**Guidance note for GBV Guidelines Reference Group member agencies:**

***Developing mutually reinforcing commitments on GBV risk mitigation under the post-2020 Call to Action Roadmap***

September 2020

**Background**

GBV risk mitigation was one of six outcome areas in the 2016-2020 Call to Action (CTA) Roadmap. However, despite being the program-focused outcome area that implicates the largest number of CTA members and partners (in the sense that ALL actors, regardless of mandate or area of focus, have a responsibility to reduce the risk of GBV in their programming) – it was also the outcome that received the fewest number of commitments.

The 2021-2025 Call to Action (CTA) Roadmap provides a useful opportunity for CTA member agencies to refresh and, in some cases, rethink their commitments. The launch of the new Roadmap further enables partners to consider how this year’s commitment making process can build on learning from the 2016 commitment making process, to be more dynamic and ultimately achieve greater programmatic outcomes across sectors, by strengthening the integration of GBV risk mitigation actions.

For GBV risk mitigation (Roadmap outcome area 6), there are significant opportunities to use the existing structure of the inter-agency GBV Guidelines Reference Group (RG) to support the development of mutually reinforcing or mutually supportive commitments *across* agencies – in other words, commitments that fit clearly within the mandate and priorities of the individual agency, but which are aligned and *also* serve to support the collective, overarching vision of the CTA. Whilst agencies will not necessarily all be making the same commitments, when taken together, these mutually reinforcing commitments can be more impactful than commitments made by agencies in isolation.

Specific guidance on how to make commitments can be found in Annex C of the [2020-2025 Call to Action Roadmap](https://www.calltoactiongbv.com/).

**Specific goal of collective commitment making under Outcome 6**

*(i.e.: where can the Roadmap take us by 2025?)*

All CTA member agencies have the political will, capacity and sufficient resources to be able to integrate GBV risk mitigation actions in their policies, advocacy work and/or programming.

**Key request**

The GBV Guidelines Reference Group has collectively agreed that all RG members should develop mutually reinforcing commitments under Outcome 6 of the new CTA Roadmap. In order to support this commitment making, the RG has developed the below guidance. The commitments listed are samples; meant to be prioritized, adapted and adjusted based on what GBV risk mitigation structures/building blocks are already in place for the agency and what the agency’s GBV risk mitigation priorities are.

***Note to Cluster Lead Agencies (CLAs)/sector lead agencies:*** *in addition to agency-level, program focused commitments, CLAs/sector lead agencies should make commitments for the cluster(s)/sector(s) that they lead.*

For questions or additional information, please contact [AGENCY LEAD] or Erin Patrick, global inter-agency GBV Guidelines Coordinator, at [gbv.guidelines@gmail.com](mailto:gbv.guidelines@gmail.com).

