

# Call to Action Commitments: Let's Get to Specific and Measurable

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## Introduction

Partners' commitments to implement the Road Map of the Call to Action on Protection from Gender-based Violence in Emergencies (Call to Action) are at the heart of the Call to Action initiative. When partners join the initiative, they must make at least two commitments on Key Action Areas (KAA) under the Road Map's Action Plan. One commitment must be in a KAA under Outcome 1, which relates to organizational and institutional policies, capacities, and systems.

During the process of developing the 2016-2020 Road Map, partners were given guidance on how to structure their commitments, with an emphasis on having these be measurable and clearly linked to the Road Map's Outcomes and Key Actions. This guidance has also been shared with partners who have joined the initiative since 2016. Annex 1 provides examples of commitments that followed this guidance. The guidance itself can be found in Annex 2.

In keeping with the Call to Action's emphasis on accountability, partners are expected to report annually on progress made against their commitments. These partner reports form the basis of the Call to Action's Annual Progress Report. The Annual Progress Report summarizes collective action in achieving Road Map Outcomes and to highlight partner efforts to meet the goal of the Call to Action.

This purpose of this internal paper is to provide partners with a snapshot of where commitments have been made under the current Road Map; suggest areas that require further attention; and make recommendations for improving commitments, including in their measurability and consistency of style. The paper is intended to stimulate discussion during the 2019-2020 update of the current Road Map and to enable better partner reporting and stronger analysis of overall progress.

## Methods and Limitations

This paper is based on analysis of available commitments collected in a database by the Government of Sweden during its leadership of the Call to Action and maintained by subsequent Call to Action Leads. The database includes fields for: KAA to which the commitment is related; the partner making the commitment; the location for the work; the commitment; timeframe for achievement; benchmarks; and how the partner will measure progress. To enhance transparency and accountability, the Government of Canada posted the dataset on the partners' space of the Call to Action website during its leadership.

At present, the database includes some 400 commitments from 63 of the Call to Action's 83 global partners—or 76 percent. Twenty partners do not have recorded commitments. In five of these cases, there are notations indicating that the official letter from the partner was missing or the information was not available. The group of 20 includes nine states and donors; eight nongovernmental organizations (NGOs); and three international organizations. The database also included a few commitments from non-member entities.<sup>1</sup>

It is also possible that some commitments were not correctly categorized by KAA, either in the original transmission or in the transfer to the database. In addition, a number of commitments recorded as a single entry may reflect multiple commitments by that partner.

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<sup>1</sup> Including: The GBV Guidelines Reference group, The Swedish Association for Sexuality Education (RFSU).

### Commitments by Road Map Outcome

This section outlines the number of commitments by Outcome and KAA, and notes areas where gaps exist and additional attention and effort are needed.

One gap that cuts across outcomes is the relative lack of commitments related to gender equality, although mainstreaming gender equality is one of the three objectives of the Call to Action. The issue is discussed in the [2017 Call to Action Annual Report](#) and in the Women Refugee Commission’s 2018 paper, [“Where do we go from here? Moving forward with the gender equality objective of the Call to Action Road Map.”](#) This area of work requires more attention during the development of the post-2020 Road Map.

**Outcome 1: Humanitarian actors adopt and implement institutional policies and standards to strengthen gender equality, prevent and respond to GBV, and enhance accountability for taking action.**

Table 1: Number of Commitments for Outcome 1 by KAA

KAA	Number of commitments
Not categorized	26
1.1	31
1.2	10
1.3	6
1.4	24
1.5	15
1.6	41
1.7	22
<b>Total</b>	<b>175</b>

Unsurprisingly, Outcome 1 had the most commitments in line with the requirement that all partners make at least one commitment under this Outcome. However, it is notable that three KAAs (KAA 1.2 on national policies and plans, 1.3 on human resource processes, and 1.5 on monitoring and evaluation) had relatively few commitments. This raises questions about the degree to which foundational policies are in place and effectively institutionalized within partner organizations.

Outcome 2: All levels within the humanitarian architecture promote effective and accountable inter-agency/intersectoral GBV leadership and coordination.

Table 2: Number of Commitments for Outcome 2 by KAA

Not categorized	10
2.1	4
2.2	2
2.3	2
2.4	15
2.5	3
2.6	10
<b>Total</b>	<b>46</b>

The KAAs in this Outcome that had very few commitments were KAA 2.1 and KAA 2.2, which focus on building strong GBV coordination mechanisms at the global and field level, respectively, and KAA 2.3 which deals with linkages between coordination bodies for GBV and gender equality work. There were only three commitments to KAA 2.5 on ensuring that responsibilities of Resident Coordinators and Humanitarian Coordinators regarding GBV are clear.

