Women's Refugee Commission
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The Call to Action on Protection from Gender-based Violence in Emergencies:

FIELD-LEVEL IMPLEMENTATION URGENTLY REQUIRED

DECEMBER 2016

Executive Summary

The *Call to Action on Protection from Gender-based Violence in Emergencies*, a multi-stakeholder initiative launched in 2013 by the governments of the United Kingdom and Sweden, aims to fundamentally transform the way gender-based violence (GBV) is addressed in emergencies, so that every humanitarian response provides safe and comprehensive services for those affected by GBV and mitigates GBV risk from the earliest phases of a crisis.

In 2015, Call to Action partners launched a Road Map that outlines concrete steps all humanitarian stakeholders can take over the next five years to support needed changes in humanitarian policies, systems, and mechanisms. By coordinating action and working together under the Call to Action, all stakeholders can support effective action to address GBV and improve protection for the people we serve.

In 2016, the Women's Refugee Commission (WRC) undertook three field assessment missions to test the soundness and initial impact of the Call to Action Road Map. WRC investigated the degree to which the Road Map's priority actions are being implemented in humanitarian efforts to prevent and respond to GBV. The analysis from these assessments, presented in this report, reflect the relevance and utility of the Road Map, offering practical guidance for the next steps for the Call to Action.

One year into the implementation, progress on the Road Map is uneven and varied across all three contexts assessed. It will take a sustained, multi-year commitment to collective action to begin to see the gains envisioned by the Road Map. But in the locations where the key action areas of the Road Map have been implemented, the humanitarian response to GBV is stronger. The Road Map is a useful tool to guide humanitarian action.

An essential next step is to launch the Call to Action at the field level. The initiative was largely created at the global level. Field staff are generally unfamiliar with the Road Map and the framework that it offers to guide their sectors of work. When presented with the Road Map, field staff expressed genuine interest to engage with the Call to Action. Some, after reviewing the Road Map, immediately saw avenues to use it to support their efforts to prevent and respond to GBV.

The field assessments have reaffirmed the value of the Call to Action and its Road Map framework as a tool to achieve the change we wish to see in humanitarian response. Now is an opportune moment to robustly roll out the Road Map at the regional and national levels, sharing its ambitious objectives with current and new partners. It is only through the meaningful engagement of humanitarian actors at both the headquarters and field levels that we will achieve our goal to drive change, and foster accountability within the humanitarian sphere on gender equality and GBV.

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Recommendations

For all Call to Action partners:

- Raise awareness of the Call to Action throughout your organization in headquarters, regional, national, and field offices, ensuring that all staff are familiar with the Road Map.
- Ensure field staff are aware of your organizational commitments towards the Call to Action and are engaged in implementation and annual reporting efforts.
- Advocate for reference to the Call to Action in national and regional Strategic Response Plans as justification for prioritizing gender equality, and GBV prevention and response.
- Coordinate with other partners to organize implementation of the Road Map at national levels. This should include: utilizing the Road Map framework to drive national programming, coordination, and advocacy; implementing the six outcomes and key action areas; and encouraging new partners to join the initiative.

For the non-governmental organizations (NGO) Stakeholder Working Group:

- Consider strategies and platforms to encourage Southern NGOs' meaningful participation in working group calls and other Call to Action meetings.

For the international organizations (IO) Stakeholder Working Group:

- Conduct trainings for GenCap Advisors, Regional Emergency Gender-based Violence Advisors (REGA), and other emergency responders on the Call to Action and the Road Map, encouraging them to raise awareness of the initiative, utilize the Road Map framework, and seek out new partners.

For the States Stakeholder Working Group:

- Reference the Call to Action and commitments towards the Road Map in new calls for proposals related to gender equality and GBV prevention and response to demonstrate system coherence.

For Call to Action leadership:

- Increase visibility of the Call to Action and the Road Map, utilizing existing humanitarian meetings and mechanisms, including Inter-Agency Standing Committee (IASC) processes, follow up on the World Humanitarian Summit, the development of the Global Compacts on Refugees and Migrants, the Women, Peace, and Security agenda, the Commission on the Status of Women, and other key opportunities.
- Pilot test rolling out the Call to Action Road Map in a select number of countries to inform best practices for future roll outs in humanitarian crises around the globe.
- Develop a website to raise profile of the Call to Action to serve as the repository for relevant documents and host web-based training sessions.

Introduction

The *Call to Action on Protection from Gender-based Violence in Emergencies* aims to fundamentally transform the way gender-based violence (GBV) is addressed in emergencies so that every humanitarian response provides safe and comprehensive services for those affected by GBV and mitigates GBV risk from the earliest phases of a crisis.

