

Call to Action Road Map Survey: Summary of Responses

Introduction

Starting in 2019, under the leadership of the Government of Canada, the Call to Action has begun the process of updating the initiative's Road Map for the post-2020 period. The process aims to be as consultative as possible and provide all partners and selected stakeholders with opportunities to provide inputs. The Government of Canada hosted a brainstorming workshop in New York in February 2019 with 22 partners in attendance to begin the process of discussing areas where the Road Map could be strengthened or needed to be updated. Recognizing that not all partners are able to attend face-to-face meetings, the Government of Canada invited partners to complete a brief survey to provide views on a number of key issues that came out of the workshop. Because field perspectives are often insufficiently included, partner focal points were encouraged to share the survey with field colleagues. The survey included 23 questions on key issues raised in the February 2019 partner consultation, including Road Map gaps, challenges, and opportunities; engaging local and women's organizations; the Road Map Action Plan content and structure; gender equality; PSEA; collective action; governance and accountability. The survey aimed to gather information that will inform further discussions on the Road Map updating process, including at the 2019 annual partners meeting.

This paper summarizes the responses to the survey circulated to the Call to Action membership on April 8, 2019. The initial response deadline of May 17, 2019 was extended to June 28, 2019. There were 35 responses to the survey. These are not necessarily fully representative of all perspectives within the membership. Respondents did not have to give their names or organizational affiliations, but were required to identify to which stakeholder group they belonged. About 51% of respondents identified as representatives of NGOs, with 26% of respondents from IOs and 23% from States and Donors. Respondents were also required to indicate whether they were based at HQ (69%), regional (9%), or field/country level (9%). The remaining 14% represented consolidated organizational feedback.

In order to facilitate discussions during the 2019 partners meeting, the information from the survey is organized under the session headings for the meeting. Each section includes a summary of relevant responses and some points for consideration by the membership. There are annexes with specific inputs by Road Map Outcome to inform work relating to that part of the agenda. It is important to note that the survey is only one source of data that should inform the partners annual meeting discussions and the Road Map revision process.

Gender Equality

In reflecting on gaps in the current Road Map, the second most cited gap after CSO engagement was the lack of linkage between work on gender equality and gender-based violence (GBV). Sixty-one percent of respondents indicated that gender equality is not sufficiently addressed in the 2016-2020 Road Map. While some respondents thought that a separate Outcome was needed on gender equality, others suggested gender equality be better integrated throughout the Road Map and in particular into Outcomes 1, 3, 4, and 6, as well as the introductory sections of the Road Map, the section on governance and accountability, and the monitoring and evaluation framework.

Respondents requested a clearer articulation of the links between GBV and gender equality in the Road Map. They also suggested that the Road Map provide guidance on how to address the disconnect and include an explanation of how the Call to Action contributes to gender equality. This could be included in the introductory sections of the Road Map. Some noted the need to be more explicit about the role of unequal power relations, social norms, and abuse of power in maintaining gender inequality and perpetuating GBV. This would go hand in hand with taking a more rights-based perspective and focus on empowerment of women and girls.

Some respondents also suggested that the Road Map focus more on intersectionality and be more inclusive of LGBTQIA populations and people with disabilities, as well as men and boys, both in terms of their engagement and support for them as survivors.

To consider:

- How can the Call to Action guide/support/enable the gender-based violence in emergencies (GBViE) and the gender in emergencies communities to work more closely together?
- Should gender equality be mainstreamed in the Road Map (including Outcomes, Key Action Areas [KAAs], and indicators) or should it be separated out from GBV?
- How should intersectionality be addressed in the Road Map?

PSEA

In the 2016-2020 Road Map, protection from sexual exploitation and abuse (PSEA) is mentioned only once in the introductory sections but not in the Action Plan. Of those responding to the survey, 53% think PSEA should be in the Call to Action scope of work, 17% said it should not, and 30% are unsure.

Those supporting inclusion of PSEA in the work of the Call to Action noted that PSEA is a form of GBV and suggested that the Call to Action could have a role in supporting coordination between GBV and PSEA actors, clarifying the role of GBV actors in PSEA work, and advocating for services for SEA survivors.

