 1. It is aimed at ensuring application of the 2015 IASC GBV Guidelines, which were cited by a majority of partners as the most used guidance document amongst agencies.

It is important to note that although this Outcome addresses gender equality, and reduction and mitigation of GBV risk, the KAAs and the High-Level Indicators only focus on GBV Risk Mitigation. Partners noted a broader challenge here, stating lack of consistent linkages made between gender equality and GBV in humanitarian work undermines efforts to address both. This was already noted when the Road Map was created. Mainstreaming gender equality and the empowerment of women and girls throughout humanitarian action is listed as third main objective of the Road Map (page 10). Work on gender equality is also undertaken under other Outcome areas, but it was noted that the way reporting is structured, this is not accounted for. This is therefore seemingly an issue that goes beyond Outcome 6 (see more under challenges on page 25).

This Outcome has generated the fewest reports on commitments in 2017. Of 43 partners reporting in 2017 against specific commitments, only 10 (23%), comprising two States and Donors, four International Organisations and four NGOs, reported on this Outcome.

Nevertheless, partners report that there has been significant progress to develop tools and specific materials in order to increase knowledge and skills of the revised IASC GBV Guidelines with those managing and leading humanitarian operations, as well as activities undertaken to train a large number of practitioners.

Progress for the achievement of this Outcome is therefore primarily on-going, with 14% of actions already completed. The area of focus for eight out of 10 partners was to *revise sector-specific/cluster tools, standards, processes, trainings, and other key materials for all phases of the program cycle to reduce and mitigate GBV risk in accordance with the revised GBV Guidelines* (KAA 6.1).

As the Key Action Areas are interlinked, one building on the other, an initial focus on revising the tool will of course have an effect in time line on the implementation and evaluation of tools. In addition, many actors have been active on implementing the IASC GBV Guidelines, a lot of workshops have been organised on capacity-building, and different GBV risk mitigation projects have been undertaken, demonstrating that partners are not only working on tool-development or revision but other areas also.

It is therefore essential for future reporting on the Road Map to have increased focus on having a clearer picture of the different range of activities that are being undertaken relevant to this Outcome, including the activities undertaken at cluster-level, that may not all come out in this year's reporting process.

The 2015 IASC GBV Guidelines and the Call to Action initiative are complementary. The inclusion of Outcome 6 reflects the importance of adoption and implementation of the Guidelines to achievement of the Call to Action goal. In particular, the focus of the Guidelines on GBV risk reduction and mitigation is reflected in this Outcome and the corresponding indicator.

#### **Indicator 6a**

***% of projects in Strategic Response Plans that incorporate actions from the revised IASC Guidelines for Integrating GBV in Humanitarian Action by country.***

The indicator is measured through a review of each accessible project in each Strategic or Humanitarian Response Plan. A checklist is used to assess whether the project incorporates actions from the revised IASC GBV guidelines. 2017 data (on 2018 HRPs) for this indicator were not analysed in time for the 2017 report. It is encouraged that these will be analysed and reported in time for the 2018 report along with the 2018 data (on 2019 HRPs).



# 5. Challenges and gaps

These are the main challenges and gaps that partners identified in 2017 throughout the self-reporting process as well as at the 2018 Call to Action partners meeting.

## Main challenges noted by partners

- There are insufficient human resources to implement essential activities.
- There is insufficient funding for GBV and gender equality work, such as coordination and technical support.
- The lack of consistent linkages made between gender equality and GBV in humanitarian work undermines efforts to address both. Partners noted that it is important for humanitarian actors to understand that gender inequality perpetuate norms that promote GBV and that gender inequalities lead to increased risks, exclusion and discrimination. And in turn, GBV cements existing gender inequalities. When assessing tools, policies and processes reported in 2017 it also became clear that integrating GBV was far more common than integrating gender equality. At the Call to Action Partners Meeting in June 2018 in Brussels, there seemed to be a lack of clarity amongst the partners about the Call to Action's third objective (gender equality mainstreaming) and how it relates to the different Outcome areas. Partners also noted that there is a need to improve engagement with women's led organisations and advocate for more funding for gender equality-related activities. A deeper narrative should be created for how work on GBV contributes and furthers gender equality. More could also be done in the Call to Action to report on progresses made on gender equality.

- While partners have reported important work aimed at ensuring that GBV and gender equality are embedded in humanitarian planning and appeals processes, these efforts are not fully reflected in outcome documents of these processes and at the implementation phase.

## Main gaps noted by partners

There are a number of areas that need further action in order to achieve the goal of the Road Map by 2020. These are primarily related to agreed targets and timelines not being met.

