

CALL TO ACTION **on Protection from** **Gender-based Violence** **in Emergencies**

ROAD MAP 2016-2020

September 2015

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Executive Summary

Vicious and unacceptable, gender-based violence (GBV) is a reality of everyday life for those affected by conflict and disasters. We have an obligation to act—to take all possible measures to keep people safe and to help survivors of GBV rebuild their lives.

GBV, particularly against women and girls, is pervasive and is exacerbated in humanitarian emergencies. Yet prevention of and response to GBV is still not treated as a priority from the earliest stages of emergencies and humanitarian responses lack sufficient mechanisms—funding, policy, and systems—to ensure that the issue is comprehensively addressed. This inaction represents a failure on the part of humanitarians to promote, respect, and protect the rights of affected populations, particularly women and girls.

The ***Call to Action on Protection from GBV in Emergencies***, formally launched in 2013 by the United Kingdom and Sweden, aims to fundamentally transform the way GBV is addressed in humanitarian operations via the collective action of numerous partners, each bringing our various strengths and capacities to the table. Our goal is to drive change and foster accountability within the humanitarian sphere. The commitment to act and to hold ourselves accountable for action is what binds us together under the *Call to Action*.

The United States took on leadership of the *Call to Action* in 2014 and began to support the development of a Road Map. This Road Map is an operational framework established to ensure that pledges are translated into concrete and targeted actions on the ground. It is focused on the systemic changes that must be made in policy and practice to transform humanitarian response to GBV. The Road Map invites governments, donors, international organizations, non-governmental organizations (NGOs), national civil society, women's organizations, and the private sector to join the *Call to Action*.

This time-bound and measureable five-year plan aims to meet the need for accountability, collective action, and locally driven programming through the following outcomes:

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.
2. All levels within the humanitarian architecture promote effective and accountable inter-agency/inter-sectoral GBV leadership and coordination.
3. Needs assessments, analyses, and planning processes support effective and accountable integration of GBV prevention and response and gender equality into humanitarian response efforts.
4. Funding is available for GBV prevention and response for each phase of an emergency, from preparedness and crisis onset through transition to development.
5. Specialized GBV prevention and response services are implemented in each phase of an emergency, from preparedness and crisis onset through transition to development.
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.

The strength of the *Call to Action* lies in the diversity of its stakeholders; a governance structure that supports participation, accountability, transparency, and communication; and the collective pledge to hold ourselves accountable to one another and to the people we serve. We shall always include affected women, men, girls and boys as actors in prevention as well as in response.

Addressing GBV is lifesaving work. It is at the heart of the humanitarian mandate and is essential in protecting human rights. Ultimately, our success will be judged by the people we serve: the individuals and communities, including the women and girls, who are safer because we acted promptly to reduce their risks of GBV, as well as the survivors who received the care they deserve as soon as they needed it. In the end, this is the change that truly matters.

Introduction

The *Call to Action on Protection from Gender-Based Violence in Emergencies* (hereafter *Call to Action*) is a multi-stakeholder initiative supported by governments, international organizations, and non-governmental organizations (NGOs) to fundamentally transform the way gender-based violence (GBV) is addressed in humanitarian action.

This lifesaving work is at the heart of the humanitarian mandate and is essential for respecting, protecting, and promoting the human rights of those we serve.

When the initiative was formally launched in 2013, the *Call to Action* partners laid out core principles in a foundational Communiqué that would guide our efforts—a pledge. We, the *Call to Action* partners,¹ agreed to establish an operational framework that guides implementation of our commitments, to take the necessary steps to carry out our actions, and to report publicly on our progress. We committed to collective and targeted action that drives change and fosters accountability within the humanitarian system so that every response—from the very start of an emergency—prioritizes and includes actions that mitigate GBV risks and provide safe and comprehensive services for survivors. This lifesaving work is at the heart of the humanitarian mandate and is essential for respecting, protecting, and promoting the human rights of those we serve.

Our motivation in committing to the *Call to Action* and inviting others to join is quite simple: GBV continues to plague those affected by conflict and disasters, especially women and girls. We have an obligation to act—to take all possible measures in our humanitarian work to build resilience, to keep people safe, and to help GBV survivors rebuild their lives.

