

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

Meeting the Commitment to the Call to Action in the Humanitarian Programme Cycle

The Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) is a groundbreaking partnership of over 85 states and donors, international organizations, and NGOs engaged in humanitarian action. Partners are committed to collective action to prevent, mitigate and respond to gender-based violence (GBV), especially violence against women and girls, from the start of a crisis. We have jointly pledged to ensure that policies and programs are in place and sufficiently resourced to address GBV and its root cause of gender inequality at every phase of the Humanitarian Programme Cycle.

Call to Action members should work together and with other humanitarian actors to develop 2021 and future Humanitarian Needs Overviews (HNO), Humanitarian Response Plans (HRP) and Periodic Monitoring Reports (PMR) that integrate gender equality considerations and GBV prevention, mitigation and response throughout. This is essential for an effective humanitarian response that is accountable to women and girls and advances the objectives of the Call to Action. The work is especially critical as the socio-economic impacts of the COVID-19 pandemic dramatically escalate the risks of violence against women and girls, complicate access to those in need, and threaten to undermine the progress that has been made on gender equality.

Every Call to Action stakeholder has a role to play in advancing the recommendations in this advocacy brief. For example:

- Donors should advocate with Humanitarian Coordinators, Humanitarian Country Teams, cluster/sector leadership and implementing partners to secure their uptake.
- Call to Action partners that sit on Humanitarian Country Teams (HCT) should promote the recommendations in all relevant HCT planning sessions.
- Agencies should support uptake with humanitarian leadership and integrate recommended actions into their own work plans and those of the clusters/sectors which they lead or in which they participate.

The Need for Continued Improvement

Reviews of recent HNOs and HRPs capture progress, but also highlight some serious gaps that continue to stand in the way of a response that effectively addresses gender-based violence and is fully accountable to women and girls.

In a number of HNOs, for example, GBV is referenced, but there is limited analysis of risk factors. Gender may be identified as an important cross-cutting issue, but without consideration of the specific needs of women, girls, men and boys across sectors. Further, data is still not routinely disaggregated by sex, age and disability.

Even when risks, barriers and needs were identified in an HNO, the HRP often did not have strategies to address them and indicators to track progress. Many HRPs only considered gender-related vulnerabilities, including GBV, as an issue under protection and health, rather than mainstreaming it across all sectors. In addition, they are often weak on an intersectional

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analysis that captures how gender, age, disability and other factors can intersect to heighten or mitigate risk.

Weaknesses in HNOs and HRP may well stem from the lack of meaningful engagement of women and youth in all their diversity¹ in these processes, and the absence of strategies for inclusive feedback.

As Call to Action partners, we have both the opportunity and obligation to address these systemic issues in humanitarian planning processes. Below are a set of priority recommendations for humanitarian leadership and implementing agencies; these should also be supported by Call to Action donors in their advocacy.

Recommendations

For Humanitarian Leadership (Humanitarian Coordinators; Humanitarian Country Teams):

- Ensure robust gender analyses in the Humanitarian Programme Cycle. In the HNO and HRP, include dedicated sections in the chapeau and in each sector on gender and on GBV that are based on strong intersectional analyses of gender considerations and of GBV prevention, mitigation and response.
- Include a stand-alone strategic objective on GBV in the HRP with corresponding indicators in the monitoring framework. This is particularly important in light of the demonstrated increase in GBV linked to the COVID-19 pandemic.
- Mandate the collection, analysis and use of sex, age and disability disaggregated data in assessments, determination of priorities in the response and in monitoring and accountability.
- Mandate the use of the Gender with Age Marker in the development of response plans and projects, the monitoring of program implementation and end of project reporting.
- Designate a senior-level gender expert to sit on the team leading development of the HNO/HRP. Provide the expert with the authority and with the team support to ensure that national and local women's organizations² and women leaders are meaningfully engaged in humanitarian decision making.
- Ensure that the funding requirements in the HRP for specialized GBV prevention and response in all sectors reflect the needs, and that sectoral plans incorporate funding requirements for GBV risk mitigation and gender equality.

¹ For example, women and youth with disabilities, LGBTQ people, women on the move, etc.

² Women's organizations include women-led and women-focused organizations, survivor-led organizations, women's rights organizations, girls' groups, associations of women with disabilities, and feminist movements.

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- In decisions on pooled funding allocations, give priority attention to GBV prevention, response and risk mitigation programming and to the specific needs of women and girls in all their diversity.

For Cluster/Sector Leads and Implementing Agencies:

- Ensure the safe and active participation of organizations of women, youth, LGBTQ people, and persons with disabilities in needs assessments, data analyses, and in the development of the HNO and HRP and in the monitoring process.
- Prioritize collection and use of sex, age and disability disaggregated data in analyses of risks and needs, determination of strategic priorities in the response and in monitoring and accountability.
- Involve GBV and gender specialists with an understanding of intersectionality in the design of tools and methodologies for needs assessments, in the data collection process and data analysis.
- Integrate GBV risk mitigation consistent with the Do No Harm principle in all cluster/sector activities. Include a specific GBV indicator in all cluster/sector plans that will be reported through the PMR, disaggregated by sex, age and disability.
- Include information on GBV risk mitigation and gender considerations in the narrative on needs analysis, and in activities and indicators.
- On resource mobilization and allocation:
 - Incorporate funding for risk mitigation in sector response strategies and funding requirements.
 - Include GBV risk mitigation in the cluster/sector allocation strategy for pooled funding.
 - Allocate sufficient funding for GBV prevention and response programming and for Coordination.
 - Prioritize local actors, including women and youth organizations, to receive funding and support institutional capacity strengthening, including for supporting GBV Coordination and participation in the pooled funds steering committee and the HCT.
 - Promote financing of joint projects between child protection and GBV actors to improve the availability, access and quality of GBV services for adolescents and children.
 - Promote financing of joint projects between GBV actors and organizations of persons with disabilities to improve the availability, access and quality of GBV services for persons with disabilities.