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

2022 PROGRESS REPORT

Road Map 2021-2025
December 2023

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

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The examples, commitments and achievements cited were provided by the partners of the Call to Action in the course of their yearly reporting, and only modified or abridged for clarity or comprehensibility.
We thank all partners that reported for their efforts. The reports are an important tool to measure progress on the priorities of the Call to Action.



@UNICEF, Democratic Republic of Congo

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Acronyms

AoR	Area of Responsibility
CASI	Child and Adolescent Survivors Initiative
BHA	USAid Bureau for Humanitarian Assistance
CBPF	Country Based Pooled Fund
CERF	Central Emergency Response Fund
CSOs	Civil Society Organizations
DFID	Department for International Development
DRC	Democratic Republic of the Congo
ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
EDG	Emergency Directors Group
ERC	Emergency Relief Coordinator
GAM	Gender with Age Marker
GBV	Gender-Based Violence
GBViE	Gender-Based Violence in Emergencies
GEEWG	Gender Equality and the Empowerment of Women and Girls
GenCap	Gender Standby Capacity Project
GHD	Good Humanitarian Donorship
GPC	Global Protection Cluster
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group on Reproductive Health in Crises
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IRC	International Rescue Committee
LAW	Legal Action Worldwide
LNGO	Local Non-Governmental Organization
MdM	Médecins du Monde
MISP	Minimum Initial Service Package
M&E	Monitoring and Evaluation
NCA	Norwegian Church Aid

NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OPAG	Operational Policy and Advocacy Group
PSEA	Protection from Sexual Exploitation and Abuse
PSEAH	Protection from Sexual Exploitation, Abuse, and Harassment
PSS	Psycho-Social Support
REGA	Regional Emergency GBV Advisors
SADD	Sex and Age Disaggregated Data
SEAH	Sexual Exploitation, Abuse, and Harassment
SGBV	Sexual and Gender-Based Violence
Sida	Swedish International Development Cooperation Agency
SOPs	Standard Operating Procedures
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USG	Under-Secretary-General
VAWG	Violence against Women and Girls
WASH	Water, Sanitation, and Hygiene
WGSS	Women and Girls' Safe Spaces
WHO	World Health Organization
WLO	Women-Led Organization

Foreword

The Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) is a unique global initiative that aims to fundamentally transform the way GBV is addressed in humanitarian action. The Call to Action's goal is to drive change and foster accountability so that every humanitarian effort, from the earliest phases of a crisis, includes the policies, systems, and mechanisms necessary to mitigate and respond to GBV, especially violence against women and girls.

In 2022, the nearly 100 states and donors, international organizations, non-governmental organizations (NGOs), and local civil society organizations (CSOs), which are partners of the Call to Action, worked jointly and individually to address the continuously growing gender-based violence (GBV) "shadow pandemic", and additionally supported many other actors in doing so. This work is an expression of our collective and conscious decision to systematically fight GBV. As partners of the Call to Action, we will continue working together at all levels to support survivors and protect those vulnerable from GBV in emergencies.

The present Annual Progress Report 2022 mirrors this multifaceted engagement of the Call to Action partnership and provides concrete examples of accomplishments and best practices. It also highlights the challenges that partners face in advancing GBV prevention, mitigation, and response from country level implementation to global advocacy. We encourage you to read this Progress Report, along with the Partner Self-Reports, for a comprehensive understanding of key actions taken in 2022. The Partner Self-Reports are available on the Call to Action website.

As Denmark ended its term on the chair of the Call to Action at the end of 2022, we would like to thank the Danish Government for their efforts as chair of the Steering Committee during the reporting period. UNFPA and Norway, too, have ended their terms as chairs of the relevant working groups in 2022, and we extend our appreciation for their work. We hope that partners and those interested in the Call to Action initiative will read this report and be inspired by the important work that is being done to address GBV. We hope that we will continue to learn from each other and be encouraged by the commitment and dedication that characterizes this network, as well as recognize where we can all do better.

Call to Action Lead January 2021-December 2022: Denmark

DENMARK
Global lead
2021–22

Call to Action Steering Committee 2022: Norway, Germany, USA, InterAction, Arab Women Organisation Jordan, Plan International, UNFPA, IOM

Call to Action Steering Committee 2023: Germany, USA, Arab Women Organisation Jordan, Association HAD, InterAction, IOM, UNHCR

Call to Action Lead January 2023-December 2024: Germany

Executive Summary

Overview:

2022 was once more a year of important humanitarian challenges arising from complex emergencies, putting millions at additional harm. At the start of 2022, 274 million people were projected to need humanitarian assistance by the Global Humanitarian Overview. By the end of the year, that number had risen by approximately one quarter to 339 million people.

In Ukraine and neighbouring countries, we faced an unexpected humanitarian crisis in which women and children were affected to an overwhelming degree. Instability grew across the Sahel region and in the east of the DRC. Thousands remain trapped in temporary shelters between the frontlines in Syria. The people in Somalia and in other regions of the world experienced continuous, severe draughts, others like the people in Pakistan some of the most severe floods in their history. While the pandemic-related hardships might decline in some parts of the world, its effects on health systems and socio-economic systems still take their toll. Within these exacerbated humanitarian challenges, the "shadow pandemic" of GBV has been growing. When additional protection systems collapse, livelihoods are destroyed, health services are dysfunctional and basic living conditions are impossible to uphold, existing inequalities and the risks for GBV, in particular for women and children, are increasing even more dramatically.

> *"Protection of GBV in Emergency is not about them, it's about us, our mothers, sisters, children and our families. Currently GBV (especially barbaric raping of women and girls in front of their husband and their families) in conflict areas become a strategy to terrorize women, families and communities and to get the upper hand in a conflict (but not get enough coverage on media and keep as a secret in the house for different reasons). Therefore, it needs urgent and collaborative action (especially from state and donors) to save the lives of women (especially poor women & girls who are vulnerable to highest forms of GBV including raping & trafficking) and stop GBV before it becomes normal and is seen in every part of the world."*
>
> **Annual Report: Empowerment for Development**

Despite these significant GBV emergencies, significant progress was made in 2022 against the Road Map:

In the spirit of making real progress on transforming the humanitarian system to address GBV, many partners to the Call to Action made multiple commitments across outcomes, among them at least two measurable commitments under the Road Map.

Importantly, during 2022, a high number of Women-Led Organizations (WLOs) applied to join the Call to Action, marking an important development towards even greater localization and strengthening of voices from GBV affected communities within the Call to Action.

A total of 58 partners reported progress under all six Outcome areas of the Call to Action Road Map. In an encouraging development, **all the basic indicators on progress increased compared to last year**. Where agreed milestones or even targets were not yet met, the Call to Action partners are still on a good track. Some progress on partner commitments towards sufficient funding has been made, however, many challenges persist with much work still to be done to ensure sufficient funding for GBV staffing and programming from the early phases of an emergency.

The overall analysis of the Call to Action's collective initiatives shows progress in particular against the following aspects under the different Call to Action Outcomes:

- **Outcome 1, Policy Frameworks and Capacity:** Developing and improving existing policies, tools and guidelines has been a major area of progress for Call to Action partners in 2022. Nearly all partners have either launched, are finalizing, or rolling out new documents and approaches to address GBV and promote gender equality and accountability in emergencies. Importantly, in an effort to advance localisation, Call to Action partners have **engaged with local and national authorities in order to strengthen relevant national systems**, including legal frameworks, law enforcement units, national WPS action plans, and health services.

- **Outcome 2, Coordination:** Traction was also made on **women's meaningful participation in humanitarian coordination and decision-making** with a growing number of WLOs joining Humanitarian Country Teams (HCTs) and Advisory Boards of Country Based Pooled Funds (CBPF).

- **Outcome 3, Data, Assessment, and Analysis**: Call to Action partners reported progress on the **integration of gender analysis in the Humanitarian Needs Overviews and Humanitarian Response Plans,** alongside an uptake in inclusion of sex and age disaggregated data in humanitarian analysis and planning documents.

- **Outcome 4, Funding:** While funding remains a challenge with available figures not reflecting allocation of funds commensurate with funding appeals to meet GBV needs**, many partner organisations were able to secure some dedicated funding** for strengthened GBV programming and the engagement of local WLOs in GBV programming. WLO partners have demonstrated strong potential for scale up of interventions.

- **Outcome 5, Specialized GBV Programming:** Various partners reported efforts to build specialized GBV capacities at different levels of their organizations and within the humanitarian response. Importantly, human resources development as well as capacity

sharing and -building in support of local and WLOs improved. This has included an increase in dedicated GBV coordinators across humanitarian responses.

- **Outcome 6, GBV Risk Mitigation**: Call to Action partners made progress in providing training and guidance to colleagues of other sectors/clusters to integrate GBV risk mitigation in interventions across the humanitarian response.

The following challenges persist, to be tackled in 2023 and beyond:

- **The ever increasing needs against the growing and converging humanitarian crises in 2022,** which contributed to exacerbated pre-existing gender inequalities with devastating consequences for women's health and livelihoods, and limiting their access to, and participation in decision-making in humanitarian protection and assistance.

- **The political, legal, social and security environment, in which protection and assistance efforts are undertaken, remains often challenging.** Partners lamented shrinking space to work on women's rights and stressed the strong need to continue investing in strengthening commitments to gender equality within the humanitarian sector, mindful of culturally and contextually appropriate interventions, involving WLOs and local communities.

- **Difficulties in establishing cooperation at all levels and developing holistic approaches to address GBV effectively** is another key challenge reported by many of the partners, including a continuous lack of standardization in GBV services by different actors.

- **GBV programming remains chronically underfunded** in the perception of Call to Action partners. Partners repeatedly underlined repeatedly the need for tangible actions to meet the growing funding gap. An important part of this is to meet existing commitments, in order to not only finance services, but also strengthen coordination, support local actors and facilitate joint programming. Local NGOs and WLOs continue to criticise the lack of direct access to funding. IOs and INGOs highlighted the extra costs and the administrative impediments to develop and maintain quality partnerships. Donors reported, among others, the struggle to strike the right balance between flexible funding and setting strategic priorities on GBV programming.



@Empowerment for Development, Ethiopia

Conclusion

The present Annual Call to Action Partners report 2022 showcased the impressive work of this partnership. From the self-reports, this report was able to summarize how partners worked extensively to improve their and others policies and capacities to:

-address GBV,
-promote gender equality, and ensure accountability;
-be more effective in coordination within the GBV sector, and between other relevant actors and the GBV sector,
-improve safe and ethically sound data collection, assessment and analysis;
-increase funding for GBV and gender equality staffing, interventions, initiatives, and programs during every phase of emergency response;
-implement specialized GBV programming in line with the Inter Agency Minimum Standards in every phase of emergency response;
-and to try to better integrate GBV risk mitigation and promotion of gender equality into program design, implementation, and monitoring and evaluation across all humanitarian sectors.

It can be said with confidence that the partners are on track in terms of the milestones and targets of the 2021-2025 Road Map.

Yet, with ever increasing needs through ongoing conflicts, climate change, forced displacement, and with persisting political and social actors agitating against gender equality and gender transformation, there is no reason to slow down on our efforts and to stop finding ways about how to be more effective in our work to prevent and respond to GBV. Despite much progress, GBV mitigation and prevention challenges still remain. In addition, challenges for example in terms of participation, representation and funding for local and women-led organisations prevail. At the same time, we want the Call to be as effective as possible as a unique cross-stakeholder platform in the fight against GBV. All partners and potentially new members should contribute to strengthen the Call´s structures, its governance arrangements, including alternative ways of cooperation, not only to achieve our purpose, but to remain an important forum at a strategic and policy level.

We invite you as partners and interested new stakeholders to work with us on further strengthening protection from GBV in emergencies through our partnership.

The Priorities Ahead

From the Reports

Partners' priorities for 2023 show that the work of the Call to Action Partnership remains highly relevant. Partners continue to **shape and revise their protection, GBV, PSEA and more general gender equality and empowerment policies and strategies, as much as the resulting tools and practices**. This includes among others the improvement of gender analysis and rapid assessment capacities, as much as awareness and concrete policies at all levels in terms of the Protection from Sexual Exploitation, Abuse and Harassment.

They also continue to address the question of **how to shape the conducive environment necessary to better protect people in need from GBV by addressing local norms, customs and awareness, legal frameworks and host-state policy and practice.** As an example, partners indicate putting priorities on community awareness, but also engaging in direct advocacy with government agencies, proposing a model national law on GBV and contribute to security sector reform.

> *"In 2023 we will continue to stand strongly for women's rights, especially in conflict contexts. We see the alarming use of sexual and gender-based violence as a tactic of war. Since day one of the Russian war against Ukraine we provide psycho-social support and rehabilitation for women who have suffered from sexual violence. The international community must take all necessary steps to ensure full accountability for sexual and gender-based crimes. We pledge to do our utmost to ensure that."*
>
> **Foreign Minister of Latvia, Edgars Rinkēvičs during the 2nd European Humanitarian Forum**

Partners also prioritize their continuous engagement to strengthen effective partnerships and strengthening the position of WLO. This refers to exchanges on capacity in terms of the systemwide policies, standards and practices, programming, participation and funding for local and national actors. It also refers to empowering grass-root, first responder women-led-organisation and initiatives and supporting their leadership, which is featured by many in their reports.

Connected to the deplored lack of sufficient financing, many show their **strong commitment to support advocacy on providing sufficient personal and financial resources**. There is the will for a continued advocacy to increase of GBV funding in humanitarian action, advance initiatives to sustainable track and monitor GBV funding that allows for comparability and accountability. There is also commitment to continue to strengthen the prioritization of GBV within donor administrations, large humanitarian funds (through the support of technical expertise in the relevant funds like CERF and CBPF) and within individual partner organisations.

Partners also indicate in their reports the intention **to invest more conceptual thinking and develop practice on gender transformative approaches**. Important avenues mentioned are relevant sectoral approaches (economic recovery/economic empowerment) or increasing strategic partnerships with local women organisations in humanitarian responses, supporting their role in relevant communities.

Two important thematic work streams appear from the reports of the partners. First of all, facing the humanitarian consequences of climate change and connected with it, raising food insecurity. In line with the broad international debate on climate, peace and security and climate financing, partners underline the **ambition to spend more time in scoping more clearly the gendered dimensions of climate change and food insecurity**. Partners underline here, that funding for both specialised and integrated interventions is urgently needed to ensure the protection, health and wellbeing of children, particularly girls, and women in contexts of acute food insecurity. It should be ensured, that children, adolescents and young people are consulted and engaged in the design of humanitarian programming in contexts of acute food insecurity.

> *"Climate related conflict in countries limits women's leadership and participation in peace processes, due to high exposure to different forms of violence including conflict-related sexual and gender-based violence"*
>
> **Annual Report: Oxfam**

Secondly, the ever-growing numbers of refugees and people forcefully displaced, have let to considerations withing partners to spend more time on focusing on the **gendered dimensions of displacement**. Here, the active involvement and strengthening of Women- and Refugee-led organisations is essential to improve safe and dignified access for women and girls to relevant services.

German Chair 2023 - 2024

Germany has taken over the chair of the Call to Action from 2023 to 2024. In consultation with partners and in reflection of current topics and opportunities, Germany has identified four strategic focus areas, subsumed under the common theme "The Call to Action on the Move": (1) "Forced Displacement and GBV", (2) "Strengthening Partnerships on the Ground", (3) "Improving Accountability on our Efforts", and (4) "Future-proofing Governance Structures".



@Syria Relief and Development, Syria

Challenges and lessons learned

Main Challenges

Partners outlined a diverse array of challenges in their respective self-reports. Partners encounter distinct challenges stemming from external threats such as political, economic, or social factors, or challenges stemming from the internal weaknesses of the humanitarian system and their own institutional processes. One common threat is clearly the **ever increasing need against the growing and converging humanitarian crisis in 2022, which further exacerbated pre-existing gender inequalities with devastating consequences for women's health and livelihoods, and limiting their access, participation, and decision-making in humanitarian assistance,** that is reflected in many reports.

Additionally, recurring themes manifested as consistent patterns across the various self-reports are the following:

The political, legal, social and security environment in which GBV protection and assistance efforts are undertaken, remains very challenging. Partners report that gender inequality is often deeply rooted in societies, their cultural norms and practices, and that questions on protection quickly reach a zone of what is described as "cultural taboos". In some countries, national legal systems would actively jeopardize GBV services implementation. Partners deplore the regression and erosion of women's rights, not only on the national level, but also on the level of the international system, i.e., that in some UN forums, women's rights commitments are questioned and agreed language is being erased. As an example, partners reported on the difficult dynamics in the UN Security Council, creating an even more challenging context to negotiate progressive language related to protection of civilians and SGBV/CRSV. In protracted as well as new humanitarian crises, the impacts on people diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) became visible, highlighting the need for better approaches.

Partners conclude that there would be a strong need to continue to invest in strengthening commitment to gender equality within the humanitarian sector and seeing this commitment reflected concretely in every action on the ground and at relevant policy levels. At the same time, to have culturally and contextually appropriate interventions, it would be crucial to meaningfully involve WLOs and local communities in design and implementation.

This lack of awareness, acceptance and protection does, of course, not only affect those in need. Due to security concerns, some report about **limited access and in the distance of operations to the affected people**, but also to those key front-line responders, who build on our support. Partners reported for example, that due to a high number of military forces, staff and volunteers of local organisations were **in fear while supporting women and girls**.