This task is greater than any one donor or agency. It requires the collective action of numerous partners bringing their various strengths and capacities to the table.

The commitment to act and to hold ourselves accountable for action is what binds us together under the *Call to Action*. This Road Map establishes a time-bound and measurable operational framework to realize the aim and commitments of the *Call to Action*. It enables us to move the *Call to Action* forward through sustained collective action over the next five years. By sharing this Road Map with colleagues around the world, we can galvanize increased engagement to address GBV, encourage new partners to commit to the *Call to Action*, and realize the aims of this initiative.

Laying the Foundation for the Road Map

We developed a Theory of Change to define and articulate strategic guidance on how to structure the Road Map and inform its framework and content. We began by stating the problem and reflecting on contributing factors and barriers that must be addressed. We concluded with articulating the change that we, as a community, wanted to see. We affirmed the *Call to Action* goal and articulated three objectives. We were then able to define a set of specific outcomes—or results—that we seek to achieve in the coming five years to make real progress toward our goal.

GBV is exacerbated in humanitarian emergencies where vulnerability and risks are high, yet family and community protections have broken down.

The Problem

GBV is a pervasive and life-threatening health, human rights, and protection issue. Deeply rooted in gender inequality and norms that disempower and discriminate, GBV is exacerbated in humanitarian emergencies where vulnerability and risks are high, yet family and community protections have broken down. While GBV can affect both females and males, globally women and girls are disproportionately affected.

Despite its prevalence, prevention of and response to GBV are rarely undertaken from the earliest stages of emergencies. Moreover, there are insufficient mechanisms in place at the policy, funding, systems, and implementation levels to ensure that GBV will be comprehensively addressed and prioritized.

The particular risks faced by women and girls can be heightened when humanitarians overlook women's strength and agency and when they do not work with local women's organizations and female leaders. The failure to link GBV prevention and risk mitigation efforts with gender equality work to address existing gender discrimination also exacerbates the problem.

Inaction, when it occurs, represents a failure on the part of humanitarians to fulfill their basic responsibilities to protect people and their rights.



The State of Play

Though there are challenges and gaps in effectively addressing GBV in emergencies, some progress has been made in recent years. There is more awareness of GBV as a serious problem and a high level of determination to address it. These efforts are encouraging steps and must be strongly supported.

The United Nations Security Council has adopted seven ground breaking resolutions² calling for full and equal participation of women in issues that range from conflict prevention to post-conflict reconstruction, peace, and security. Together, these resolutions frame the *Women, Peace and Security agenda (WPS)*. The WPS establishes links between protection of women's rights and women's empowerment, their leadership in all aspects of peace and security processes, and international peace and security.

The Inter-Agency Standing Committee (IASC)—the primary mechanism for inter-agency coordination of humanitarian assistance—issued its *Statement on the Centrality of Protection in Humanitarian Action* in 2013. The statement affirms the IASC's commitment to comprehensive strategies to address protection risks in keeping with human rights and humanitarian law. GBV is one of the protection risks to be addressed in these strategies.

In 2015, the IASC approved the *Guidelines for Integrating GBV Interventions in Humanitarian Action*, a practical,

field-tested tool for humanitarians and affected communities. It provides step-by-step guidance on essential actions that should be taken in all sectors to reduce and mitigate GBV risks. The Guidelines are a resource for a number of the Key Action Areas identified in the Road Map and reinforce the collective responsibility to address and respond to GBV among all, including those who are not GBV specialists.

The *Preventing Sexual Violence Initiative (PSVI)*, launched by the United Kingdom in 2012, is a critical workstream that complements and reinforces the efforts of the *Call to Action*. This initiative specifically focuses on how to address war-related sexual violence. It emphasizes ending impunity for perpetrators, challenging attitudes, influencing social norms around sexual violence, supporting survivors, and empowering women and girls.

Later this year, the International Red Cross and Red Crescent Movement, the largest humanitarian network in the world, will bring added attention to the issue of gender-based violence in humanitarian emergencies at the International Conference of the Red Cross and Red Crescent in December. Efforts are underway to formulate the Movement's first dedicated resolution on this topic.

