



The Impact of the Call to Action on Protection from Gender-Based Violence in Emergencies

International Rescue Committee | JUNE 2017



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COVER: In Gurage Zone, Ethiopia, Merida Ousman, a mother of three, reaches a water distribution point after a three-hour trek. Water collection is often a job which women are left to shoulder. Not only is the task physically exhausting, but these long journeys expose women to a greater risk of GBV.

Mulugeta Ayene/IRC

OPPOSITE: IRC nurse, Raba'a Hatamleh, checking the medical file of a Syrian refugee patient

Timea Fauszt/IRC

People depicted in photographs do not relate to the case studies discussed in this report, nor are they necessarily violence survivors. Photographs are used primarily for illustrative purposes. For privacy reasons, the names of individuals featured in this document may have been changed.

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Abbreviations

CERF	Central Emergency Response Fund	UNICEF	United Nations Children's Fund
DFID	UK Department for International Development	UNSC	United Nations Security Council
ECHO	European Civil Protection and Humanitarian Aid Operations	UK	United Kingdom
EU	European Union	US	United States of America
GBV	Gender-Based Violence	VAWG	Violence against Women and Girls
GBV AoR	GBV Area of Responsibility	WASH	Water, Sanitation and Hygiene
IASC	Inter-Agency Standing Committee	WPS	Women, Peace and Security
IO	International Organisation	WRC	Women's Refugee Commission
IRC	International Rescue Committee		
NGO	Nongovernmental Organisation		
OCHA	UN Office for the Coordination of Humanitarian Affairs		
OFDA	Office of US Foreign Disaster Assistance		
PSVI	Preventing Sexual Violence in Conflict Initiative		
REGA	Regional Emergency GBV Adviser		
RTAP	Real-Time Accountability Partnership		
SDG	Sustainable Development Goals		
SGBV	Sexual and Gender-Based Violence		
SIDA	Swedish International Development Agency		
UN	United Nations		
UNFPA	United Nations Population Fund		
UNHCR	United Nations High Commissioner for Refugees		

OPPOSITE: In Bar Elias, Lebanon, a group of adolescent girls from Syria express their unity during an awareness session on the effects of child marriage in the Bekaa Valley region of Lebanon.
Sara Hylton/IRC



Executive Summary

In 2013, world leaders, convened by the governments of the United Kingdom (UK) and Sweden, came together to launch the Call to Action on Protection from Gender-Based Violence (GBV) in Emergencies (hereafter referred to as the Call to Action)¹

It is a multi-stakeholder initiative aiming to drive change and foster accountability from the humanitarian system to address GBV, particularly against women and girls.

The Call to Action has been unique in its ability to command high-level commitment from a diverse set of humanitarian leaders. Four years since its inception, sixty-six partners have now signed on to the Call to Action, representing governments, donor agencies, international organisations (IOs), nongovernmental organisations (NGOs), and civil society. During this time, Prime Ministers, Foreign Secretaries, heads of United Nations (UN) agencies and NGO leaders have used the Call to Action platform frequently and forcefully to call attention to GBV as a threat to disaster and conflicted-affected people, especially to women and girls who are disproportionately affected by this violence.

In September 2015, under the leadership of the United States (US), the Call to Action Road Map was launched, providing an operational framework for its goals by ensuring that pledges by partners translate into targeted action on the ground. In turn, partners ensured their commitments will contribute to achieving the ambitious and far-reaching change called for in the Road Map. The implementation of this Road Map is at its early stages and is ongoing.

Findings

Four years on since the launch of the Call to Action, this review aims to understand its impact on mobilising resources, attention and programming to better prevent and respond to GBV. The review has found that the Call to Action has been catalytic in driving forward new, faster changes that maximised the impact of efforts to strengthen GBV programmes and advocacy in place prior to 2013.

The Call to Action:

- Galvanised senior leaders in donor agencies, IOs and NGOs at a central level to prioritise GBV.
- Helped strengthen policy, organisational frameworks and accountability mechanisms.
- Supported a drive for improved and increased programming on GBV in emergencies.
- Promoted collective action and accountability on GBV in emergencies.
- Helped increase funding for GBV programmes.

OPPOSITE: Martine Droh Tokpa, 49, registering her child, Joselyn Yayinssan Ojouantoueu, 5, in Danane prefecture, Côte d'Ivoire *Aubrey Wade/IRC*

Executive Summary (continued)

Whilst there have been significant achievements and impact, the Call to Action is confronting critical challenges. The ambitious agenda put forward in the 2013 communiqué was enshrined into specific objectives and deliverables within the Road Map. This technical and operational work is needed to achieve the Call to Action's ultimate goal: protecting women and girls in emergencies. The question now becomes – can the Call to Action sustain the momentum and high-level leadership of its first years as it undertakes the detailed and technical work of implementing change on the ground?

This review identifies important gaps in the political and operational sides of the Call to Action, which will need high-level leadership to succeed.

These gaps include the following issues:

- 1 Although GBV programming has increased, it is not yet enough or to scale to meet the growing need on the ground.
- 2 There is a need to build the capacity of implementing partners to prevent and respond to GBV.
- 3 The Call to Action needs to expand its reach to include southern-based implementing agencies and women's organisations.
- 4 There is a need to work with frontline humanitarian workers and emergency response leadership to change norms and attitudes around prioritisation of GBV, and this will take time.

Recommendations

The report therefore makes the following recommendations:

- 1 Maintain political momentum by identifying critical next steps for the Call to Action and priority areas for the Call to Action lead within these.
- 2 Identify funding needs and mobilise resources to implement the Call to Action Road Map through coordinated action.
- 3 Promote increased accountability for Call to Action commitments and drive implementation of commitments on the ground.
- 4 Integrate Call to Action commitments into other relevant policy frameworks on women's and girls' protection and empowerment.
- 5 Share knowledge and build capacity and expertise across different Call to Action Stakeholder Working Groups, especially between donors and implementing agencies.

OPPOSITE: Domestic violence is a rampant problem in the refugee camps of Mae Hong Son, Thailand, one that is aggravated by unemployment, alcohol and drug abuse and the stress of refugee life. In the IRC's rebuilt women's community center, married couples are taught – often through games – to communicate better and to solve problems peacefully.

Peter Biro/IRC

Research Aims and Methodology

This review was commissioned by the International Rescue Committee (IRC) with three objectives:

- 1 To examine the impact of the Call to Action in driving change and accountability to address GBV in humanitarian settings.
- 2 To provide clear and compelling reasoning for further action and participation.
- 3 To outline ways that the Call to Action can further improve GBV response in emergencies.

The review focused on identifying contributions of the Call to Action to tackling GBV in emergencies, within a larger movement to prevent GBV globally. The review does not attribute the documented changes and impacts to the Call to Action alone, but recognises its catalytic nature and the key contribution that it has played to improve GBV emergency response.

Information was gathered primarily through a desk review and key informant interviews. The desk review included Call to Action commitments and progress reports, the statements and public communications of Call to Action partners, advocacy reports, and other key documents that examine GBV funding, policy and programming since its inception.

Sixteen interviews were conducted with Call to Action partners. They were chosen to represent donor, international/multilateral organisation,

and NGO perspectives and to document gaps as well as positive achievements and case studies. Interviews focused on four primary areas: senior support and leadership, policy and organisational frameworks, collective action and accountability, and programming.

This report aims to illustrate the potential of the Call to Action and therefore does not provide a comprehensive evaluation of its impact. Whilst the report authors attempted to speak with organisations from the Global South and non-partners to the Call to Action, they were unable to respond during the time the research was conducted. To address this gap, the report authors drew on existing reports examining civil society involvement in the Call to Action and the implementation of the Call to Action commitments.





Introduction

“ 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, from the earliest phases of a crisis, and to provide safe and comprehensive services for those affected by GBV. ”

CALL TO ACTION ON PROTECTION FROM GENDER-BASED VIOLENCE IN EMERGENCIES
ROAD MAP, 2016–2020²

2013 witnessed an historic and unprecedented global commitment on the part of the humanitarian community to end GBV in crisis and conflict. Under the leadership of the UK and Sweden – that launched the Call to Action on Protection from GBV in Emergencies – donors, IOs and NGOs came together to fundamentally transform the way violence against women and girls (VAWG)³ is addressed in emergencies.

Since its inception, the Call to Action has relied on a lead government (hereafter referred to as the Lead) to drive and coordinate partners to achieve its goals. This crucial role demands that the Lead devotes the necessary financial and human resources, including technical expertise, to the initiative. The UK government initially took the Call to Action Lead and played a key role in raising awareness of the causes and consequences of VAWG in emergencies and galvanising collective action. The UK mobilised global actors from governments, UN agencies, other multilaterals and NGOs to commit to act in an unprecedented multi-sectoral effort.