It is surprising that there were not more commitments to engage as a partner in GBV coordination (KAA 2.4) or to support local leadership (KAA 2.6). The level of commitment to the latter in particular should be improved in the post-2020 Road Map given recent discussions within the partnership and broader system trends towards localization of humanitarian aid.

Outcome 3: Needs assessments, analyses, and planning processes support effective and accountable integration of GBV prevention and response and gender equality into humanitarian response efforts.

Table 3: Number of Commitments for Outcome 3 by KAA

Not categorized	6
3.1	12
3.2	6
3.3	14
3.4	6
3.5	4
<b>Total</b>	<b>48</b>

The low number of commitments related to KAA 3.2 (integration of GBV and gender equality into needs assessments) and KAA 3.4 (accountability for ensuring GBV and gender equality programming in the humanitarian program cycle) are concerning. When needs assessments do not include gender

and GBV, this delays or prevents action to mitigate risk and prevent and respond to GBV. The need for early action and accountability are embedded within the goal of the Call to Action, which states (emphasis added):

The goal of the Call to Action is to drive change and **foster accountability** within the humanitarian sphere so that every humanitarian effort includes the policies, systems, and mechanisms necessary to mitigate GBV risks, especially violence against women and girls, **from the earliest phases of a crisis**, and to provide safe and comprehensive services for those affected by GBV.

As such, these aspects must receive additional attention before the expiration of the 2016-2020 Road Map and in the development of its next iteration.

**Outcome 4: Funding is available for GBV prevention and response for each phase of an emergency, from preparedness and crisis onset through transition to development.**

Table 4: Number of Commitments for Outcome 4 by KAA

Not categorized	14
4.1	3
4.2	3
4.3	1
4.4	6
4.5	9
4.6	7
<b>Total</b>	<b>43</b>

In Call to Action annual progress reports, the lack of funding for GBV in emergencies is identified as a key barrier to progress. While this is not the Outcome with the least number of commitments, it is one with critical gaps that need to be addressed. It is especially concerning that the database includes only one commitment under KAA 4.3 on new and innovative funding streams for core GBV services. Further, the low participation and limited number of commitments under this Outcome by States and Donors requires attention. Only 16 commitments from eight State/Donor partners are recorded.

Outcome 5: Specialized GBV prevention and response services are implemented in each phase of an emergency, from preparedness and crisis onset through transition to development.

Table 5: Number of Commitments for Outcome 5 by KAA

Not categorized	16
5.1	6
5.2	6
5.3	18
5.4	22
5.5	6
<b>Total</b>	<b>74</b>

Outcome 5 has the second highest number of commitments. Following the 2019 launch of the Minimum Standards package, it will be necessary to focus increased attention on this Outcome and especially on KAAs 5.2 (implementation, evaluation & reporting) and 5.5 (rapid deployment of experts). At the same time, work should continue on developing technical capacity (KAA 5.3) and building the evidence base (KAA 5.4).

Outcome 6: Those managing and leading humanitarian operations have and apply the knowledge and skills needed to foster gender equality and reduce and mitigate GBV risk.

Table 6: Number of Commitments for Outcome 6 by KAA

Not categorized	8
6.1	5
6.2	6
6.3	2
<b>Total</b>	<b>21</b>

The implementation of the 2015 revised IASC GBV Guidelines is critical to the achievement of the Call to Action goal and some partners are leading efforts to roll out and implement the Guidelines. However, despite the importance of risk mitigation to partners’ work in all sectors, this outcome has the lowest number of commitments by far. This could be due in part to the unclear wording of the outcome itself, which should be addressed in the Road Map updating process. As the Call to Action moves forward, partners should be encouraged to develop commitments in line with the GBV Guidelines.

Also, the current Road Map Action Areas under this Outcome do not reference the IASC Gender Handbook, which was published in 2017. During deliberations in 2019 on the next iteration of the Road Map, partners should review this issue and its impact on achieving the third objective of the Call to Action Road Map on gender equality.

## Key Issues with Formulation of Current Commitments

This section outlines the issues with the current commitments that make it difficult to measure individual and collective progress.

### Many not linked to one Outcome or KAA

Although efforts were made by the Government of Sweden to identify which KAA each commitment was associated with, this information was presumably not provided by every partner or for every commitment. Some are listed under the Outcome rather than a specific KAA and some are listed under more than one Outcome/KAA. This lack of alignment with the Road Map structure makes it difficult to identify where the gaps are and where achievements have been made.

### Commitments are of variable structure and quality

There is no consistency in the way in which commitments are worded. Some are broad and others specific. Some are worded as actions and others as outcome statements. There are commitments that are a concise statement while others include a lengthy description of actions to be taken and that have already been taken. Some of the commitments are obviously measurable while others would benefit from more clarity. When commitments are not measurable or specific, it is difficult for partners to report on progress.