The World Humanitarian Summit in 2016 and the processes leading up to it also present a valuable opportunity to ensure that gender equality and gender-based violence prevention and response are fully reflected in the summit's outcomes.

Prevention and response must be undertaken in collaboration with national systems and civil society, including women's groups, as essential partners.

Even as some progress has been made, and important new opportunities arise in multiple forums, there are persistent challenges that continue to impede efforts to effectively address gender-based violence. It is these challenges that the *Call to Action* collective has used to inform the substance of the Road Map to ensure it is meaningful, relevant, and has impact on the ground.

In an extensive review³ of academic peer review literature, grey literature, discussions with *Call to Action* partners, and key informant interviews, six areas emerged as particular challenges to timely and comprehensive response to GBV in crises:

» **Systemic challenges:** GBV is an issue that must be addressed across all humanitarian response sectors, but this is not operationalized at the global or field level. Leadership and ownership of GBV as a cross-cutting issue is typically weak within organizations and across humanitarian response at all levels. There is not yet widespread understanding of what GBV is or what a humanitarian response to GBV should look like.

» **Disconnect between gender equality and GBV:** GBV is deeply rooted in gender inequality and women's disempowerment: GBV is one of the primary obstacles to achieving gender equality, and gender inequality perpetuates norms which promote GBV. In order to effect change on GBV, gender equality programming must be an integral part of the work. Many actors do not understand the inherent link between gender inequality and GBV and its relevance to their work. Working groups and coordination mechanisms for GBV and for gender are organized and operated separately at global, regional, and national levels without consistent links among them.

» **Capacity issues:** Low capacity plagues the system on multiple fronts. There are too few organizations with technical expertise and too few qualified GBV staff in international, national, and local organizations. In many affected countries, there are no policies or systems for GBV prevention and response. Lack of funds or delayed funding significantly constrains capacity development and hinders effective and timely response. In addition, specialized considerations for GBV against children are not consistently integrated into GBV programs and child protection programs.

» **Absence of accountability:** While there are established inter-agency agreements, policies, and guidelines related to protection from GBV in emergencies, they typically assign responsibilities without clarifying mechanisms for accountability. In addition, commitments and statements of support for inter-agency policies and guidelines

are often not translated into organizational policies, systems, and practices—they remain rhetorical at best.

» Insufficient Evidence Base on Effective

Programming and Systemic Response: There are too few scientific evaluations of programmatic interventions for prevention, response, and risk mitigation. Specific and reliable data about the humanitarian system's response to GBV in individual crises is also lacking. The World Health Organization (WHO), in collaboration with the Sexual Violence Research Initiative (SVRI), commissioned the development of a research agenda to help guide research on sexual violence in humanitarian, conflict, and post-conflict settings. Through a multi-stage, consultative process, the research agenda identified key themes which need more attention in research. The United Kingdom is funding efforts to strengthen the evidence base, and some new studies are emerging in the literature. More attention and funding are needed to build this critical evidence base.

» Weak linkages with national systems and local

actors: Engaging national actors is critical for successful humanitarian work, especially in gender equality and GBV as these programs may challenge prevailing cultural norms. Whenever possible, prevention and response must be undertaken in collaboration with national systems and civil society, including women's groups, as essential partners. The agency of women in affected communities is too often ignored and their capabilities should be brought to the forefront from the earliest stages of planning and implementing GBV and gender equality interventions. The lack of national/local capacity, as already cited, can be a challenge; but it is also true that the humanitarian system can do more to fully engage with national systems and local actors, including women in the affected populations. Some of this disconnect can be attributed to language barriers, but the humanitarian system itself can be daunting to those who are unfamiliar with how it works.

GBV GUIDELINES

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action:

- » Reducing risk
- » Promoting resilience
- » Aiding recovery

Formally endorsed by the Inter-Agency Standing Committee, the revised GBV Guidelines (2015) are an **important technical resource** to support implementation in the field of the goal, objectives, and key actions in the *Call to Action Road Map*.