The multi-stakeholder Call to Action initiative was launched in 2013 by the governments of the United Kingdom and Sweden. The United States assumed leadership in 2014 and during its tenure, supported the development of a five-year Call to Action Road Map.[1] The process of developing the Road Map was facilitated by the Women's Refugee Commission (WRC). Sweden is the current lead of the Call to Action initiative and there are more than sixty partners, including States, international organizations (IOs) and non-governmental organizations (NGOs).

The Call to Action Road Map outlines concrete steps all humanitarian stakeholders can take over the next five years to support needed changes in humanitarian policies, systems, and mechanisms. By coordinating action and working together under the Call to Action, all stakeholders can support effective action to address GBV and improve protection for the people we serve.

In July and August 2016, WRC undertook three assessment missions to test the soundness and initial impact of the Call to Action Road Map. We investigated the degree to which the Road Map's priority actions are being implemented in humanitarian efforts to prevent and respond to GBV. In the process, WRC also raised awareness of the Call to Action at the field level and found new partners to join the initiative. The analysis from these assessments, presented in this report and reflected in the recommendations, reflect the relevance and utility of the Road Map, offering practical guidance for the next steps for the Call to Action.

Methodology

As part of a collaboration with the U.S. State Department's Bureau for Population, Refugees, and Migration (PRM), WRC led three field assessment missions in 2016, one year into the implementation of the Call to Action Road Map. The key objectives of these missions included to:

1. conduct assessments of the humanitarian responses to understand whether the Road Map priority actions have been implemented;
2. analyze the reasons behind successes or failures across the humanitarian responses in achieving the priority actions;
3. provide concise and practical recommendations to inform and strengthen humanitarian outcomes; and,
4. share findings and critical information with Call to Action partners and other key stakeholders at the global and field levels.

Partners to the Call to Action participated in all aspects of the assessments, including the selection of countries assessed, methodology development, and in-country support during the assessments.

WRC sought to include a diverse set of humanitarian crises in this assessment to monitor the Call to Action's implementation across a variety of settings. To this end, WRC chose to assess one protracted crisis, one new emergency, and one natural disaster. To create a short list of potential countries, WRC met with and received recommendations from Call to Action partners. In narrowing down this list, WRC considered the willingness and availability of Call to Action partners in the field to support the assessment missions, as well as other GBV-focused field interventions and assessments taking place during the same time frame, including the Real Time Accountability Partnership on GBV in Emergencies (RTAP). From there, WRC selected countries not already included in other assessment efforts to limit the burden on local GBV coordinators. The Syrian refugee response in Lebanon was selected as the protracted crisis, Tanzania's response to Burundian refugees as a new emergency, and Ethiopia's response to the slow-onset drought conditions as the natural

[1] *Download the Call to Action Road Map at: https://www.womensrefugeecommission.org/gbv/resources/1240-call-to-action*

disaster context.

Once the country selection was completed, WRC began outreach efforts to Call to Action partners at the headquarters level to connect with their field-based colleagues and coordinate the field missions. WRC benefitted from the logistical support of several key Call to Action partners in the administrative preparations for the missions, as well as on-the-ground provision of transportation, security, and accommodation.

The missions were conducted in each country for approximately one week each as a series of individual interviews with current and potential Call to Action partners, including local and international NGOs, IOs, and States (both those providing donor funds and those affected by crisis). Efforts were also made to interview entities that are not currently Call to Action partners, but are engaged in GBV prevention and response efforts, with encouragement to join the initiative. The WRC conducted these interviews following a discussion guide, prepared specifically for the Call to Action assessments, with support from WRC's research department and drawing on Call to Action partners' recommendations and expertise. Each interviewee was offered anonymity and assurance that their comments would not be attributed to their employer, to protect any sensitive information shared during the discussion.

WRC made efforts to meet with all stakeholders that have key roles to play in humanitarian response to GBV, as identified in the Call to Action Road Map. These included wherever possible, national government officials and donor governments, Resident/Humanitarian Coordinators, UNHCR Country Representatives, the Humanitarian Country Team, Cluster/Sectoral Working Group coordinators, UN agencies, international NGOs, and local civil society groups. In all three countries, some of these key stakeholders were not available to meet with WRC during their in-country missions, so every effort was made to conduct an interview via Skype.

For these missions, WRC did not interview members of the affected population, since the primary focus for these assessments was on the initial implementation of the Road Map by organizational stakeholders.

Following each mission, WRC collated and analyzed the data collected to produce this report summarizing findings and recommendations from the three missions to inform the next steps for the Call to Action.

