

## **Internal Memo for Call to Action Partners on Partner Progress Reporting 2021**

### **Summary for Annual Meeting**

#### **Internal document for Call to Action members- do not circulate**

*June 1, 2022*

This internal memo for Call to Action members was prepared by the Women's Refugee Commission based on the 2021 partner progress reports received by May 4, 2022. It is a precursor and complementary to the public-facing and advocacy oriented 2021 progress report, which is being drafted and which will feature examples of partner progress and achievements. The purpose of this memo is to capture key issues arising from the preliminary analysis of submitted partner reports, with the aim of informing partners' internal deliberations on their work in 2022 and beyond, including discussions at the Call to Action Annual Meeting in June 2022.

#### **Partner Reporting**

Accountability is a cornerstone of the Call to Action. The timely submission of annual reports by partners is critical to assessing progress and identifying areas for action. The narrative information below is based on 50 partner reports, which represent 52% of partners. While this is in line with the 2020 reporting period<sup>1</sup>, it does not fully represent partner achievements or challenges in 2021 and this should be considered when drawing conclusions from the analysis.

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#### **2021 Reporting by Stakeholder Group**

**NGOs: 29/56 (52%)   States & Donors: 13/26 (54%)   IOs: 8/15 (53%)**

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<sup>1</sup>2017 reporting period: 69% of partners submitted reports (47 partners).  
2018 reporting period: 56% of partners (48 in total) submitted reports.  
2019 reporting period: 56% of partners (48 in total) submitted reports.  
2020 reporting period 52% (46 in total) submitted reports.

## Summary of progress

The 2021 partner reports demonstrated progress made on members' commitments towards implementation of the 2021-2025 Call to Action Roadmap. The majority of reports submitted focused on achievements in key action areas (KAA) related to the development of policies (KAA 1-1); the integration of GBV and gender equality considerations into system-wide and institutional standards, guidelines, tools, and processes (KAA 1-3, 3-1, 6-1); and supporting the work and leadership of local organizations (KAA 1-4, 2-5). Partners also reported progress on the prioritization of funding for GBV work (KAA 4-1), including the allocation of funding to local organizations (KAA 4-3); the implementation of specialized GBV services (KAA 5-1); and the allocation and development of resources for risk mitigation (KAA 6-6).

However, partner reports provided less or no information for most KAAs focused on the allocation of human and financial resources (KAA 1-5, 2-6, 3-4, 5-6) and on those related to advocacy (KAA 2-7, 3-5, 4-4, 6-7). Other areas against which there was less to no information provided include coordination on risk mitigation (KAA 2-3); funding for nexus programming (KAA 4-5); consultation (KAA 5-2, 6-4); accountability for GBV programming (KAA 5-4); national and local systems strengthening (KAA 5-8); and gender equality work (KAA 6-3).

## Indicators – 2021-2025 Road Map monitoring framework (see Road Map Annex B)

The indicator calculations below are based on 49/50 reporting partners who provided this information.<sup>2</sup> These are only half of the Call to Action membership, and interpretation of the data should consider this limitation.

**Indicator 1A:** Percentage of Call to Action partners that report having a current policy that guides their work on GBV in humanitarian contexts. (35/49) **71%**

**Indicator 1B:** Percentage of Call to Action partners that report having a current policy that guides their work on gender equality in humanitarian contexts. (40/49) **82%**

**Indicator 1C:** Percentage of Call to Action partners that report having a current policy that guides their work on PSEA in humanitarian contexts. (42/49) **86%**

**Indicator 2A:** Percentage of countries with a Humanitarian Coordinator where leadership roles for national/subnational GBV coordination are co-led/led by a national actor.- [To be provided by GBV AoR and UNHCR](#)

**Indicator 2B:** Percentage of countries with a national-level GBV coordinator that report coordination with PSEA or gender coordination mechanisms.- [To be provided by GBV AoR and UNHCR](#)

**Indicator 2C:** Percentage of countries with a Humanitarian Coordinator with dedicated GBV coordinators. .- [To be provided by GBV AoR](#)

**Indicator 3A:** Number of Humanitarian Needs Overviews (HNOs) that include GBV risk analysis in at least 4 sectors.- [To be provided by Call to Action Lead & GBV AoR](#)

**Indicator 3B:** Number of HNOs that include sex-and age-disaggregated data for all sectors.- [To be provided by Call to Action lead & OCHA](#)