In 2014, the US assumed leadership and started developing the Call to Action Road Map, with a strategic process led by the Women’s Refugee Commission (WRC). The Road Map,⁴ launched at the UN General Assembly in 2015, provides an operational framework to guide the implementation of commitments throughout objectives and actions and to report publicly on progress. The Road Map and its implementation are key to translating commitments to tackle GBV in emergencies into change on the ground. In January 2016, the Swedish government assumed leadership of the Call to Action, making its priority to increase the number of partners, elevating this number to sixty-six partners, and calling for gender and GBV to be incorporated into the humanitarian reform process at the World Humanitarian Summit.⁵

With the Lead playing a crucial role, the strength of the Call to Action lies in the commitment and expertise of its partners, who represent twenty states, thirteen IOs and thirty-three NGOs. The Call to Action governance structure aims to promote collaboration, planning and coordination and incorporates three Stakeholder Working Groups (states/donors, IOs and NGOs), which meet regularly, and a Steering Committee comprised of the Lead and six committee members (two co-chairs selected from each Stakeholder Working Group). Partners also coordinate their efforts through other existing mechanisms, such as donor groups, clusters, reference/working groups, and other relevant fora.

The Call to Action mobilised attention to GBV in ways not seen before and built on years of tireless advocacy and programming to address VAWG in emergencies: since the first humanitarian GBV programme of the early 1990s,⁶ practitioners and activists have built an impressive base of experience and learning on GBV. By the late 2000s, calls for more accountability and leadership to prevent and respond to GBV seemed to be yielding fruit. In the five years preceding the Call to Action, six UN Security Council Resolutions were adopted on sexual violence in conflict, the UK launched the Preventing Sexual Violence in Conflict Initiative (PSVI) and the US established Safe from the Start, an initiative to bring new resources and leadership to GBV.

This report aims to understand the Call to Action’s achievements against the backdrop of this activism and momentum. It examines to what extent the Call to Action has mobilised resources, attention and programming in ways that have both strengthened existing efforts and catalysed new change. It also outlines areas where the Call to Action is yet to realise its potential and offers recommendations to address important gaps and challenges.

OPPOSITE: Susan Sellu, 25, who runs a cosmetic business as part of the IRC’s innovative microfranchising programme, YouthWorks, in Sierra Leone: “I wasn’t able to continue my education before but now I am planning to go to college to study science. Also, now I am making some money, I support my family and have been involved in decision-making for the first time.” *Sam Duerden/IRC*



Key Findings

1 The Call to Action galvanised senior leaders in donor agencies, IOs and NGOs

“ So little has protecting girls and women in emergencies been a priority in the past, that even the most basic steps for preventing violence got forgotten – things like having separate toilets for women that can be locked from the inside, adequate lighting at night and making sure girls and women can access food, water and fuel safely. Simple things, but massively important things. ”

JUSTINE GREENING, UK SECRETARY OF STATE FOR INTERNATIONAL DEVELOPMENT, SPEAKING AT THE UK CALL TO ACTION HIGH-LEVEL EVENT, 13 NOVEMBER 2013 ⁷

When the Call to Action was launched, women and girls came onto the humanitarian agenda in new and profound ways. Whilst advocates and practitioners had been developing tools and resources to address GBV over the years, with the Call to Action, senior leadership within organisations started to speak out and to prioritise action. When asked about the greatest impact of the Call to Action, interview respondents almost universally spoke of the visibility and senior support it brought to the need to address VAWG in emergencies as an institutional priority.

The initial UK-led Keep Her Safe high-level event in November 2013 increased visibility both of the extent of VAWG in humanitarian settings, as well as the poor response to this issue by many agencies. The campaign led to endorsements from a broad variety of governments, UN agencies and NGOs to a communiqué⁸ that recognised that prevention of and response to VAWG in emergencies is lifesaving and should be prioritised from the outset of an emergency. The associated campaign also saw a significant international response on social media – in particular from senior leaders across a variety of governments and NGOs.⁹



ABOVE: US Secretary of State, John Kerry, participates in the Ministerial Session on GBV in Humanitarian Emergencies with Swedish Foreign Minister, Margot Wallström, and US Assistant Secretary of State for Population, Refugees, and Migration, Anne Richard, at a UN General Assembly side event on 1 October 2015. *US State Department*

“ Preventing and responding to gender-based violence must be recognised as lifesaving activities from the onset of an emergency and as a key protection concern. In conflicts, natural disasters and other emergencies, humanitarian stakeholders should assume that gender-based violence is occurring and undertake action. ”

MARGOT WALLSTRÖM, SWEDISH MINISTER FOR FOREIGN AFFAIRS, SPEAKING AT THE WORLD HUMANITARIAN SUMMIT SIDE EVENT, 24 MAY 2016¹⁰

OPPOSITE: Zorzor, Liberia: Nancy Cole, 29, at the mechanics garage where she works as an apprentice after graduating from the Lutheran Technical College which she attended with support from the IRC. *Aubrey Wade/IRC*

Key Findings (continued)

Public statements and awareness raising events have been key in the success of the Call to Action to sustain senior leadership commitment. These have included a high-level event at the UN General Assembly,¹¹ at the World Humanitarian Summit,¹² at the Global Summit to End Sexual Violence in Conflict¹³ and at the UN Palace in Geneva. This publicity has helped ensure that GBV in humanitarian emergencies, particularly against women and girls, remains a highlighted international political issue and that senior staff and government ministers from Call to Action partners remain aware and committed to the initiative.

Programme and policy staff from Call to Action partners reported being asked for senior-level talking points and briefings on the issue for panel events, bilateral meetings and country visits, as well as to prepare content for web sites and blogs. The importance of this senior level buy-in goes beyond visibility and has a significant impact: the increased level of interest and support for GBV prevention and response from the highest levels of their organisations sparked greater moves from within agencies to reflect on what they were doing and what more they could commit to on the issue.



BELOW: A woman cleans her hands at the Alexandria refugee camp in northern Greece, July 14, 2016. Reducing risks to GBV in sanitation and washing facilities is a life-saving action required in emergency response. *Tara Todras-Whitehill/IRC*



2 The Call to Action has helped strengthen policy, organisational frameworks and accountability mechanisms

“ The Call to Action has had a huge impact by ensuring that Violence against Women and Girls in humanitarian settings stays on the agenda within high-level policy. ”

DONOR AGENCY RESPONDENT

CASE STUDY 1: IMPACT OF THE CALL TO ACTION ON UK GOVERNMENT POLICY

The UK government has integrated their Call to Action commitments into a broad array of policy areas, including the UK Violence against Women and Girls Strategy 2016–2020;¹⁴ the 2014 International Development (Gender Equality) Act;¹⁵ the PSVI;¹⁶ the UK National Action Plan on Women, Peace and Security 2014–17;¹⁷ the UK Department for International Development (DFID) Strategic Vision for Women and Girls (to 2020 and beyond);¹⁸ and the UK National Security Strategy and Strategic Defence and Security Review 2015.¹⁹ The UK also integrated the aims of the Call to Action commitments into statements made at the World Humanitarian Summit. This approach helps to ensure that Call to Action commitments and objectives are reported against and sustained for the longer term.

For many organisations, the Call to Action ushered in a period of rapid policy change. Donors, in particular, noted how the Call to Action had supported the integration of GBV prevention and response in emergencies into their broader policy frameworks. As well as ensuring that Call to Action commitments are sustained in the longer term, this has strengthened monitoring and accountability mechanisms to assess whether donor commitments have been met.

For the Irish government, the Call to Action positively informed its 2015 Humanitarian Assistance Policy, which reiterates their policy focus on women and girls and the importance of addressing GBV in emergencies.²⁰

Ireland's second National Action Plan on Women, Peace and Security (2015–2018)²¹ also integrated their Call to Action commitments to ensure that the protection of women and girls in emergencies is prioritised. Crucially, this policy framework includes corresponding accountability indicators related to increasing the targeted funding provided for the protection of women and girls in emergencies and the number of gender or protection advisers trained and/or deployed to emergency and recovery contexts.

For European Civil Protection and Humanitarian Aid Operations (ECHO), Call to Action commitments supported an inclusion both of humanitarian settings and GBV in crises in the 2015 European Union (EU) Gender Action Plan 2016–2020.²² Because of this inclusion, the EU will report for the first time on the number of EU-funded humanitarian actions that respond to GBV, as well as the number of EU member states and partner countries that sign up to the Call to Action. These are vital accountability mechanisms to ensure a focus on fulfilling Call to Action commitments for many years to come.

For some implementing agencies and UN coordination bodies, the Call to Action supported improved organisational commitments and standards on GBV. The UN Population Fund (UNFPA), for example, included an explicit focus on GBV programming in emergencies within its 2014–2017 Strategic Plan.²³ UNFPA also introduced new minimum standards on GBV in 2015²⁴ that gave force and coherence to their work on GBV in emergencies. In 2014, the GBV Area of Responsibility (AoR) [co-led at the time by the UN Children's Fund (UNICEF) and UNFPA] went further and outlined a set of core competencies²⁵ (e.g. skills, knowledge and abilities of staff) that they considered necessary for effective GBV prevention and response programming and for inter-agency GBV coordination in humanitarian contexts. Such standards will be used when undertaking staff recruitment, deployment, capacity development and performance assessments for GBV programme managers and coordinators. These moves will ensure sustained implementation of Call to Action commitments across the multiple offices and programming sites of partners.

For Call to Action partners that already had strong policy frameworks on GBV in place, including donors such as the US and Sweden, or NGOs such as Oxfam, the strength of the Call to Action was to see alignment of their own internal policies with that of the humanitarian community writ large. For these partners, the Call to Action helped move conversations within their sector from justifying **why** preventing and responding to GBV was important to **how** to do this work.