GBV Prevention/Response State of Play in Each Country Assessed

Ethiopia

Multiple consecutive seasons of below-normal rainfall and the current effects of the El Niño have resulted in deteriorating agricultural, livestock, food security, and nutrition conditions in northeastern and central Ethiopia. The Government of Ethiopia estimates that 9.7 million people will require relief food assistance and other humanitarian interventions during 2016. Drought conditions have significantly contributed to vulnerability in Ethiopia, negatively affecting lives and livelihoods.

The drought has significant repercussions regarding GBV. According to the 2016 Humanitarian Requirements Document (HRD), the drought is forcing women and girls to travel longer distances to fetch water, exposing them to sexual violence. In addition, drought-related challenges to livelihood opportunities have forced women and girls to engage in domestic servitude, exposing them to multiple forms of GBV.

Lebanon

Five years into the Syrian refugee crisis, the prospects for a prompt return of refugees to their home country are remote, pushing the country into protracted crisis. With the vast number of refugees Lebanon hosts, along with an increasingly vulnerable host population, humanitarian needs continue to be acute. Domestic violence, sexual violence, and exploitation, as well as early marriage are the most commonly reported GBV incidents. While these issues were also reported in Syria prior to the crisis, displacement is exacerbating risks.

Humanitarian actors striving to prevent and respond to GBV face many challenges. Survivors' experience of fear, shame, stigma, and risks of 'honor killings', along with the limited availability of services, results in high levels of underreporting, especially for domestic

violence and sexual exploitation cases. Humanitarians lack sufficient funding in their efforts to develop local capacities in building up the national system. More broadly, there are limited legal protections for refugees and asylum seekers, since Lebanon is not a signatory to the 1951 Refugee Convention. In addition, the disbursement of the refugee population over vast geographic, urban, peri-urban and rural areas, creates challenges for refugees to safely access services.

Tanzania

The conflict in Burundi has forced the flight of approximately 180,800 refugees into Nyarugusu, Nduta, and Mtendeli camps in northwest Tanzania. Sexual violence has been an element of the conflict in Burundi, with reports of armed actors repeatedly gang-raping women since a wave of political protests began in 2015. Many of the rapes appear to have been aimed at family members of perceived government opponents or those trying to flee. Survivors reported both immediate injuries and longer-term consequences, including sexually transmitted infections, unwanted pregnancies, anxiety, and depression. The violence caused civilians to flee to neighboring Tanzania. In 2016, approximately 23 percent of Burundian refugee women and girls have reported GBV upon arrival in Tanzania, requiring specialized services.

Many refugees who fled to Tanzania experience multiple forms of GBV in refugee camps, where the numbers of reported rapes are alarmingly high, including 14 percent affecting children. Women and girls have been raped both inside the camps and in areas outside where they seek income-generating opportunities, collect firewood, and sell goods in the market. Independent reports in 2015 highlighted abysmal conditions in Nyarugusu camp, which prompted the international community to scale up recent efforts to address GBV. Prior to the conflict in Burundi, sexual violence was already a key concern and this, combined with a culture of impunity, has meant that humanitarian partners in Tanzania must work to build trust and help-seeking behavior.

Findings

General findings across all three assessments

Across all three assessment missions, WRC findings were similar with regards the uptake of the Call to Action.

Need to roll out the Call to Action in the field

In all three countries, most stakeholders interviewed were generally unfamiliar with the Call to Action, including stakeholders whose organizations are Call to Action partners. Very few stakeholders had an informed understanding of the Call to Action or familiarity with the Road Map. Of those Call to Action partners that WRC met in the field, few were aware of their organization's commitments towards the Road Map. Therefore, these three assessments served as a highly useful opportunity to introduce the Call to Action and the Road Map to a new audience of colleagues engaged in GBV prevention and response efforts in humanitarian settings.

GBV experts in each country highlighted that there are meaningful opportunities to adapt and include the Road Map framework in coordination efforts at the national-level. Numerous GBV coordinators highlighted the utility of the Road Map and offered that it is productive for strategic positioning towards achieving key outcomes in-country. This could include a GBV sub-cluster (or working group) using the Road Map framework to inform their collective's strategic planning and advocacy goals. In addition, the Road Map is a worthy tool in advocacy efforts around the development of national refugee or humanitarian action plans. To this end, Call to Action members can use the Road Map to demonstrate the collective pledge by significant humanitarian partners to address GBV from the earliest phase of a crisis and to ensure that this is reflected as such in national plans. Such efforts towards implementing the Call to Action at the field level will have a dual benefit of supporting local efforts on GBV, while strengthening the visibility and impact of Call to Action globally.