**2020-2025 Call to Action Roadmap Excerpt/Outcome 6**

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| **Outcome 6 -** **GBV Risk Mitigation**  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](https://gbvguidelines.org/en/). | | |
| **Key Action Area (KAA)** | **Guiding questions to consider when crafting commitments** | **Potential sample commitment** |
| **6-1 Institutionalization:** Institutionalize GBV risk identification into sectoral and intersectoral tools, standards, processes, trainings, and other key materials for all phases of the program cycle across all sectors. | * Which tools/standards exist at agency and/or cluster/sectoral level (for CLAs/sector lead agencies) that can be improved vis à vis risk mitigation? How can these tools/standards be used to identify potential entry points for GBV risk mitigation, and/or support development of an action plan to fill the gaps? Can filling identified gap(s) on GBV risk mitigation in tools, standards or policies form the basis for a commitment, whether here or under one of the other KAAs? | * By [YEAR], % of applicable internal program planning templates and guidance documents that include instructions on integration of GBV risk mitigation * By [YEAR], 100% of relevant agency-specific policies & resources appropriately integrate GBV risk mitigation. * *For CLAs/sector lead agencies:* By [YEAR], 100% of core cluster/sector-specific policies & resources appropriately integrate GBV risk mitigation. |
| * To what degree are frontline staff already trained on GBV risk mitigation, including safely & ethically responding to GBV disclosures? To what degree are program-facing and coordination staff trained on GBV risk mitigation, including responding to disclosures? Are there other human resources capacity gaps that need to be filled? | * Train X% of all frontline and program-facing staff on GBV risk mitigation and responding to a disclosure (in line with the [GBV Guidelines](http://www.gbvguidelines.org/) and the [GBV Pocket Guide](https://gbvguidelines.org/en/pocketguide/)) * By [YEAR], 100% of standard onboarding/capacity building requirements for all staff will incorporate training on GBV risk mitigation |
| * What parts of the agency’s human resources/ organizational processes can be adjusted to better account for RM related responsibilities? (for example, job descriptions, performance appraisals, etc. - across all levels of an organization including senior management) * For CLAs/sector lead agencies: to what extent is GBV risk mitigation institutionalized in the cluster coordination structures at both country and global levels? | * By [YEAR], GBV risk mitigation-related responsibilities will be incorporated into TORs and performance reviews for staff in all programmatic sectors and leadership levels. * *For CLAs/sector lead agencies:* By [YEAR], GBV risk mitigation-related responsibilities will be incorporated into all cluster/sector coordinators’ core competencies * By [YEAR], GBV risk mitigation-related requirements will be integrated into core Human Resources recruitment materials, such as functional competencies for standard job descriptions, candidate screening/shortlisting processes, and interview questions. |
| * Can commitments on institutionalization be combined with/reinforcing of localization? | *(see 6-5 below)* |
| **6-2 Implementation**: Implement, monitor and report on the results of integration of GBV risk mitigation and sector-specific outcomes in humanitarian programming. | * Are GBV risk mitigation interventions required as a standard aspect of programme design and implementation? If not, can a commitment be made to ensure that all programs are designed and implemented in a way that integrates GBV risk mitigation? | * By [YEAR], 100% of all strategies for X sector(s) will incorporate GBV risk mitigation actions * By [YEAR], 100% of all programmatic interventions for X sector(s) will include at least X GBV risk mitigation action(s) |
| * What indicators (if any) are already being used to track results of GBV risk mitigation actions? If GBV RM indicators exist - can those be shared (or, as needed, developed) across agencies working within the same sector to support more comprehensive monitoring of results and outcomes? If such indicators do NOT exist, can they be developed? | * GBV risk mitigation results and outcomes will be systematically tracked as part of standard M&E/results tracking across all programmatic sectors * Learning on successes/challenges related to GBV risk mitigation M&E will be systematically documented and shared |
| * What types of field-level interventions on GBV risk mitigation lend themselves well to cross-sectoral/ cluster or other joint work? | * Joint safety audits will be conducted in X locations or X% of emergency responses *(see also 6-5 below)* * Joint analysis of barriers and risks related to women and girls’ access to programming will be conducted in at least X sector(s) across at least X country(ies) |
| * When working with/through partners, to what degree is GBV risk mitigation taken into account in partnership agreements - proposal requirements, M&E requirements, etc.? What administrative barriers may prevent partnership agreements from including GBV risk mitigation-related actions? | * X% of standard requirements for IP agreements will include GBV risk mitigation * X% of humanitarian programming partnership agreements will include at least X GBV risk mitigation actions |