**Indicator 4A:** Amount (in USD) allocated by Call to Action partners to GBV in emergencies activities. [Insufficient data available from partner reports](#)

**Indicator 4B:** Percentage of funds (in USD) allocated by Call to Action partners to GBV in emergencies activities by local actors.- [Insufficient data available from partner reports](#)

**Indicator 4C:** Percentage of country-based pooled funds that integrate GBV into strategies, selection criteria, and funding decisions.- [To be provided by OCHA](#)

**Indicator 5A:** Number of Call to Action partners that report applying the Inter-Agency Minimum Standards in their humanitarian GBV prevention and response work. **31**

**Indicator 5B:** Number of Call to Action partners that report implementing specialized GBV services in humanitarian contexts. **29**

**Indicator 6A:** Percentage of total cluster/sector plans in humanitarian plans that include GBV risk mitigation within the cluster/sector-specific objectives.- [To be provided by Cluster Lead Agencies and GBV Guidelines Reference Group](#)

**Indicator 6B:** Number of Call to Action partners that report integrating GBV risk mitigation in their humanitarian work. **35**

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<sup>2</sup> One of the reporting partners did not include data for the monitoring in their report



## Lessons learned and key issues raised by partners

### COVID-19

COVID-19 continued to present significant challenges in 2021 in terms of access to affected people; reduced resources for GBV due to the heightened focus on COVID-19-related needs; increased rates of GBV and overall levels of need; and operational impacts on training, collaboration, and programming. Some partners noted that COVID-19 overwhelmed local offices and staff, and also had an impact on staff morale, leading to GBV being deprioritized. Given the likely lingering effects due to ongoing outbreaks and the impact on staff, organizations, economies and systems, partner reports underscored that it is important to consider how we need to continue to adapt to meet these challenges.

### Increased need

Partners noted the increased humanitarian needs due to exacerbation of ongoing crises, climate change, COVID-19, and the emergence of new crises in 2021. These greater needs placed increased pressure on already limited human and financial resources.

### Barriers to working on GBViE

GBV services are not sufficiently available, and access is a challenge for all, including women and girls. In the planning and design of services, those working in humanitarian settings need to improve access for women and girls and pay particular attention to people who may have other access challenges due to cultural barriers, including adolescent girls, men and boys, women and girls with disabilities, and people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

Partners identified that the environments in which they work are not always welcoming of work on GBV and gender equality. These include a lack of enabling policy and legal frameworks, a lack of security, social norms that accept/normalize GBV, and political and cultural opposition to this work at national and local levels. Those experiencing violence may also be reluctant to report due to stigma, discrimination, and fear, and may not therefore seek services. The lack of reporting can also skew data on prevalence and affect the availability of appropriate services.

### Localization

The Call to Action initiative has renewed its focus on supporting local women-led organizations in the 2021-2025 Road Map. Partners noted that significant challenges remain to actualizing this commitment. These include factors noted above relating to barriers to women's

participation in the design and implementation of humanitarian services, a lack of resources, and policy and programming environments that do not prioritize GBV or support for local organizations. These barriers need to be identified and addressed to achieve the Call to Action goal and objectives.

#### Moving from policy, data and rhetoric to action

Partners noted significant achievements in policy and integration of GBV into tools and guidance but observed that this progress has not yet fully translated into action in crisis affected areas or through the appropriate allocation of resources. Reports suggest that there is a need to integrate GBV and gender equality into work in humanitarian contexts from headquarters to local levels and in preparedness and response.

#### Resources

The lack of funding and shortage of human resources is a persistent issue that affects work on GBV - it is noted every year as a key challenge in partner reports. Partners emphasized that this affects all aspects of work on GBV in emergencies, including prevention, risk mitigation, and response.

#### Tracking funding

Most internal donor, organizational, and inter-agency systems do not enable the tracing of funds used for GBV in emergencies work and allocations for GBViE work to local organizations. This is also a persistent issue noted by Call to Action partners, which impacts the ability to analyze progress towards the goal of increasing dedicated funding for GBV in emergencies response and supporting local actors in leading and undertaking this work.<sup>3</sup>

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<sup>3</sup> It should be acknowledged that in 2022, efforts are being made to address this persistent challenge through the Call to Action cross-stakeholder working group on financing.