There is significant work to be done by the Call to Action lead and partners to further roll out the initiative and the Road Map at regional and national levels. This should include raising the visibility of the Call to Action and the Road Map through existing humanitarian meetings and mechanisms, including Inter-Agency Standing Committee (IASC) processes, follow up from the World Humanitarian Summit, the development of the Global Compacts on Refugees and Migrants, the Women, Peace, and Security agenda, and other key opportunities.

It would be useful for the Call to Action lead to pilot test rolling out the Call to Action Road Map in a select number of humanitarian emergencies in 2017. This would involve comprehensive, coordinated action taken collectively by relevant actors on the priority actions under each of the six core outcomes. This piloting effort will inform best practices for wider roll outs in humanitarian crises around the globe.

Current Call to Action partners should raise awareness of the initiative, the Road Map, and their organizational commitments throughout their organization, including with their field staff. The Call to Action's theory of change calls on its partners to engage in collective action to achieve ambitious goals. To this end, each partner needs to increase its ownership of the Call to Action and engage with the Road Map at the operational level. This would contribute deeply to the uptake of the Road Map and would aid with accountability efforts.

Considerations for new Call to Action partnerships

In each location assessed, WRC met with organizations that are not currently Call to Action partners both to interview them for the assessment, as well as to encourage them to join the initiative. Because of these efforts, two new NGO partners, Heartland Alliance International and ABAAD, have joined. ABAAD, a Lebanese NGO that promotes gender equality, is the first organization from the Global South to join the initiative—an important first step towards broadening the partnership.

Other national and local NGOs that were briefed about the Call to Action expressed interest but have not yet joined. These national and local NGOs expressed that their actions are central to humanitarian responses for women and girls and want to be appropriately valued and included by the international community. Call to Action partnership would be an important accomplishment towards that objective.

The interviewees often asked what tangible benefits they would reap from joining the Call to Action. Some suggested that the Call to Action might offer its partners training, webinars, or opportunities to apply for funding to implement the commitments they make as partners. It would be useful to create a Call to Action website where these suggestions could be realized. A website would also be useful for sharing the Road Map and other key documents, including the rich library of gender and GBV-focused tools and guidelines developed by Call to Action partners for broader uptake in the field.

It also is clear that as the Call to Action grows to include numerous Southern partners, the initiative will need to adapt its governance structure and ways of working to be increasingly accessible to field-based colleagues. The stakeholder working group meetings, annual meetings, and commitment reporting forms will need to evolve to consider partners' participation in other languages and from resource-poor settings.

Persistent challenges around data

It is worth noting that in all three assessment locations, interviewees spoke frequently about challenges around demands for prevalence data. Numerous interviewees in all three locations expressed that donors and humanitarian leaderships' need for 'evidence' of GBV prevalence is consistently noted as a fundamental challenge that can delay funding and hampers progress in the field. One interviewee noted that it is particularly challenging when donors fail to earmark GBV funding at the beginning of a crisis, citing a need for prevalence data, as this is the critical stage. The Road Map directly addresses this by including a key action for funding streams to enable rapid implementation of core GBV services at the outset of an emergency. Data on GBV

prevalence should not affect this action.

Given that this challenge came through strongly in all three assessments, WRC recommends that Call to Action partners consider innovative methods to address it. It could be effective to have several partner organizations collaborate under the banner of the Call to Action and provide thought leadership on this issue to share within and across organizations.

Findings on Road Map Progress, by Outcome

The Call to Action Road Map includes six key outcomes to be achieved by 2020. Each outcome includes a set of time-bound actions and key stakeholder groups responsible for them.[2] There are also supporting stakeholder groups that contribute advocacy, funding, and other relevant work streams to ensure that there is positive movement on fulfilling the action, based on their capacity and responsibility to engage on GBV-related issues. The anticipated outcomes and the actions that contribute to them do not stand alone; they are interlinked and must be undertaken in sync with each other. Call to Action partners are required to make commitments in line with the key action areas under the Road Map.

The assessments WRC carried out reviewed the overall progress made in the first year of Road Map implementation on each of the six outcomes. The section below details this progress made under each outcome, with examples and explanation from each assessment.