3 The Call to Action has supported a drive for improved and increased programming on GBV in emergencies

“ Since 2013 we've seen a revolution in our GBV work. ”

UN AGENCY RESPONDENT

WHAT DOES GBV EMERGENCY RESPONSE INCLUDE?



Health care, including post-rape care



Individual case management, including counselling and follow-up



Safe spaces and psychosocial activities



Community outreach and awareness



Establishment of referral pathways



Cross-sector coordination



Risk reduction for women and girls



Experts on the ground to assess and establish services



Advocacy for women and girls

Seeding scale and innovation: GBV programmes move past minimal responses

Numerous reports have documented the challenges of translating the high-level commitments of the Call to Action into real change in the lives of women, girls and GBV survivors on the ground.²⁶ As one interview respondent noted, with the Road Map just a year old, it may be too early to assess whether there has been consistent change at the field level. However, in examining the amount of new funding and initiatives on GBV since 2013, it is clear that GBV programming and learning in humanitarian situations is growing. This increase can be directly attributed to resources made available within the context of the Call to Action, as well as indirectly to increased agency awareness of GBV, as some implementing partners noted. Bold research agendas, comprehensive resource packages and larger numbers of beneficiaries are changing the way that GBV programmes are designed and implemented.

DFID's What Works to Prevent Violence against Women and Girls in Conflict and Humanitarian Crises research programme²⁷ is one example of this shift in scale and ambition. With a £5 million research agenda that covers critical gaps in knowledge around VAWG in humanitarian settings, What Works is the largest attempt yet to build evidence on GBV in emergencies. These ambitions are matched in other areas as well. NGOs, often for the first time, are getting multi-year, multi-million dollar funding for GBV programmes. For example, the DFID-funded Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces programme, implemented by the IRC, is breaking barriers with a three-country, multi-year initiative which integrates rigorous research and programming for adolescent girls in humanitarian settings. Similarly, CARE recently announced a bold organisational objective to support 100 million women and girls to live free from violence by 2020, in both humanitarian and development settings.

The last four years have seen a “revolution” in GBV programming, as one respondent noted. Whilst in the past implementing partners scraped by with limited resources, now they have more means to tackle critical gap areas, such as disability inclusion or adolescent girls,²⁸ or expand the number of women and girls reached from the thousands to the millions.

Getting there faster and in harder to reach environments

“ We were allowed to create positions that were not the standard type. We were able to have specialist positions on GBV at a more senior level and we were able to tailor them to be roving. This was a break from how things are done but they allowed us to tailor it. This allowed us to create a GBV pool... Now at the onset of an emergency we request the operation to dedicate someone on (Sexual and Gender-Based Violence) SGBV. It's not a protection officer who is a SGBV focal point, it's a SGBV specialist. And if the operation can't do it, we are ready to deploy someone. ”

UN AGENCY DURING INTERVIEW

The emphasis on fast action and lifesaving measures within the Call to Action, combined with new staffing and more flexible funding, has allowed some organisations to act more quickly to address GBV in a more diverse set of emergency environments. In some instances, rapid responses come directly as a result of investments in staffing that have come through Call to Action commitments. UN High Commissioner for Refugees (UNHCR) and UNFPA were both able to increase the number of deployable GBV specialists,^{29,30} the Office of US Foreign Disaster Assistance (OFDA) expanded its protection team³¹ and numerous implementing partners, such as IMC Worldwide and the IRC, were able to add GBV and VAWG experts to their emergency response teams. One interview respondent, whose agency increased the number of GBV positions remarked, “Before the Call to Action, I was a one woman show”.

CASE STUDY 2: IMPROVING HUMANITARIAN AID FOR WOMEN AND GIRLS IN CONFLICT-AFFECTED STATES

“ Normally, contexts like Yemen are the last place NGOs want to tackle GBV. But because we had targeted GBV funding, and because there was this global commitment, suddenly a GBV response was on the table. ”

NGO RESPONDENT

The Call to Action's focus on the lifesaving nature of GBV prevention and response, combined with donors' opening of flexible emergency funding mechanisms, have allowed implementing partners to react faster, even in hard to reach or insecure environments. Irish Aid's dedicated GBV response fund for emergencies has enabled one implementing partner, the IRC, to provide services to GBV survivors in nine emergencies in the last three years alone, including Yemen, Ukraine, northern Nigeria and South Sudan. This fund focuses on common obstacles to rapid GBV responses: staffing, funding, and programming models suited to emergency environments.³² Having this sustained fund has enabled the IRC to generate learning necessary to enter into an environment like Yemen, where high levels of insecurity need a technically sound programme with qualified staff in order to guarantee women's and girls' safety.

For one respondent, staffing was the tool that allowed their agency to “Put our foot in certain situations”, particularly non-traditional emergencies. If resources came through a Call to Action commitment, it often gave internal leverage to make exceptions to standard procedures in order to carve out positions on GBV. Early deployments were seen as critical to getting on-the-ground support for GBV programmes, as assessments revealed needs that had not surfaced before. NGOs have also used the Call to Action internally to garner field-level support for addressing GBV by ensuring emergency directors know, for example, that “For [some donors], if you can prove that you are a partner to Call to Action, you are more competitive”.

Getting all sectors on board to prevent GBV

“ Working on GBV prevention isn’t necessarily a given. We do WASH [water, sanitation and hygiene], food security. So with the GBV Guidelines – the idea that all humanitarians have a role to play has come out... What I see now, is that internally I can use the fact that we’ve made commitments to push our work on this issue – and engage other sectors. ”

NGO RESPONDENT

The Call to Action emphasises the role of every humanitarian actor in reducing the risks women and girls face in terms of GBV. Yet, moving towards GBV prevention as standard practice across sectors has been challenging. Most key informants felt that the Call to Action had spurred good examples of GBV mainstreaming, but had not yet systematically changed practice.

Many respondents pointed to the critical role of the revised Inter-Agency Standing Committee’s (IASC) *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*³³ roll out, a Call to Action commitment of the GBV AoR, in securing and increasing accountability across sectors to address GBV. The *Guidelines* rollout has involved 52 country-level and four global trainings, reaching over 1,100 individuals.³⁴ Another positive example is the Global Shelter Cluster’s development of *Good Shelter Programming – Tools to Reduce the Risk of GBV in Shelter Programmes*.³⁵ Jointly developed by the International Organisation for Migration and CARE, this handbook was cited by multiple interview respondents as the type of new and exciting collaboration that can be facilitated through the Call to Action Road Map’s outcome on GBV risk reduction (Outcome 6).

4 The Call to Action has promoted collective action and accountability on GBV in emergencies

“ This is where the Call to Action is different to other initiatives – donors are also at the table with implementing partners during technical meetings, making it a useful networking forum. ”

DONOR AGENCY RESPONDENT

Most interview respondents felt that the emphasis on members’ accountability is the greatest strength of the Call to Action, as well as the area of largest unrealised potential. Current accountability efforts ranged from annual reporting on Call to Action commitments to the ways that donors incorporated them into their own reporting or proposal guidelines.³⁶ The UN Office for the Coordination of Humanitarian Affairs (OCHA) decision to include GBV responsibilities into the compacts of humanitarian coordinators was seen as a critical achievement by many, and a direct result from advocacy within the Call to Action framework.

“ With the Call to Action there was an overt and underlying expectation that if you were a partner, you would be part of a collective whole. ”

UN AGENCY RESPONDENT

Accountability for system-wide, joint action, was harder to identify. One donor respondent felt that this is one of the biggest challenges for the GBV community, because it requires strengthening so many parts of the humanitarian system – common funding pools, system-wide capacity, programme quality, staffing and political will. The Real-Time Accountability Partnership (RTAP) is one initiative that is tackling this challenge by bringing together a group of varied actors to support key high-level actions to address GBV in emergencies.

CASE STUDY 3: THE REAL-TIME ACCOUNTABILITY PARTNERSHIP³⁷

The Call to Action has mobilised attention to women's and girls' needs in emergencies and to GBV programmes in ways that have spurred the development of a number of complementary initiatives. The Real-Time Accountability Partnership (RTAP) is one example.

The RTAP is a partnership between six humanitarian agencies, whose aim is to promote system-wide accountability on GBV prevention and response in emergencies. The RTAP arose out of recognition that GBV response is woefully lacking in the earliest days of an emergency and that a necessary way of remedying this is to harness the collective action of leaders across the humanitarian system. The RTAP includes: one bilateral donor, OFDA; the three lead UN protection agencies, UNHCR, UNICEF, UNFPA; the lead UN coordination agency, OCHA; and one NGO implementing partner, the IRC. Together they have committed to take actions to prevent and respond to GBV in two current crises and then evaluate their effectiveness.

The actions rooted in existing guidance – including the GBV Guidelines and the Call to Action Road Map – aim to improve funding, coordination and programming. RTAP will generate tremendous learning for the Call to Action partnership by identifying key factors that either promote or hinder collective action to address GBV at the field level. A baseline assessment was conducted in five countries – Myanmar, Iraq, Nigeria, South Sudan and Turkey (Syrian cross-border) – which provides detailed information about the state of GBV prevention and response in these crises. By project end, the RTAP's framework pilot for leadership-level action on GBV will provide Call to Action partners with new guidance and inspiration by demonstrating how collective action can yield real results in improving the lives of women and girls in emergencies.