Those opposed to the inclusion noted that PSEA is already addressed by other initiatives and mechanisms, and that PSEA is a systemic issue that should not be made into a GBV sector responsibility. Some expressed concern that inclusion of PSEA risks overtaking the focus of the Call to Action and diverting funds and attention away from other forms of GBV in emergencies.

One asked why we would be highlighting one manifestation of GBV and not others. Respondents indicated that it would be important to clarify how the Call to Action relates to existing PSEA initiatives and coordination structures globally and in the field.

To consider:

- What role does the Call to Action have in PSEA?
- Will the Call to Action explicitly include PSEA in its scope of work and the next iteration of the Road Map, and if so:
 - » To what extent/in what way?
 - » Would PSEA be mainstreamed in the Road Map or separated out in its own Outcome?

Strengthening CSO Engagement

Respondents indicated that the biggest gap in the current Road Map is insufficient attention to how the Call to Action works with and supports the work of local civil society organizations (CSOs) and, in particular, women-led organizations (WLOs). In keeping with the broader localization agenda, 90% of respondents thought there should be a stronger articulation of the strategic importance of national CSOs in the Road Map revision and 100% thought there should be a stronger articulation of the strategic importance of women's organizations in the Road Map revision. Ninety-seven percent thought there should be more references to WLOs in the revised Road Map, including in:

- Stakeholder groups (either a separate one for CSOs or inclusion in the NGO Working Group [WG])—see also governance section
- Introduction and problem analysis
- All Outcomes and KAAs (including possible specific KAAs for CSOs/WLOs—at least one per Outcome) or a separate Outcome for WLOs

Respondents noted that many challenges remain for CSOs, including lack of recognition, exclusion from decision-making, lack of access to funding mechanisms due to not meeting eligibility thresholds, and linguistic and other barriers to participation in humanitarian system processes. Given these challenges, it is important to reflect on and articulate what the value added is of the Call to Action for CSOs/WLOs. It is also important to clarify how the Call to Action works with local and women's organizations at the global and local level. The issue of how we can better reflect national Road Map members in communications materials such as the website was also raised. How do we highlight achievements of local actors as equal partners?

Respondents made suggestions about how to engage in true partnership with CSOs/WLOs, including the need to consult with CSOs/WLOs about how they want to engage. A respondent also suggested that the Localisation Task Team of the GBV AoR may have valuable insights. The Governance and Accountability section below has information related to membership of CSOs/WLOs.

To consider:

- How can the Call to Action integrate local voices into discussions and work of the Call to Action?

- What is the value added of the Call to Action for CSOs/WLOs?
- Should CSOs/WLOs be added to the INGO group or have their own stakeholder group? (consider power dynamics if INGOs are also their donors)

Governance and Accountability

The current approach to Call to Action governance is laid out in a governance package document developed under the European Union's leadership of the initiative and approved by the Steering Committee under the Government of Canada's leadership. This document covers a range of issues and procedures, including those relating to membership, decision-making, and field-level Road Maps. It would be useful to refer to this document as a basis for discussion about governance. It is posted in the partners' section of the Call to Action website.

Eighty-seven percent of survey respondents thought that changes needed to be made to the Call to Action governance structure to enable quality participation of local and women's organizations. Forty-four percent thought no changes were needed to membership criteria. Thirty-seven percent said maybe and 19% said no. Some suggestions included:

- Adding a CSO co-chair to the NGO WG and funding that position
- Establishing Regional Call to Action Working Groups (which combine stakeholders) and/or focal point mechanism in Call to Action to enable better engagement and linkages to CSOs/WLOs
- Bring in CSOs/WLOs through current members
- Ensure that membership rules do not exclude WLOs/CSOs or create too high a barrier to entry

Respondents also suggested that there be more opportunities for partners to engage across working groups—possibly through Outcome-focused or issue-focused formal or informal working groups.

Twenty-three percent of respondents indicated that no changes were needed to the Call to Action approach to accountability (including annual reporting on progress on commitments, participation in stakeholder group meetings, and quality of partner commitments), 37% thought changes were needed, and 40% said maybe.

Respondents noted that clearer Outcomes and KAAs in the revised Road Map will help facilitate accountability. Some noted that publishing partner annual reports is an important step toward accountability and suggested that commitments be published as well. They requested more clarity/transparency about how decisions are taken at Steering Committee (SC) level and what power the SC has to make decisions.