Outcome One: Internal Policies

Outcome One calls on humanitarian actors to adopt and implement institutional policies and standards to strengthen gender equality, prevent and respond to GBV, and enhance accountability for action. Overall, this outcome was somewhat difficult to assess in the field, as not all interviewees were aware or able to recall their organizational policies. Also, given the nature of humanitarian response, where staff are sometimes on short-term contracts, several of those interviewed by WRC were relatively new to their positions and unfamiliar with their organizational policies. In general, few interviewees could describe specific details of said policies beyond the principle of 'do no harm' and the existence of codes of conduct for all staff. Some interviewees indicated that their organization's internal policies on gender and GBV are not fully implemented in country, due to cultural sensitivities. Other interviewees noted that there is not always political support from organizational hierarchy in country to enable work on GBV, despite the organization's global policies. These responses underscore the importance of institutionalizing policies and standards on GBV and gender equality throughout an organization. Internal policies are the first outcome in the Call to Action Road Map because they are the prerequisite for sustained commitment and effective action in other outcome areas. Their institutionalization is central to the success of the Call to Action effort.

Outcome Two: Coordination

Outcome Two is focused on the humanitarian architecture, promoting effective and accountable inter-agency GBV leadership and coordination. The priority actions within this outcome include establishing a timely and effective GBV coordination mechanism at the field level, institutionalizing inter-sectoral GBV coordination, and dedicating qualified staff to meaningfully engage with gender and GBV, among others. The dynamics related to coordination are quite distinct in each location. In the places where the Road Map key actions have been taken, it is notable that the coordination mechanisms are demonstrably more successful.

In Ethiopia, GBV is included in coordination with child protection (CP). CP actors tend to consider this approach more helpful than GBV actors, and GBV actors note that GBV lags behind CP and that gender equality is not meaningfully addressed. An informal 'gender in emergencies working group' (GHEWG) exists, but it does not appear to meet regularly and not all organizations participate. This is even more pronounced at the regional level, where sub-clusters are primarily focused on CP; additional GBV regional presence is needed. In response, UNFPA is currently recruiting regional staff to improve coordination on

[2]Please see the Call to Action Road Map and complete Action Plan: https://www.womensrefugeecommission.org/gbv/resources/1240-call-to-action

GBV. An additional challenge is that GBV coordination lacked dedicated funding until this year and fundraising for coordination has proved difficult. Several interviewees mentioned that there has been insufficient capacity for GBV coordination and often coordinators are on short contracts, leading to inconsistency in the leadership, participation, and accountability. Interviewees described limited strategic planning in the meetings and inconsistent accountability in responding to actions agreed by the CP/GBV sub-cluster.

In Lebanon, national-level coordination is understood to be extremely strong and interviewees noted that it is the "strongest leadership ever seen in a refugee response setting." Nearly all interviews reflected that the leadership is strong, effective, and accountable. Across all members of the GBV Task Force, the level of technical capacity is very high which has served as a motivating factor for those with less experience and capacity. In part, some of the success is attributable to very strong, dedicated coordinators who have a budget for coordination activities.

At field level, though, not all partners expressed satisfaction with coordination. Some interviewees noted that the working groups outside of the capital lack dedicated coordinators (many are double or even triple hatting responsibilities) as well as technical expertise on GBV, and that meetings held in English can be limiting for local organizations wanting to participate. These field sites receive indirect support through national structures, but since these sites are where most GBV programming is happening, the coordination is not ideal.

In Tanzania, coordination has significantly improved since the earliest days of the Burundian influx. At that time, the initial emergency response team lacked a GBV expert and the refugee response architecture was widely understood to be insufficient to meet the needs. By contrast, today, coordination on GBV is significantly more successful. All interviewees noted that the current GBV Sub-Working Group functions extremely well in both Kibondo and Kasulu, due to extremely strong coordinators and the widespread participation of GBV specialists, as well as other sectors who engage in GBV risk mitigation programming.

It is worth noting, however, that the extremely strong coordination team on GBV has been reduced by half since WRC's field visit, as one coordinator completed her contract and will not be replaced, leaving one coordinator to lead coordination in all three camps. While UNHCR is supported by implementing partners in providing specialized GBV services, the coordinator position does not enjoy any support staff, dedicated interpreter, or other resources that would be useful for the job. While excellent efforts have been made to build sustainability in the work done to date, GBV coordination would benefit from increased resources.

Outcome Three: Assessments

Outcome Three is focused on needs assessments, analyses, and planning processes supporting effective and accountable integration of GBV prevention and response and gender equality into humanitarian response efforts. The priority actions within this outcome include revising and implementing tools and methodologies governing emergency needs assessments to ensure GBV integration, integrating GBV into humanitarian planning processes, plans, and reviews, and strengthening integration of GBV and gender equality in the Humanitarian Program Cycle. This is a priority outcome to ensure these actions are taken at the outset and throughout an emergency so that local data and analysis can meaningfully inform humanitarian programming, coordination, and advocacy. The progress towards this outcome across all three assessment sites is somewhat varied, depending on local dynamics, the stage of the crisis, and the politics and personalities in each assessment site.