Numerous examples of joint action are evident. The Call to Action Donor and State Working Group has promoted collaboration among donors on tackling GBV in emergencies, exchange of information and best practice, and provided a platform to jointly tackle Call to Action commitments in a way that did not exist before. Donors spoke of the usefulness of the Working Group to promote the importance of funding for UN Regional Emergency GBV Advisers (REGAs, see page 23) and to share ideas about integrating Call to Action commitments into their national policies. The Working Group also appears to have been particularly useful for smaller donors, who had less knowledge of humanitarian actors and funding mechanisms and who are able to gain new contacts and know-how through the Call to Action network meetings.

The Call to Action has also created new connections and built alliances. One donor spoke of being approached by a fellow partner who, wanting support for GBV efforts within their own organisation, asked, "Can you help me get my senior management on board?" In other instances, multiple partners have worked together to get new organisations to sign on to the Call to Action, to get support or funding for an important GBV initiative or to influence an existing partner to do more. These efforts remain ad-hoc but already speak to the potential of the Call to Action for advocacy and collaboration around resource mobilisation.



RIGHT: A Burmese refugee woman in Thailand, weaving.

Peter Biro/IRC

CASE STUDY 4: STRENGTHENING HUMANITARIAN LEADERSHIP IN THE FIELD

Action to address GBV at the onset of an emergency is a challenge. Priorities and resources during this phase of response are largely determined by humanitarian leadership at the field level – country directors, donor representatives, and humanitarian coordinators – where the awareness of the importance of addressing GBV is often weakest.

OCHA has leveraged its leadership position to address this obstacle. In 2016, they adopted a Policy Instruction on Gender Equality (2016–2020) which incorporated Call to Action commitments to strengthen collective efforts to address GBV through coordination, advocacy and humanitarian financing frameworks. This policy strengthened the ability of OCHA to fulfil its Call to Action commitments, translating them into concrete achievements. All emergency relief coordinator and humanitarian coordinator compacts now include explicit reference to GBV and tools have been developed to track inclusion of GBV projects within the Central Emergency Response Fund (CERF). These changes hold significant potential to improve implementation of the Call to Action on the ground through enhanced humanitarian leadership and greater transparency in emergency resource allocations, and can be used as an example to include GBV response in other common emergency response mechanisms.

This case offers both a good example of one partner's translation of commitments into concrete changes and of the potential of the Call to Action to be a forum for information sharing and advocacy. Many interview respondents felt that by sharing their challenges and field experiences, they were able to work with OCHA to identify key action areas that could make a difference in humanitarian operations.

5 The Call to Action has helped increase funding for GBV programmes

“ We still fight for it (allocations to GBV within pooled fund). But far less than we did five years ago. ”

UN AGENCY RESPONDENT

The Call to Action has spurred new investments in GBV programmes with donors dedicating more resources and coming together to fund larger-scale initiatives. Since the start of the Call to Action, the US has allocated a total of US\$55 million to GBV programmes under its Safe from the Start initiative, steadily increasing each year from its initial investment of US\$10 million in 2013. Other countries have also assigned more funding: DFID increased funding for humanitarian programmes addressing VAWG six-fold in a two-year period; Irish Aid has invested in GBV response in emergencies, supporting initiatives which include rapid GBV emergency response, GBV advocacy in Europe and survivor care in the Horn and East Africa; Canada has committed to offer multi-year funding (2017–2020) for preventing GBV in emergencies;³⁸ and ECHO's Enhanced Response Capacity funding envelope is explicit in their guidelines that initiatives should link to the Call to Action. There have also been moves by donors to track humanitarian expenditure on GBV using age and gender markers.

Assessing the prioritisation of GBV within general funding streams, such as pooled funds or CERFs, is more difficult. OCHA recently introduced a new GBV tracking tool for both of these mechanisms, which for the first time allows an analysis of how GBV is addressed at the outset of an emergency. In those early stages, resource allocation is driven by first phase needs assessments, as well as implementing partner funding requests.

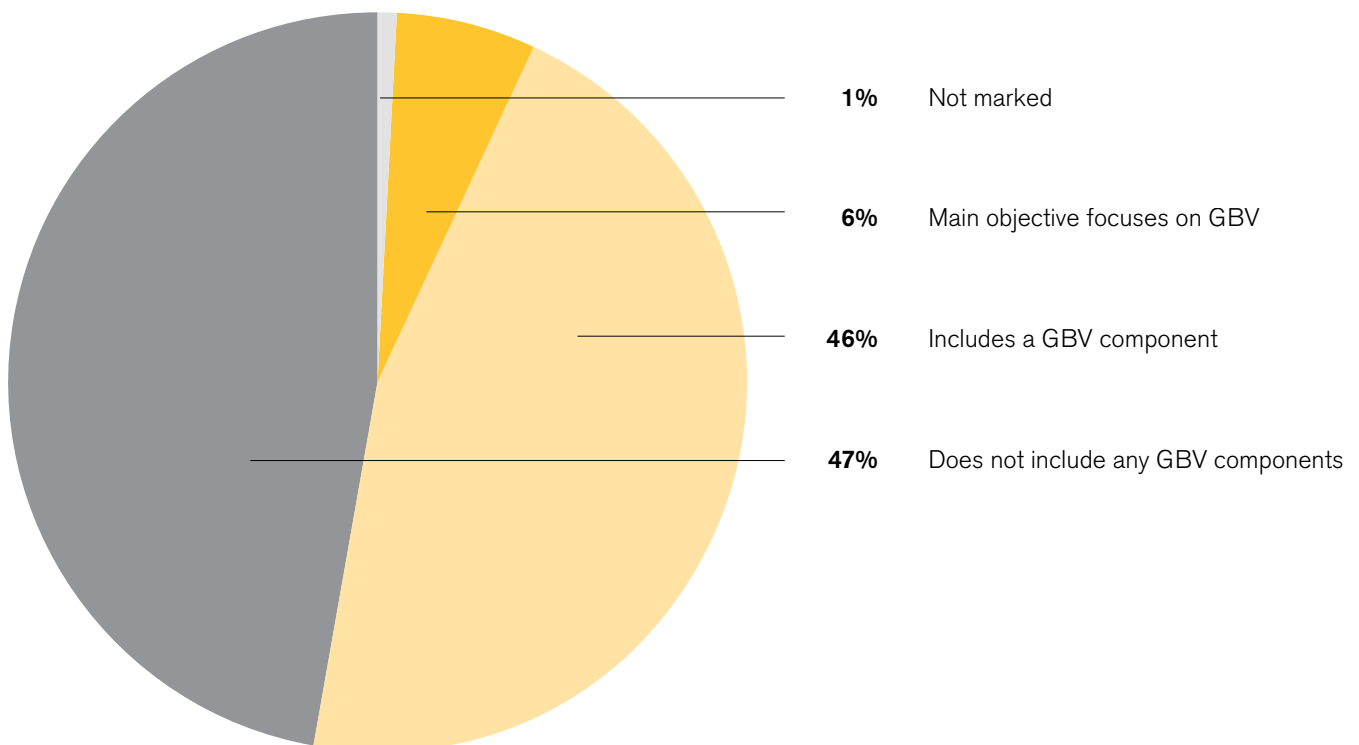
OPPOSITE: Bhutanese women meet at one of the IRC's Saturday knitting groups in Seattle. Most of these women have difficulty reading but have no trouble learning new patterns and knitting techniques from one another, and have even taught non-Nepali speakers how to knit. The IRC began to offer health and wellness workshops, expanded resources through new community partnerships, and coordinated ongoing support groups, including a knitting circle for elderly and disabled women.
Cameron Karsten/IRC

Historically, the failure to prioritise GBV at multiple levels – from assessment design to staffing – has led to inaction within the first days and weeks of a crisis. With OCHA's new tracking tools, progress in prioritisation can be better tracked.³⁹

An initial analysis of CERF shows that almost half of CERF projects integrate some GBV component and six per cent have GBV prevention or response as their main objective.⁴⁰ Because such tracking efforts are new, it is impossible to know if pooled funds are better at resourcing GBV programmes than before. However, one respondent felt that there has been improvement: as OCHA has also recently endorsed a new Gender Equality Policy Instruction for 2016–2020, progress to get more attention to GBV into assessments, response plans and funding streams should yield progress in coming years.⁴¹



Figure 1: GBV Inclusion in CERF-funded Projects*



* The GBV component of a CERF funded project is based on each organisation's self-assessment of the level of GBV inclusion in their project and includes GBV mainstreaming; thus, this information is not reflective of the number of projects that offer GBV services for survivors.