Seventy-four percent of respondents thought that key actors and/or areas of work are missing from the Call to Action, with most of these focusing on the need to engage local actors more (including civil society and governments of affected countries). Others suggested the Call to Action should engage more donors and a broader range of donors, including foundations and development donors.

Some respondents suggested changes to membership criteria, including:

- Requiring a common commitment to working toward gender equality as a founding principle and key goal of the partnership
- Requiring all donors to make a commitment to Outcome 4
- Clarifying criteria for new governments joining to exclude sexual violence perpetrators

Respondents also raised concerns about what it means for accountability to have inactive and/or non-reporting members.

To consider:

- How should CSOs/WLOs be engaged as members? Are the criteria different? Should CSOs/WLOs be added to the INGO group or have their own stakeholder group? (consider power dynamics if INGOs are also their donors)
- How can formal leadership role(s) by CSOs/WLOs be enabled within the Call to Action (consider costs, time zones, technology, language)?
- Should the Call to Action establish regional mechanisms?
- How is the Call to Action accountable to affected populations?
- Should the Call to Action create cross-WG thematic groups?
- Should membership criteria be revised?
- Should commitments be made public?
- What should the Call to Action do about inactive/non-reporting members?

Updating the Road Map

In addition to gaps relating to CSOs/WLOs, the links between GBV and gender equality, and PSEA discussed above, other gaps mentioned by more than one respondent were the importance of addressing the current threat to sexual and reproductive health services, and the need for more clarity on the importance of risk mitigation and GBV guidelines implementation.

Eighty-eight percent of respondents felt that there have been developments since the drafting of the 2016-2020 Road Map that need to be considered by/provide opportunities for the Call to Action, including the World Humanitarian Summit/Grand Bargain, the updating of the Gender Handbook, and the launch of the Gender and Age Marker.

In general, respondents noted the need to clarify language and simplify the Road Map, including layout, Outcomes, KAAs, and the M&E framework. They noted that definitions of key terms should be revised and that there should be stronger language about the importance of collective action and advocacy in the introductory narrative. They also stated that all Outcomes and KAAs should be reviewed to see whether they are still relevant or need to be modified. They suggested fewer and broader KAAs to capture more work and more clarity on which related to GBV, which to gender equality, and which to both. They also questioned whether the order of Outcomes needed to be changed to reflect priorities on field implementation and/or funding.

Sixty percent of respondents thought new outcomes were needed. Topics that were suggested

include (though these may also be mainstreamed throughout):

- gender equality
- accountability
- localization/WLOs
- PSEA
- advocacy
- addressing root causes

The comments by current outcome are copied in the annex to support those break-out group discussions at the annual meeting.

Collective Action

Only 55% of respondents indicated that they believed the Call to Action facilitated collective action. Some challenges noted by respondents were a lack of joint action, a lack of field focus and meaningful engagement of local actors, and insufficient use of opportunities for joint advocacy. Some respondents also questioned whether the Working Group structure of the Call to Action facilitated collective action. One expressed concern that competition for resources impeded collective action and suggested that collective advocacy is the most feasible area for joint work within the initiative.

Some suggestions for facilitating collective action included:

- Have shared milestones or common/core/shared commitments that all partners agree to so that collective action could actually be measured and tracked.
- Have 3 – 5 high-level indicators with ambitious targets that require collective action (such as on funding).
- Have more substantive discussions between partners across WGs to encourage working together to deliver on our collective goals and implement action rather than on Call to Action processes.
- More sharing of results, lessons learned, and suggestions among members.
- More joint advocacy opportunities.
- More linkages to other processes and mechanisms.
- Provide examples of collective action.

To consider:

- Should the Call to Action have shared milestones/targets/commitments?
- Is there a way to structure the way partners make commitments that makes it more clear how everyone's work adds up to what is required to effect change?
- How can we best harness our collective strength—and in what activities?
- What is the best way to capture and report on collective action?
- What approaches can be taken to facilitate cross-WG discussion and collaboration?

Conclusion

The Call to Action is committed to ensuring a consultative process for the development of the next iteration of the Road Map. The feedback garnered through the survey is one important source of information that can help inform the work of the membership as it moves forward to shape the future of the initiative.