In Ethiopia, the Government leads all assessments with input from the international community. The reports of the assessments conducted on the drought response effort generally lack sex and age disaggregation or any gender analysis. A CP/GBV assessment was conducted a few months ago with UNFPA leading the GBV component. The current Humanitarian Requirements Document (HRD) includes protection and displacement for the first time, which is an important step forward to enable advocacy. Some NGOs have attempted to conduct gender analyses, but have limited funding for continued work on this issue.

In Lebanon, numerous interviewees reported that there are an incredible number of assessments in country, which leads some to believe that the population is overly taxed in these processes. In some inter-agency assessments, age and gender disaggregation, as well as GBV inclusion, are prioritized. In other assessments, particularly those led by organizations without a protection mandate, gender and GBV is not always mainstreamed or included. One interviewee noted that since some donors include mandatory gender analysis or gender markers, it is common practice for humanitarian actors to reflect gender equality and GBV in proposals, but there is limited execution of what is promised in these proposals in practice.

In Tanzania, mentoring and capacity building by the GBV coordinators has led to positive results in including gender equality and GBV in assessments. In the early days of the refugee response, Water, Sanitation, and Hygiene (WASH) and Shelter were particularly problematic from a GBV integration perspective. To combat these challenges, the GBV experts in the response accompanied each sector in their assessments to ensure that GBV was well integrated. Interviewees who are not GBV experts expressed that they have attended the GBV Working Group meetings to learn more about how to improve their service delivery with GBV integration, which they note, has been highly effective.

Outcome Four: Funding

Outcome Four calls for funding to be available for GBV prevention and response for each phase of an emergency, from preparedness and crisis onset through transition to development. In all three assessments, there was wide agreement by nearly all interviewees, donors and recipients of donor funding alike, that funding for GBV and gender equality is insufficient to meet the needs.

In Ethiopia, resource mobilization has been a serious challenge for GBV and gender equality, as these issues have not been prioritized for humanitarian action. Some key funding mechanisms have failed to consider GBV as an emergency issue and significant advocacy was required to get funds released for GBV-specific programming to support case management, dignity kits, and other services. Interviewees also noted that donor calls for drought-related funds failed to focus on GBV, although sometimes did include protection/gender mainstreaming. This has shaped programming and lessened the space for GBV interventions, particularly in cases when it is not consistently prioritized across organizational leadership.

In Lebanon, as of September 2016, GBV programming is funded at 38 percent, which falls well short of refugees' protection needs.[3] Interviewees explained that specialized GBV services are expensive, particularly in Lebanon, which is a costly operating environment, and that GBV programming had to be built from scratch at the start of the crisis, requiring significant upfront costs. In addition to the costs being met, interviewees noted that they wish for more predictable and long-term funding to ensure the continuous availability of services to survivors. The availability of high quality services that are easily reachable and survivor-centered is critical to ensure that survivors feel confident to seek out support. If these conditions are not met, survivors will not take the risks of reporting.

Donors interviewed noted that every sector in Lebanon is underfunded and that the cost of the national plan has increased every year, so while donors are increasing their contribution, they consistently fall short of the needs. It is worth noting that the GBV funding appeal was the most modest ask across all sectors, but was still the least funded sector. The Office for the Coordination of Humanitarian Affairs (OCHA) prioritized GBV in its most recent call for proposals, which resulted in the overall funding for the sector reaching the current rate of 38 percent.

In Tanzania, 58 percent of the overall refugee response appeal is funded, of which, less than one percent goes towards GBV prevention and response programming.[4]

[3]At the same time last year, GBV funding met more than 50 percent of the expressed needs.
[4] It is worth noting that at the time of assessment, in July 2016, the appeal was only 38 percent funded and most funds came in very late in the year, in September 2016. Much of this funding is allocated to protection mainstreaming issues in energy, shelter, and WASH.

This leaves key gaps needing urgent redress within the GBV sector. The GBV Sub-Working Group is advocating for increased funds to cover safe spaces, confidential counseling rooms, outreach staff, case workers to meet minimum standards, prevention specialists, increased border presence, and psychosocial staff to ensure systematic follow up and sustained counseling for survivors.

Donors interviewed across all three sites agreed that the global scale of humanitarian crises has placed a tremendous strain on funders; there are insufficient resources to meet all the needs. This has meant that gender equality and GBV programming, which always struggle for sufficient funding, particularly at the outset of an emergency, currently face severe constraints. While some interviewees suggested reducing specialized GBV programming in resource-starved areas, the objective of the Call to Action makes it clear that these services must be accessible to anyone affected by GBV and available from the outset of the emergency. Call to Action partners must advocate within their agencies and endeavor to reach this important target.