Difficulties in making cooperation happen at all levels and develop holistic approaches to address GBV effectively is another key element in many of the partners' reports. While partners share this understanding widely, the reports mention a variety of challenges involved. Meaningful partnership would require not only the will to engage, but also the financial resources and the access to relevant fora for exchange. Here, it is encouraging to see that a.o. OCHA reports continuous traction to facilitate real engagement of WLO in humanitarian coordination, fulfilling specific advisory roles to the HCT and being represented in funding decision-making bodies.

In terms of holistic approaches, partners deplore a continuous lack of standardization in GBV services by different actors, and that resulting fragmented referral pathways make it difficult for survivors to access comprehensive services.

Although activities preventing, mitigating, and responding to GBV are increasing across operations, **GBV programming remains chronically underfunded**. Available figures tell the story of a small

decrease in GBV funding received in 2022 compared to 2021[1]. Partners underline that tangible actions are necessary to meet the growing financial needs, and realize existing commitments, not only to finance services, but also to strengthen coordination, support local actors and facilitate joint programming. The observation is that GBV is considered a niche and still not a priority among humanitarians. This is despite GBV being listed as "severe" or "extreme" in 94% of operations. Local NGOs and WLO continue to deplore the lack of direct access to funding. IOs and INGOs highlight the extra costs and the administrative impediments to develop and maintain quality partnerships, and donors report on the struggle to strike the right balance between flexible funding and setting strategic priorities on GBV programming.

While OCHA underlines that there has been key progress in developing a more comprehensive overview of financial requirements for GBV in the GHO and that the FTS now showcases a tracking page for the GBV AoR, both necessary to promote transparency and a solid evidence-base for continued advocacy, tracking nevertheless remains an important challenge. Again, this year, information against the quantitative indicators under Outcome 4 where insufficient to allow to draw solid conclusions or establish trends.

Keys to Success and Lessons Learned

Already in the last report, partners noted **significant achievements in policy and integration of GBV into tools, guidance, and plans**. It seems that this process has continued, and it is encouraging to conclude based on the quantitative indicators that the figures on organisations reporting the implementation of relevant standards, policies and risk mitigation have slightly increased from the report last year. This applies to the policies that guide partners' work on GBV and gender equality, as much as to the application of the IASC Minimum Standard and the integration of GBV risk mitigation. In the last report, partners deplored however, that there was a gap in translating the conceptual parts developed in the headquarters at the local level. That this issue did not come up prominently during this year's self-report, could be an outcome of the certainly growing effort to sensitize and train staff and invest in knowledge in the field.

Linked to this, **specific GBV-focused allocations**, as implemented by many across the Call to Action partnership, **have been valued as clear success stories**, and demonstrate their capacity to strengthen both GBV programming and the engagement of local WLOs. Partners consider them to have strong potential to be replicated and scaled up.

Organisations in fact highlighted the importance of specialized expertise in country and at regional levels as essential for progress in managing protection and gender related risks in humanitarian

[1] FTS OCHA – Global Sector Funding trends inside and outside response plans/appeals 2022/2021: https://fts.unocha.org/download/dialog/block?uri=/global-clusters/13/summary/2022&plugin_id=global_cluster_trends_breakdown&block_uuid=7b4205ae-ea6d-4b96-ad5d-39dce395ed4fFTS

operations. Dealing with the challenging funding situation, UN agencies reported to have provided pooled funding to facilitate the creation of relevant posts on the country level and have worked to train personal for the relevant rosters and positions.

Training is a key to success for many partners. Training should not only be provided as a single action, but something that must be maintained and refreshed. Despite the benefits of streamlined tools across an organisation and networks, partners highlight the importance of context specific materials. In the spirit of the Call to Action, it is encouraging to note, that in particular partners from local NGOs and NGO networks report, that peer to peer exchanges among women leading national organisations proved to be very useful to improve GBV policies and programming. Partners adapted existing organizational resources, drawing on organizational best practice guidance and tools.

Participation of authorities, communities and affected populations remains key. GBV, gender equality and localisation are deeply interlinked. In order to have efficient, culturally and contextually appropriate interventions, it is crucial to involve WLOs and local communities meaningfully in design and implementation. Males and Adolescents should not be forgotten. In the involvement of communities, real two-way approaches, enabling learning on both sides, has helped to improve programming, fostered equitable partnerships and a shift to women's rights organisations and other feminist actors at a local level. The visibility of women-led organisations and women representatives in clusters and sub-clusters has not only shaped GBV programming but has encouraged other WLO to follow suit and to engaged proactively.

> *"Participatory approach is best way to solve the problems of the community, by the community, within the community as they are familiar with the problems, they find the solution in a better way"*
> **Annual Report: Empowerment for Development**

In this regard, partners have also underlined, how focused programs or specialized services can be important entry points to increase community awareness and to facilitate broader strategies to prevent and respond to violence against women/girls.

On several occasions, partners have mentioned **the importance of advocacy**. The continuous advocacy on GBV and gender equality on a global, national and local level has helped organisations to transform their own approaches, adapt and endorse standards and policies in regard to the prevention and response to GBV against internal pressures, but also those of partners and counterparts. This concerns health systems, for example, but also the security sector of state partners of the Call to Action.

The 2022 Progress Report

A few words on the methodology and the sources of this year's progress report: It draws mainly from the 58 self-reports submitted by Call to Action partners for 2022 until mid-June 2023. This represents nearly 60% of all the partners, and respondents are equally distributed across the working groups. The report also draws from data collected against the indicators in the 2021-2025 Road Map's Monitoring Framework, provided also in support of UNHCR, OCHA and GBV AoR, additionally to other materials as provided by partners.

The Progress Report provides a summary and highlights selected elements of progress against the commitments of the partners against the Call to Action Road Map 2021 – 2025. It is by no means a full presentation of the incredible and comprehensive efforts by the Call to Action partners, which are reflected in the partners' self-reports.[2] Please read these self-reports alongside to get a full picture and consult them for more detail of all the progress made in 2022.

As in the past, the Progress Report is mainly organized by the Road Map's six outcome areas, i.e., Policy Frameworks and Capacity, Coordination, Data, Assessment, and Analysis, Funding, Specialized GBV Programming, GBV Risk Mitigation. Sub-Headings (and the associated numbering) correspond to the "Key Action Areas" under each outcome. In some cases, and where relevant, information reported under one commitment and key action area has been noted under a different key action area.

In the later section, the report provides reflections on some of the main challenges, lessons learned, and emerging priorities as reported by the partners.

[2] Partner's self-reports can be found on the Call to Action Website (www.calltoactiongbv.com)



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Progress on Road Map Outcomes

Outcome 1: Policy Frameworks and Capacity

1A	Percentage of Call to Action partners that report having a current policy that guides their work on GBV in humanitarian contexts.	78%	↗
1B	Percentage of Call to Action partners that report having a current policy that guides their work on gender equality in humanitarian contexts.	86%	↗
1C	Percentage of Call to Action partners that report having a current policy that guides their work on PSEA in humanitarian contexts.	88%	↗

It is important that actors working in humanitarian settings have the institutional and system-wide policies and capacity to address GBV, promote gender equality, and ensure accountability.
It is encouraging to see that all the three quantitative indicators against the Outcome 1 have increased compared to 2021, and that the target for 2023 is likely to be met and exceeded. There is no significant difference between partners of the different working groups. States and Donors, International Organisations, as much as globally operating INGOs and local NGOs report having relevant policies. It is one of the key strengths of the Call to Action that the wealth of existing policies among the partners network can be of inspiration, guidance and support to those currently developing or revising relevant policies.

1-1 Accountability

Accountability is key to achieving the goal of the Call to Action. In 2022, partners continued to make progress in adopting and implementing policies and systems to ensure institutional accountability on GBV, PSEA, and gender equality. Some examples of these include:

- **ABAAD-Resource Centre for Gender Equality** conducted a revision of its internal policies and developed new policies on risk management, integrity, conflict of interest and accountability.
- **Asamblea de Cooperacion por la Paz (ACCP)** finalized its new Humanitarian Strategy 2022-2025 and the new Gender Strategy 2022-2030. The specific objectives, lines of action and indicators to measure progress are clearly defined in an accompanying logframe.

- **The International Federation of Red Cross and Red Crescent Societies (IFRC)** adopted the Protection, Gender and Inclusion Policy, and its Protection, Gender, and Inclusion Operational Framework 2022-2025. IFRC also developed a new flagship Protection, Gender and Inclusion Organisational Assessment Tool (OAT), which is designed to help the federation build stronger actions to identify and mitigate risks, monitor, and assess its policies, practices, and effectiveness, to better support the people and communities.
- **IOM** initiated the review of IOM's Gender Equality Policy, which aims to establish a common basis for IOM's approach to achieving gender equality across all areas of its work. The Policy sets a course for IOM to actively and effectively mainstream gender equality in its internal functioning and in migration policy and practice. The review would be particularly important against the backdrop of changing and increasingly challenging environments and circumstances faced by migrants.

"The Call to Action to Protect from GBV in Emergencies has undeniably strengthened IOM's institutional approach to addressing GBV in crisis. GBV Mitigation is now a core reflex within IOM's operational responses from the offset of a crisis, and our commitment to prioritize GBV in all our efforts continues to be strengthened under the new roadmap. IOM's current institutional commitments serve as an ambitious goal to achieve by 2025 and remain a key priority for both senior leadership and operational staff".
Annual Report: IOM

- **UNESCO** introduced new clauses in the contracts with implementing partners on its PSEA Policy and its Anti-Harassment Policy. Specific questions on PSEA have been added when screening potential Implementing Partners as well as an obligation to be trained in SEA as a condition to work on a UNESCO project.
- **UNHCR's** High Commissioner's Strategic Directions 2022-2026 were launched with GBV prevention, risk mitigation and response defined as one of eight areas for accelerated action.
- **Australia** signed new Strategic Partnership Frameworks (SPFs) with its largest multilateral partners, including **WFP, UNHCR and OCHA**. The SPFs contain shared commitments to gender equality, disability, and social inclusion to foster locally led action and meaningful participation of people affected by crises. SPFs are accompanied by a performance arrangement that outline measures of progress against these commitments.
- **Germany** adopted Guidelines on Feminist Foreign Policy, which try to ensure, that the focus on women and marginalised groups' rights, their representation and adequate resourcing cuts across all areas of activity.
- The **USA** launched a revised version of their Safe from the Start approach (Safe from the Start ReVisioned (SftS-R)), which outlines specific goals to realize a systematic shift in humanitarian response that centres women and girls in their diversity in humanitarian responses.

1-2 Staffing

Successfully addressing GBV and advance gender equality needs both experts, but also a general sensitivity and openness of all staff and partners. In 2022, partners continued to build human resources and staff capacity through recruitment, deployment and training. Examples include:

- **ActionAid** organized a Pan African Workshop, where they trained colleagues from 23 countries in learning and promoting the women-led community-based protection approach, which was subsequently rolled out at country level.
- **Action Against Hunger** trained over 600 staff members on GBV and gender equality as well as safeguarding standards and commitments.
- **CARE** launched its new GBViE Guidance Note and accompanying implementation guides. This resource is intended to help staff understand CARE's approach to GBViE prevention, response and risk mitigation and support staff to integrate this into humanitarian programs across all sectors.
- **Empowerment for Development** in Ethiopia created one dedicated position to emphasise the prevention and mitigation of Gender based violence (GBV) at the country level. The position reviews projects and gives day-to-day support at field level for our staff and volunteers.
- **International Council for Voluntary Agencies (ICVA)** trained different NGO Fora on PSEAH in the programme cycle, including local and national NGOs from Ethiopia, Somalia, South Sudan and Sudan. The training had as an objective that those trained would bring this knowledge on safer programming back to their organisations and networks.
- **Syria Relief and Development (SRD)** trainers conducted training to over 150 GBV and Non-GBV Practitioners in North-West Syria line with the IASC GBV Guidelines. To confirm standards, raise quality and identify additional gaps, two GBV officers conducted over 170 monitoring visits.
- With an aim to improve the number and seniority of women in humanitarian responses and to generate evidence on what approaches work to recruit, retain, and promote women in humanitarian settings, **Save the Children** rolled out a Women in Humanitarian Pilot in Afghanistan, Palestine, and South Sudan. The initiative includes talent mapping, providing access to capacity building opportunities, mentorship and coaching, expanding ESMT to include gender focal points.
- **Premiere Urgence Internationale** reported on the implementation of several trainings and workshops at headquarter and missions' level on Safe and Dignified Programming and

> *"The sessions have had a great impact on my practice and how I can deal with adolescents' reproductive care, especially for girls. I got a lot of new information and can see how the power and gender dynamics between spouses affects their own health, and how I can change that"*
> **Health Provider of the SDC Initiative Adolescent Mother's against All Odds (AMAL)**

Gender Mainstreaming, including GBV risks mitigations. Key staff, including all its Head of Mission and the HQ Technical Advisors team attended a training on Safe and Dignified Programming and Gender Mainstreaming.

- By 2022 all **IFRC** offices had an individual designated PSEA focal point. Nearly half of IFRC staff has completed online orientations/training on PSEA and SGBV.
- From the 168 **IOM** Country and Regional Offices, more than 90% had at least one Gender Focal Points (GFP) in place.
- With financial support from the **USA**, **UNFPA** increased its emergency surge roster by more than 16 GBV experts. 47% of UNFPA's surge deployees were GBV in Emergencies experts in 2022.
- To increase accessibility to existing and recently released GBV learning products, **UNHCR** has launched the UNHCR GBV Learning Hub, an easy-to-use portal for both learners and facilitators. Learners across functions can expand their knowledge and skills in areas related to GBV with learning resources found on-demand in UNHCR's learning catalogue, including bite-sized learning in English, French, Spanish and Arabic languages.
- **WFP** succeeded to recruit an International GBV Technical Lead, who will be complemented by an international fixed term GBV officer. The GBV expertise will sit within the Gender Equality Office which has assumed oversight of the GBV portfolio within WFP. The transition of GBV to the Gender Equality Office represents WFPs commitment to maintaining WFP's approach of understanding and addressing GBV risks (protection portfolio) and launching WFPs increased commitment to also approaching GBV from a root causes and gender-transformative approach.
- To support humanitarian staff to integrate **Australia** DFAT's gender equality priorities, DFAT undertook an internal training and capacity needs analysis in 2022 and developed a comprehensive capacity development package.
- In accordance with its National Strategy for Promotion of Gender Equality 2021-2030, the Diplomatic Institute of the **Bulgarian** MFA organises trainings of young diplomats on the issues of gender equality in public affairs and meaningful participation in decision-making processes.
- The **Italian** Agency for Development Cooperation (AICS) published a Gender Glossary, an operational tool to enhance the competence of its staff and partners of the Italian Cooperation on the issue of gender equality and the empowerment of women and girls.

1-3 Integration

In 2022, partners continued to integrate GBV and gender equality considerations into system-wide and institutional standards, guidelines, and tools. Examples include:

- In 2022, **Action Against Hunger** developed a Gender Transformative Toolkit and a Gender Based violence toolkit, to support the Action Against Hunger Network to integrate the gender-transformative approach in its work.
- In line with the Organisational Principle 5 – Include of its "2025 Strategy", the **Danish Refugee Council** created a global reference group with representatives with different functions and backgrounds across the organisation, which provides support for the effective implementation of DRC's AGD Mainstreaming policy and ensure country level priorities are addressed.
- Based on the recommendations of the **Islamic Relief Worldwide** Gender Equality Steering Committee, the management launched 5 commitments to achieve gender equality internally which includes gender equality in programmes (development and humanitarian aid) in Human Resource processes, in advocacy and representation, leadership and organisational culture.
- Following an executive order that mandated an update to the **USA** Strategy to Prevent and Respond to Gender-Based Violence Globally, the State Department's office of global Women's issues and USAID Gender Equality and Women Empowerment Hub developed a new Global GBV Strategy, which was launched in December 2022.

1-4 Localization

The Call to Action partnership is committed to supporting the leadership of local actors, particularly women's organizations. This commitment is embedded in all six Road Map Outcomes. In 2022, a range of partners, some of them local NGOs themselves, worked to support local actors, particularly women's organizations, in development of institutional policies and capacity to strengthen GBV response and prevention efforts, promote gender equality, and ensure accountability. Excerpts from the reports:

> *"Together, let us do more to protect the health, well- being and rights of women and girls affected by humanitarian crises, and to support women leaders and front-line workers as they work to end human suffering and bring us closer to peace and justice."*
>
> **Dr Natalia Kanem, Executive Director UNFPA**

- **ABAAD** continues to co-chair the PSEA network in Lebanon and is providing capacity building to other civil society actors on PSEA, GBV and Gender.
- **AWO** continued to lead the Call to Action Field Implementation Project (CAFI) in the MENA region, working closely with Women led Organizations (WLOs) in Lebanon, Palestine, and Iraq; DFJ took over this role for the West and Central Africa Region. CAFI provides support to local organizations, facilitating collaboration and knowledge sharing, and promoting advocacy efforts on GBV in Emergencies.