Gaps and Challenges

1 Although GBV programming has increased, it is not yet enough or to scale to meet the growing need on the ground

“ I don't need to be called to act. I'm sold. What I need are resources. ”

NGO RESPONDENT

In every example of the Call to Action's success, the question of how to sustain and systematise it into standard GBV response remains. Funding provided to pilot innovation in GBV programmes has not always been available to bring these pilot projects to scale. Instances of collective action have changed the way GBV is addressed in certain contexts, but has not yet changed the way GBV is addressed in **every** context. The creation of new staff positions has increased multi-fold the pool of GBV responders, but has not been sufficient to meet the need for GBV responders in all the current major emergencies.⁴²

It is clear that the humanitarian system responds better to GBV than it did five years ago and that with the Road Map and commitments, Call to Action partners are on the right path. Yet, in most interviews, respondents expressed a tempered view of the Call to Action in terms of its impact on implementation and on women's and girls' lives. Whilst most recognised the force of this game-changing high-level platform at a policy level, few felt that the reforms they had witnessed were enough to ensure that GBV was being systematically prevented in emergencies and that GBV survivors were getting the lifesaving services they need.

Critical gaps need to be addressed if ad-hoc examples of success are to turn into systemic changes in the scale and quality of GBV programmes. First, whilst funding has increased for GBV programmes, it is not scaled to need and NGO respondents still pointed to funding as an obstacle to doing more. As one respondent pointed out, the cost of implementing the Road Map is unknown and could potentially require significantly more funds than are currently available. A gap between the Call to Action's goals and the means available to achieve them could explain some of the slow progress thus far.

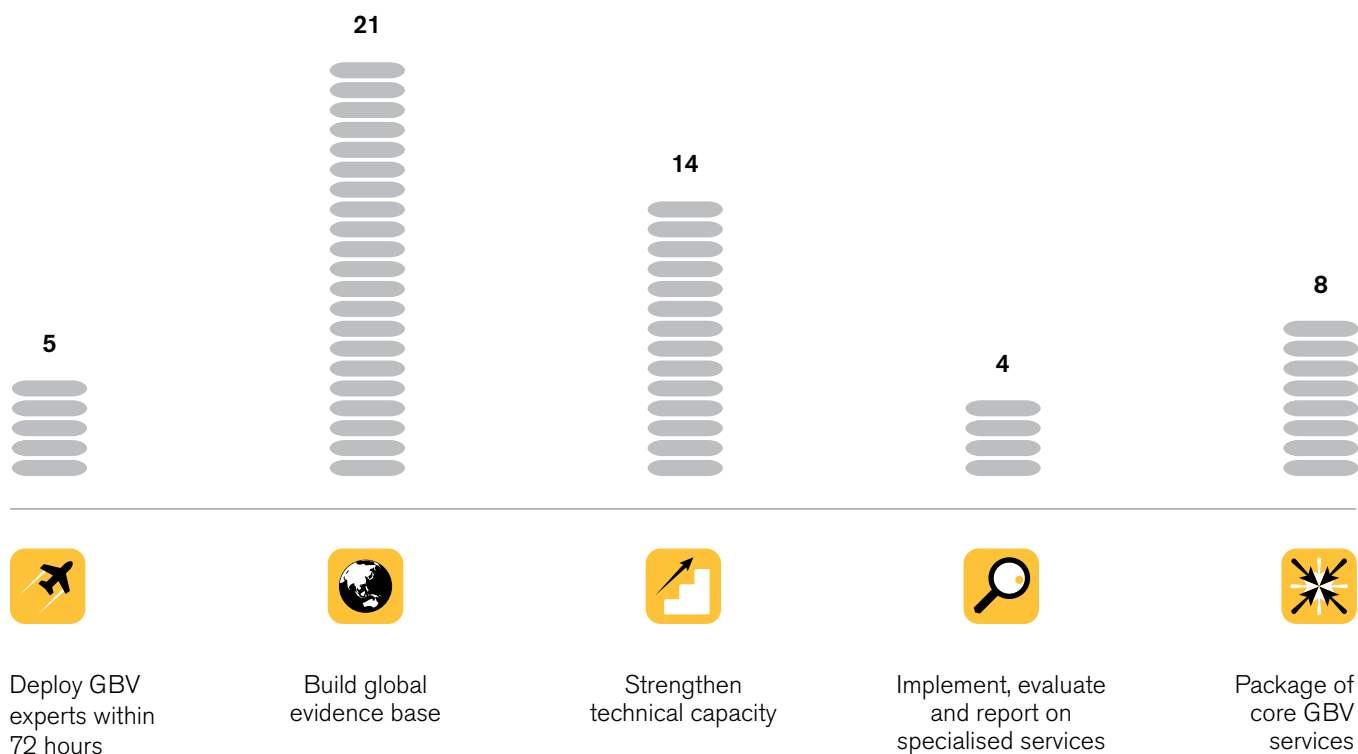
Second, there are important gaps in the implementation of programmes to respond to GBV. Respondents spoke of funding being awarded to a small number of implementing partners and being focused largely on research projects or building UN capacity to respond to GBV, whereas NGOs saw less opportunities to access funds to build their capacity. A WRC analysis shows that, although Road Map Outcome 5, which focuses on providing specialised GBV programmes, has the second highest number of commitments (65 out of 332 total commitments), only four of these focus on implementation of services and five on deploying GBV experts to emergencies (see Graph 1). Of the many donor Call to Action commitments, a minority (which includes Canada, Italy, Sweden) commit specifically to providing funding to GBV response programmes. Whilst many NGOs have stepped up on research, fewer are implementing programmes.

In the Road Map, the implementation of the core GBV services package (Road Map Outcome 5.1) is planned for 2018, perhaps explaining why there are so few commitments on service provision at this stage. However, as donors noted concern about a lack of capacity to deliver specialised GBV services in the humanitarian sector, efforts to build this capacity should begin immediately and include NGO capacity building as this work may take time. As well as working with NGOs, capacity building efforts could focus on engaging with local women's rights actors who are already providing domestic violence or rape crisis response services and whose skills could be quickly turned to GBV response services in emergencies.

It is likely that the Call to Action will continue to strengthen technical capacity and evidence generation. Call to Action members should ensure learning and capacity are being used to inform GBV response and ultimately improving the lives of women and girls in emergencies.

OPPOSITE: Keyriya Yasin, 12, writes notes as she attentively watches class instruction in Rephi Primary School, Silte zone, Ethiopia. *Mulugeta Ayene/IRC*

Figure 2: Call to Action Commitments on GBV Service Provision
Number of Call To Action Road Map Commitments under Outcome 5 ⁴³



2 There is a need to build the capacity of implementing partners to prevent and respond to GBV

“ I’d love them (donors) to focus on capacity building. There needs to be money for that. If people don’t understand how to do safety audits, the importance of different risk mitigation efforts – if you can’t train people up on these issues internally, I don’t see how we move forward. ”

NGO RESPONDENT

The symbiotic relationship between donor funding and implementing partner capacity was raised numerous times in interviews. Some donors expressed frustration that they would open up vital funding opportunities for GBV response only to find no partners able or willing to implement. In turn, implementing partners spoke of their struggles to find financial support for some of their best GBV interventions and expressed a desire to build capacity but little to no funding to do so.

Donor concerns included a general lack of funding requests for GBV response (specifically service delivery programmes as many implementing agencies focus mainly on gender mainstreaming or gender equality work, but not GBV service provision) from implementing partners, being brought into programme development too late (if at all), as well as receiving proposals that insufficiently addressed donor requirements (for example, by having a detailed gender analysis). As such, implementing partners are not accessing the funding that is available.



Implementing partners, in turn, pointed to barriers such as lack of information about donor funding cycles, policies and requirements. Both donors and UN agencies pointed to specific investments made in UN capacity, such as funding of REGAs, capacity building or training programmes and support to agencies for GBV-specific positions. These were seen as vital for addressing capacity gaps for UN agencies, yet most NGO respondents were not able to access such resources or to improve their own capacity.

Donors and implementing partners need to find a way to address the dilemmas around funding availability, accessing funding and GBV response capacity that are currently blocking the disbursement of needed resources to response on the ground – especially around service delivery. This is a point of mutual frustration that the Call to Action platform could help remedy by improving information flows from donors to implementing partners and by defining priorities to build the capacity of implementers to respond to GBV and to submit quality funding proposals.

3 The Call to Action needs to expand its reach to include southern-based implementing agencies and women's organisations

“ Aid organisations and donors commit to... understand better and work to remove or reduce barriers that prevent organisations and donors from partnering with local and national responders. ”

THE GRAND BARGAIN: A SHARED COMMITMENT TO BETTER SERVE PEOPLE IN NEED (PAGE 5)⁴⁴

The Call to Action has seen a growing membership since its inception in 2013, with new governments (Czech Republic, Denmark, Germany, Luxembourg), multilateral agencies (Organisation for Economic Co-operation and Development and United Nations Educational, Scientific and Cultural Organisation) and a large number of new international and national NGOs (e.g. Heartland Alliance International, ABAAD, Legal Action Worldwide, Women Empowerment Organisation) committing to take action on GBV in emergencies. However, southern governments and NGOs have been less involved in the initiative; mainly because they are unaware of it, they do not have the means or capacity to participate, or do not have clear expectations about their role within it. The fact that many Call to Action stakeholder meetings have been held in Geneva, London or New York and require partners to self-finance their travel and their time is a significant barrier to their participation. As NGOs, particularly women's organisations, in the Global South have led some of the most innovative solutions to GBV and have been ardently committed to eradicating VAWG, their lack of involvement is a significant gap within the Call to Action. Indeed, Call to Action stakeholders have called for more attention to be paid to pre-existing grassroots networks that are involved in humanitarian aid, often led by and including women.⁴⁵ Without their involvement, the Call to Action misses the opportunity to capture and share their expertise and good practice in the initiative and to build their capacity when needed. This is particularly problematic considering the lack of implementation of Call to Action commitments on the ground, as noted above.