Annex: Survey Responses by Outcome

Outcome 1

Overall comments

- There needs to be greater buy-in at higher levels of the UN system and government policies. Include more on accountability of States. OCHA has also been missing if we want to see more done by the Humanitarian System and Humanitarian Response Plans (HRPs).
- Generally speaking, the Outcomes would benefit from language that is more easily accessible to a wide range of actors (i.e., simplify). It would also be great to talk about shifting power—to women and girls themselves, to local and women-led organizations, to refugees/displaced peoples—and how this can help to prevent GBV.
- It cannot measure two things (i.e., gender equality [GE] and GBV)—but can measure GBV approaches that effectively integrate GE.
- Incorporate reference to the GBV accountability framework.
- There should be an addition to highlight that these policies and standards should work to strengthen gender equality, and prevent and respond to GBV, both at organizational and service delivery levels.
- Integrate GBV prevention and response and gender equality into humanitarian action: It is hard to report on this as it looks at gender equality and GBV. Better to separate to see to what extent GBV-specific preparedness was done and how much gender equality was mainstreamed.
- Should be focused on institutional change, which will be possible once gender equality becomes a reality. The current outcome is focused on policy and standards, which ends up being a tick-the-box exercise with no sound changes within the organizations and the work they do. An umbrella outcome on gender equality should be included, linked to gender initiatives out of humanitarian sphere.
- Once policies are established, the outcome should also talk about implementation and follow-through of policy.
- This outcome includes two ideas in one. It may be helpful to break it into adopting and implementing policies, and then another on accountability.
- Outcomes 1, 3, and 6—These three refer to gender equality and GBV in the one Outcome but I would suggest that the two domains operate quite distinctly and separately in reality in global and response-level actions; the architecture for coordination is different, the specialists are often different, they do not work in concert in policy, systems, or practice. Therefore, the Road Map would be a good place to guide both “communities” on how to do this in practice rather than the bare-bones rhetoric that is provided here.
- In view of how risk mitigation is a shared responsibility/a minimum that should be required across sectors, it should perhaps be considered whether references and actions on GBV mainstreaming could be strengthened, especially under Outcomes 1 and 3.

Specific KAA edits

- Add something on staff care and support (in KAA 1.3?).
- Some of the KAAs (i.e., 1.1 and 1.2) are no longer relevant for current CtA partners, but they may still need to be included for new CtA partners. If there is a push to integrate more local partners and more partners generally, these types of KAAs will remain relevant. And there may be a need to integrate new KAAs relevant to the recruitment and integration of new and/or local CtA partners.
- There is duplication between KAAs on capacity building (1.6, 5.3). Either remove 1.6 or make it clearer that it relates to institutionalization and internal capacity building. I would also think about significantly reducing the KAAs. In places the Road Map feels like a programmatic plan. I think being less detailed could open up space to be more visionary with bigger goals.
- KAA 1.7 : Systematically advocate for inclusion of Call to Action considerations in relevant policy processes (e.g., World Humanitarian Summit, Women, Peace and Security agenda) we should revise to talk about systematically advocating for GBV, localization, etc., not necessarily “Call to Action,” center back to the core of what the C2A wants to achieve.
- I wonder if the KAA on organizational gender policies has proved, after the last 5 years, to be helpful and worth tracking?
- Add KAA on PSEA.
- Add a new KAA on the support to local women’s organizations on strengthening their core policies, standards, tools, and processes regarding gender equality and GBV prevention and response.
- 1.6 taking action to be inclusive for PWD [people with disabilities] and men and boys.

Outcome 2

Outcome language

- “All levels within the humanitarian architecture promote effective and accountable interagency/inter-sectoral GBV and Gender Equality leadership and coordination.”

Other overall comments

- How is measurement happening and how is accountability being demonstrated when most progress is self-reported by GBV specialists in agencies and organizations?
- Incorporate reference to the GBV accountability framework.
- The focus is exclusively on coordination; while it may contribute, having coordination system in place does not always mean having quality humanitarian response on GBV and gender equality at field level mainly because coordination is too focused on process instead of outcomes. Road map outcome and indicators should target the final outcomes that coordination systems pursue (quality prevention and response actions based on common strategies).
- Very wordy, should be simplified. More clarity on the levels and humanitarian architecture.
- Consider merging and refining Outcomes 2 and 3 into one Outcomes area.