- **CARE** and the Call to Action Field Implementation (CAFI) Initiative completed its second year with **US** PRM funding during 2022. The CAFI network has now expanded to more than 200 WLO in West and Central Africa, Middle East and North Africa, and Asia Regions.
- **Dynamique des Femmes Juristes**, as a GBV sub-cluster co-lead in DRC, and West- and Central Africa Regional Coordinator for CAFI, has supported 15 fellow women-led-organisations in Goma in developing institutional policies about gender equality and prevention of exploitation and sexual abuses in humanitarian intervention, and strengthened their capacity to prevent and fight GBV, promote gender equality and ensure accountability.
- **IFRC** has supported the adoption of PSEA policies and implementation of its PSEA manuals in 12 of the National Red Cross/Red Crescent Societies. The different national societies adopted new Protection from Sexual Exploitation and Abuse policies and nine approved and adopted their own Child Safeguarding Policies. 10 additional national societies embarked on revising or developing appropriate safeguarding policies during 2022.
- Several Donors partners of the Call to Action (**Australia, Belgium, Canada, European Union, Germany, Ireland, Italy, Japan, Netherlands, Norway, Spain, Sweden, United Kingdom, USA**) supported the Women's Peace and Humanitarian Fund (WPFH) (hosted by UN Women) in 2022, a trust fund to a.o. financing women's participation, leadership and empowerment in humanitarian response. Through these funds, 1177 WROs jointly coordinated efforts to protect women and girls' human rights and mental health, and end SGBV in 11 countries. 1365 women from 38 WRO in nine countries actively participated in decision-making in humanitarian planning and crisis response…

1-5 Resources

The allocation of financial and human resources is key to achieving the goal of Call to Action, given that persistent shortages affect programming capacity:

- In 2022, **USA** supported six global awards for IO partners, including UNHCR, UNICEF, UNFPA, IOM, ICRC, and WHO, to institutionalise and operationalize GBV prevention and response.

1-6 Advocacy

In 2022, Call to Action partners continued to undertake efforts on different levels, to advocate for implementation of system-wide and institutional policies and capacity to address GBV, strengthen gender equality, and ensure accountability, including in key strategic humanitarian documents:

- **ICVA** has organised different meetings among its members as well as with the Emergency Relief Coordinator and Member States on how to ensure girls and women access aid and protection in Afghanistan, and Afghan women are not excluded from the humanitarian

workforce. It commissioned and launched a report on PSEA in partnerships, which focused on the important role played by partnerships in addressing allegations of sexual exploitation and abuse (SEA) against aid workers through an analysis of several recent case studies.

- **Oxfam** launched the WE-Talk project in Jamaica. Through the WE-Talk project, Oxfam and its partners bring a rights-based, feminist, and intersectional approach to support the existing leadership, programming, advocacy work, and collective action of local groups and organizations.
- **Médecins du Monde** has continued reinforcing the links between its general humanitarian advocacy and SRHR advocacy. Key SRHR messages are now mainstreamed into its general humanitarian advocacy. After a suspension of its activities in protest to the ban on women working in INGOs imposed by the Taliban authorities in Afghanistan, MdM stressed in their advocacy activities, how essential women are to comprehensive humanitarian response, and full sexual and reproductive health services, in addition to pointing the ban as a violation of basic human rights.
- **Norwegian Church Aid**, together with some of its partners, have formed NCA's SRH and GBV Advocacy team on gender justice issues. This team is responsible to lead the implementation of NCA's GBV & SRHR advocacy strategy across NCA country offices.
- **Plan International** published several reports highlighting the impacts of crises on girls and young women. The reports showed that there was evidence in almost all countries studied that GBV had increased since the onset of the food crisis and shared recommendations to decision makers to ensure girls and young women's unique needs are addressed in the response to the crisis. The reports were shared widely with partners, humanitarian actors and governments and received significant media coverage in several countries where Plan works.
- Feminist action research supported by **WRC** identified the barriers and facilitators to women-led civil society responses to GBV in Kenya, The findings were used to develop new policy-oriented recommendations aimed at Kenyan national and county governments, national and international NGOs, bilateral and multilateral donors, and foundations and laid the foundation for local, national, and international advocacy to improve the environment for women-led CSOs to respond to GBV in emergency contexts and provided evidence on key barriers and facilitators of localized GBV responses in humanitarian settings.
- **UNESCO** continued to develop training material, methodologies and courses aimed at preventing and addressing violence against women journalists online and offline directed at various stakeholders specifically for emergencies such as Afghanistan, Iraq or Ukraine.
- **UNHCR** globally highlighted the work of seven women-led organizations in its 2022 Innovation Award, which had a focus on organisations working on GBV.
- Several **Donors** (**Australia, Denmark, Germany, Ireland, Italy, Norway, Slovenia, UK, USA**) reported on the inclusion of references to sexual and gender-based violence in emergencies in relevant advocacy messages and on action on gender equality in different relevant

international forums and engagements. This included for example the session of the Human Rights Council, UN General Assembly, UN Security Council (specifically formulations on SGBV and CRSV in resolutions and mandates), G20, ASEAN. Several single events with specific reference to emergencies and humanitarian protection have also been highlighted, like the **UK** organised Preventing Sexual Violence in Conflict (PSVI) international conference, the **EU** organized European Humanitarian Forum, or a Side-Event organized by **Denmark** as a chair of the Call to Action at the UNGA High-Level Dialogue Week in September.

Outcome 2: Coordination

2A	Percentage of countries with a Humanitarian Coordinator where leadership roles for national/subnational GBV coordination are co-led/led by a national actor.	53%	
2B	Percentage of countries with a national-level GBV coordinator that report coordination with PSEA or gender coordination mechanisms.	64%	
2C	Percentage of countries with a Humanitarian Coordinator with dedicated GBV coordinators.	69%	

To provide adequate and efficient services to those affected by GBV, to ensure accountability in the prevention and response to GBV at all levels of the response, and to contribute to the transformative changes in the humanitarian system's work on GBV, effective coordination within the GBV sector, and between other relevant actors and the GBV sector, is necessary. It is encouraging to see that the indicators have all improved compared to last year's report under this Outcome as well. While the increase in terms of dedicated GBV coordinators has increased by about one third, there has been an almost double of increase of contexts, where either national or sub-national coordination is co-led by a national actor.

2-1 GBV Sector Coordination

The examples of Call to Action partners indicate the institutionalization of GBV coordination at global level and field levels, both following the GBV AoR 2021-2025 Strategy, but also within other institutional commitments and processes on a local level:

- **International Medical Corps (IMC)** continued to lead the GBV AoR Community of Practice throughout 2022. The GBV AoR CoP grew to more than 1,000 members in 2022, with a majority of members working in humanitarian settings and 12% of members working with local NGOs. The online GBV AoR Community of Practice facilitates shared learning among GBV specialists through structured space for exchange of practice, resources, and lessons learned, as well as a platform for learning events such as webinars, courses, and support sessions.
- **Women Empowerment Organisation (WEO)** established a coordination mechanism among the Women, Peace, and Security actors in Iraq to enhance the efforts and to better monitor the implementation of the WPS Agenda.
- **Himaya Daeem Aataa (HDA)** in Lebanon coordinated with the National GBV working group to identify the gaps related to GBV and developed/designed projects accordingly.

2-2 Coordination between GBV, PSEA, and Gender Equality Actors

To Institutionalize and systematize coordination between humanitarian thematic/working groups on GBV, gender equality, and PSEA at global and field levels is important to ensure strong coordination, to avoid gaps in programming between the different coordination mechanisms in humanitarian settings and to use limited resources more efficiently. From the reports:

- **OCHA** held a Capacity Strengthening Training for its Gender Focal Points and several PSEA and AAP focal points. The training highlighted good practices and challenges in gender equality programming and examined strategies and tools on how to strengthen coordination and partnerships between gender, GBV, AAP, and PSEA actors.
- At the global level, the IASC Gender Reference Group continues to coordinate with the **GBV AoR** and IASC PSEA coordination mechanism to strengthen global priorities and advocacy for gender equality.

2-3 Coordination on Risk Mitigation

While this key action area had been underreported in the previous year, in 2022 there is an encouraging uptick in activities which aimed at strengthening coordination between GBV specialized actors and other clusters/sectors, and among clusters/sectors on their risk mitigation work.For example:

- **UNFPA** provided tailored support to Iraq, Ukraine, Moldova, Myanmar and Colombia, supporting coordination initiatives between Cash and GBV actors to ensure GBV risk mitigation in large-scale cash responses.
- **UNICEF** led the IASC GBV Global Reference Group on risk mitigation.
- With funding from the **USA**, **UNFPA** during its tenure as the IASC PSEA Champion, worked to enhance the IASC GBV Case Management Guidelines to promote more targeted care and support to survivors of SEA. SEA survivor modules that are now embedded in the IASC GBV Case Management Guidelines.

2-4 Integration

Partners Integrated GBV and gender equality considerations into all levels of sectoral and inter-sectoral humanitarian coordination, as well as humanitarian/agency leadership, strategic planning, programmatic prioritization, monitoring, and reporting. From the reports:

- As an international NGO forum, **ICVA** actively contributed to the independent evaluation of the IASC centrality of protection policy by sharing information with members, and ensuring their voices, also on GBV and gender equality, were listened.

- As mentioned above, **OCHA, UNHCR and the GBV AoR** reported on advances to integrate GBV and gender equality considerations in the humanitarian coordination architecture in more than 2/3 of all countries with an established humanitarian coordination mechanism.
- **UN Women** joined the IASC in 2022, which will help ensure that the humanitarian system has systematic representation of gender expertise and access to strategic gender advice in humanitarian emergencies.

2-5 Localization

Unsurprisingly, in 2022, many of the Call to Action partners supported (other) local actors, particularly women's organizations, to lead and engage in GBV coordination and on gender equality coordination, and in Humanitarian Country Teams, pooled fund steering committees, and other relevant humanitarian architecture. From the reports:

- **OCHA** reports that prioritization of local WLOs in humanitarian decision-making and engagement within the HCT is growing with positive and consistent progress. Following the establishment of a Women's Advisory Group to the HCT in Afghanistan in 2021, a similar Women's Advisory Group was set up to provide guidance and advice at the humanitarian country team level to the cross-border Syria operation in 2022. According to OCHA, the number of local WLOs joining HCTs and meaningfully participating in HPC design and planning has increased in 2022, and so has the number of CBPF Advisory Boards with representation from local WLOs. Countries with WLO representation on their humanitarian funds in 2022 included Afghanistan, Ethiopia, Lebanon, Somalia, Sudan, and Ukraine.
- **DFJ** has updated a mapping of WLOs in the Democratic Republic of the Congo to facilitate relevant networking, cooperation and coordination. They have continued to advocate for equitable and meaningful participation of women and WLOs in humanitarian coordination and for WLOs to access humanitarian funding. They have been coaching WLOs in using computer tools so they can access information shared by various platforms and easily participate in different meetings organized only by humanitarian actors and structures.
- As a co-lead of the IASC Gender Reference Group, **ActionAid** has contributed to formulate a standard and simple definition of women's organisations for use by the humanitarian system to improve system-wide accountability. The definition is however pending endorsement by the IASC.

- **CARE** continued to scale up its flagship Women Lead in Emergencies (WLiE) approach, which supports women and women's groups at the frontline of conflict, natural and climate-related hazards, pandemics and other crisis to claim their right to a say over the issues that affect them, and to participate in emergency preparedness, response and recovery. The approach has helped to improve women's meaningful participation and presence in existing decision-making spaces and supported women to take collective action to make change within their communities.

> *"I was able to overcome my silence and I was the first to mobilize the women.* [...] *Our voices were heard by the authorities who agreed to patrol every night to prevent men from entering our houses. [...] This was my greatest achievement; I was not afraid or slowed down by anyone. I spoke in public and in front of everyone in order to defend our rights"*
>
> **Lami, Member of a Women Lead in Emergencies group in a refugee camp, Niger**

- **Genderforced** has trained, assisted, facilitated, and advised local women, including young women and women from minority groups to design concrete advocacy strategies to promote their participation, influence and leadership in crisis management in their communities.
- **ICVA**, together with GenCap and ProCap hosted an exchange between the senior advisors from Afghanistan, Burkina Faso, Burundi, Chad, El Salvador, Ethiopia, Honduras, Pakistan, Somalia, South Sudan, Ukraine, and Yemen. The participants shared their programmatic experience to strengthen local voices, bridge between local, national and international actors and facilitate local participation in decision-making structures.
- Through its membership of the Governance Review Task Team of the GBV AoR, **NCA** provided support to the Titi Foundation (South Sudan) and the Rehabilitation Empowerment and Better Health Initiative (REBHI) (Nigeria), to meaningfully participate to the global and local GBV AoR.
- **OXFAM**, with support from the Gates Foundation, have been organizing a learning program about, and aimed to promote, women's leadership in local humanitarian leadership. The initiative has engaged with questions of what constitutes women's leadership in the humanitarian sector, what this looks like for WOs and networks of WOs, and how we can cultivate such leadership by having space for leaders to share their lessons learned and best practices. The project also intends to expand and deepen informal networks of WOs and women leaders in the humanitarian sector – to contribute to the creation of a movement of women actors in this space.
- Through a Participatory Action Research project, and in partnership with **GBV AoR**, **Trócaire** supported two WLOs (Active in Development Aid (Somalia) and Women for Change (Yirol, South Sudan)), to co-chair GBV sub-cluster coordination mechanisms in their respective environments, providing technical accompaniment and financial support to partners to enable them to lead and coordinate the response. A resource package with tools, based on

the key learnings, will be finalised in 2023. Similarly, **OXFAM** has partnered on this commitment with two grassroot-level WROs in Iraq and Uganda to capture the overall experience of engaging with UN Humanitarian Country Teams and national coordination spaces.

- In partnership with **Oxfam**, **WEO** conducted evaluative research on Local Humanitarian Leadership LHL commitments during the COVID-19 response on women's rights and women-led organizations in Iraq. The research aimed a.o. at evaluating the relationships between women's rights organizations or women-led organizations with international actors in the response to the pandemic.
- **UNHCR** also supported local actors, particularly displaced women-led organizations to engage in coordination and to participate in global fora. In 2022, 229 WLOs were part of or co-chairing GBV coordination mechanisms in refugee settings, which is a 63% increase over 2021. A hybrid *Expert Panel on Engaging with Displaced Women-led Organizations* was organized at the 2022 NGO Consultation in Geneva, to highlight the importance of intentionally structuring funding to increase accessibility for forcibly displaced and stateless women-led organizations.
- **Norway** actively engaged at bringing together Call to Action partners at the country level, particularly in Nigeria, where Norway participated in the Strategic Task Team on the implementation of the Call to Action Roadmap.

2-6 Resources

To enable and strengthen coordination, partners allocate financial and human resources for GBV coordination and for coordination between GBV and other relevant actors at different levels of the response, for example:

- **International Medical Corps** co-chaired the national GBV sub-cluster in one country in 2022. International Medical Corps further led or co-led sub-national coordination mechanisms in five countries, including two refugee settings and three non-refugee settings.
- Through the Standby Partnership (SBP) **NRC-NORCAP** deployed GBV Experts to UN agencies, Government, and other actors to enhance collaboration and coordination. NORCAP has more than 150 GBV, PSEA and Gender Experts in its resource pool.
- Through the Regional Emergency GBV Advisors (REGA) mechanism, a partnership between **UNFPA** and the **GBV AoR**, **NORCAP**, supported country level GBV sub-clusters and regional coordination priorities.
- The **NORCAP** PSEA Pilot deployed eight PSEA Interagency (IA) Coordinators to Burkina Faso, Chad, Ethiopia, Honduras, Mozambique, Somalia, Tanzania and Venezuela.
- **IOM** led two global inter-agency PSEA Coordinator trainings, in coordination with existing **NORCAP** and IASC rosters. **IOM** capacitated 45 individuals to carry out the PSEA Coordinator role, including how to collaborate with GBV sub-clusters and Coordinators at the country level. In Autumn 2022, **IOM** worked with **UNICEF** to integrate their training on the UN Victim Assistance Protocol into the Coordinator training as a permanent session.

- In 2022, **UNFPA** replenished the PSEA coordinators rosters established in 2021 to expand the existing pool to be able to respond to the need for more senior expertise. UNFPA continued to support PSEA networks with funding or pool-funding of PSEA coordinators in 9 IASC priority countries. A new funding modality "PSEAcap" aims to predictably fund and facilitate the deployment of coordinator in the 15 priority contexts.
- Through its funding, **Denmark** supported UNFPA to fulfil its mandated leadership role in Inter-Agency GBV Coordination in humanitarian settings
- In Afghanistan, the **UK** financially supported the Afghan Women's Advisory Group to directly inform the Humanitarian Country Team. The UK is also the largest donor to the Agency Coordinating Body for Afghan Relief and Development (ACBAR), which represents NGOs and INGOs in dialogue with the Taliban; and we worked closely with ACBAR to address restrictions on female humanitarian workers.

2-7 Advocacy

Partners continued to advocate for effective and accountable coordination on GBV and on gender equality at all levels of the response, including at the inter-cluster level, and include GBV concerns and priorities in all advocacy efforts by leadership.

- **Ireland's** Strategic Partnership with **IRC**, which entered a new phase in 2022, has a dedicated pillar on policy and advocacy for GBV in emergencies. A specific focus was put on advocating for better funding for and meaningful participation of women led/women's rights organisations and to engage in political processes.

Outcome 3: Data, Assessment and Analysis

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

3A	Number of Humanitarian Needs Overviews (HNOs) that include GBV risk analysis in at least 4 sectors.	5/21	↘
3B	Number of HNOs that include sex- and age-disaggregated data for all sectors	21/21	↗

Under this outcome, the indicators give a mixed picture. While it is a clear success that all HNOs are reported to include sex-and age-disaggregated data for all sectors (Road Map 2021-2025 target is

reached), the number of HNOs that include GBV risk analysis in at least 4 sectors is low, and way below target.