ABOVE: A young Karenni mother and her child at an IRC nutrition class, Ban Mae Surin camp, Thailand. *Peter Biro/IRC*

4 There is a need to work with frontline humanitarian workers and emergency response leadership to change norms and attitudes around prioritisation of GBV, and this will take time

“As we have seen in our work over the past 15 years, societal norms regarding gender and other hierarchies are sufficiently strong that they are carried into organisations. We must continue to pay attention to the way that the very organisations invested with supporting social and economic change themselves perpetuate gender norms and other power hierarchies to produce gender inequitable organisational cultures, systems and outcomes.”

NO SHORTCUTS TO SHIFTING DEEP STRUCTURES IN ORGANISATIONS ⁴⁶

The review found that many implementing partners still faced resistance from field staff when prioritising GBV response. Interviewees felt that whilst high-level spokespeople had emerged at the global level to advocate for GBV programmes as lifesaving, at the field level there was still a tendency of senior staff across all humanitarian sectors to dismiss such work as non-essential in the early stages of an emergency.

The role of harmful attitudes and gender norms in inhibiting progress on gender equality and GBV programmes has been recognised for years.⁴⁷ As one humanitarian commentator pointed out in a recent blog: “If you ask most humanitarians what they think about ‘gender mainstreaming’ or ‘GBV specialists’, eyes begin to roll.”⁴⁸ For GBV practitioners, the moments of high-level attention that the Call to Action mobilises are starkly different to the reality of returning to the field and having to fight for minimal actions for women and girls that the humanitarian community has already committed to at a global level.

“Several surveys and consultations have cited patriarchal cultural bias held by local men and male humanitarian workers as a major barrier – and many saw it as the key barrier – to women’s needs being met as well as to women being engaged as partners in humanitarian action.”

GLOBAL STUDY ON PREVENTING CONFLICT, TRANSFORMING JUSTICE, SECURING PEACE ⁴⁹

Many academics have examined the role of ‘deep structures’ of gender inequality within organisations as an underestimated but powerful obstacle to programmes confronting VAWG or empowering women.⁵⁰ Even organisations seeking transformative change may find their efforts undermined by their own institutional culture.⁵¹ If gender inequality is pervasive in society, it makes sense that these norms are mirrored within organisations.

For the Call to Action, this presents obstacles at two levels. First, the lack of implementation of the Call to Action in the field means that humanitarian leadership – country directors, humanitarian coordinators, donor liaisons – may be unaware of their global commitments and therefore unable to use their status to effect response trends on the ground. Second, deeply embedded gender norms affect the uptake of commitments to address GBV at all levels – from humanitarian leaders down to frontline workers. Whilst furthering implementation of commitments is essential, attention also needs to be paid to creating shared beliefs, incentives and understanding on this issue among humanitarian actors working on the frontline, and implementation needs to be stronger.

Conclusions and Recommendations

The Call to Action holds tremendous potential for vastly changing the way that the humanitarian community address GBV and protects and empowers women and girls in crises. Achievements in the areas of awareness raising, policy and senior level support have been felt by all partners to be some of the greatest strengths of the platform. In addition, partners highlighted the Road Map as providing a robust framework for action.

Yet for implementation to take hold at the field level where it is needed most, the Call to Action Lead and members need to address systemic weaknesses and gaps in GBV prevention and response, particularly for women and girls. This will require more collaboration across the various levels of stakeholders to strategically use the Call to Action to implement the Road Map. For this to occur, all partners and the Call to Action Lead will need to sustain political commitment and high-level leadership, and provide sufficient staffing and resources.

Based on the findings of this research and the analysis of the gaps, the IRC has the following recommendations for Call to Action members, humanitarian leaders and policymakers.

1 **Maintain political momentum by identifying critical next steps for the Call to Action and priority areas for the Call to Action Lead within these:**

- The Lead and Call to Action partners should undertake a gaps analysis to prioritise future action by analysing current commitments vis-à-vis the Road Map outcomes, and:
 - » Develop an annual action plan focused on areas of systemic weakness.
 - » Encourage partners to make or prioritise commitments in those areas, and ensure GBV is prioritised through their usual emergency response efforts, for example, improving frontline service provision to GBV survivors or making funding dependant on inclusion of GBV analysis and prevention.
 - » Make commitments in areas in which they are currently not working by marking these as 'unfunded'. This would allow implementing partners to commit to areas whilst they access funding and build their capacity.
- Partners should maintain their high-level participation in the Call to Action and ensure that senior staff and government ministers drive resources and commitment to implement the Road Map in the short term.
- The Lead should convey progress annually, mobilise partners to fill gaps in activity and highlight impacts and benefits of joining the Call to Action through advocacy and high-level events.

Conclusions and Recommendations (continued)

2 Identify funding needs and mobilise resources to implement the Call to Action Road Map through coordinated action:

- Partners should be clear about the cost of implementing Call to Action commitments, including costing what an 'appropriate' level of funding for GBV response is. The RTAP could provide learning around what adequately resourcing GBV requires for different humanitarian sectors and actors.
- The Lead should commit the necessary resources to the role, including financial and human resources, technical expertise and political leadership.
- The Lead and donors should consider resourcing a Call to Action Secretariat, or continue funding to organisations that have been fulfilling this role.
- Partners should use the Call to Action platform to overcome the challenges of funding local NGOs and women's rights organisations. This could include donors establishing NGO/local NGO Consortium funding bids with capacity building on GBV response.

3 Promote increased accountability for Call to Action commitments and drive implementation on the ground:

- The Lead and Steering Committee should improve implementation of and reporting on Call to Action Road Map commitments by:
 - Ensuring all Working Groups have action plans addressing identified gaps and share them across the members' network.
 - Following up with partners who have made commitments against the Road Map, but have failed to report annually on their progress.
 - Assessing interest among those who signed on to the communiqué, but who have taken no subsequent action, to determine if they intend to remain a Call to Action partner and, if so, ensure that they are willing to dedicate resources to carrying forward the Road Map.



- The Steering Committee should work with the GBV AoR to ensure the new Call to Action page on their web site houses up-to-date information on partners, their commitments, their actions, resources and reports.
- Donors could promote and support the rollout of the RTAP Action Framework to engage leadership in additional contexts, beyond RTAP pilot countries. Priority should be placed on engaging local NGOs and women's organisations to identify their needs and priorities and include them in the Call to Action more generally.
- All partners should engage their emergency response central and field leadership to raise awareness on the lifesaving nature of GBV and their organisational commitments under the Call to Action. The Lead should consider dedicating one Call to Action meeting to gathering the leadership of partners' emergency divisions and the IASC Emergency Director's Group meetings and similar platforms to promote the Call to Action.
- Once the GBV services core package is developed, implementing partners should assess their ability to implement its components and develop guidance clarifying their organisation's role in specialised GBV response. With this analysis, the Lead should identify gaps in essential response capacity, clarify what can be expected from different implementing partners in terms of GBV response programming and identify where capacity building efforts should focus.
- The Steering Committee should develop a joint programme of work with frontline humanitarian workers to change norms and resistance to addressing GBV and inequality's impact on women and girls. Such a programme should highlight the operational benefits of ensuring gender is integrated into first response humanitarian action in health, education, WASH and food security.
- All partners should coordinate to develop best practice in engaging local community leaders and increasing women's and girls' participation in GBV programmes.⁵²

4 Integrate Call to Action commitments into other relevant policy frameworks on women's and girls' protection and empowerment:

All partners should:

- Integrate Call to Action commitments into other relevant national and global policy frameworks to ensure that political will on this agenda is maintained, that Call to Action messages reach the maximum number of actors and that accountability mechanisms on Call to Action commitments are strengthened.
- Build on the 'Grand Bargain' commitment made at the World Humanitarian Summit⁵³ to increase and support multi-year investments in building capacities of local and national responders, particularly local NGOs and women's organisations, to prevent and respond to GBV, mainstream gender equality and empower women and girls.
- Ensure Call to Action commitments are included in National Action Plans on Women, Peace and Security (WPS), UN Security Council (UNSC) reports and resolutions on WPS, and build on the complementarity of the Call to Action with the WPS agenda.⁵⁴
- Include Call to Action commitments into monitoring mechanisms and implementation of the Sustainable Development Goals (SDG), particularly Goal 5.2⁵⁵ and Goal 16.⁵⁶ Partners could use SDG forums to highlight and strengthen GBV emergency response.
- Conduct research and workshops to explore the links between GBV in emergencies and new and emerging policy agendas, such as migration, slavery, trafficking and extremism.