There is also no uniformity regarding provision of benchmarks and information on how progress will be measured. While most partners provided this requested information, not all did so.

## Recommendations

### **For the Steering Committee:**

- Update the current commitments template, and re-affirm the need for partners to adhere to it. The inconsistencies described above could be addressed by a more uniform style for partner commitments that builds on good practices from current Road Map commitments. The template below suggests several edits to the original template in Annex 2. Point 4 is designed to ensure that the language of a commitment is specific, while point 5 allows partners to include additional background information on that commitment. Point 7 specifies the link between measurement and annual reporting.
  1. Partner name
  2. Location of the planned work
  3. To which Outcome and KAA in the post-2020 Road Map is the commitment linked? (as specific as possible)
  4. A clear/concise and measurable commitment statement worded as an outcome or action (see examples in the annexes)
  5. Additional narrative as needed/relevant
  6. Timeframe for completion and benchmarks over the life of the post-2020 Road Map
  7. How will the partner measure progress for annual reporting?<sup>2</sup>

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<sup>2</sup> Partner should indicate how they will measure progress towards achievement of the commitment. This could include source of information about progress and/or more specific plans for measurement as appropriate/relevant.



- Clarify and implement the commitment review process described in the 2016-2020 Road Map. Key stakeholder groups would peer review members' proposed commitments to ensure they are measurable, actionable, and advance a Road Map KAA. Ideally, this would happen prior to organizational clearance so that needed changes can be made. Although this process was not applied to the current Road Map commitments, it can be useful to enhance the quality of commitments made to the post-2020 Road Map.

#### **For All Partners:**

- Submit new commitments according to the agreed template.
- Consider making commitments in areas that are insufficiently addressed, such as gender equality, risk mitigation, and funding, including tracking of funds.
- Report annually against all commitments.

#### **For the Call to Action Lead:**

- Retain the relevant documentation, including copies of original commitment letters provided by partners, for transfer to future Leads.
- Maintain a clear record of commitments made by Outcome and KAA, and update this as needed. This should include noting where commitments have been completed as reported by partners.
- Once a year, share an update on commitments with the Steering Committee, in advance of the Annual Partners Meeting, so that the Committee can have concrete discussions within their stakeholder working groups on gap areas. This should also help stimulate more strategic discussion at the annual partners meeting.

## **Conclusion**

The process of updating the Road Map creates opportunities for partners to renew their commitments to working individually and collectively to transform the way in which GBV is addressed in humanitarian settings. It also enables partners to fill critical gaps, and further advance this work through new commitments that respond to current realities and are based on up-to-date information. A consistent approach to expressing these commitments and regularly reporting on progress are key to identifying areas for further focus, and to documenting the impact of the Call to Action.

## **Annex 1: Examples of Concrete, Measurable Commitments from Current Road Map (per database)**

### **Example 1: KAA 1.1**

Partner: UNFPA

Location: Global

Commitment: Establish internal institutional policy that drives action and accountability on GBV in humanitarian settings.

Benchmarks:

- By January 2017: Internal institutional policy drafted by inter-divisional working group.
- By January 2018: Internal institutional policy endorsed by UNFPA Executive Board.

How will progress be measured: By January 2018, an internal institutional policy is in place.

### **Example 2: KAA 2.4**

Partner: International Medical Corps

Location: Global

Commitment: Continue to dedicate one HQ Gender-Based Violence Advisor to meaningful participation in the GBV AoR as a Core Member.

Benchmark: N/A

How will progress be measured: Organization will record participation in the GBV AoR as a core member.

### **Example 3: KAA 3.1**

Partner: IRC

Location: South Sudan, Ethiopia, Kenya, and Somalia

Commitment: Provide training, technical support, and small grants to 25 local organizations working across the Horn and East Africa, with the aim of advancing their internal GBV emergency preparedness and ability to engage in local and national preparedness and response efforts.

Timeframe: July 2015\* – June 2016 (\*training, support, and grant-making began prior to the completion of the Road Map)

Benchmarks: N/A

How will progress be measured: WPE Team will provide regular progress reports based on reports from local organizations receiving funds.

#### **Example 4: KAA 4.5**

Partner: Government of Norway

Location: Norway

Commitment: Further develop tracking mechanisms for funding for SGBV programming in humanitarian response and increase dialogue with humanitarian partners on how to improve mandatory reporting on how a gender perspective is integrated in all aspects of operations.

Benchmark: To be included in the agenda in all annual bilateral meetings with humanitarian partner organizations in 2016.

How will progress be measured: The percentage of humanitarian response programmes with a gender marker.

#### **Example 5: KAA 5.4**

Partner: Government of Ireland

Location: Global

Commitment: Support research, interventions, or other contributions to best practice which build the global evidence base for effective GBV prevention and response interventions in humanitarian contexts.