3-1 Integration

In 2022, Call to Action partners worked to integrate GBV and gender considerations into sector-specific and inter-sectoral tools and methodologies that govern humanitarian needs assessments, planning processes, response plans, reviews, and evaluations:

- **Islamic Relief Worldwide** reviewed its proposal and reporting templates in 2021/2022 and added elements of gender equality and protection risk analysis. Consistency in collection of sex and age disaggregated data in countries like Mali, Malawi, Sudan and South Sudan allowed adaptation of programmes and outreach to the most vulnerable groups.
- **UNHCR** has mandatory GBV indicators to support measuring progress against standards. The new system also defined a set of optional GBV Good Practice indicators. All GBV indicators within the UNHCR Results Based Management system comply with existing global standards and guidance and align with the Interagency Minimum Standards for GBV in Emergencies Programming.

3-2 Consultation

Call to Action partners showed commitment to participatory consultations with women and girls and their organizations, and other at-risk populations and utilize the information to inform humanitarian needs assessments and planning of GBV and gender equality programming. Examples in 2022 have been:

- All needs assessments of **ACPP** were done hand in hand with its local partners in the different context, taking into account gender issues as a core, including the methodology.
- **CARE, Plan International** and the Rapid Gender Analysis (RGA) cooperative**,** together with technology enabled girl-ambassadors, developed and released a methodology for a Rapid Gender Analysis, specifically highlighting the experience and perspectives of adolescent boys and girls in complex crisis.
- In Nepal, **WFP** partnered with the National Indigenous Disabled Women Association Nepal (NIDWAN Nepal) to conduct research on food insecurity of Indigenous persons with disabilities in two provinces in Nepal. The study looked at barriers and enablers to accessing nutritious food, taking an intersection approach; with the aim to adapt WFP programming to be more inclusive and accessible.
- In 2022, **OCHA** continued the support, facilitation and in some contexts co-chairing of the Gender in Humanitarian Action (GiHA) Working Groups, which were contributing to the HCT in 16 crisis settings. These were: Afghanistan, Cameroon, CAR, Iraq, Lebanon, Libya, Mali,

Myanmar, Niger, oPt, Somalia, South Sudan, Syria, Syria Regional, Ukraine, Yemen. Traction was made by OCHA operations on facilitating more consultation and engagement with WLOs in coordination fora, notably in Afghanistan and the Turkey-Syria Cross Border operation. There, Women's Advisory Groups actively engaged and informed humanitarian decision-making at the Humanitarian Country Team (HCT) level. In addition, the representation of women and local WLOs is growing on CBPF Advisory Boards, where they help shape funding priorities for operations.

3-3 Localization

Partners continued to support (other) local actors, particularly women's organizations, to integrate GBV and gender equality into ethical data collection and analysis that inform program and funding decisions

- **ABAAD**, in collaboration with the Lebanese Ministry of Social Affairs (MoSA) launched the national GBV case management SOPs and trained the Social Development Centres social workers on the SOPs. ABAAD is providing the same capacity building to other civil society actors on the GBV case management SOPs.
- When opening a new project, **Médecins du Monde** aims to collaborate with the Ministry of Health/The Ministry of population in the setup of data collection system, registers, referrals forms template, to avoid producing a parallel database and doubling the data collection system. For example, in Burkina Faso, **MdM** developed GBV data collection and reporting tools with the local MoH and shared them with the health districts' facilities.
- **Trócaire** supported two local GBV response actors in South Sudan and Myanmar, with dedicated funding and technical support, to design and pilot safe, ethical, contextually appropriate, and user-centred data collection and analysis tools for measuring the GBViE Minimum Standards and share these with the wider GBV community to contributing to ongoing improvement in safe and ethical data processes.

3-4 Resources

To make GBV data collection and information management safe and ethical and conduct assessments that include gender analysis and attention to GBV to inform program and funding decisions, partners have allocated human and financial resources. They have, where possible, involved humanitarian GBV and gender equality experts—especially local experts—in these processes. Examples include:

- **CARE** has taken steps to ensure training of staff involved in data collection and analysis includes modules on preventing sexual exploitation and abuse, GBV risk mitigation in data

collection, safety protocols for enumerators and data collection teams and guidance around psychosocial first aid.

- **IPPF strengthened** its humanitarian team by appointing two Sexual and Gender-Based Violence (SGBV) advisors, with the aim of enhancing the reporting of accomplishments related to SGBV. This initiative involved revising SGBV indicators to assess the services rendered to survivors, aligning with global SGBV standards and norms. The focus shifted towards a survivor-centred and client-centred approach, which was highlighted in all technical training sessions and consistently integrated into the planning and execution of responses.
- **Elrah** has continued to fund activities that aim to enhance the way in which data on GBV is collected, shared, stored and analysed safely and ethically. Projects include improving participatory design processes ("Making Progress Visible"), or stronger security for digital storage in the documentation of forensic evidence of GBV ("MediCap"). ARCHES is an additional project that tries to use "sense-making storytelling" as a highly scalable non-stigmatising way of collecting actionable data on GBV in emergencies.
- **UNFPA**, through the GBVIMS Global Technical Team, and in collaboration with **UNICEF, UNHCR, International Rescue Committee and International Medical Corps**, continued to facilitate and co-lead the coordination of the GBVIMS inter-agency global initiative. Through this initiative and mechanism, 30 countries benefited from ongoing technical support to implement the GBVIMS basic tools, Primero/GBVIMS+ and GBV case management capacity building in 2022. A further 10 countries were engaged in country-specific orientation webinars and discussions on potential new rollouts, including Ukraine, Madagascar and Sudan. As of December 2022, the GBVIMS Global Team was providing support to 32 countries, while a further 20+ have requested support. 141 unique service provider organisations (86 NGO and 46 INGO) benefited from support in 2022.

3-5 Advocacy

Partners have advocated for good practice in the integration of GBV and gender equality considerations into data collection and analysis to inform programming and funding, and for safe and ethical GBV information management in all interventions, including as part of humanitarian-development-peace nexus workstreams. From the reports:

- **DRC, IOM and UNHCR** are Co-chairs of the global Data Responsibility Working Group (DRWG), which coordinates and oversees the development, use and revision of the IASC Operational Guidance on Data Responsibility in Humanitarian Action aimed at ensuring the safe, ethical and effective management of operational data in humanitarian action. The group was tasked by OPAG to initiate the revision of the IASC Operational Guidance in 2022 (to be finalized in 2023). Through its co-chair of the DRWG, **DRC** co-organised several events

(webinars and in-person) in 2022 to promote and implement safe, reliable, and meaningful management of data for protection and humanitarian outcomes. DRC has also continued to promote, disseminate, and get community engagement on the PIM Conceptional Framework.

- **IPPF** developed a SGBV communications guidance. This guidance provided information to its Member Associations how to share survivor-centred stories when appropriate, and in a safe and ethical way. It emphasised IPPF's commitment to a 'do no harm' approach when creating and sharing communications material about SGBV.
- In April 2022, **the UK** launched the Murad Code at the UN Security Council, a global consultative initiative aimed at building and supporting a community of better practice for, with and concerning survivors of systematic and conflict-related sexual violence. Its key objective is to respect and support survivors' rights and to ensure work with survivors to investigate, document and record their experiences is safe, ethical, and effective in upholding their human rights. 12 governments have endorsed the Murad Code in the national commitments they made at the PSVI Conference in November 2022.

Outcome 4: Funding

The Call to Action partners have committed in the 2021-2025 Road Map to contribute their efforts to ensure that sufficient funding is provided for GBV and gender equality staffing, interventions, initiatives and programs during every phase of emergency response.

4A	Amount (in USD) allocated by Call to Action partners to GBV in emergencies activities.	Insufficient data available	
4B	Percentage of funds (in USD) allocated by Call to Action partners to GBV in emergencies activities by local actors.	Available data from partner reports is insufficient to allow comparability	
4C	Percentage of country-based pooled funds that integrate GBV into strategies, selection criteria, and funding decisions.	100%	

While it is a real achievement that Gender Based Violence sector information is available on FTS, the quality of the data remains insufficient for many reasons. From the information received in the self-reporting, it becomes clear that the absence of a consistent approach to reporting by donors, and the lack of a reliable tracking mechanism for humanitarian GBV funding, complicates efforts to specify what funds were allocated to GBV programming in emergencies. 40% of the Call to Action partners did or could not provide a figure on how much money was allocated to GBV programming in

emergencies, and therefore, it is even more difficult to compare data under Indicators 4A and 4B[3]. Nevertheless, with 100% of CBPFs integrating GBV into strategies, selection criteria, and funding decisions, the partners have reached the target of 2025 already during this reporting period.

According to the data available in FTS, only one fifth of the global sector requirements set out in the different response plans/appeals has been funded in 2022- a decrease from the almost 29% which had been funded in 2021. The resulting severe underfunding of GBV in humanitarian settings remains a persistent challenge. While Afghanistan, Ukraine and Iraq were listed to have received the largest share of the funding, Yemen and Somalia stick out to have featured among the 10 contexts with the highest needs but being among the group of the last 10 in terms of funding coverage.

Funding-related information shared by the Call to Action partners in their 2022 reports include:

4-1 Prioritization

Many donors reported on prioritizing funding allocations to GBV and gender equality work in humanitarian settings, including from global and country-based pooled funds and unearmarked funds. Some underlined their commitment to ensure whenever possible, flexible, multi-year funding:

- **MdM** reports on the finalization of internal guidance on how to set-up gender-sensitive budgets. The guidance explains and lists the gender requirements and criteria of its main donors, in order support the operational departments in gender-sensitive programming.
- **OCHA** reported, that the recommendations formulated by the Gender Contact Group, a group of experts established by CERF to help guide humanitarian pooled funding to address and prioritize gender and GBV are put into practice. CERF in 2022 approved $539.3 million for projects marked with a score of 3 or 4 by the IASC Gender and Age Marker (GAM), indicating strong gender mainstreaming considerations. 72% of projects approved had a GBV component, representing an amount of USD $549.9 million, and for 7%, GBV was the main objective.
- In 2022, 98% of all “Humanitarian Action for Children” Appeals issued by **UNICEF**, included a GBViE indicator, as well as specific funding asks for GBViE specialised programmes, and GBV risk mitigation.
- **Australia**’s Department of Foreign Affairs and Trade (DFAT) introduced a requirement that all new humanitarian (and development) programs over 12 months and exceeding A$3 million have a gender equality objective. Australia has also set a target that 80 per cent of humanitarian and development investments effectively address gender equality.
- **Canada** reported that in 2022, 95.5% of the projects funded through Canada’s annual humanitarian funding cycle either partially, or fully, integrated gender equality. Under this

[3] FTS data shows that in 2022 the volume of funding to local and national actors increased from $689 million to $725 million, but decreased in percentage terms to 1.8% of global funds, from 2.3% in 2021 and 3.4% in 2020.

approach, 65% of the NGO-led projects that Canada supported in 2022 included specific GBV prevention and/response services and/or sexual and reproductive health services for women and girls in emergencies.

- The **European Union** finalized an assessment of its humanitarian gender-age marker for the period of 2018-2021. Since 2018, the markers have shown a consistent increase, with more than 90% of actions integrating gender and age considerations either 'strongly' (could be interpreted as mark '2') or 'somewhat' (could be interpreted as mark '1'). In 2021, 96% of projects were marked '1' or '2'.
- A three-year cooperation programming and policy orientation plan 2021/2023 of the **Italian** Cooperation confirms the commitment of the Italian development cooperation system towards gender equality and the empowerment of women and girls, including reference to the need to fight sexual and gender based violence in emergencies.
- **Ireland** launched its new funding scheme for Irish civil society organisations, which will run for the next five years. All applicants were appraised against a set of gender related criteria, which included assessing whether an applicant had a gender policy in place; whether they included increased funding for WLO/WROs: and whether applicants reflected awareness of and expertise in key minimum standards such as the IASC guidelines on GBV in emergencies.
- In accordance with **Latvia**'s Development Cooperation Policy Guidelines for 2021-2027, gender equality is the horizontal and thematic priority. The guidelines set the target that by 2027, 16% of the bilateral development funding must be devoted to gender equality, which has already been exceeded in 2022, reaching 17%.
- **Slovenia** has set an obligation for every partnering NGO to include gender equality as a cross-cutting priority. Additionally, all humanitarian (and development) projects must include GBV sensitivity into their project design and reporting. All projects are rated based on the GBV criteria.
- **Sweden** reported on its support to partners operating in major humanitarian crises for protection and GBV prevention mainstreaming since several years, and its explicit commitment to provide flexible financing and reduce earmarking. They follow up on gender, GBV, protection and SEAH in assessments of partners, yearly meetings and in the field. Funds designated to method development and capacity building are prioritized for protection, including GBV prevention, both among partners, but also in regard to building the capacity of communities and local actors through them.
- FCDO requires that **UK** aid-funded organisations place gender equality at the centre of their work. The new International Women and Girls Strategy has reinforced this requirement by committing that at least 80% of FCDO bilateral Official Development Assistance (ODA) programmes will target gender equality as a policy objective by 2030. In 2022, the UK prioritized GBV and SRH services in its response to humanitarian crisis, which included funding to Ukraine, Afghanistan, Ethiopia, Nigeria, Somalia, South Sudan and Syria.

- Through the Safe from the Start approach, the **USA** aims to better prioritizing GBV at the outset of every emergency and has supported IO and NGO initiatives to change the way in which they address GBV. BHA Protection Advisors travelled to missions to support BHA country staff to prioritize and fund protection programming, including GBV, in the humanitarian responses. These deployments often resulted in an increase in protection funding and higher-level advocacy efforts with senior humanitarian leadership in country and at the global level.

4-2 Tracking

Tracking and reporting on funding allocations for GBV and gender equality in humanitarian responses are a considerable challenge for partners. From the reports:

- The Call to Action cross-stakeholder Task Team on Funding Gaps, led by the **UK** and **IRC** in 2022, has developed recommendations at a technical working level to shape and inform a follow-on meeting from the January 2021 high-level meeting on GBV funding, which will be used to push the IASC principles to make substantive changes that improve tracking and reporting of GBV funding.
- **OCHA** reported that the Financial Tracking Service (FTS) now showcases a tracking page for the GBV AoR. OCHA is currently launching its online platform "OneGMS", which will harmonize CERF and CBPF processes and enhance real-time communication of allocations through the standardization of data published across the Data Hubs of the pooled funds. The platform will enhance requirements for Gender and GBV data for both proposals and reporting with the newly launched system-wide gender marker reflected in the OneGMS. Further, the new budget marker introduced to track funding for Gender and GBV response beyond sector funding has been introduced with a greater level of granularity when it comes to capturing gender training across sectors. WLOs are being tagged specifically under partner types and a distinction between Protection and GBV has been introduced. The additional data will be drawn on for data analysis and used for learning.
- **UNHCR**'s 2021 Flexible Funding Report[4] (issued in July 2022) included an analysis on UNHCR's use of available funds to support GBV prevention and response efforts, providing further details on use of flexible resources.
- Under **UNICEF**'s new Strategic Plan (2022-2025), a specific funding tracking code has been established for GBV risk mitigation. This is the first time that funds spent on GBViE specialised programmes can be distinguished from those spent on GBV risk mitigation. In addition, UNICEF has been thinking through different ways of tracking and allocating GBV risk mitigation funds including piloting systematic allocations in one country.

[4] https://reporting.unhcr.org/report-use-flexible-funding-2021

4-3 Localization

Partners have continued to provide funds to local actors, particularly women's organizations, with sufficient funding for GBV and gender equality work during every phase of emergency response. Examples include:

- The PSEA Outreach Fund, a joint initiative of **UNHCR and ICVA**, which supports local NGOs in working to preventing sexual exploitation and abuse by ensuring all affected people know that humanitarian assistance is never conditional on transactions or exchanges of any kind, received over 1000 applications and funded 15 projects in 15 countries. Moreover, the Fund invests in community-led efforts to ensure that communities and SEA survivors know how and where to safely report allegations of sexual abuse and exploitation.
- An internal funding mechanism of **IPPF**, designed to enable local member associations and partner organisations to quickly mobilise to provide SRHR services in humanitarian emergencies to ensure the inclusion of SRH services (including SGBV clinical services) in national emergency responses funded 16 different humanitarian responses in conflicts, refugee settings and natural disasters in 2022[5].
- **Oxfam**'s Women Rights Fund (WRF) supports women's rights organisations with flexible, long-term funding to invest in their own priorities. The WRF aims to address a significant funding gap, reaching small organisations hereto unable to access other funds. Currently the WRF works with ten women's rights organisations in Kenya and the Occupied Palestinian Territory (OPT), supporting approximately 13,000 people a year, supporting women's political participation, access to health and support for survivors of violence.
- In 2022, **International Medical Corps** achieved a 50% increase in the number of operations where IMC invests in national and local organizations for GBV programming through formal partnerships. To invest in GBV response in Ukraine, IMC issued a call for applications for women-led/ women's rights organizations in Ukraine and ultimately partnered with nine women's rights organizations to deliver GBV response and risk mitigation programs in four areas of the country over the course of the year.
- Several donors from the Call to Action (**Australia, Austria, Canada, Germany, European Union, Ireland, Netherlands, Sweden, Switzerland, United Kingdom, USA**) are contributors to the UN Trust Fund to End Violence Against Women, which provides grants to women's organisations responding to GBV.
- Several donors from the Call to Action **(Australia, Austria, Belgium, Canada, EU, Germany, Ireland, Italy, Japan, Netherlands, Norway, Spain, Sweden, United Kingdom, United States)** are contributors to the UN Women, Peace and Humanitarian Fund (WPHF).

[5] Ecuador, Malawi, Ukraine, Hungary, Poland, Peru, Sri Lanka, Afghanistan, Yemen, Kenya, Ethiopia and Pakistan.