OPPOSITE: Maka Souliman Youssif at the blackboard in a school in Oure Cassoni, Chad. *Sophia Jones/IRC*

Conclusions and Recommendations (continued)

5 Share knowledge and build capacity and expertise across different Call to Action Stakeholder Working Groups, especially between donors and implementing agencies:

- The Call to Action Lead and Working Group Leads should improve collaboration across the different Stakeholder Working Groups by sharing work plans and by jointly focusing on key gap areas in Road Map implementation.
- Donors should fund southern implementers to join the Call to Action stakeholder meetings to enable them to share their knowledge, expertise and good practice and to improve their access to information on funding mechanisms and opportunities.
- The Donor and State Working Groups should move forward with current efforts to document their respective funding cycles for GBV work in humanitarian settings and share this information with Call to Action implementing partners.
- Call to Action annual meetings should be expanded to allow for a technical component in addition to the regular annual meeting components. Working Group Leads should work with members to identify critical learning and/or share tools and resources.⁵⁷

BELOW: In Mansehera, Pakistan, girls enjoy recreational activities in the school-yard.

Sasha Pippenger/IRC



Annex A: References

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- 42** See IRC. 2015. "Are We There Yet? Progress and Challenges in Ensuring Life-Saving Services and Reducing Risks to Violence for Women and Girls in Emergencies." London: IRC. <https://www.rescue-uk.org/report/are-we-there-yet-progress-and-challenges-ensuring-life-saving-services-and-reducing-risks>; What Works to Prevent Violence. 2015. "Responding to Typhoon Haiyan: Women and Girls Left Behind." <https://whatworksglobal.wordpress.com/2015/12/17/women-and-girls-were-left-behind-in-typhoon-haiyan-new-study-finds/>; Refugees International. 2014. "The Philippines: New Approach to Emergency Response Fails Women and Girls." <https://www.refugeesinternational.org/reports/2015/10/14/philippines-new-approach-to-emergency-response-fails-women-and-girls>; WRC. "The Call to Action on Protection from Gender-based Violence in Emergencies; Field-Level Implementation Urgently Required" <https://www.womensrefugeecommission.org/gbv/resources/1479-call-to-action-gbv-protection-in-emergencies>
- 43** Whilst a total of 65 commitments were made under Outcome 5 of the Road Map, 13 of those were unattributed to specific action items under this Outcome. Only those commitments (52) attributed to specific action items are included in this graph.

- 44** For more information on the Grand Bargain, see ReliefWeb. 2016. "The Grand Bargain – A Shared Commitment to Better Serve People in Need." http://reliefweb.int/sites/reliefweb.int/files/resources/Grand_Bargain_final_22_May_FINAL-2.pdf
- 45** IRC. 2015. "Advocacy Brief: Responding to GBV in the Horn and East Africa's Emergency Settings: Lessons from the Field." <http://gbvresponders.org/wp-content/uploads/2015/12/Responding-To-GBV.pdf>
- 46** Rao A, Kelleher D, Miller C. 2015. "No Shortcuts to Shifting Deep Structures in Organisations." IDS Bulletin 46: 82–91. <http://bulletin.ids.ac.uk/idsbo/article/view/90>
- 47** See Rao A, Stuart R, Kelleher D. 1999. "Gender at Work: Organisational Change for Equality." West Hartford, CT: Kumarian Press; Rao A and Kelleher D. 2002. "Unravelling Institutionalized Gender Inequality." Toronto: Association for Women's Rights in Development. Occasional Paper No. 8; and Sandler J and Rao A. 2012. "Strategies of Feminist Bureaucrats: United Nations Experiences." Institute of Development Studies Working Paper 397.
- 48** Anonymous. 2015. "Let's Get With It! Sexism and Gender Equality Mainstreaming in the Humanitarian Sector." Cassandra Complexity Blog. <https://cassandracomplexblog.wordpress.com/tag/sexism/>
- 49** Coomaraswamy R. 2015. "Preventing Conflict, Transforming Justice, Securing Peace: A Global Study on the Implementation of United Nations Security Council Resolution 1325." New York: UN Women. p.87. <http://reliefweb.int/report/world/preventing-conflict-transforming-justice-securing-peace-global-study-implementation>
- 50** See Rao A, Kelleher D, Miller C. 2015. "No Shortcuts to Shifting Deep Structures in Organisations." IDS Bulletin, 46: 82–91. <http://bulletin.ids.ac.uk/idsbo/article/view/90>. This builds upon previous literature on 'deep structures': Rao A, Stuart R, Kelleher D. 1999. "Gender at Work: Organisational Change for Equality." West Hartford, CT: Kumarian Press Organisation and Rao A and Kelleher D. 2002. "Unravelling Institutionalized Gender Inequality." Toronto: Association for Women's Rights in Development. Occasional Paper No. 8. 'Deep structures' is a term they coined to describe the way that gender inequality is embedded within organisational culture and thwarts attempts to do work on gender or gender mainstreaming.
- 51** See Sandler J and Rao A. 2002. "Strategies of Feminist Bureaucrats: United Nations Experiences." Institute of Development Studies Working Paper 397.
- 52** For a more detailed discussion of this issue, see IRC. 2015. "Advocacy Brief: Responding to GBV in the Horn and East Africa's Emergency Settings: Lessons from the Field." <http://gbvresponders.org/wp-content/uploads/2015/12/Responding-To-GBV.pdf>
- 53** For more information on the Grand Bargain, see ReliefWeb. 2016. "The Grand Bargain – A Shared Commitment to Better Serve People in Need." http://reliefweb.int/sites/reliefweb.int/files/resources/Grand_Bargain_final_22_May_FINAL-2.pdf
- 54** For example, the 2015 Global Study on the Implementation of UNSCR 1325 noted that many humanitarian interventions remain gender-blind and that the gap between standards and guidelines and the reality on the ground is 'abysmal'. As with the Call to Action, the global study noted that women's organisations continue to be marginalised in the planning and implementation of humanitarian response. See Coomaraswamy R. 2015. "Preventing Conflict, Transforming Justice, Securing Peace: A Global Study on the Implementation of United Nations Security Council Resolution 1325." New York: UN Women. p.87. <http://wps.unwomen.org> http://wps.unwomen.org/pdf/en/GlobalStudy_EN_Web.pdf
- 55** Sustainable Development Goal 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- 56** Sustainable Development Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
- 57** For example, topics could include good practice examples of programming in the field; tools, training and guidance on gender analysis or GBV response; guidelines for using the gender marker; and minimum standards for implementing partner funding proposals.



Annex B: Key Informant Interview List

9.2.17	Clare Hollowell, Humanitarian Advisor (Women and Girls in Crisis), DFID
10.2.17	Erin Kenny, Gender-Based Violence Specialist, UNFPA
13.2.17	Jeff Meer, Executive Director, Handicap International, US
15.2.17	Julie LaFreniere, Gender Team Lead, Global Humanitarian Team, Oxfam
15.2.17	Janine Kossen, Senior Policy and Advocacy Officer, Women's Protection and Empowerment, IRC
15.2.17	Hilde Sjobo, Gender Specialist, OCHA
16.2.17	Joanina Karugaba, Senior Protection Project Officer, SGBV, UNHCR
16.2.17	Liz Pender, Senior GBV/Humanitarian Protection Officer, Office for Foreign Disaster Assistance, US Agency for International Development Leora Ward, Programme Officer, Gender Equality, Bureau of Population, Refugees and Migration, US State Department Nicole Gaertner, Senior Policy Advisor, Bureau of Population, Refugees and Migration, US State Department
20.2.17	Hanna Persson, Policy Officer Gender and Age, ECHO
22.2.17	Joan Timoney, Senior Director of Advocacy and External Relations, WRC
23.2.17	Ingela Winter-Norberg, Programme Manager, SIDA
27.2.17	Andrea Finnegan and Emer O'Brien, Humanitarian Officers, Irish Aid
27.2.17	Anna Miles, Social Development Officer, Syria Team, DFID
6.3.17	Amanda Hogberg, Ministry of Foreign Affairs, Sweden
7.3.17	Howard Mollett, Senior Policy Advisor, CARE International
24.3.17	Mendy Marsh, GBV in Emergencies Specialist, UNICEF

OPPOSITE: Lucy Lansana, 20, brought her newborn baby, Ibrahim Lansana, two weeks old, to the health clinic in Levuma, Sierra Leone, when he developed a high fever and convulsions. He was delivered by C-section after a referral from this clinic. Lucy's first child died from birth complications. She walked eight miles from her village to attend the clinic.
Aubrey Wade/IRC



Annex C: Key Informant Interview Questionnaire

Call to Action Key Informant Questionnaire for use with donors, UN agencies and NGOs: Key Informant Interview Questions

Interviewers: Elisabeth Roesch,
Kathryn Lockett (consultants)

General/ Warm Up Questions

- What was/is your role in the Call to Action?
- How involved has your organisation been in the Call to Action and has this changed over time? *e.g. reporting annually on Call to Action progress, established an organisational focal point dedicated to the Call to Action, participation in stakeholder working group calls, attending annual partner meetings, leading/supporting advocacy activities.*

OPPOSITE: This 22-year-old woman has a fifth-grade education, but following record floods in 2010 in Pakistan, was provided with three months of training by the IRC to become a tailor. She now sews clothing for neighbours in her village.
Ned Colt/IRC

BELOW: English classes at the IRC's New York Resettlement office
Meredith Goncalves/IRC

Organisational Commitment (and Awareness Raising)

- Has the Call to Action helped mobilise **senior political/organisational support** for your work on GBV in emergencies? *Gather specific examples if possible. Probe for Call to Action's impact in terms of the high-level external political support, the influence of other actors joining on, and the effect of commitment-making in garnering internal support.*
- Has your organisation **spoken publicly** about the Call to Action or **organised events** to increase awareness of the Call to Action and get GBV onto the agenda within various humanitarian fora, e.g. at the World Humanitarian Summit, the Commission on the Status of Women or the UNSC? *Gather specific examples if possible, including any outcomes that resulted.*
- Do you think the Call to Action has changed the **institutional culture** within your organisation in terms of how staff think about or prioritise tackling GBV or promoting gender equality within your humanitarian responses? Do staff better understand the importance of addressing GBV (i.e. see it as an urgent issue in humanitarian contexts)?