Specific KAA edits

- KAA 2.5 should be “unpacked”/made into separate actions to explicitly call out the key actors, i.e., HCs, HCT members, Cluster lead agencies, etc.
- KAA 2.4 Separate Gender and GBV since the actors for these two are different, i.e., Gender Reference Group and GBV AoR—if one fails, then both fail—one should not be contingent on the other. GBV is now included in the HC ToRs, should it be included under the Representative’s ToR for agencies or is this too ambitious?
- Add a new KAA on the support to the inclusion of local women’s organizations in the humanitarian architecture (maybe by rephrasing KAA 2.6).
- Revise KAA 2.2 Establish timely and effective GBV coordination mechanism at field level to achieve enhanced accountability, effective leadership, and performance in line with cluster standards and guidelines. Bring in diverse leadership from local actors (women’s groups, LGBTQ, DPOs).
- Inclusion of the GBV Accountability Framework under outcome 2—perhaps rewording KAA 2.5 as the GBV AF provides clarity on responsibilities and accountability.

Outcome 3

Outcome language

- Delete or REVISE this outcome as the focus should be more on adhering to accountability mechanisms: “Establish/strengthen accountability mechanisms for integration of GBV and gender equality programming into the Humanitarian Program Cycle.”

Other overall comments

- Outcomes 1, 3, and 6—These three refer to gender equality and GBV in the one Outcome, but I would suggest that the two domains operate quite distinctly and separately in reality in global and response-level actions; the architecture for coordination is different, the specialists are often different, they do not work in concert in policy, systems or practice. Therefore, the Road Map would be a good place to guide both “communities” on how to do this in practice rather than the bare-bones rhetoric that is provided here.
- Consider merging and refining Outcomes 2 and 3 into one Outcomes area.
- Where is monitoring?
- In my opinion this is a milestone Outcome; its theory of change is based on the assumption that including GBV and gender equality-sensitive tools in the program cycle would support the achievement of related outcomes. The risk is again becoming a tick-the-box exercise. There is already a very good guidance on how humanitarian responses may contribute on reducing GBV (IASC 2015 guidance); however, there is a huge lack on implementation. Focus should be on the implementation of recommendation in all phases of the program cycle and all relevant sectors. Budget for its implantation should be allocated de facto in all proposals (the latter could be also covered under outcome 4).
- In view of how risk mitigation is a shared responsibility/a minimum that should be required

across sectors, it should perhaps be considered whether references and actions on GBV mainstreaming could be strengthened, especially under Outcomes 1 and 3.

Specific KAA edits

- May be beneficial to split some of the key action areas between GBV and gender equality. For example, this is possible for KAA 3.4.
- Add a new KAA on ensuring preparedness for local women’s organizations, and that local women’s organizations are fully integrated into all humanitarian planning processes, plans, and reviews.
- KAA 3.1 Sex-, age-, and disability-disaggregated data.
- Delete KAA on RTEs as Real Time Accountability Partnership (RTAP) now more systematized/part of CtA.

Outcome 4

Outcome language

- “Funding is available...for each phase and to the different GBV Actors,” i.e., there needs to be a mechanism for local organizations to access pooled funds via the Call to Action.
- “Funding is available for Gender Equality and Women’s Empowerment and GBV prevention and response for each phase of an emergency, from preparedness and crisis onset through transition to development, and benefits local actors as well.”

Other overall comments

- In Outcome 6 and possibly Outcome 4 there needs to be a check whether they are still the most up to date and whether the KAAs cover all of the different objectives of the Outcome area.
- Incorporate some language on funding for GBV risk mitigation and prevention.
- This focuses on GBV funding, but may be good to include funding around gender equality programming.
- Funding should also include relevant technical expertise in GE and GBV. Improving funding is essential—but what type of programming and the qualitative nature of this programming is also important to capture (especially as not doing GBV programming effectively can place people in vulnerable positions).
- A % of the budget of each action should be de facto allocated to the implementation of the IASC GBV guidelines (this is an indicator very easy to measure). For GBV-specialized interventions a special fund should be explored (i.e., Education Cannot Wait Fund). Global initiative such C2A unfortunately has very little impact at field level. However, putting global efforts on making available specific funds for interventions would have an amazing direct impact in the field. On the other side, funding on gender equality in humanitarian settings is hard to leverage. By definition, humanitarian interventions are short term while gender equality is a (very) long-term process. Keeping this in mind, efforts should be focused on bridging humanitarian and development interventions. The NEXUS approach could be a window of opportunity.