Notably, these gaps include:

- Partners not yet having a policy framework in place for integrating both GBV and gender equality in their humanitarian work. Whilst many reported work ongoing, most partners reported this as a challenge to complete.
- The inability currently to accurately and comprehensively track how much humanitarian funding is dedicated to GBV and gender equality. It is also not possible to identify what the reason behind the funding gaps noted by partners is. Is it due to increased awareness that has highlighted additional needs? Is it due to decreased funding allocations and shifting donor priorities? or a lack of quality proposals? It is therefore necessary to analyse what the barriers and challenges are.
- Insufficient engagement with local actors in promoting local leadership in key areas of gender equality and GBV interventions, although this is a key strategic shift that the Road Map aims to achieve.

- HRP's not fully reflecting the integration of GBV and gender equality and this is especially noticeable in the absence of these from monitoring and evaluation sections of HRP's.
- Key emergency needs assessments tools and methodologies do not integrate GBV and gender equality issues resulting in gaps or delays in planning and action.
- The package of core GBV services for specialized GBV prevention and response to be undertaken during each phase of an emergency has not been adopted yet (but is underway, expected adoption in 2019).
- No GBV focused RTE of responses in L3 contexts were conducted in 2017.



# 6. Recommendations

## 1. Funding

Lack of funding and human resources has been identified in almost every outcome area as a main challenge. This needs to be further analysed by the **Call to Action Partnership**<sup>13</sup>, though the absence of a comprehensive system for tracking GBV funding is a major challenge. There is a need to analyse whether funding gaps noted by partners are due to increased awareness that has highlighted additional needs, decreased funding allocations and shifting donor priorities, or even a lack of quality proposals, and therefore what the barriers and challenges are. Call to Action partners should track and report on their own funding allocations to GBV and gender equality in order to provide a better picture of global funding and support for field-level programming. The Partnership should also disseminate a matrix of funding streams, priorities, opportunities, timeframes and limitations, developed by donor partners to ensure increased understanding of and access to funding opportunities by GBV actors and service providers. Implementing partners (IOs and NGOs) should deepen their efforts in joint programming in order to reinforce complementarity and avoid competition for resources. In general, increased dialogue with donors on their priorities and ways of working, recognising that donors are not a homogenous group, should be encouraged. The Call to Action Partnership should engage more donor partners, and those donors who are already part of the Call to Action should be further engaged in the analysis of challenges and barriers to funding, and identify next steps, possibly including an encouragement of making further commitments under Outcome 4.

## 2. Engagement of civil society

The Partnership needs to make concerted efforts to stimulate the active participation of Civil Society Organisations, especially local and women's organisations from settings affected by or prone to crises, in the Call to Action in general. Partners should also increase political will, financial resources, and awareness around the work of these organisations in GBV prevention and response efforts. Partners are also encouraged to ensure increased recognition, and support for their integral role, and ensure their meaningful participation at all levels of decision making around gender equality and GVB implementation during and after crisis.

## 3. Linkages between gender equality and GBV

Partners noted the link between gender equality and GBV as a main challenge in their work. They stressed that the lack of consistent linkages made between gender equality and GBV in humanitarian work undermines efforts to address both. This was already noted when the Road Map was created. Mainstreaming gender equality and the empowerment of women and girls throughout humanitarian action is listed as third main objective of the Road Map (page 10). At the Call to Action Partners Meeting in June 2018 in Brussels, there seemed to be a lack of clarity amongst the partners about the third objective and how it relates to the different Outcome areas. Partners also noted that there is also a need to better engage women's led organisations and advocating for more funding for gender equality-related activities. Collective effort by the Partnership, should be devoted to the creation of a deeper narrative for how the work on GBV contributes and furthers gender equality, and how work on gender equality contributes in a sustainable manner to address

<sup>13</sup> The term 'the partnership' is used when collective action is required, and the term 'all call to action partners' when each partner is required to take appropriate action, these actions may be different from each other depending on the circumstances.

GBV. Further analysis is needed why partners and humanitarian actors find it challenging to make the linkages. More could also be done in the Call to Action to report on progress made on gender equality. Partners could also be encouraged to review their commitments, with strengthening the link between GBV and gender equality in mind. International Organisations and NGOs should work towards strengthening the linkage and inclusion of GBV and gender equality considerations in the **Humanitarian Programme Cycle** and in the Humanitarian Response Plans, as the basis of the humanitarian planning and action.

#### 4. Policy frameworks

All Call to Action partners should ensure that their organisational leadership maintain momentum in ensuring a policy framework is in place for integrating both GBV and gender equality in their humanitarian work.

#### 5. Core package of services

The Call to Action Partnership, needs to agree a package of core GBV services for specialised GBV prevention and response to be undertaken during each phase of an emergency. A lot of valuable preparatory work has been undertaken in this area by the Task Team of the GBV AoR. At the time of writing, work was ongoing in 2018 to develop the package. The Call to Action Partnership is encouraged to support the adoption of this package, expected by 2019, enabling standardisation of procedures and alignment of measures in GBV prevention and response.