Outcome Five: Specialized Services

Outcome Five calls for specialized GBV prevention and response services to be implemented in each phase of an emergency, from preparedness and crisis onset through the transition to development. This outcome includes actions on strengthening technical capacity to implement specialized GBV programming, continuing to build the global evidence base to define effective GBV prevention and response interventions, and deploying GBV technical experts within 72 hours of declaration of a crisis. In the three assessment sites, it seems that adherence to these key actions will prove to improve the currently uneven service delivery issues in each location.

In Ethiopia, GBV services are available for refugees, but there are significant gaps in service availability for the drought-affected Ethiopian population including the displaced and host communities. Interviewees shared that there are significant gaps in the provision of medical services for GBV survivors, with few health facilities equipped to provide care for sexual violence survivors. Psychosocial care services are also not routinely available. There are limited referral mechanisms in place and inadequate capacity in national systems to address survivors' needs.

These considerable gaps are, in part, attributed to political sensitivities around working on GBV which is perceived to be a human rights issue. Interviewees also noted that many organizations need funding to conduct internal trainings on GBV and gender equality for staff and to help build partner capacity.

In Lebanon, most specialized GBV services needed to be built from scratch at the start of the crisis. While significant progress has been made, the sustainability of services is a problem as services are still reliant on the leadership of international humanitarian partners. There is important ongoing work with the Ministry of Social Affairs to institutionalize these services.

In the meantime, specialized services are insufficiently available. For example, there have been numerous training sessions on the clinical management of rape (CMR), which is now included in national service delivery guidelines, but the Ministry of Public Health still needs to operationalize this throughout the country, ensuring that health facilities and personnel commit to providing treatment to survivors and remove barriers, such as fees for Lebanese survivors. Psychosocial services are not sufficiently available. While there are thirteen organizations providing case management support, this offers only minimal coverage, relative to the number of refugees and host community members in need. Legal aid is a key concern in Lebanon, since refugees' legal status in country serves as a major barrier to accessing support. And lastly, there are few safe spaces or shelters for GBV survivors, which results in survivors returning to abusive partners because of a lack of alternatives.

In Tanzania, significant efforts have been made to ensure the availability of specialized GBV services in the three refugee camps and while there is a need to improve the quality of care, the multi-sectoral response is in place within the perimeter of all three camps. The medical response, including CMR, requires increased capacity and resources to ensure that services are

accessible to all survivors. Case management and psychosocial support was noted by numerous interviewees as needing increased investment, as the current services tend to be short term without sufficient follow up. Legal response in Tanzania is limited to survivors who have experienced violent incidents in the country of asylum only. Survivors who wish to file a case are supported and accompanied in this. There is a need for safe spaces or shelters in all camps, as the demand currently outweighs availability. UNHCR is considering sustainable community-based protection models to address some of the needs.

The situation at the Tanzania-Burundi border is more complex. Many survivors fled Burundi immediately after they were raped, before they could get emergency medical services, therefore; the provision of post-rape care services at the Tanzanian transit sites is essential. Post-exposure prophylaxis (PEP) kits are stored at local dispensaries to accommodate this need. Interviewees explained that recruiting and retaining female staff in these isolated transit sites is extremely challenging and, without female staff in place, it can be a challenge to identify GBV survivors and ensure their timely access to services. The Sub-Working Group conducts trainings and refresher trainings at these border entry points to improve the situation and plans to improve collaboration with the Health Working Group on this.

Outcome Six: Humanitarian Management

Outcome Six calls for those managing and leading humanitarian operations to have and apply the knowledge and skills needed to foster gender equality and reduce and mitigate GBV risk. For many interviewees across all three assessments, particularly those working the closest to the field, it was sometimes difficult to comment on the efforts made by those managing the humanitarian response to address GBV due to a lack of direct engagement at this level.

In Ethiopia, the drought context has led to a prioritization of nutrition and food security issues, with less consideration on protection overall. Interviewees noted that the Ethiopian humanitarian country team (EHCT) meetings are long and protection is often among the last issues on the agenda and by the time it is discussed (two to three hours into the meeting) people are eager to leave. According to one interviewee, there is "no centrality of protection to humanitarian work." Interviewees also highlighted that they feel limited accountability throughout the system to ensure that gender equality and GBV objectives are met.

In Lebanon, nearly all interviewees noted that the Humanitarian Coordinator (HC) has a strong protection background and is an advocate on GBV issues. For some interviewees, they agree that his advocacy on preventing and responding to GBV presents a tangible opportunity. There is an ongoing dialogue between the HC and the National GBV Task Force to ensure relevant information sharing and recommendations for high level advocacy. For instance, a brief on key issues and achievements, as well as advocacy messages have been shared with the HC. The GBV Task Force reiterates regularly that GBV prevalence must be assumed, noting information of trends are available for programming, coordination and advocacy. This issue is further described below, as it is a consistent theme in all three assessment settings.