- During its lead of the Call to Action, **Denmark** has aimed to systematically build localization into all its Call to Action activities and has been the co-convener of the localization track under the Grand Bargain system. Denmark is also actively working on building financial benchmarks on localisation into all its strategic partnerships.
- Within its "What Works to Prevent Violence: Impact at Scale programme (What Works)" **Elrah** launched an innovation grants call, where 100% of the innovation grants are to be awarded to locally led WROs and WLOs, and where at least 40% of the grants are piloted in fragile and conflict affected states.
- The **OCHA** Gender Action Plan requires that at least 30% of CERF funding for GBV are sub-granted to WLO. In Yemen, 86% of CERF funding went to women's organizations by the end of 2022, and in Afghanistan, half of the funds for 14 GBV projects went to national civil society organizations including nine eligible WLO. The OCHA operation in DRC furthermore piloted a reserve allocation dedicated to PSEA of over $1.5 million and across 18 months in 2022
- In 2022, **UNHCR** finalized an assessment report on existing engagement with WLOs based upon surveys and key informant interviews with over 130 individuals, from UNHCR workforce and WLO representatives. Respondents identified systemic barriers, obstacles, and areas of achievement within UNHCR's previous and current engagements. Recognizing the difficulties faced by grass-roots organizations in accessing funds for locally driven response efforts, UNHCR developed a new grant agreement process which reduces barriers for organizations led by refugees, asylum seekers, internally displaced people, returnees, stateless people, or any other person UNHCR serves. In 2022, there were 70 grant agreements signed in 22 countries.

> *"We need to move away from women's consultation towards participation and involvement in decision making – it's overdue". "[R]esources are required – we hear that call loud and clear"*
> **UNHCR Representative during the ECOSOC HAS side event: Women's Representation Leading to Humanitarian Outcomes"**

- **UNICEF** has continued to work internally to ensure it partners more and better with local women's organisations. For the first time, in 2022, UNICEF has tracked humanitarian funding going to WLOs setting a baseline against which to measure progress (commitment 6). Currently, 7% of UNICEF's humanitarian funds go to women-led organisations.
- In 2022, the Equality Fund, a **Canadian** fund dedicated to support global feminist movements, piloted a prepare, care, and response grant making stream to support partner organizations responding to crisis. Funding was used at the onset of the conflict in Ukraine to resource groups with deep local relationships in and around Ukraine, including the Ukrainian Women's Fund and FemFundPoland.

- The **USA** supported multiple awards that contributed to the prioritization of local women's organizations' expertise and leadership within existing initiatives and strengthening the role of local women's organizations within the humanitarian architecture. Among others, USA continued to support the Call to Action CAFI project.

4-4 Advocacy

Partners advocated for sufficient, flexible, multi-year funding for GBV and gender equality work during every phase of emergency response. Examples include:

- In 2022, **MdM** co-led the creation of a working group on gender within the humanitarian commission of Coordination Sud, the national coordination of more than 180 French international solidarity NGOs. This group aims a.o. to improve tracking of GBV funding provided by the French Government through different mechanisms.
- **Ireland** consistently advocates with UN Agencies, including the UN OCHA Humanitarian Pooled Funds, for gender based violence prevention, risk mitigation and responses to be integrated into the Country Based Pooled Fund Operational Guidelines and included in CERF allocations. Ireland engaged with the UN OCHA Pooled Fund Working Group in 2022 to ensure that the new Global Guidelines clearly articulate the importance of prioritising this area.
- As co-chairs of the Good Humanitarian Donorship (GHD), **Belgium** together with **Finland**, chose Protection as a priority with a focus on GBV and Disability inclusion. This priority has been repeatedly addressed in a webinar and relevant meetings at the technical and political level. The conversations included the use of unearmarked funding and earmarked funding to promote gender and GBV work, the reversed-burden-of-proof concept as well as risk-based management for protection issues, and specific risks for women and girls with disabilities.
- **Denmark** has engaged in a continuous policy dialogue with humanitarian agencies to stress the importance of prioritizing and integrating GBV activities across programming, including prevention, response, and mitigation in 2022.
- **OCHA** continued to advocate for increased prioritization and funding for GBV, the role of WLOs and ensuring their prioritization in CERF and CBPF allocations.
- **UNHCR** continued to highlight funding requirements for GBV prevention and response in its annual Global Appeals (released every December) and update requirements for GBV on its main reporting website[6]. It developed a focus page[7] on gender equality and GBV to disseminate updated information regarding budget requirements, reporting products, and latest updates.

[6] https://reporting.unhcr.org/

[7] https://reporting.unhcr.org/equality-gender-based-violence

- **Canada** continued to leverage its membership in the OCHA Donor Support Group and the Pooled Fund Working Group (PFWG) to call for OCHA to strengthen reporting on disaggregated data on the level of funding received by national actors, including for GBV and gender equality. This manifested a.o. in the development and launch of the revised CBPF Global Guidelines, which provide for the use of "disaggregated quantitative and qualitative data in project proposals, monitoring and reporting." Canada also continued to advocate to OCHA for enhanced transparency on funding to local actors, including through their Pooled Fund Data Hub which would enable a better understanding of the localization of GBV risk mitigation programs helmed by WLOs.
- The **USA** have leveraged its "Safe from the Start" approach in conversations with other governments and organizations about the importance of garnering attention to the issue and providing the humanitarian community with the human and financial resources required to scale-up and meet existing needs.

4-5 Nexus

Donors did provide resources, including flexible, multi-year funding, for joined-up programming at the humanitarian-development-peace nexus that effectively addresses GBV prevention and response and gender equality, while ensuring that humanitarian action remains grounded in humanitarian principles.

- **Denmark** has supported a number of workshops, policy dialogues and webinars held in 2022 under the auspices of the Danish Embassy in Ghana's bilateral cooperation with the Kofi Annan International Peace Keeping Training Center (KAIPTC). Activities have been based on a mapping of challenges within the WPS agenda and research on conflict prevention. The focus has been on disseminating knowledge about the prevention of conflict-related sexual crimes at the operational and strategic level.
- The **UK** has established a new global programme for Advancing Gender Equality through support to Women's Rights Organisations and Women's Movements. This programme entails a component to be delivered by a consortium led by Gender Links, that works to amplify the voices of WROs in key decision-making and policy processes spanning the development, peace and humanitarian spheres.
- Its nexus approach informs the way different **EU** funding channels work together to ensure basic services and livelihoods are supported in a sustainable way and build resilience to shocks in situations of fragility. Specifically, as regards applying a Nexus approach in preventing and responding to GBV, the 'European Union Gender Action Plan III 2021-2025[8] is the policy framework on gender equality and women's empowerment in the EU's external action. This plan includes significant humanitarian components and provides a framework for

[8] https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184

the EU's work across the humanitarian-development-peace nexus. At a more technical level, the EU in 2022 initiated a mapping of EU-supported protection actions, including GBV actions, with a Nexus angle. The mapping will gather best practices in the field, to inform future programming.

Outcome 5: Specialized GBV Programming

Specialized GBV services are vital in providing comprehensive, survivor-centred support to individuals affected by GBV. They play a crucial role in addressing the unique needs of survivors and combating the pervasive issue of GBV. They not only help survivors recover from the trauma but also play a critical role in preventing future incidents of violence and promoting a more just and equitable society. The Call to Action in its 2021-2025 Road Map put an emphasis, that they meet the Inter-Agency Minimum Standards for GBV in Emergencies Programming, launched in 20219, and that they are available in every phase of emergency response.

5A	Number of Call to Action partners that report applying the Inter-Agency Minimum Standards in their humanitarian GBV prevention and response work.	42	
5B	Number of Call to Action partners that report implementing specialized GBV services in humanitarian contexts.	33	

It is encouraging to see, that more and more partners are applying the IASC minimum standards in their humanitarian GBV prevention and response work. In order to meet the target next year, we are hopeful that additional partners, who are in the process of adapting policies will also integrate them. Given the specific challenges involved, the experience needed, and the resources involved, the second indicator under this Outcome 5 should not be overstated, but the figure remains reassuring in its slight increase from last year.

5-1 Implementation

Partners supported the provision of specialized services for survivors of GBV in humanitarian contexts around the world. These included:

> *"I had a phobia of my house because I was assaulted in it, and I also feared the social stigma. I overcame these fears and I am now more aware of my rights. I learned through the sessions that what happened to me was wrong and the abuser should be punished. I also learned how to report an abuse either to the police, the hospital, or civil organisations. If this ever happens to one of my friends, I will never leave her alone and I will help her report it"*
> **A 17-year-old orphan and GBV survivor, living with her grandmother in an Internally Displaced People (IDPs) camp in Central Darfur State of Sudan.**

- The **Coalition for Humanity (South Sudan)** has established and equipped an extra 3 women and girls' safe spaces (WAGFS) with basic equipment and tools supporting women and girls including GBV survivors with case management and psychosocial support services. An extra 5 GBV Referral pathways have been established to support survivors and improve knowledge and awareness on the different services available, and how to access these services.
- **IMC** continued to deliver focused GBV prevention and response programs in humanitarian settings throughout 2022, through both direct implementation and partnership with local and national organizations, in 20 countries. The programs focus on essential services, including GBV case management, individual psychosocial support services, group psychosocial support and empowerment opportunities, and women and girls' safe spaces.
- In reaction to the catastrophic floodings in Pakistan, the GBV emergency response pillar of **IRC**, with support of **Ireland**, provided protection services for women and girls in Sanghar and Mirpur Khas at risk of GBV, and to ensure access to quality GBV services during the emergency and recovery phases. IRC and its implementing partner Sukaar Foundation were able to enroll 1,600 women and girls in eight newly established Women and Girls' Safe Spaces (WGSS), provide more than 500 women with cash grants, provide more than 1,100 women and girls with dignity kits, and conduct eight safety audits in the targeted communities.
- **WRC** continued a project to document the diverse characteristics, scope, and consequences of sexual violence in humanitarian crises for people who identified as male or were assigned male at birth, including persons with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). It is developing and implementing a toolkit to help frontline humanitarian staff provide support to sexually exploited adolescent boy and male youth, including young people with diverse SOGIESC, and a training package for non-specialist mental health and psychosocial support (MHPSS) providers in humanitarian settings to conduct peer support groups for ABMY survivors.
- **IOM** revised technical guidance on GBV and clinical management of rape (CMR) to facilitate their integration into existing materials for IOM's clinical services, and developed a guidance

note, clinical toolkit, and additional job aids, including a Migrant-Friendliness Addendum to CMR Service Provision. Training materials, including a training curriculum, were also developed.

- To prioritize prevention and response from the start of crises, **UNHCR** deployed gender-based violence specialists to 14 emergencies, including in Chile, Ethiopia, the Islamic Republic of Iran, Poland, the Republic of Moldova and Somalia. The emergency deployments, supported by the Safe from the Start initiative **(USA)**, ensured life-saving services for over 1 million forcibly displaced people in 2022.
- **UNICEF** has developed a tech product, which 'recreates' the attributes of a physical safe space - a core intervention for GBViE programmes - into the virtual safe including key information on sexual and reproductive health and rights, GBV, and other topics. This has been entirely developed with girls and women- from content to design to safety- and is currently being scaled up to other locations. Additional features have also been developed for the platform (user forum, chatbot). The second product, developed in coordination with the GBV AoR is the e-referral pathway app that enables real-time updating of available services and digital referral pathways to make information more widely accessible on available services.

5-2 Consultation

Partners consulted and worked in partnership with women and girls and their organizations, and other at-risk populations, in the assessment, planning, implementation, monitoring, and evaluation of programs to prevent GBV and ensure survivors' safe access to quality services. For example:

- **EngenderHealth** launched a regional GBV prevention and response initiative called Ensemble. Ensemble is a "Survivor centred multi-sectoral GBV prevention and response" initiative focused on West and central Africa. This initiative is based on the principle of local partnerships with feminist grassroot organizations, working on GBV prevention and response in the region.
- **Plan International** held programme design consultations with adolescents in several countries[9]. During the consultations, 680 younger and older adolescents, including married girls and young mothers, highlighted what activities and services they would prioritise in the humanitarian response, which barriers they face in accessing services and support, and what should be done to overcome these barriers. Their voices and experiences have shaped clear programme recommendations for Plan International's humanitarian response.
- Following the development and launch of the **Save the Children** PSEA policy, the document has been translated into French, Arabic and Spanish languages including pictorial versions. In collaboration with different communities' local versions have been made available and

[9] Ethiopia, South Sudan, Cameroon, Niger, Nigeria, Colombia, Ecuador and Peru.

consultations continuously held with communities to ensure access to reporting mechanisms.

- **WRC**, together with ProFamilia, Universidad de los Andes, Reproductive Health Uganda, and the Makerere University School of Public Health, launched "Communities Care: Community-Based Care Model for Sexual Violence Survivors in Crises", a multi-year project to implement, evaluate, and validate an innovative service delivery model that provides community-based medical care and first-line psychosocial support for sexual violence survivors, in alignment with the latest clinical guidance and evidence.

5-3 Evaluation

Partners monitor, evaluate, and report on the implementation of specialized GBV services to improve the quality and accountability to women and girls. From the reports:

- **InterAction** continued to pilot the GBV Prevention Evaluation Framework (GBV PEF), launched in 2021 with support from Sweden (Sida). This framework is designed to support the evaluability of interventions for the prevention of all forms of GBV in conflict where violence is perpetrated against women, girls, men, and boys, including all forms of sexual and gender identity. The GBV PEF is available for any organization to use to support analysis, design, monitoring, and evaluation so that GBV prevention outcomes can be better measured.
- **IPPF** commissioned the GBV AoR to conduct a literature review into the barriers to providing CMR in humanitarian settings. Specific barriers identified included Legal/policy frameworks, Staff related challenges such as attitudes, behaviours, concerns and capacity; Facilities such as lack of space, medical supplies, equipment, and protocols, and Funding shortages. This review was requested as an internal tool for IPPF to support the design and planning of CMR capacity building of IPPF's Member Associations moving forward. The survey helped inform the type of training IPPF's staff may benefit from and how Humanitarian technical staff could support its service providers through this process.
- In line with IASC GBV minimum standards in emergencies, **Islamic Relief** assessed its structure of establishing "Referral systems".
- **Trócaire** partnered with Global Women's Institute (GWI) on an innovative project for MHPSS and GBV specialized actors at local, regional and global level to contribute to, assess, and ultimately implement consensus-based and evidenced guidance on survivor-centred MHPSS interventions with GBV survivors and those at risk in emergency settings. Trócaire partners were involved in local and regional consultations and were represented on the Advisory Group guiding the project.
- As part of the work to focus on making **UNFPA** activities in over 1000 safe spaces for women and girls (WGSS) more gender transformative, the organisation conducted an analysis of

WGSS in 17 countries. The analysis aimed to capture to what extent the WGSS are fulfilling the 5 standard objectives and to what extent they may be characterised as "gender transformative".

- **UK** released two reports from the "What Works to Prevent Violence" programme on Conflict-Related Sexual Violence and Ending Violence Against LGBT+ People. The report on What Works to Prevent Conflict-Related Sexual Violence was based on consultations with world-leading academics, survivor groups, and humanitarian actors. It is a high-level synthesis of existing evidence and practice on CRSV and wider GBV in conflict-affected settings and was launched through a high-profile event at the PSVI Conference.
- Through the programme of research on health in humanitarian crises (R2HC), **Elrha** continued support to two projects which aim to evaluate and/or improve the quality of specialised GBV services such as IPV response. Research led by the **World Health Organisation** (WHO) tries to evaluate the feasibility and acceptability of a brief empowerment counselling intervention among pregnant women and girls[10]. Research led by **World Vision UK**, which aims to improve our understanding of the dynamics between IPV and cash transfers in humanitarian settings[11].
- **USA** supported seven global awards that contributed to increased research and learning through evidence driven programming, strengthened coordination, and capacity strengthening initiatives that support the global sector and first line responses as well as the development of resources that improve the quality and reach of survivor centred GBV services. USA also supported five awards for global innovation programs to address GBV in conflict-affected humanitarian emergencies. These awards contributed to research, policy, and capacity building addressing GBV in emergencies, providing funding among others to **UNFPA, UNICEF, CARE, IRC, WRC,** and the George Washington University's Global Women's Institute.

5-4 Accountability

During this year, none of the organisations reported specifically on work trying to establish/strengthen accountability mechanisms for integration of GBV programming into the Humanitarian Program Cycle in line with inter-agency standards and frameworks, including in strategic objectives.

[10] https://www.elrha.org/project/empowerment-counselling-intervention-eci-for-pregnant-women-and-girls-affected-by-intimate-partner-violence-in-a-refugee-camp-in-tanzania/
[11] https://www.elrha.org/project/effects-of-cash-transfers-on-intimate-partner-violence-in-humanitarian-settings-a-prospective-cohort-study-in-south-sudan/

5-5 Localization

Partners support (other) local actors, particularly women's organizations, to design, implement, and evaluate gender-transformative, specialized GBV prevention and response services in every phase of emergency response, and ensure continuity of services post-emergency. Some examples:

- **Empowerment for Development** (Ethiopia) established community-based mechanisms to provide protection assistance and psychosocial support to women and girl affected by conflict for timely response to women specially for survivors within the community. Trained community women volunteers provide women and girls with timely response, self-protection and other psychosocial support at the spot and further informed them to existing referral systems.
- **EngenderHealth** expanded their community based GBV prevention committee approach to conflict affected districts of Amhara and Afar. The project supported young GBV survivors (ages 19 to 30) to receive free legal aid through our partnership with the Ethiopian Women Lawyers Association (EWLA). Within the project, they trained also 24 community volunteers and 161 police officers to enhance their skills in provision of effective and gender responsive services to survivors of GBV.
- **MdM** has been able to pursue its collaboration and partnerships with local associations of women fighting for refugees' rights or for access to safe abortion care, ensuring comprehensive care for survivors of GBV and advocate for SRHR.
- **PUI, MdM** and Amel Association International (Lebanon) build a three-party consortium, supported by the Agence Française de Development (AFD) funding. Along with service provision (notably in health, mental health and protection), each consortium partner is in charge of training the two other ones (in addition to field healthcare staff) in a specific topic in order to improve the overall quality of services. PUI has trained partners and staff on Protection safe identification and referral, case management and social inclusion, Amel conducted workshops on Social cohesion and Community acceptance, and MDM on GBV safe identification and referrals.
- **Trócaire** provided technical, financial and organisational strengthening support and accompaniment to partners who are local actors, particularly women centred organisations, to collaboratively design, implement, and evaluate GBV specialised services and programming in line with the Inter-Agency Minimum Standards for GBV in Emergencies programming (GBViE MS, 2019) in humanitarian settings[12].
- **WRC** provided training and technical assistance to international and local operational partners and supported the implementation of the integration of cash and voucher assistance into specialized GBV response services in more than three humanitarian settings.