#### 6. Learning of field-focused initiatives relevant to the Call to Action

A number of Call to Action partners have initiated or are part of further efforts in making the Call to Action initiative more concrete and tangible at field level and relate directly to implementation of the Call to Action and Outcome areas of the Road Map on the ground. Examples of these initiatives include the Call to Action Road Map pilots in Nigeria and Democratic Republic of the Congo, the RTAP tools, the 2015 IASC GBV guidelines, the 2018 IASC Gender Handbook, as well as the different awareness-raising workshops that the EU's humanitarian field network organised during 2018. The learning and the results from these initiatives should be promoted across and by the Partnership, and new actions should build

on existing initiatives and examples of good practice, and these need to be shared with partners in a systematic way. The dynamic between these different initiatives and how they relate to global processes of the Call to Action are an important topic of further focus, communication and coordination.

#### 7. Advocacy

The Partnership should develop a detailed advocacy strategy, making better use of the Call to Action platform to speak with a collective voice. In particular, local organisations have stressed the potential of Call to Action as a platform to connect local initiatives to the global arena.

#### 8. Commitments

It was found that not all partners have up-to-date commitments on the Call to Action Road Map, and not all partners consistently report on their commitments. All partners are encouraged to look at their commitments, based on the findings of this progress report, and see where possible to strengthen their commitments, or adapt their reporting to ensure that all activities are taken into consideration. Partners are also encouraged, in general, to ensure coherence when reporting on their commitments. To enhance accountability, new partners should be encouraged to make more tangible commitments, and look at benchmarks for reporting on progress.

#### 9. Data collection, evaluation and analysis:

These are fundamental tools to identify gaps, define effective GBV prevention and response, elaborate annual plans and create advocacy messaging according to an evidence-based approach. The Partnership should focus on improving and refining existing information management systems. This should be accompanied by adequate financing to guarantee capacity building and trainings also for local partners in this area. The Partnership should also continue advocating for the systematic inclusion of GBV and gender equality into needs assessments tools. The Partnership should encourage more partners to make commitments to RTEs and to ensure at least one RTE is completed each year. RTEs are necessary to test procedures and tools in the field, to have an evidence-base and a better idea of what is working and what is not on gender equality and GBV.

# 7. Conclusion

Through collective commitment and action, the Call to Action Partnership is working to profoundly change the ways in which GBV is addressed in humanitarian settings. The Road Map focuses on changes needed to underpin a real transformation and to overcome key barriers to success.

As described in this report, there have been significant achievements in 2017 despite challenges associated with funding, human resource capacity, and a lack of linkages between work on gender equality and GBV.

The focus must now be on working together to overcome these challenges and address the remaining gaps. It is also essential to translate systemic achievements at the global level to meaningful action in the field. The Call to Action Partnership is well positioned to work cooperatively to achieve the goals of the Road Map and move beyond them.



# Annex I

## List of partners reporting in 2017

NGOs	States and Donors	IOs
ABAAD – Resource Center for Gender Equality	Australia	The Gender-Based Violence Area of Responsibility (GBV AoR)
ActionAid	Canada	International Organization for Migration (IOM)
CARE	Denmark	Organisation for Economic Co-operation and Development (OECD)
Tearfund	The European Union	The United Nations Educational, Scientific and Cultural Organization (UNESCO)
International Medical Corps (IMC)	Germany	The United Nations Fund for Populations (UNFPA)
InterAction	Italy	The United Nations High Commissioner for Refugees (UNHCR)
International Planned Parenthood Federation (IPPF)	Ireland	The United Nations Children's Fund (UNICEF)
Heartland Alliance International (HAI)	Luxemburg	The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
Christian Aid	The Netherlands	The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
PAI	Norway	The United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)
Islamic Relief Canada	Spain	The World Food Program (WFP)
International Rescue Committee (IRC)	Switzerland	The World Health Organization (WHO)
Legal Action Worldwide (LAW)	United Kingdom (UK)	
Oxfam International	United States (USA)	
Plan International UK		
Save the Children		
War Child Canada		
WaterAid		
Women Empowerment Organization (WEO)		
Women's Refugee Commission (WRC)		
World Vision International (WVI)		