In Tanzania, those leading the refugee response are relatively new to the Burundian refugee response. Many interviewees reflected on the previous leadership team and very challenging issues around coordination in the refugee response effort to the Burundian influx. Regarding gender equality and GBV, most found the leadership to be quite supportive to date.

It is noteworthy that the HCs in both Ethiopia and Lebanon are designated Champions for Ending GBV, a new initiative that offers an important opportunity to address the perceived blockages in humanitarian leadership's support of gender equality and mitigation of GBV risks. The HC Champions for Ending GBV program is directly linked to the Real Time Accountability Partnership on GBV in Emergencies (RTAP). It aims to collectively stimulate, empower and advance humanitarian leadership, fostering a sense of mutual accountability for addressing GBV. It is a positive development for the Call to Action that HC Champions will offer an opportunity to promote gender-sensitive leadership.

Uptake of the 2015 IASC GBV Guidelines

In all three assessments, there was significant discussion of the recent release of updated 2015 IASC GBV Guidelines ("GBV Guidelines") and the efforts made to ensure their implementation in country. Given that the GBV Guidelines are included in priority outcomes in the Call to Action Road Map, reflections from interviewees are included below.[5]

In Ethiopia, a few organizations indicated that they find the guidelines to be a useful tool for training and programming, though most had not heard of or had not seen the 2015 version. A distribution of hard copies, along with in-country roll out could be helpful, but would have to be done with local partners to agree on the best approach. Also, noting the challenges around coordination, interviewees highlighted that successful GBV integration may require a long-term staffer to work with clusters, build rapport and establish working relationships to have success in uptake of the GBV Guidelines.

Since Lebanon is a priority country in 2017 for the full GBV Guidelines roll-out, the GBV Task Force in Lebanon has started to introduce the current GBV Guidelines to the leads of five priority sectors (education, health, shelter, WASH, and food security). So far, the feedback from sectors has been very positive, particularly because the roll out has been one-on-one, using a mentoring style, which has been appreciated by the other sectors. Some sectors are less keen to engage, which interviewees noted was sometimes personality-based, while other fear working on a sensitive topic.

In Tanzania, the dedicated work by GBV coordinators to encourage GBV integration across other sectors has significantly paid off. Despite early reports of WASH and shelter being particularly poor in GBV risk mitigation, dedicated efforts by GBV colleagues led to significant improvements. Now, humanitarians consider GBV well integrated and appropriately considered by these two sectors. In fact, the Global WASH Cluster has been in touch with local WASH and GBV colleagues in Tanzania to use their experience of integrating GBV in WASH activities in the three refugee camps as a success story for their upcoming WASH guidelines revision. One interviewee did note that there is still significant work to do to ensure that such lessons are internalized by the sectors, so that the turnover of staff does not lead to reversals in these important gains.

It is interesting to note that in all three of these countries, success in rolling out the Guidelines relied on the dedicated engagement of GBV specialists working closely with clusters and sectors to adapt risk mitigation strategies to the local context and integrate them directly into their programming. This is a strong model that should be replicated, with a dedicated GBV specialist attached to each of the clusters, or, at a minimum, select key clusters, including WASH and shelter, at the regional level.

Call to Action partners interested in rolling out the GBV Guidelines should note that there is now a detailed modular training package hosted on the GBV Guidelines website for agencies, individuals, and clusters to adapt and use as needed, particularly in countries and sectors that have not yet been specifically targeted as part of the global level roll out.

Conclusion

One year into the implementation of the Call to Action Road Map, sustained commitment to collective action is required at the global and field levels to begin to see the gains envisioned by the Road Map.

The Road Map framework is sound; the interplay of the six Road Map outcomes will lead to the change we wish to see in humanitarian response. These assessments emphasize the need for partners to bring the initiative to the field level so that it begins to achieve the results envisioned. Now is an opportune moment to robustly roll out the Road Map, sharing its ambitious objectives with current and new partners. It is only through the meaningful engagement of humanitarian actors at both the headquarters and field levels that we will achieve our worthy goal, to drive change and foster accountability within the humanitarian sphere.

[5] *The Guidelines can be read and downloaded at www.gbvguidelines.org*
[6] *See www.gbvguidelines.org*

15 W. 37th Street, 9th Floor
New York, NY 10018-1289
212.551.3115
info@wrcommission.org
womensrefugeecommission.org

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