[12] Ethiopia, DRC, Myanmar, Lebanon, South Sudan and Somalia, and in preparedness and recovery contexts, including the Occupied Palestinian Territories, Zimbabwe, Sierra Leone, Honduras, Guatemala, Nicaragua, Rwanda and Malawi.

5-6 Resources

To establish safe, quality, specialized GBV services beginning in the preparedness phase; maintain or increase funding and staffing to meet evolving needs, partners dedicated and allocated human and financial resources. For example:

- **HDA** (Lebanon) has recruited one specialised GBV program manager who was managing the whole GBV project implemented in three different regions in Lebanon. The project objectives include provision of quality services and improving the livelihoods of women and girls. The GBV project manager additionally trained four other **HDA** staff members (social workers and case managers) on the GBV Minimum Standards. This increased their GBV knowledge and enabled them to provide awareness raising sessions to the community and quality services to survivors, such as mental health and psychosocial support and cash vouchers.
- With support from the **USA, IMC** continued to steer the **GBV AoR** Managing GBV in Emergencies (MGBViE) program to strengthen capacity and community among GBV specialists and expand the number of people prepared to manage focused GBV programs in humanitarian settings. Under the MGBViE programme, IMC continued leading the GBV AoR Community of Practice, which grew to over 1,000 registered GBV specialists in 2022, including specialists working with INGOs (35%), UN entities (27%), and LNGO or women's organization (12%). The Community of Practice serves as a platform for specialists to seek and share learning, information and advice across humanitarian contexts.
- In order to strengthen and scale-up **Plan International's** GBV programming in humanitarian settings, a multi-sectoral technical working group has been established to develop an SGBV in Emergencies Program Framework. This framework is intended to help clarify key approaches in GBV programming and promote a multi-sectoral approach, covering CP/GBV, education, gender equality, and SRHR.
- **UNFPA** provided ongoing technical support on safe and ethical GBV information management to UNFPA-hosted GBVIMS Coordinators, and GBV service provider organisations, in 12 rollout countries.
- **UNICEF** ensured dedicated GBViE expertise to 62.5% of all new L2 and L3 emergencies including Uganda, the Horn of Africa and Ukraine.
- **Belgium** is a regular supporter of the ICRC's Special Appeal on Sexual Violence and has funded **MdM** on a project on Strengthening protection mechanisms related to access to sexual and reproductive health care, including gender-based violence, for populations in vulnerable situations in Mali, Niger and the DRC.
- **Latvia** has provided practical support to Ukrainian women who have suffered from GBV and has promoted the WPS agenda in Ukraine. With funding from Latvia, Centre MARTA, a Latvian NGO, supported the preparation of methodology and provided training for specialists in the National Social Services of Ukraine on working with GBV survivors.

- **Norway** signed a multi-year funding agreement in support of **UNFPA**'s thematic fund, providing specialized services in response to SGBV in crisis-affected populations, including health care, psychosocial support and information through survivor centred approach.

5-7 Advocacy

Partners advocate for funding to implement specialized GBV prevention and response services that meet minimum standards in every phase of emergency response regardless of the presence or absence of GBV prevalence data. From the reports:

- **IPPF** contributed to include SGBV in various inter-governmentally negotiated commitments. These included inputs a.o. to the Commission on Status of Women 66 Agreed Conclusions; Commission on Population and Development 55 Resolution; and Ministerial Declaration of the High-Level Political Forum 2022. IPPF also supported the broadening of the Renewal of the SR VAW Mandate to explicitly include girls, so it is now the Special Rapporteur on Violence against Women and Girls.
- **MdM** has targeted the next French foreign affairs strategy on SRHR. The previous one ended in 2020 and there is an opportunity to include in the new one humanitarian context specificities regarding SHRH and GBV and notably to push for the MISP promotion. In March 2022, MdM took part in a SRHR in crisis session during European Humanitarian Forum. In October 2022, MdM GBViE Advisor chaired the panel "Prioritizing sexual and reproductive health in crisis", during the Humanitarian Congress in Berlin, to raise awareness about the MISP and its importance as a life-saver measure.
- The **EU** continued to advocate for the prevention, mitigation and response to GBV in a diverse range of high-level meetings. Apart from hosting the European Humanitarian Forum in March 2022 with a dedicated session on the Call to Action on Protection from Gender-Based Violence, the EU hosted together with Belgium and DRC a high-level event during the UN General Assembly ministerial week in September 2022, on ensuring accountability for survivors of sexual violence in conflict.

5-8 Systems-strengthening

Partners took measures to strengthen GBV prevention, risk mitigation, and response within national and local non-emergency services and systems, as part of emergency preparedness activities, ongoing development interventions, and/or as a component of humanitarian programming.

- **ABAAD** advocated with Lebanese Members of Parliament to reform the Lebanese penal code, in order to ensure gender sensitive articles and promote harsher sanctions to GBV. In November 2022, when the revision of the penal code was still not ratified, ABAAD launched the #NoShameNoBlame campaign. Its key message was, that sexual assault is a crime worthy

of a serious sentence to achieve justice to survivors first and foremost, and to protect women and girls from sexual assault crimes.

- **CAPOWEM** contributed to the assessment of the first National Action Plan for the implementation of the UNASCR 1325 on women, peace and security, highlighting the soaring incidences of GBViEM and formulating actionable recommendations and pathways to addressing such atrocities in line with the 1325 and complementary resolutions, and other existing universal and regional instruments. Also, **CAWOPEM** together with member organisations and other national CSOs conducted a compilation of global and regional instruments on the status of ratification and level of implementation of women's human rights in Cameroon and disseminated to stakeholders.
- In a two-year project in Nepal, **Islamic Relief** worked on building the capacity of local authorities and communities. It trained 101 representatives of law enforcement, security, and community leaders on strengthening referrals and alert systems. In a Sida funded project, Islamic Relief trained health workers, including physicians, pharmacists and nurses on GBV case management and referral pathways.
- During 2022, **MSI Reproductive Choices** rolled out its training curriculum for SRH providers based on MSI's basic approach and service package using materials, resources, and guidance from GBV specialist organisations, WHO, and qualitative research findings in 10 countries[13]. This training is designed to be cascaded and it is expecting that trainees deliver this to further providers within their country.
- **WEO** developed a Gender Policy for the Ministry of Justice in the KRG. Connected to this, they launched a report on legal and institutional challenges regarding women's access to justice in the Kurdistan Region in response to the concluding comments issued by the Committee of the Elimination of All Forms of Discrimination Against Women (CEDAW). Additionally, they provided a series of training sessions for government staff in the Ministry of Interior, Justice, Department of Foreign Relations and other local actors to build their capacities on GBV core principles, PSEAT, GBV integration to prevent and mitigate GBV and protection risks and to provide quality services and safe referrals. WEO also issued an advocacy strategy to support the implementation of the Iraqi Second National Action plan for the UN Security Council Resolution 1325 on Women Peace and Security.
- **UNFPA** trained 6300 health-care personnel on clinical management of rape in 34 countries.
- **WHO** trained over 685 service providers in many countries on various aspects of service delivery for survivors (first line support, clinical care for survivors, referrals, mental health,

[13] Pakistan, PNG, Timor Leste, Myanmar, Vietnam, Nepal, Bangladesh, Uganda, Tanzania, and Sierra Leone

coordination) in 2022. In 2022, WHO began working to validate training evaluation tools designed to measure improvements in skills, knowledge and attitudes immediately following trainings and afterward (e.g., 3- and 6-months post-training). The training evaluation tools developed through this process will be piloted in at least two humanitarian contexts where CMRIPV trainings are being administered.

> *"It's much better to integrate services for GBV survivors into primary health care services because it will provide an existing platform to implement interventions. Also, because in many countries, there's a lot of stigma around these issues. So, by integrating them into essential services as part of, in particular health and wellbeing, especially for women, this allows them to be better served and decreases the level of stigma attached to them, so that when women are seeking support for this area, they don't have to feel in danger [when] getting some of the other services they need."*
>
> **Dr. Rana Hajjeh, Director of Program Management, WHO Regional Office of the Eastern Mediterranean, Cairo, Egypt**

- In Indonesia, **Denmark** supports the Jakarta Center for Law Enforcement Cooperation in Indonesia (JCLEC) to mainstream gender and human rights aspects in JCLEC's training activities, aimed at combating violent extremism and capacity building of law enforcement agencies in Indonesia and other participating countries.

Outcome 6: GBV Risk Mitigation

6A	Percentage of total cluster/sector plans in humanitarian plans that include GBV risk mitigation within the cluster/sector-specific objectives.	72%	
6B	Number of Call to Action partners that report integrating GBV risk mitigation in their humanitarian work.	47	

All humanitarian actors have a role to play in efforts to prevent and mitigate the risks of GBV, as set out in the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Settings. GBV risk mitigation and promotion of gender equality are effectively integrated into program design, implementation, and monitoring and evaluation across all humanitarian sectors in line with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. The results of the indicators are therefore encouraging and in line with the milestones proposed in the 2021-2025 Road Map.

6-1 Institutionalization

Partners institutionalized GBV risk identification into sectoral and inter-sectoral tools, standards, processes, trainings, and other key materials for all phases of the program cycle across all sectors.
From the reports:

- In 2022, **CARE** rolled out its new GBV risk mitigation proposal checklist, including resource mobilisation specialists, non-GBV specialized humanitarian technical advisors and field humanitarian staff with the information they need to ensure, that GBV risk mitigation is consistently integrated into all CARE emergency fundraising proposals.
- **Empowerment for Development** (Ethiopia) has established a gender sensitive compliance system at organisation levels to prevent and mitigate the risk of GBV.
- **OXFAM** has worked to integrate its "safe programming" approach as a key component to GBV risk mitigation since it identifies potential risks for causing harm and requires **Oxfam** to take proactive measures to prevent or mitigate risks in all its programmes.
- **NRC** continued to roll out its new minimum standards for Safe and Inclusive Programming (SIP), mainstreaming protection, gender, age and disability inclusion throughout its responses, encompassing GBV risk mitigation.
- **PUI** institutionalized specific protection departments in several missions (Ukraine, DRC) leading to an increase of staff sensitization on Protection risks (including GBV risks) and profiles the most exposed to risks, thus allowing better support and safer identification and referrals of GBV survivors to internal health services or to external specialized services (GBV, legal assistance, CP, MHPSS, etc)
- **Save the Children's** Humanitarian Gender & GBV Minimum actions have been encompassed in the Humanitarian Gender Equality Marker as a key performance indicator, which should ensure all proposals submitted for all responses meet SCI Gender Minimum standards. Front line technical staff undergo basic training on Gender Equality online through webinars prior to deployment and the Regional Gender Advisors provide continuous technical support to response teams in implementation of various initiatives.
- **UNHCR** has enhanced efforts to increase the institutionalization of GBV risk mitigation across different sectors through improving systems, capacity building, and processes to ensure that GBV risk mitigation is a core element of programming and effective coordination. As a result, Both Camp Coordination and Camp Management (CCCM), as much as Shelter Clusters saw a positive increase in the percentage of cluster including GBV risk mitigation measures in contrast to the 2021 HRPs.

6-2 Implementation

Partners continued to implement, monitor, and report on the results of integration of GBV risk mitigation and sector-specific outcomes in humanitarian programming. Some examples:

> *"Although [we believe] that gender equality is an intrinsic human right and an end in itself, addressing gender inequality is particularly essential to Action against Hunger, because it is also a major cause and consequence of hunger".*
>
> **Annual Report: Action Against Hunger**

- The **Islamic Relief Worldwide** project "Promoting gender equality and resilient livelihoods" in South Sudan helped in adapting protection services into other humanitarian interventions such as food security and livelihood programmes. Awareness sessions on women empowerment, protection and GBV related topics were conducted.
- Through conducting rapid gender assessments prior to proposal writing, **MdM** has been able to better address the socio-cultural determinants of gender inequalities (and therefore, health access inequalities).
- To reinforce GBV risk mitigation capacity support, **UNHCR** conducted a survey internally with UNHCR country technical sectors and cluster-leads to analyse progress towards collective commitments on the integration of GBV risk mitigation into the different sectors programs. 73% of respondents stated that they use GBV risk mitigation technical tools in their day-to-day work. UNHCR also launched, in three languages, the self-study on GBV Risk Mitigation targeting UNHCR workforce with GBV specialized functions.
- **UNICEF**'s new Strategic Plan (2022-2025) includes a cross-cutting indicator on GBV risk mitigation that outlines a minimum set of activities that all country offices need to implement- not just those affected by crises. At baseline (2021), 4% of country offices met with the minimum criteria, one year later, in 2022, 17%.
- In the DRC, the **UK** financed cash transfer programme with **WFP** prioritised women as community representatives to help guide the targeting of assistance. Women are the default point of contact for engagement with the humanitarian partners. Within the project, **WFP** supports financial awareness-raising activities for women and adolescent girls to enable them to play a stronger role in household decision making over resources, including humanitarian cash assistance.
- The **UK** continues to fund World Bank research on the Gender Dimensions of Forced Displacement (GDFD) Research Program. This programme looks at gender inequality and forced displacement – including gender norms and the risks of intimate partner violence (IPV) and child marriage. The results provide evidence to develop policies and programmes to overcome the challenges faced by displaced people, including increased risks of GBV and IPV.

6-3 Gender Equality

Partners integrated appropriate targeted action to promote gender equality and empowerment of women and girls into preparedness, response, and recovery activities across all humanitarian sectors. For example:

- In 2022, **DRC** in partnership with **WRC** continued the implementation of the 3-year GBV Innovation programme 2021-24 "Advancing Economic Empowerment of Survivors of Gender-Based Violence in Humanitarian Settings through Evidence and Localized Action for Gender Transformative Change" with local organizations in Jordan, Lebanon, Niger and Uganda. Through the project local organizations are supported to develop models on integrated GBV and Economic Recovery (EcRec) programme that effectively advance economic empowerment of GBV survivors, by addressing gender inequality as a root cause of GBV and women's economic marginalisation in displacement settings.
- In 2022, **Plan International** published a learning paper with "FAQs on gender transformative programming in humanitarian settings[14]. This included an exploration of the link between gender transformation and the humanitarian principles and mandate.
- **OCHA** reported, that the IASC GenCap Project provided senior expertise on gender equality in humanitarian action across 23 operations. The project supported operations to integrate gender equality and the empowerment of women and girls across humanitarian strategic plans and programmes. The project also supported HCs and HCTs that requested assistance to build their competence on gender equality programming in emergencies (GEPiE), working with Inter-Cluster Coordination Groups (ICCGs), clusters and sectors to mainstream gender equality and the empowerment of women and girls (GEEWG) throughout the humanitarian response.
- **WFP**s new Gender Policy 2022 has increased emphasis on women's empowerment, as well as a renewed call to action to increase collaboration with women led CSOs/networks/groups.

6-4 Consultation

Partners regularly consulted with women and girls and other at-risk populations to understand their specific needs and priorities, as well as any barriers and/or risks they face in accessing services. They worked with them to design safe and effective interventions across all humanitarian sectors, as highlighted in the reports:

- Within their Gender Minimum Standards, the **Action Against Hunger** Network aims to include in all operating countries the establishment of feedback and complaints mechanisms

[14] https://plan-international.org/publications/faqs-gender-transformative-change-emergencies/

that are sensitive to gender and age considerations. In 2022, over 42% of the operating countries have feedback and complaints mechanisms set up.

- **International Medical Corps'** GBV Technical Advisors maintain a collection of tools to support community-level consultations and assessments and supports GBV program teams across country operations to adapt and apply these tools. All **IMC** GBV programs adhere to internal minimum GBV programming standards that outline specific requirements related to consultations and assessment, including the requirement for information learned through community assessments to be shared with partners. **IMC** shares findings and recommendations through protection and GBV working groups, other sectoral working groups, committees established to address protection risks, and other forums, as well as bilaterally with relevant actors.
- **Islamic Relief Worldwide** Project in Pakistan "Empowering widows in need" is an economic security and education project, which consults women groups to design relevant financial programmes that support women and allows drop-out children to go back to schools.
- the **EU**'s humanitarian Gender-Age Marker is an accountability tool that uses four quality criteria to measure how strongly all EU funded humanitarian actions integrate gender and age at proposal, monitoring, and final report stage. One of the criteria is 'participation' by which partners are asked to apply a participatory approach to EU-funded humanitarian action, and to work with adequately composed teams.