# Annex II

## Progress on high level indicators

Indicator		Baseline	2017	Milestone for 2017
1a	% of partner organisations that have established enforceable institutional policies/standards on GBV and on gender equality for programming in humanitarian settings.	N/A	6.5 % (3/46)	None for 2017. 80 % by 2018
1b	% of state partners with national policies and implementation plans on GBV and on gender equality.	N/A	18 % (4/22)	None for 2017. 80 % for 2018
2a*	% of global level GBV AoR members satisfied with leadership, performance, and accountability of the global humanitarian GBV coordination mechanism.	19 % (3/16)	47 % (7/15)	60 % by 2017
2b	% of new crises with a country level humanitarian GBV coordination mechanism established within 14 days of cluster activation.	N/A	100 % (2/2)	None for 2017. 80 % by 2018
2c	% of countries with a Humanitarian Coordinator that have a national-level humanitarian GBV coordination co-led/led by a national actor.	17 % (4/23)	35 % (12/34)	None for 2017. 35 % by 2018
3a	% of selected inter-sector/inter-cluster and sector/ cluster assessment tools that integrate GBV and gender equality.	N/A	20 % (1/5)^	None for 2017. 80 % by 2018
3b	% of Humanitarian Program Cycle (HPC) countries where GBV and gender equality are integrated into HPC processes and reflected in documents.	N/A	0 % (0/18)^	None for 2017. 50 % by 2018
4a	# projects to implement core GBV services in strategic response plans, by country.	N/A	Measurement of this indicator is scheduled to begin with the 2019 HRPs	Increase in number of projects and number of countries from 2018–2020
4b##	# Humanitarian crises where a funding tracking mechanism for GBV is in place.	N/A	Measurement of indicator scheduled to begin in 2018	Increase in number of countries from 2018–2020

Indicator		Baseline	2017	Milestone for 2017
5a	Set of core GBV services for all crisis phases is established and agreed to by Call to Action partners.	N/A	N/A	Technical working group formed by 2016
5b	Finalization and implementation of a comprehensive capacity development strategy targeting national and international GBV specialists.	Strategy adopted by AoR	Some progress	Finalisation and endorsement by 2016
6a	% of projects in Strategic Response Plans that incorporate actions from the revised IASC Guidelines for Integrating GBV in Humanitarian Action, by country.	See Below	To be included in 2018 annual report	50 % by 2019
		Burkina Faso: 16.4%; Cameroon: 13.1%; Chad: 16.7%; Iraq: 8.1%; Mali: 11.5%; Mauritania: 14.6%; Niger: 7.4%; Nigeria: 12.2%; oPt:** 8.5%; Sahel: 0%; Senegal: 0%; Somalia: .8%; South Sudan: 19.4%; Syria: 8.0%; Ukraine: 11.4%		

^ Reporting on 2018 HRPs. Iraq 2018 HRP not available at time of analysis.

^^ only the HNO met the criteria.

## per GBV AoR – OCHA FTS has a sector for GBV. Please note that some GBV funding would also be captured under the broader sector of Protection and the GBV search likely under represents GBV funding.

\* Represents only those GBV AoR members that chose to complete the survey.

\*\*47 oPt projects were not accessible so were excluded.

# Annex III

## Number of reports received on 2017 commitments

KAA	States and Donors	NGOs	IOs	Totals
KAA 1.1	9	10	5	24
KAA 1.2	9	3	1	13
KAA 1.3	2	2	5	9
KAA 1.4	6	9	9	24
KAA 1.5	2	5	6	13
KAA 1.6	4	11	9	24
KAA 1.7	8	5	4	17
<b>Total</b>	<b>40</b>	<b>45</b>	<b>39</b>	<b>124</b>
KAA 2.1	3	2	6	11
KAA 2.2	1	2	5	8
KAA 2.3	No reporting required in 2017			
KAA 2.4	1	4	7	12
KAA 2.5	4	0	4	8
KAA 2.6	0	3	3	6
<b>Total</b>	<b>9</b>	<b>11</b>	<b>25</b>	<b>45</b>
KAA 3.1	4	2	4	10
KAA 3.2	0	3	3	6
KAA 3.3	2	3	6	11
KAA 3.4	1	2	6	9
KAA 3.5	0	1	2	3
<b>Total</b>	<b>7</b>	<b>11</b>	<b>21</b>	<b>39</b>



<b>KAA</b>	<b>States and Donors</b>	<b>NGOs</b>	<b>IOs</b>	<b>Totals</b>
KAA 4.1	0	2	1	3
KAA 4.2	3	0	1	4
KAA 4.3	1	0	2	3
KAA 4.4	No reporting required in 2017			
KAA 4.5	5	0	4	9
KAA 4.6	3	4	3	10
<b>Total</b>	<b>12</b>	<b>6</b>	<b>11</b>	<b>29</b>
KAA 5.1	No reporting required in 2017			
KAA 5.2	No reporting required in 2017			
KAA 5.3	3	8	7	18
KAA 5.4	3	11	4	18
KAA 5.5	1	2	1	4
<b>Total</b>	<b>7</b>	<b>21</b>	<b>12</b>	<b>40</b>
KAA 6.1	0	2	4	6
KAA 6.2	1	3	0	4
KAA 6.3	2	2	0	4
<b>Total</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>14</b>



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