| **6-3 Gender Equality:** integrate appropriate targeted action to promote gender equality and empowerment of women and girls into preparedness, response, and recovery activities across all humanitarian sectors.[[1]](#footnote-1) | * To what degree are GBV risks already being taken into account during gender assessments? Can this be improved/systematized? | * A gender review (including GBV and GBV risk considerations) will be conducted in 100% of [new] emergency responses * A gender audit of sector programming and/or cluster operations will be conducted in X cluster(s)/sector(s)*(see also 6-4, below)* |
| **6-4 Consultation:** Regularly consult 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; work with them to design safe and effective interventions across all humanitarian sectors. | * To what degree are consultations with women and girls incorporated into standard M&E processes? (ie., field monitoring checklists, etc.?) If so, do these consultations ethically address questions related to perceptions of safety? | * At least X% of [SECTOR] staff will be trained on GBV-related assessments and/or conducting consultations with women and girls * At least X female staff will be part of all teams * X% of AAP strategies will include a clear plan for engaging with women/girls and/or local women's organizations. * X% of program design tools/processes etc. will incorporate feedback provided by women/girls and/or women’s groups *(see also 6-5 below)* * X% of standard data collection methodologies will include requirements for consultations with women and girls. * *For CLAs/sector-lead agencies*: consultations with women and girls will be utilised as part of the methodology for data collection/analysis in X% of all HNOs/RRPs (for the cluster(s)/sector(s) led by the agency) |
| **6-5 Localization:** Support local actors, particularly women’s organizations, to lead on/integrate GBV risk mitigation into program design and implementation across all sectors | * How can our commitments support the transfer of power to local organizations, particularly women-led, women-focused organizations? | * X% of safety audits and/or other GBV risk assessment exercises will be led by or conducted in partnership with local women’s organizations * By [YEAR], X% of program plans and strategies will be informed by WLOs technical advice * By [YEAR], X% of GBV risk mitigation capacity development plans will be led by WR/WLOs * *For CLAs/sector lead agencies:* By [YEAR], X% of Strategic Advisory Groups (SAGs) for X cluster/sector(s) will include local women’s organizations as members |
| **6-6 Resources:** Allocate human and financial resources to support GBV risk mitigation activities in humanitarian programming across all sectors. | * To what degree, if any, do our funding proposals – regardless of sector – already include GBV risk analysis, risk mitigation activities, indicators and sufficient budgets? * For CLAs/sector leads: how can cluster/sector funding allocation strategies be used to support integration of GBV risk mitigation actions in cluster/sector work? | * By [YEAR], X% of all proposal submissions, regardless of sector, will include GBV risks in the needs analysis; specific mitigation measures in the objectives and activities; at least one GBV risk mitigation indicator and sufficient budget for risk mitigation activities * *For CLAs/sector lead agencies:* X% of cluster/sector funding allocation strategies will include at least X% allocation to GBV risk mitigation actions * *For CLAs/sector lead agencies:* X% of the earliest drafts of CERF and flash appeals for X cluster(s)/ sector(s) include GBV risk mitigation actions *(see also 6-7, below)* |
| * *[Related to the point immediately above]:* Using the CTA platform, can interested agencies consider undertaking collective advocacy to donors to require that all proposals for funding address how the action proposed will contribute to  GBV risk mitigation, in line with the GBV Guidelines? |  |
| * For agencies with sector(s)-specific programming: could a % of the total sector funds be required to focus on GBV risk mitigation? *(note: theses funds should not be diverted from GBV specialized program funding)* | * X% of total program-level, sector-specific funds will be used by agency X/sector Y for GBV risk mitigation-related activities |
| * Specifically for CLAs/sector leads: how can GBV risk mitigation best be reflected in the annual HNO/HRP and RRP processes? | * *For CLAs/sector lead agencies:* X% of HNOs for X cluster will incorporate GBV risk assessment and analysis * *For CLAs/sector lead agencies:* X% of HRPs/RRPs for X cluster/sector will include GBV risk mitigation actions and indicators in their cluster/sector-specific response plans |
| **6-7 Advocacy:** Advocate for the integration of GBV risk mitigation actions as a standard component of humanitarian program design and implementation across all sectors. | * What can individual member agencies of the HCT/ICWG advocate for and do vis à vis GBV risk mitigation through their participation in the HCT/ICWG? | * Undertake advocacy (collective with other HCT/ICWG member agencies where possible) in 100% of HCTs/ICWGs of which [AGENCY] is a member to ensure that GBV risk mitigation is a priority area of focus for the HCT/ICWG (for example - using the HCT/ICWG as a platform for sharing learning/good practice on GBV risk mitigation) * Undertake advocacy (collective with other HCT/ICWG member agencies where possible) in 100% of HCTs/ICWGs of which [AGENCY] is a member to ensure that GBV risk mitigation is incorporated into country-level HCT protection strategies. |

1. See the IASC Gender Policy and the IASC Gender Handbook [↑](#footnote-ref-1)