6-5 Localisation

Support to local actors, particularly women's organizations, to lead on/integrate GBV risk mitigation into program design and implementation across all sectors was provided through different measures:

- **Genderforce** has been taking part in the development of an emergency preparedness plan and response protocol for local human rights defenders. The development of the security protocol takes into consideration the existing security-protection mechanisms of human rights defenders and strives to improve and/or integrate these mechanisms from a gender-responsive perspective. This means that the plan considers the impact of gender roles, power dynamics, and the ways in which gender-based violence affects the safety and security of the human rights defenders. Additionally, the plan creates strategies which are tailored to address the specific needs of each gender. The consultations have provided a platform to share experiences and knowledge, and to discuss innovative and practical strategies to address gender injustice.
- **ICVA** organised two Women's Humanitarian Leadership Training, which overarching focus it was to build and strengthen the knowledge and skills of women leaders and their women-led organisations working on humanitarian actions. By challenging the attitude of participants on their biases, stereotypes and socially constructed views on women's leadership, the training

aimed to provide a space to discuss how to strengthen leadership, collective advocacy and policy influence and to be an opportunity for mutual learning and exchange.

- With support from **UNHCR**, **IMC** led a GBV capacity building initiative, conducting multiple trainings for local and national organizations in PSEA, GBV risk mitigation, GBV core concepts, first response to GBV in line with the IASC GBV Pocket Guide, GBV case management, and GBV case management supervision.

> *"This training is very important. After the war on Syria, I stopped dreaming, literally, now, 10 years later, I feel that I am gaining my ability to dream and visualise a positive future, I feel deeply that this training has helped me even more towards dreaming again, thank you trainers for that"*
>
> **Nisan, Syria, participant in the ICVA Women's Humanitarian Leadership Training in Istanbul, Türkyie**

- In late 2022, early 2023, **WFP** has finalized and launched the PSEA Module in the UN Partner Portal. The PSEA module is the digitized integrated tool developed for the operationalization of the UN Implementing Partner Protocol and is intended to facilitate the PSEA capacity assessment process for UN Agencies implementing partners and Civil Society Organizations (CSOs).
- **IFRC** has provided training to staff and volunteers of national societies on GBV risk mitigation and responding to GBV disclosure. In 2022 more than 8400 volunteers and staff of national societies have completed online orientations/ training integrating or related to PSEA and SGBV, nearly 11000 have started the process. A comprehensive set of training materials on basic PGI knowledge and skills was finalised in 2022.
- The PSEA Outreach Fund, a joint initiative of **UNHCR** and **ICVA** received over 1000 applications and funded 15 projects in 15 countries. The Fund supports the critical work of local NGOs in preventing sexual exploitation and abuse by ensuring all affected people know that humanitarian assistance is never conditional on transactions or exchanges of any kind. Moreover, the Fund invests in community-led efforts to ensure that communities and SEA survivors know how and where to safely report allegations of sexual abuse and exploitation.

6-6 Resources

Partners have continued to allocate human and financial resources to support GBV risk mitigation activities in humanitarian programming across all sectors:

- **CARE** supported the translation of its GBV Pocket Guide into multiple languages, trained 248 people via online courses and/or webinars and is currently finalizing a project that is translating the written version of the Pocket Guide into a visual version suitable for low-literate users.

- To prioritize prevention and response from the start of crises, **UNHCR** deployed gender-based violence specialists to 14 emergencies, supported by the **USA** Safe from the Start initiative.
- **Ireland** supports the integration of gender and protection approaches in humanitarian settings through its Rapid Response Roster. The Roster includes gender and protection specialists who are deployed to UN Agencies who are standby partners and support the UN humanitarian system to properly integrate gender and protection in emergency responses. In 2022, Child Protection Specialists and PSEA Coordinators were deployed to humanitarian crises[15].
- In 2022, **UK**-funded deployments through the Stand-by Partnerships Programme included at least 13 experts on protection, GBV, SRH, PSEA, anti-trafficking, and disability and inclusion to support UN partners to strengthen humanitarian response capacity[16].

6-7 Advocacy

Partners have continued to advocate for the integration of GBV risk mitigation actions as a standard component of humanitarian program design and implementation across all sectors:

- In 2022**, Oxfam** was successful in securing funding from SIDA to evolve the Sani Tweaks initiative into WASH Tweaks, exploring user challenges for not only sanitation, but a wider range of WASH infrastructure. The project continues to highlight GBV risks as a fundamental reason that women and girls in humanitarian contexts struggle to access and fully use WASH facilities and services, and to work with WASH Practitioners on practical methods to make facilities safer and minimise risks.
- **UNICEF** continues to contribute to the global evidence base on GBViE. In 2022, UNICEF undertook the baseline of the first ever effectiveness study of GBV risk mitigation (for this study the focus is nutrition) with endline results expected in 2023. It also completed an evidence review of the links between GBV and nutrition with overwhelming data showing direct and indirect links.
- Throughout 2022, **Canada** advocated for increased GBV risk mitigation through bilateral meetings with partners; at events; during board meetings; and during monitoring missions. We encourage our humanitarian partners to implement their Call to Action commitments, and we encourage humanitarian organizations, especially those that are locally-based and women's rights-focused, to consider becoming partners of the Call to Action.
- **Denmark** hosted with UN partners and NGOs an event during the high-level week of the 77th General Assembly, September, in New York. The thematic focus was Gender Based Violence and Food Insecurity. Speakers included high level representatives, including The

[15] in Uganda, Slovakia, Lebanon, and the Philippines

[16] *in Afghanistan, Ethiopia, Mozambique, and Ukraine and the Ukraine regional response.*

Danish Crown Princess, The Danish Minister for Development, the Nigerian minister for women affairs, UN Directors and NGO representatives.

- **Finland** systematically referred to the prevention and response to GBV in bilateral discussions with relevant stakeholders, notably the partners it funds. The accent was on women and girls with disabilities. Finland sought, together with other likeminded donors, to have adequate gender considerations included in EU discussions at different levels.
- At country level, **Ireland**'s Missions ensure that gender is one of the variables included within the vulnerability assessments and beneficiary selection to support IDPs and Refugees in various emergency contexts.
- To support the Centrality of Protection and that humanitarian actors – regardless of sector – contribute to reducing protection risks and achieve protection outcomes**, Sweden** is supporting integration of protection, including from GBV, in other sectors through the work. Results of analysis and best practice are shared with other actors through humanitarian coordination structures both at global and national level.
- In Syria, as co-chair of the Donor Working Group, the **UK** convened a group of seven donors to advocate for more effective action to prevent and mitigate GBV across the international humanitarian response. Joint donor recommendations to improve GBV prevention across all humanitarian sectors, to strengthen Syrian women's voice in humanitarian decision making and to ensure more robust gender analysis of humanitarian needs were endorsed by country-level UN leadership.



@Save the Children, South Sudan



@UNHCR, Bangladesh

Annex A: List of Call to Action partners in 2022

States and Donors (25)	Non-Governmental Organizations (58)	International Organizations (15)
- Australia	- ABAAD - Resource Center for Gender Equality	- Elrha/Humanitarian Innovation Fund
- Belgium	- ActionAid	- Food and Agriculture Organization of the United Nations (FAO)
- Bulgaria	- Action Against Hunger (AAH)	
- Canada	- African Indigenous Women Empowerment (AIWE)	- Gender-Based Violence Area of Responsibility (GBV AoR)
- Czech Republic	- Alight (formerly American Refugee Committee)	- International Federation of Red Cross and Red Crescent Societies (IFRC)
- Denmark	- Arab Women Organization of Jordan (AWO)	
- European Union	- Asamblea de Cooperación Por la Paz (ACCP)	- International Organization for Migration (IOM)
- Finland	- Cameroon Women's Peace Movement (CAWOPEM)	- United Nations Educational, Scientific and Cultural Organisation (UNESCO)
- France	- CARE International	
- Germany	- Christian Aid	- United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- Ireland	- Coalition for Humanity	
- Italy	- Danish Refugee Council (DRC)	- Organisation for Economic Cooperation and Development (OECD)
- Japan	- Democracy School Yemen	
- Latvia	- Dynamique des Femmes Juristes (DFJ)	- United Nations Children's Fund (UNICEF)
- Luxembourg	- Empowerment for Development	- United Nations Population Fund (UNFPA)
- Netherlands	- EngenderHealth	- United Nations Office of the High Commissioner for Refugees (UNHCR)
- Norway	- Genderforce	
- Peru	- Geneva Call	- United Nations Relief and Works Agency (UNRWA)
- Portugal	- Global Communities	- UN Women
- Slovenia	- Heartland Alliance International	- United Nations World Food Program (WFP)

- Spain - Sweden - Switzerland - United Kingdom - United States of America	- HelpAge - Himaya Daeem Aataa (HAD) - Hope Revival Organization (HRO) - Humanity and Inclusion - InterAction - International Center for Research on Women (ICRW) - International Council of Voluntary Agencies (ICVA) - International Medical Corps (IMC) - International Planned Parenthood Federation (IPPF) - International Rescue Committee (IRC) - Islamic Relief Worldwide (IRW) - Legal Action Worldwide (LAW) - Médecins du Monde (MdM) - MSI Reproductive Choices - NGO Working Group on Women, Peace and Security - Norwegian Refugee Council (NRC) - Norwegian Church Aid (NCA) - Oxfam - Plan International Incorporated - PAI - Première Urgence Internationale (PUI) - Refugees International (RI) - Relief Agency - Salient Humanitarian Organisation (SHO) - Save the Children	- United Nations World Health Organisation (WHO)

	- Struggle Against Poverty - Syria Relief & Development (SRD) - Tearfund - Trócaire - Women and Health Alliance (WAHA) International - War Child - WaterAid - Women Empowerment Organisation (WEO) - Women for Women International - Women's Refugee Commission (WRC) - Women's Rights and Health Projects Nigeria - World Vision International - Yemen Family Care Association (YFCA)	

Annex B: Progress on Indicators

Indicator		Targets/ Milestones	2021	2022
1A	Percentage of Call to Action partners that report having a current policy that guides their work on GBV in humanitarian contexts.	60% by 2021 80% by 2023 100% by 2025	73% (40/55)	79% (45/58)
1B	Percentage of Call to Action partners that report having a current policy that guides their work on gender equality in humanitarian contexts.	60% by 2021 80% by 2023 100% by 2025	80% (44/55)	86% (50/58)
1C	Percentage of Call to Action partners that report having a current policy that guides their work on PSEA in humanitarian contexts.	60% by 2021 80% by 2023 100% by 2025	85% (47/55)	88% (51/58)
2A	Percentage of countries with a Humanitarian Coordinator where leadership roles for national/subnational GBV coordination are co-led/led by a national actor.	40% by 2021 50% by 2023 60% by 2025	28% (8/28)[17] 16% (refugee or mixed coordination mechanisms)[19]	53% (15/28)[18] 63% (refugee or mixed coordination mechanisms) [20]

[17] The eight countries are: Afghanistan and Yemen (national) CAR, DRC, Iraq, Myanmar, Somalia, and South Sudan (sub-national).

[18] 28 IASC countries have responded to the GBV AoR Annual Survey as of 5 July 2023: Afghanistan, Burkina Faso, Burundi, Cameroon, Chad, Colombia, DRC, El Salvador, Ethiopia, Guatemala, Haiti, Honduras, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, oPT, Somalia, South Sudan, Sudan, Ukraine, Venezuela, Whole of Syria (GAZ), Whole of Syria (AMM), Whole of Syria (DAM), Yemen.

[19] Based on the results of a coordination survey conducted in 2021 (excluding operations in the Asia-Pacific region), there are 38 GBV coordination mechanisms (20 at national and 18 at sub-national level) in refugee and mixed settings. Of the 38, five are co-led by the government and one is co-led by a national NGO.

[20] In the following countries, national/subnational GBV refugee coordination is co-led by a national actor: Burkina Faso, Burundi, CAR, Colombia, Curacao, Egypt, Ethiopia, Honduras, India, Israel, Kenya, Lebanon, Liberia, Mauritania, Nigeria, Pakistan, Poland, Chad, Republic of Congo, Sudan, Turkie, Uganda – UNHCR Data Collection, July 2023

2B	Percentage of countries with a national-level GBV coordinator that report coordination with PSEA or gender coordination mechanisms.	60% by 2021 80% by 2023 100% by 2025	46% (15/32)[21]	64% (18[22]/28)[23] 100% (refugee coordination mechanisms)[24]
2C	Percentage of countries with a Humanitarian Coordinator with dedicated GBV coordinators.	40% by 2021 50% by 2023 60% by 2025	50% (14/28 countries)[25]	69% (22[26]/32 countries)[27]
3A	Number of Humanitarian Needs Overviews (HNOs) that include GBV risk analysis in at least 4 sectors.	Target 100%	8 HNOs	5[28]/21 HNOs[29]
3B	Number of HNOs that include sex- and age-disaggregated data for all sectors	Target 100%	18/20 HNOs[30]	21/21 HNOs[31]
4A	Amount (in USD) allocated by Call to Action partners to GBV in emergencies activities.	Annual increase	*Insufficient data available from partner reports*	*Available data from partner reports is insufficient to allow comparability.*
4B	Percentage of funds (in USD) allocated by Call to Action	Annual increase	*Insufficient data available from partner reports*	*Available data from partner reports is insufficient to allow comparability.*

[21] Coordination with PSEA mechanisms. Data not available on coordination with gender actors.

[22] Burundi, Burkina Faso, Cameroon, DRC, El Salvador, Ethiopia, Guatemala, Haiti, Libya, Mozambique, Nigeria, oPT, Somalia, South Sudan, Ukraine, WoS Turkey, WoS Damascus, Yemen.

[23] GBV AoR Data Collection, July 2023

[24] UNHCR Data Collection, July 2023

[25] The 14 countries are Afghanistan, Burkina Faso, Burundi, Central African Republic, Ethiopia, Honduras, Iraq, Libya, Myanmar, oPt, South Sudan, Sudan, Venezuela, and Yemen.

[26] The 22 countries are Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, El Salvador, Ethiopia, Honduras, Iraq, Libya, Mozambique, Myanmar, Nigeria, Palestine, Somalia, South Sudan, Sudan, Turkey, Venezuela and Yemen

[27] UNFPA Annual Self-Report 2022

[28] CAR, Somalia, South Sudan, Syria, Ukraine

[29] GBV AoR HPC Analysis, June 2023

[30] HNOs prepared in 2021 for 2022 were reviewed for indicator 3B. HNOs were deemed to meet the indicator if all sectors (excluding logistics, telecommunications, and coordination services) included at least "male/female" and "adult/child" information on people in need. The 20 HNOs reviewed were: Afghanistan, Burkina Faso, Burundi, Cameroon, CAR, Chad, Colombia, Democratic Republic of Congo, Haiti, Iraq, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, Ukraine, and Yemen. Only Colombia and Somalia did not meet the criteria for indicator 3B.

[31] OCHA Data Collection, August 2023

	partners to GBV in emergencies activities by local actors.			
4C	Percentage of country-based pooled funds that integrate GBV into strategies, selection criteria, and funding decisions.	100% by 2025	85% (17/20)	100% (18[32]/18)[33]
5A	Number of Call to Action partners that report applying the Inter-Agency Minimum Standards in their humanitarian GBV prevention and response work[34]	60% by 2021 70% by 2022 80% by 2023 90% by 2024 100% by 2025	36 (65%)	42 (72%)
5B	Number of Call to Action partners that report implementing specialized GBV services in humanitarian contexts.	Sustained/increased numbers in self-reported implementation of specialized GBV services in line with the Minimum Standards annually[35]	31	34
6A	Percentage of total cluster/sector plans in humanitarian plans that	Annual increase	60%[36]	72%[37] HRPs published

[32] Note that only 10 of 18 (56%) (R)CBPFs Humanitarian Coordinator's Vision Papers include as a priority area to champion addressing gender equality and respond to gender-based violence (this represents 56 per cent of the CBPFs): Burkina Faso (RHFWCA), DRC, Ethiopia, Lebanon, Niger (RHFWCA), oPt, Syria, Syria Cross Border, Ukraine, Venezuela. The Vision Papers are developed by each HFU to better articulate the strategic positioning of each CBPF within its operating environment, outlining for each Fund the HC's vision for its distinctive added value and how it will make a difference and shape the humanitarian response in the local context.

[33] OCHA Data Collection, August 2023

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

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

[36] 103 out of 171 cluster/sector plans include GBV risk mitigation. Cluster/Sector plans prepared in 2021 for 2022 were reviewed for indicator 6A, excluding logistics, telecommunications, and coordination services. The plans reviewed (in English only) were for the following 20 countries: Afghanistan, Cameroon, El Salvador, Ethiopia, Guatemala, Honduras, Iraq, Lebanon, Libya, Mali, Mozambique, Myanmar, Nigeria, Palestine, Somalia, South Sudan, Sudan, Ukraine, Venezuela, and Yemen.