- Outcome 4 indicators could usefully be rephrased also to find out how much funding all actors of the C2A allocate to GBV in emergencies every year. We see that donors frequently report this, and having this information would already be very helpful.

Specific KAA edits

- 4.5 “Establish tracking mechanisms to report on funding for GBV programming” could be changed to include the new coding on Women against Violence and that this should be promoted and used by all donors.
- Add a new KAA on ensuring adequate funding for GBV prevention and risk mitigation specifically, including for organizations that are not specialized in GBV, as the focus has been largely put on response to GBV, especially from donors.
- Add a specific KAA on ensuring that appropriate funding for GBV prevention, risk mitigation, and response goes to local women’s organizations/women’s organizations as the first responders to crises, with the knowledge of the local context allowing for culturally appropriate response, a well-established presence in and respect from the communities, and a capacity for immediate deployment of services.
- Add new KAA on funding to local actors.
- REVISE KAA 4.1 and talk about addressing barriers.
- It would perhaps also be beneficial to explore whether key action area 4.5, which relates to tracking funding for GBV programming, could include GBV mainstreaming.

Outcome 5

Outcome language

- “Specialized GBV prevention and response services (that meet Minimum Standards) are implemented in each phase of all emergency responses, from preparedness and crisis onset through transition to development.”
- This outcome will be completed so please delete (or alter) language to emphasize use of the resource to guard against bad practice: Establish a package of core GBV services for specialized GBV prevention and response to be undertaken during each phase of an emergency.
- “Specialized GBV prevention and response services and gender equality programming are implemented in each phase of an emergency, from preparedness and crisis onset through transition to development.”

Other overall comments

- Inclusion of PWD in GBV prevention and response—under implementation and also strengthen preparedness to integrate PWD (accessibility assessment, barriers for PWD, disability data ...).
- Outcome 5 could include stronger reference to localization and building capacity of local actors in view of GBV being a long-term problem that needs to be addressed over the next decades, i.e., in protracted emergencies and into the development phase (NEXUS).
- Would love to see more on building capacity of women’s orgs on GBV prevention/response/gender equality/SRHR.

- Add inclusive GBV prevention and response.
- This is a key outcome and very much needed. However, there seems to be some kind of risk aversion among GBV partners to challenge our approaches and ourselves; interventions are purely the same along the globe (safe centers for women and girls, distribution of dignity kits, some form of PSS, and referral [fingers crossed if there are services to be referred to]). Outcomes of such interventions are very poorly measured, discouraging donors to re-invest in GBV projects so moving their interest to other sectors where outcomes can be easily quantified. While efforts must be done on finding the way to better measure impact (and this may only apply for GBV due to the short timeline of humanitarian projects, thus almost impossible if targeting gender equality) much effort must be done on rethinking the approach on our GBV response strategies. Attention must be given to the process of defining GBV-specialized service packaged for this not ending to be a list of the common practices among GBV partners which indeed have not been proven yet as the most appropriate solution (i.e., are awareness-raising activities efficiently achieving change behavior of perpetrators [instead of putting again pressure on women to stop doing activities they need/want to do]? Are women and girls' centers the most efficient way to disclose SGBV cases within 72 hours?)
- I think all the efforts to ensure that all stakeholders are aware of their particular role as non-specialists to reduce risks, etc., have been so successful that we are losing the focus on the need for life-saving quality services for survivors, the specialized interventions. I therefore wonder if this outcome—focusing on the provision of support to survivors—should not be moved up, to be more prominent.
- Implementation outcome mentions increasing capacity of GBV Specialists—but capacity at large (GBV/GE) needs to be promoted (not just the roles of Specialists). Programming approaches could also make links to SRHR and GE programming—and the importance of inter-linking programming and partners for a more comprehensive approach and response (including PSEA) and linked to UNFPA minimum standards for GBV programming.