Timeframe: April 2016-June 2020

Benchmarks:

- April 2016: terms of reference for the humanitarian Good Practice Portfolio include and prioritize GBV prevention, mitigation, and/or response at each phase of an emergency.
- December 2020: Findings from research, of good practice or other evidence bases regarding GBV prevention and/or response published, disseminated, and demonstrably used.

How progress will be measured: Analysis of the number and nature of research on GBV in emergencies and fragile states produced by 2020.

#### **Example 6: KAA 6.3**

Partner: UNHCR

Location: Global and country level

Commitment: Ensure effective implementation of the IASC *Guidelines for Integrating GBV Interventions in Humanitarian Action* across all levels and sectors in UNHCR operations.

Benchmarks:

- UNHCR staff trained on the use of the IASC Guidelines.
- Training packages on SGBV prevention are incorporated in training material at global level for sector specialists in UNHCR (i.e., WASH, Shelter, Energy).

How progress will be measured: Training mission reports from the GBV Guidelines roll-out process, number of UNHCR staff participating in GBV Guidelines trainings, finalized training packages.

## **Annex 2: Commitment Template for the Road Map 2016-2020 with Sample Commitments**

### ***Call to Action on Protection from Gender-based Violence in Emergencies – Template for conveying partners' commitments to implement the Road Map 2016-2020***

Partners' commitments to implement the Road Map of the Call to Action on Protection from Gender-based Violence in Emergencies (Call to Action) are the heart of the initiative. Working together, we can transform humanitarian action on GBV so that crisis-affected individuals and communities are safer, and survivors receive the care they deserve.

As a partner, your organization or government has agreed to make at least two commitments under the Road Map's Action Plan. One commitment must be in a Key Action Area under Outcome 1 which relates to organizational and institutional policies. The other commitment(s) can be in any Key Action Area under the six outcomes of the Road Map. While the minimum requirement of a partner is two commitments, every Call to Action partner is strongly encouraged to make the maximum number of commitments consistent with their mandate, resources, and capacities.

Commitments should be:

- Clearly defined and specific
- Linked to one of the Key Action Areas in the Road Map
- Achievable within the timeframe of the five-year Road Map
- Measurable

Partners will report on progress towards their commitments on an annual basis.

The template below is to help you record and convey your commitments. Please complete a separate template for each commitment and fill in all seven fields for each commitment. Several examples of completed templates are provided for illustrative purposes.

#### ***Elements of Template***

1. Name of Partner Making Commitment
2. Road Map Outcome/s & Action Area/s the commitment is linked to (Refer to Action Plan)
3. Location of Activities (Global, regional or country/s: identify by name)
4. The Commitment (Brief statement of what organization commits to achieve)
5. Time Frame for Achievement (Should fall within five-year time frame of Road Map)
6. Interim Benchmarks (If applicable)
7. Method for Measuring Progress (Partner should indicate how they will measure progress towards achievement of the commitment. This could include source of information about progress and/or more specific plans for measurement as appropriate/relevant)

## **Examples:**

### **1. Partner: Government of C**

2. Road Map Outcome/s & Action Area/s commitment linked to: 4.3
3. Location of activities: Global
4. Commitment: Develop new dedicated funding stream to support core GBV service provision in humanitarian settings and disburse at least \$3,000,000 USD for these services over the next 2 years.
5. Time frame for achievement: January 2016-December 2017
6. Interim benchmarks: By 31 December 2016 disburse at least \$1,000,000 USD
7. Method for Measuring Progress: Track funding disbursement by new funding stream using existing mechanism for financial transparency.

### **1. Partner: NGO A**

2. Road Map Outcome/s & Action Area/s commitment linked to: 5.5
3. Location of activities: Global
4. Commitment: Recruit and maintain at least 5 GBV experts on rapid deployment team
5. Time frame for achievement: January – December 2016
6. Interim benchmarks: Recruitment of at least 3 rapidly deployable GBV experts by June 2016
7. Method for Measuring Progress: Organization will record how many GBV experts are recruited for rapid deployment team.

### **1. Partner: International Organization F**

2. Road Map Outcome/s & Action Area commitment linked to: 1.6
3. Location of activities: Global
4. Commitment: Implement mandatory GBV and gender equality training for all staff through e-learning
5. Time frame for achievement January 2016-Dec 2020
6. Interim benchmarks:
  - By January 2017 e-learning program developed
  - By December 2017 25% of staff trained
  - By December 2018 50% of staff trained
  - By December 2019 75% of staff trained
  - By December 2020 100% of staff trained
7. Method for Measuring Progress: Human Resources department to monitor compliance with policy and provide reports on progress to leadership team every 6 months.