[37] Among 25 HRPs published, GBV is mentioned either directly (6) or indirectly (12) in the overall strategic objectives. Directly: CAR, Chad, Honduras, Mali, Nigeria, Venezuela; Indirectly: Burundi, Cameroon, Colombia, El Salvador, Haiti, Mozambique, Myanmar, Niger, oPT, Sudan, Ukraine, Yemen. GBV AoR Data Collection, July 2023

	include GBV risk mitigation within the cluster/sector-specific objectives.			43%[38] Refugee response plans
6B	Number of Call to Action partners that report integrating GBV risk mitigation in their humanitarian work.	Annual increase 100% by 2025	40 (72%)	47 (81%)

[38] UNHCR Check-List, July 2023

Annex C: Tools, Resources, and Reports Published in 2022

Partner	Publication	Link
ABAAD	ABAAD (2022). Norms and reform: Social, economic, and public health drivers of GBV among Syrian refugees Lebanon, Syria, Jordan, and Iraq 2022	https://www.abaadmena.org/resources/norms-and-reform-social-economic-and-public-health-drivers-of-gbv-among-syrian-refugees-lebanon-syria-jordan-and-iraq/
	ABAAD (2022). The Sorrow remains inside	https://www.abaadmena.org/wp-content/uploads/documents/ebook.1644245824.pdf?x97430
	ABAAD (2022). The status of women with disabilities in Lebanon.	https://www.abaadmena.org/wp-content/uploads/2022/11/ebook.1658233221.pdf?x97430
	ABAAD (2002). Strengthening Socio-Economic Services in Emergency Shelter Program in Lebanon	https://www.abaadmena.org/wp-content/uploads/documents/ebook.1643208131.pdf?x97430

Actionaid	Actionaid (2022). Leading the Way: The Nexus through a Feminist Lens.	https://www.actionaid.org.uk/publications/leading-way-nexus-through-feminist-lens
Asamblea de Cooperación por la Paz	Asamblea de Cooperación por la Paz (n.d.). #PalestinaEs.	https://www.acpp.com/palestinaes/
	ACCP/ORMUSA (2022). Implementación de resoluciones Mujeres, Paz y Seguridad e impacto de políticas de seguridad para las mujeres en El Salvador.	https://ormusa.org/implementacion-de-resoluciones-mujeres-paz-y-seguridad-e-impacto-de-politicas-de-seguridad-para-las-mujeres-en-el-salvador/
Care	Care (2022). Gender-Based Violence in Emergencies Guidance Note	https://www.care.org/news-and-stories/resources/addressing-gender-based-violence-in-emergencies/
	Care (2022). Women Lead in Emergencies – Global Learning Evaluation Report	https://www.careevaluations.org/evaluation/women-lead-in-emergencies-global-learning-evaluation-report/
	Care (2022). Sacrificing the Future to Survive the Present: Findings from North East Syria – Rapid Gender Analysis	https://careevaluations.org/evaluation/sacrificing-the-future-to-

		survive-the-present-north-east-syria-rga/
	Care (2022). Rapid Gender Assessment of Ukraine - Brief	https://careevaluations.org/evaluation/ukraine-rapid-gender-analysis-primary-data-may-2022/
Danish Refugee Council	Danish Refugee Council (2023). A Way Forward Landscaping report based on integrated gender-based violence and economic recovery programme	https://pro.drc.ngo/resources/documents/a-way-forward/
Empowerment for Development	GIZ (n.d.). Combatting Human Trafficking in the Horn of Africa.	https://www.we-do-change.org/the-change/combatting-human-trafficking
Engender Health	Engender Health (2022). Accountability to Affected Populations (AAP) Framework.	https://www.engenderhealth.org/wp-content/uploads/2022/07/Accountability-to-Affected-Populations-Framework.pdf
	Engender Health (2022). Organizational Preparedness Framework: For Protection in Humanitarian and Fragile Settings.	https://www.engenderhealth.org/wp-content/uploads/2022/08/EngenderHealth-Organizational-Preparedness-Framework-External.pdf

InterAction	InterAction (2021). Gender-Based Violence Prevention: A Results-Based Evaluation Framework.	https://protection.interaction.org/focus-areas/gbvpef/
	InterAction (2023). Core Standards for Survivor-Centered Support of Sexual Exploitation, Abuse, and Harassment.	https://www.interaction.org/blog/core-standards-for-survivor-centered-support-of-sexual-exploitation-abuse-and-harassment/
International Planned Parenthood Federation	IPPF (2022). Sexual and Gender-based Violence (SGBV) Communications: Guidance for IPPF Member Associations	https://www.ippf.org/resource/sexual-and-gender-based-violence-communications-guidance
International Rescue Committee	Falb KL, Blackwell A, Hategekimana JD, Sifat M, Roth D, O'Connor M. (2022). Co-Occurring Intimate Partner Violence and Child Abuse in Eastern Democratic Republic of Congo: The Influence of Early Life Experiences of Abuse.	https://pubmed.ncbi.nlm.nih.gov/36579814/
	International Rescue Committee (2022). Child and Adolescent Survivor Initiative (CASI) Learning Space on Kaya.	https://kayaconnect.org/course/info.php?id=4058
	International Rescue Committee (2022). Lessons Learned – What lessons can be learned from previous experience hosting large numbers of refugees arriving in Europe, for the response to the Ukraine?	https://gbvresponders.org/wpcontent/uploads/2022/11/IRC_2022_Lessons-Learned_Ukraine-humanitarian-response.pdf
	International Rescue Committee (2023). Why Wait – How the Humanitarian System Can Better Fund Women-Led and Women's Rights Organisations.	https://www.rescue.org/eu/report/why-wait-how-humanitarian-

		system-can-better-fund-women-led-and-womens-rights-organisations
	International Rescue Committee (2022/2023). Women's Protection and Empowerment Podcast Series.	https://soundcloud.com/user-425988972
	International Rescue Committee (2022). GBV Minimum Standards Mobile App.	https://apps.apple.com/us/app/gbv-minimum-standards/id1635491264
Islamic Relief Worldwide	Islamic Relief (2023). Policy and publications.	https://islamic-relief.org/about-us/policy-and-publications/
Norwegian Church Aid	Norwegian Church Aid (n.d.) ENGAGE – Enhancing Girl's Agency and Gender Equality.	https://www.kirkensnodhjelp.no/en/engage/
NRC	NRC (2022). A more generous embrace: Why addressing the needs of adolescent boys and men is essential to an effective humanitarian response in Cameroon's North West and South West.	https://www.nrc.no/globalassets/_reports/a-more-generous-embrace/a-more-generous-embrace.pdf
Oxfam International	Oxfam International (2023). Speaking Up: The role of women in building peace in Yemen	https://policy-practice.oxfam.org/resources/speaking-up-the-role-of-women-in-building-peace-in-yemen-621481/

	Oxfam International (2022). Dismantling patriarchy and structural oppression in war and conflict: Gender-based violence in Iraq, Occupied Palestinian territory and Yemen	Internal Document, no link available
	Oxfam International (2022). The Assault of Austerity: How prevailing economic policy choices are a form of gender-based violence	https://policy-practice.oxfam.org/resources/the-assault-of-austerity-how-prevailing-economic-policy-choices-are-a-form-of-g-621448/
	Oxfam International (2022). The Tyranny of Dress Codes: Women's narratives of violence and resistance in the Middle East and North Africa.	https://www.oxfam.org/en/research/tyranny-dress-codes-report
Plan International	Plan International (2022). Beyond Hunger: The Gendered Impact of the Global Hunger Crisis.	https://plan-international.org/publications/adolescent-programme-design-consultations/
	Plan International (2022). Adolescent Programme Design Consultations.	https://plan-international.org/publications/adolescent-programme-design-consultations/
	Plan International (2022). Gender Transformative Change in Emergencies: Frequently Asked Questions.	https://plan-international.org/publications/faqs-gender-transformative-change-emergencies/

	Plan International (2023). Adolescent girls in crisis: Experiences of migration in Central America and Mexico.	https://plan-international.org/publications/adolescent-girls-in-crisis-migration/
	Plan International (2022). Our Voices Our Future: Understanding child marriage in food-insecure communities in Chiredzi District, Zimbabwe.	https://plan-international.org/publications/our-voices-our-future-zimbabwe/
	Plan International (2022). Child Protection and Food Security: An Evidence Review of Linkages in Humanitarian Settings.	https://plan-international.org/publications/child-protection-food-security-review/
Premiere Urgence	Premiere Urgence (2022). 16 Days of Activism campaign against GBV in Mali.	https://twitter.com/premiereurgence/status/1481211882002423816
	Premiere Urgence (2022). GBV awareness day in Fada.	https://twitter.com/premiereurgence/status/1494326391843672066
	Premiere Urgence (2022). Actualités.	https://www.premiere-urgence.org/actualites/
	Première Urgence (2022). In Lebanon, giving birth safely thanks to financial aid for childbirth	https://www.premiere-urgence.org/au-liban-a-aide-financiere-a-accouchements/

	Première Urgence (2022). Première Urgence Internationale strongly condemns the decision to ban women from working for NGOs in Afghanistan.	https://www.premiere-urgence.org/au-liban-a-aide-financiere-a-accouchements/
Save the Children	Save the Children (2023). Girls Decide Part 3 – The Curriculum.	https://resourcecentre.savethechildren.net/pdf/Girls-Decide-Part-3-The-Curriculum_Final.pdf/
SRD	SRD (2023). SRD Earthquake Response.	https://issuu.com/syriarandd/docs/earthquake_report_english_r1
Trócaire	Trócaire (2021). Interventions to Support Protection, Resilience and Empowerment with Women and Girls (INSPiRE)	https://www.trocaire.org/documents/interventions-to-support-protection-resilience-and-empowerment-with-women-and-girls-inspire/
Women Empowerment Organization	WEO (2023). Monitoring report for the implementation of women-related strategies in Iraq and Kurdistan region.	https://weo-production.ewr1.vultrobjects.com/publications/attachments/2023-03-14/6410591fcf438.pdf
	WEO (2022). Integrating cash assistance into gender based violence case management to support survivors in Ninewa, Iraq.	https://weo-production.ewr1.vultrobjects.com/publications/attachments/2022-09-29/6335509d8b0a8.pdf

	WEO (2022). Advocacy strategy to support the implementation of the Iraqi second national action plan for the UN security council resolution 1325.	https://weo-production.ewr1.vultrobjects.com/publications/attachments/2022-04-24/62652e363583f.pdf
	WEO (2022). A rapid assessment of GBV among internally displaced, refugee and women in the host community during the COVID-19 pandemic	https://www.efi-ife.org/en/pdf-detail/94867-rapid-assessment-report-on-gender-based-violence-during-covid-19/627797863c004.pdf
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Women's Refugee Commission	WRC, Mercy Corps, and Washington University in St. Louis (2022). "We Don't Walk in Separate Lines Anymore, We Walk Together": Engaging Families to Build the Protective Assets of Adolescent Girls in Humanitarian Settings.	https://www.womensrefugeecommission.org/research-resources/we-dont-walk-in-separate-lines-anymore-we-walk-together-engaging-families-to-build-the-protective-assets-of-adolescent-girls-in-humanitarian-settings/

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	WRC, DRC (September 2022). A Way Forward: Landscaping Report on Integrated Gender-Based Violence and Economic Recovery Programming	https://www.womensrefugeecommission.org/wp-content/uploads/2022/09/Integrated-GBV-Economic-Recovery-Landscaping-Report.pdf
	WRC (September 2022). A feminist vision for ending child marriage in Eastern Africa (Road Map 2023-2027)	https://www.womensrefugeecommission.org/wp-content/uploads/2023/03/A-Feminist-Vision-for-Ending-Child-Marriage-in-Eastern-Africa.pdf
	WRC and Mercy Corps (2022). Sibling Support to Adolescent Girls in Emergencies	https://www.mercycorps.org/research-resources/sibling-support-adolescent-girls-emergencies
	WRC and Danish Refugee Council (2022). A Way Forward: Landscaping Report on Integrated Gender-Based Violence and Economic Recovery Programming	http://www.womensrefugeecommission.org/research-resources/a-way-forward-landscaping-report-on-integrated-gender-based-violence-and-economic-recovery-programming/

	WRC, GROOTS Kenya, Global Refugee Youth Network et al. (2023). Creating a Gender-Equitable and Inclusive Response to Gender-Based Violence in Kenya	https://www.womensrefugeecommission.org/research-resources/creating-a-gender-equitable-and-inclusive-response-to-gender-based-violence-in-kenya/
	WRC Resource hub (2022). Evidence on the Use of Cash and Voucher Assistance to Prevent and Respond to Gender-Based Violence in Humanitarian Settings	https://www.womensrefugeecommission.org/research-resources/evidence-on-the-use-of-cash-and-voucher-assistance-to-prevent-and-respond-to-gender-based-violence-in-humanitarian-settings/
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	WRC, CARE and CORPRODINCO (2022). We Have a Way to Start Out on Our Own: The Effectiveness of Cash Assistance Integrated into Gender-Based Violence Case Management for Forced Migrants, Refugees, and Host Nationals in Norte de Santander, Colombia: A Quasi-Experimental Mixed-Methods Evaluation	https://www.womensrefugeecommission.org/wp-content/uploads/2022/06/Effectiveness-Cash-Assistance-Integrated-

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	WRC, CARE and Syria Relief and Development (2022). “No one has power over me.” The Impact of Integrating Cash Assistance into Gender-Based Violence Response in Northwest Syria: A Mixed-Methods Evaluation over Nine Months	https://www.womensrefugeecommission.org/wp-content/uploads/2022/06/Impact-Integrating-Cash-Assistance-Gender-Based-Violence-Response-NW-Syria-English-Final-Report.pdf
	WRC, CARE, CEPAM et al. (2022). Integrating Cash Assistance into Gender-Based Violence Case Management: Learnings from Colombia, Ecuador, and Northwest Syria (Snapshot)	https://www.womensrefugeecommission.org/wp-content/uploads/2022/06/Cash-Voucher-Gender-Based-Violence-Colombia-Ecuador-Syria-Snapshot.pdf
	WRC, CARE and CORPRODINCO (2022). An Operational Learning Brief on Integrating Cash Assistance into Gender-Based Violence Programming in Ocaña, Colombia	https://www.womensrefugeecommission.org/wp-content/uploads/2022/06/Learning-Brief-Cash-Colombia-English.pdf
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	WRC, CashCap and UNFPA (2022). A Roadmap for Collective Action to Enhance the Integration of Cash and Voucher Assistance within Gender-Based Violence Programming in Northwest Syria	https://www.womensrefugeecommission.org/wp-content/uploads/2018/02/Cash-Gender-Based-Violence-Case-Study-Northwest-Syria.pdf
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	WRC and Plan International (2022). Our Voices, Our Future: Understanding Risks and Adaptive Capacities to Prevent and Respond to Child Marriage in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)	https://www.womensrefugeecommission.org/research-resources/our-voices-our-future-understanding-risks-and-adaptive-capacities-to-prevent-and-respond-to-child-marriage-in-the-

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	WRC, Familiy Planninh Association of Nepal, the napal Disabled Women Association et al. (2022). Inclusive Community Preparedness for Sexual and Reproductive Health and Rights in Nepal	https://www.womensrefugeecommission.org/research-resources/inclusive-community-preparedness-for-sexual-and-reproductive-health-in-nepal/
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	WRC (2022). Ukraine Policy Brief	https://www.womensrefugeecommission.org/research-resources/ukraine-policy-brief/
IFRC	PGI Training Resources	https://pgi.ifrc.org/news/pgi-training-resources
	Working with Women and Girls to centre gender equality in climate resilience	https://pgi.ifrc.org/sites/default/files/media/document/2022-03/csw66-joint-advocacy-brief-esar-march-2022_0_0.pdf
UN OCHA	OCHA (2021). Policy Instruction on Gender Equality 2021-2025.	https://www.unocha.org/sites/unocha/files/OCHA_Policy_Instruction_on_Gender_Equality_updated%292021-FINAL_Signed.pdf
	IASC (2023). Gender Accountability Framework Report 2021.	https://interagencystandingcommittee.org/system/files/2023-03/IASC%20Gender%20Accountab

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UNHCR	UNHCR (2022). Gender-Based Violence Prevention, Risk Mitigation And Response In Europe: Promising Practices And Recommendations For The Way Forward.	https://data.unhcr.org/en/documents/details/90962
	UNHCR (2022). Background Note on Gender Equality, Nationality Laws and Statelessness 2022.	https://www.refworld.org/docid/6221ec1a4.html
	UNHCR (2022). Covid-19 and climate crisis worsen inequalities for displaced women and girls.	https://www.unhcr.org/news/news-releases/covid-19-and-climate-crisis-worsen-inequalities-displaced-women-and-girls
	UNHCR (2022). Strengthening Mental Health and Psychosocial Support in UNHCR -Achievements in 2021 and priorities for 2022 and beyond.	https://www.unhcr.org/media/40184
	UNHCR (2022). UNHCR Global Report 2021.	https://reporting.unhcr.org/globalreport2021#_ga=2.46555744.65043

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	UNHCR (2022). UNHCR Age, Gender and Diversity Accountability Report (2021): Advancing Participation and Inclusion.	https://www.unhcr.org/age-gender-diversity/reporting-on-agd/
	Global Compact on Refugees (2022). Helping people is temporary; empowering people is permanent.	https://globalcompactrefugees.org/news-stories/helping-people-temporary-empowering-people-permanent
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	UNHCR (2022). UNHCR Most Underfunded Situations in 2022.	https://reporting.unhcr.org/underfunded-report-2022
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	UNHCR (2022). Our right to safety: Placing forcibly displaced women at the center of searching solutions to address gender-based violence.	https://segurasenmovilidad.org/documentos/
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	UNHCR (2022). Gender, Displacement and Climate Change.	https://www.unhcr.org/media/40595
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UNFPA	UNFPA (2023). Guidance on the Safe and Ethical Use of Technology to Address Gender-based Violence and Harmful Practices: Implementation Summary	UNFPA (2023). Guidance on the Safe and Ethical Use of Technology to Address Gender-based Violence and Harmful Practices: Implementation Summary
	UNFPA (2022). Using the GBViE Minimum Standards and the Essential Services Package Across Contexts	https://www.unfpa.org/publications/addressing-gender-based-violence-across-contexts-gender-based-violence-interagency

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