Specific KAA edits

- KAAs to be updated, and specific key actions on core services which reference “meeting or exceeding Minimum Standards” and linked accountability mechanisms for donors/IOs/INGOs/GBV AoR.
- Add KAA on justice/holding perpetrators accountable under Outcome 5.
- There is duplication between KAAs on capacity building (1.6, 5.3). Either remove 1.6 or make it clearer that it relates to institutionalization and internal capacity building. I would also think about significantly reducing the KAAs. In places, the Road Map feels like a programmatic plan. I think being less detailed could open up space to be more visionary with bigger goals.
- On KAA 5.5: We now have protocols for systemwide scale up, not L3s anymore.
- There are no longer L3 emergencies, so this should be removed. I think that there should be more explicit wording around the connection of SRHR and GBV for specialized services, since rape treatment now is under attack by conservative factions.

- Add a new KAA on ensuring that local women’s organizations are fully part on the specialized GBV prevention and response package, which is implemented in each phase of an emergency, and especially that they benefit from appropriate capacity building.

Outcome 6

Outcome language

- Outcome 6 refers to “managing and leading humanitarian operations have and apply(ing) the knowledge and skills needed to foster gender equality and reduce and mitigate GBV risk.” The wording may not resonate with organisations that do not lead or manage humanitarian operations and, therefore, may be considered as not applicable.
- Make more explicit reference to risk mitigation (it is lost in the way it is currently phrased).

Other overall comments

- Key action areas under 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) focus more on GBV risk and less on how those managing and leading humanitarian operations can foster and build capacity around gender equality. There is room here to build on what it means for those managing and leading humanitarian operations to integrate gender equality into their internal management structure and staffing, and in their operational actions. For instance: (i) how do we empower our partners to do this?); (ii) promote resilience (again, for who? Resilience is not sustainability—is there a way to also ensure this?); and (iii) aiding recovery (how can we ensure that women and girls are empowered here and not an afterthought?).
- Outcomes 1, 3, and 6—These three refer to gender equality and GBV in the one Outcome, but I would suggest that the two domains operate quite distinctly and separately in reality in global and response-level actions; the architecture for coordination is different, the specialists are often different, they do not work in concert in policy, systems, or practice. Therefore, the Road Map would be a good place to guide both “communities” on how to do this in practice rather than the bare-bones rhetoric that is provided here.
- Inclusion of PWD in GBV prevention and response—under implementation and also strengthen preparedness to integrate PWD (accessibility assessment, barriers for PWD, disability data...).
- The outcome statement mentions gender equality, but it isn’t mentioned in any of the KAAs. So, it would be good to review this and strengthen the link between the KAAs and the Outcome.
- It would be useful if all Outcomes made greater reference to gender equality. Outcome 6, for instance, could integrate GE (process, trainings, standards, etc.).
- Effective GBV response and prevention must be accompanied by GBV risk mitigation actions across sectors to holistically foster protective environments. Currently, the need to also ensure GBV risk mitigation measures are integrated across sectors and levels remains limited to Outcome 6.

- The Outcome could reinforce language around accountability at all levels, adding a reference to anyone who intervenes in humanitarian operations. Wonder if it would be needed to expand on development (nexus)?
- The language is not clearly related to the KAA. I suggest omitting this outcome and putting further efforts on the implementation of the IASC 2015 Guidelines integrating GBV in humanitarian action.
- No tool on gender equality but it is mentioned in the overall objective of the Outcome.
- See my earlier comments—the language especially in the action pathways area needs to be much more flexible and not so focused only on tools, but more so on programming. Also, no need for both “reduce and mitigate,” it’s overly wordy; we can stick with just mitigate.
- This is very general—not as tangible as the other outcomes.
- Disproportionately heavy focus on the GBV Guidelines, whereas there are so many other, just as essential tools that need to be taken up and implemented for a successful prevention/response to GBV.

Specific KAA edits

- Add a new KAA on making sure that local women’s organizations are part of all the review/revision/evaluation processes.
- All 3 KAAs need to be changed to make much more flexible and take into account that risk mitigation is about programming even more so than it is about tools and standards.
- In Outcomes 6 and possibly Outcome 4 there needs to be a check whether they are still the most up to date and whether the KAAs cover all of the different objectives of the Outcome area.

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