Annex C: Key Informant Interview Questionnaire (continued)

Developing Best Practice

- How has the Call to Action affected your **internal institutional policies** on GBV in emergencies or gender equality – are there any new policies or revisions to existing policy that you have made to enhance the way you address GBV since signing on to the Call to Action? *Ask follow-up questions relating to the below as needed, gathering specific examples if possible.*
 - » **Internal standards** to ensure that your organisation's work promotes gender equality or tackles GBV in emergencies (including Sexual Exploitation and Abuse)?
 - » Policies or procedures to ensure GBV is included in **needs assessments, analyses and strategic planning** processes?
 - » Policies or procedures that mean that **women and/or women's groups are consulted** in needs assessment and programme planning?
 - » Within your **programming**, has the Call to Action resulted in your organisation using or developing different programmes, M&E frameworks, guidance, or tools to tackle GBV?
 - » Has the Call to Action resulted in any new efforts to conduct **research or data collection** on GBV in humanitarian settings?
- Has the Call to Action had an **impact on actors across sectors that are not necessarily involved in GBV** programming directly (i.e. shown sector actors their role in reducing risk in, say, WASH or Non-Food Items)?

Promoting Collaboration and Collective Action

- The Call to Action aims to strengthen collective action to address GBV in humanitarian operations. Can you think of an example where you saw **multiple actors** from across the humanitarian spectrum coming together to tackle GBV – whether at the field level or within a global or regional forum? *Gather specific examples if possible.*
- Has the Call to Action helped you mobilise **additional support** to address GBV or promote gender equality by others within the broader donor/NGO/IO community? *Gather specific examples if possible e.g. NGOs taking GBV on within their advocacy or deciding to expand their GBV portfolio because they see the buzz generated by Call to Action.*

Mobilising Resources

- Has your organisation instituted **new funding streams** for GBV (or advocated for funding in the case of non-donors) since the Call to Action to ensure that funding is available for GBV prevention and response for each phase of an emergency?
- Has the Call to Action helped your **organisation access programmatic resources, tools and data** on GBV in emergencies from others involved?
- Has the Call to Action had any impact on building the **internal capacity**, such as sufficient staffing, training or improving numbers of those with gender/GBV expertise, within your organisation?
- Has your organisation made any efforts to enhance **organisational accountability** on taking action on GBV in emergencies?

Gaps and Next Steps for the Call to Action

- **Funding** is consistently cited as one of the key barriers to implementing GBV commitments at the field-level. What are the primary obstacles to increasing funding and how could the Call to Action be used to improve the funding environment?
Gather examples based on needed changes to how organisations currently allocate funding.
- What are barriers to expanding the number of **Call to Action partners**? Do you have suggestions for overcoming them? Is there anyone missing from the Call to Action that you would like to see join?
- What are the barriers to keeping current members engaged and progressing in implementing commitments?
- What is some of the **unrealised potential** of the Call to Action that you would like to see Call to Action partners focus on over the next few years?
- How could the **implementation of Call to Action commitments** be improved?
- What do you see as the **greatest impact of the Call to Action**?
Explain that this can be something specific from the Road Map or something that isn't captured in the Road Map or commitments, but which has influenced the way your organisation sees or acts on GBV concerns. Gather specific examples if possible.

Questions for organisations not involved in the Call to Action

- Does your organisation work in emergency or humanitarian settings?
Gather examples of the work of the organisation.
- Does your organisation work on promoting gender equality in emergency settings and/or work to tackle GBV?
Gather examples of the work of the organisation.
- Have you heard of the Call to Action? What do you know about the Call to Action?
Establish if they are aware of the Call to Action and where they know it from.
- What are the primary challenges you face in addressing GBV and promoting gender equality in emergency settings?
- Do you feel that a global initiative like Call to Action would help you mobilise to better address GBV or promote gender equality in emergency settings?
- What are the main barriers to joining an initiative like the Call to Action?
- What advice would you have for the Call to Action in reaching out to NGOs and organisations in the Global South?



Annex D: Terms of Reference

The impact of the Call to Action on Protection from Gender-based Violence in Emergencies

Women's Protection and Empowerment Consultant

January-February 2017

Background

Founded in 1933, the International Rescue Committee (IRC) is a leading international organisation working in relief, rehabilitation, protection, post-conflict development, resettlement services and advocacy for those affected by the world's worst humanitarian crises. At work today in over 40 countries and 26 US cities, the IRC restores safety, dignity and hope to millions who are uprooted and struggling to endure.

The IRC works to foster communities where women and girls are free from violence and have the rights and resources to promote their own safety and self-determination. One of the ways the IRC achieves this is through the Women's Protection and Empowerment (WPE) team comprised of 450 field staff and technical experts, including specialists in primary prevention, care for child survivors, economic programming, and service delivery, among others. Collectively, this team advances the knowledge, skills, and tools necessary for humanitarian workers to serve survivors of gender-based violence (GBV) with effective, comprehensive programming that meets the specific needs of women and girls. In partnership with communities and institutions, we advocate for and protect the rights of women and girls whilst cultivating conditions in which women and girls can recover from violence and thrive.

GBV, particularly against women and girls, is pervasive and is exacerbated in humanitarian emergencies. Yet prevention of and response to GBV is still not treated as a priority from the earliest stages of emergencies and humanitarian responses lack sufficient mechanisms—funding, policy, and systems—to ensure that the issue is comprehensively addressed. This inaction represents a failure on the part of humanitarians to promote, respect, and protect the rights of affected populations, particularly women and girls.

OPPOSITE: Women Building Peace is a project supporting women's engagement in peacebuilding in Uganda. It addresses power imbalances between men and women using behavioral change approaches. By fostering individual and community reflection and action on issues of power imbalances between men and women, Women Building Peace breaks down traditional norms about the limited role of women in private and public spaces. It opens up social spaces and enhances more meaningful public participation of women in peace committee structures in the Moroto and Napak districts of Karamoja.

Charlotte Watson/IRC

The Call to Action on Protection from GBV in Emergencies, formally launched in 2013 by the United Kingdom and Sweden, aims to fundamentally transform the way GBV is addressed in humanitarian operations via the collective action of numerous partners, each bringing our various strengths and capacities to the table. The goal is to drive change and foster accountability within the humanitarian sphere. The commitment to act and to hold ourselves accountable for action on GBV brings us together under the Call to Action. In September 2015, the Call to Action Road Map was published which articulates the collective changes we want to see in this area and defines a specific set of results to achieve by 2020.

Objectives

In 2017 the Call to Action will be four years old, and the IRC has identified the need to comprehensively review what progress has been made in implementing the Call to Action at a global level by commissioning research for a Call to Action report. Our overall aim is to demonstrate the impact the Call to Action has had in achieving its central aim; provide clear and compelling reasoning for further action and participation; and outline the ways that the Call to Action can go further in improving GBV response in emergencies. Once completed and published, we will organise a meeting of key stakeholders to share the findings of the report.

The objectives of the report are to:

- 1 Provide an overview of what the Call to Action has achieved since its inception, with an emphasis on changes in stakeholders' policy and practice.
- 2 Assess what gaps remain, and what more is needed from humanitarian actors to better respond to and prevent GBV in emergencies.
- 3 Provide examples and ideas for implementing the Call to Action through case studies of good practice.
- 4 Work as an advocacy tool on Call to Action implementation with current and prospective partners.

Annex D: Terms of Reference (continued)

Scope of Review

The IRC seeks to hire a consultant researcher who will use desk-based research and key informant interviews to answer the overall question of what difference the Call to Action has made to members' policies and practices, and to:

- Conduct a global mapping and analysis of previous and current Call to Action commitments based on indicators agreed with the IRC.
- Provide examples of what members have done to change their structure, policies and adopt funding mechanisms as a result of the Call to Action.
- Gather evidence of global implementation of the Call to Action, with case studies.
- Gather feedback from key informant interviews with Call to Action members on the usefulness/limitations of the Call to Action as a multi-stakeholder initiative, including from technical and political perspectives.
- Conduct a mapping of stakeholders that are not partners of the Call to Action, and their level of activity on GBV in emergencies.
- Provide an analysis of gaps in the Call to Action based on research findings, and outline recommendations to fill these gaps to move the Call to Action forward.

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Edited by Jatinder Padda. Designed by Ros Mac Thóim.

RIGHT: A mother participates in an IRC programme teaching the basics of reading, writing and math to young people whose education has been interrupted in the Democratic Republic of Congo.

Sinziana Demian/IRC



The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers life-saving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 29 cities in the United States, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

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