The GBV Guidelines aim to achieve system-wide change whereby GBV-sensitive approaches and programming are consistently implemented across all humanitarian sectors from the very outset of every emergency. The GBV Guidelines contain sector-specific technical guidance (in the full document and in brief Thematic Area Guides) to coordinate, plan, implement, monitor, and evaluate essential actions for GBV risk reduction and mitigation. ***Implementation of the GBV Guidelines through policies, systems, and implementation is one way stakeholders can promote Objective Two and the overall Call to Action Road Map.***

The full GBV Guidelines and Thematic Area Guides are available here: www.gbvguidelines.org

Affirming the Goal and Objectives

Drawing from our understanding of the problem and the barriers to effective action, we affirmed the goal of the *Call to Action* and identified three inter-linked objectives.

Goal

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.

Objectives

1. Establish specialized GBV services and programs that are accessible to anyone affected by GBV and are available from the onset of an emergency.
2. Integrate and implement actions to reduce and mitigate GBV risk across all levels and sectors of humanitarian response from the earliest stages of emergencies and throughout the program cycle.
3. Mainstream gender equality and the empowerment of women and girls throughout humanitarian action.

Driving Change through Targeted “Strategic Shifts”

Our collective commitment to drive change and foster accountability means that we are ready to profoundly change the ways in which we work. With this Road Map, we are moving beyond pledges to concrete and targeted action on the ground to address the key problem areas. We aim to embed prevention of, and response to, GBV as core elements of humanitarian response at all stages, as something that is automatically prioritized, from preparedness through crisis onset and eventually into the transition to development.

Partners identified six Outcomes—or results—that the *Call to Action* will achieve in the next five years. Collective achievement of these Outcomes will address the key problem areas and bring us closer to realizing our

objectives and, ultimately, the goal of the *Call to Action*. Priority actions were defined for each Outcome to form the Action Plan (see next section, “Outcomes to Be Achieved by 2020”).

By taking action and achieving these Outcomes, *Call to Action* partners are driving the change from “business as usual” to a new norm in which an immediate, good quality, effective, and adequately funded humanitarian response to GBV in emergencies is normal and unquestioned, as occurs for the water, sanitation, and hygiene (WASH), health, and shelter sectors. Achieving this “new normal” requires fundamental and strategic shifts in the way we do business. These “shifts” are embedded in the Action Plan, and have been identified and categorized as:

» **Enhanced accountability:** Commitment and accountability to immediate humanitarian action on GBV needs to be adopted at all levels, from senior leaders to field-based staff. Sustained political will and robust systems and processes are required to establish, monitor, and enforce accountability for action.

Photo Credit: Tyler Jump, IRC

» **Collective action:** Rather than pursuing *ad hoc* and reactive approaches, the Road Map is designed to facilitate stakeholders' collective roles and responsibilities to move our shared goal forward. Partners are committing to work at the global and local levels and across sectors and stakeholder groups—states, donors, international organizations, international NGOs, national civil society,⁵ and individuals and communities (adults and children) affected by armed conflict and/or natural disasters—collectively targeting and more effectively addressing key problem areas in humanitarian response.

» **Full engagement with local actors:** Programming should be informed by national civil society, women's groups, and the affected community through all stages of the program cycle so that the humanitarian response is tailored to unique contextual issues and maintains women and girls' empowerment central to the work. This means taking specific action to promote and support local leadership, along with amplifying the voices and meaningful engagement of women and girls, from the earliest stages of emergencies.



It is only by making these strategic shifts in our approach that we can achieve the following Outcomes that we have set out for ourselves in this Road Map and the Action Plan that follows.

Outcomes to Be Achieved by 2020

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.

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

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.

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.

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.

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.

The Action Plan

The following Action Plan lays out the Key Action Areas we have prioritized to achieve the target Outcomes by 2020. Each Outcome includes a set of time-bound actions and key stakeholder groups responsible for them. We have also identified supporting stakeholder groups or entities that contribute advocacy, funding, and other relevant workstreams to ensure the action is complete, based on their capacity and responsibility to engage on GBV-related issues. The Action Plan is supported by structures for partnership, leadership, governance, and monitoring; these are described later in the Organizing Collective Action section on page 21 and in Annex 3.

Pathways of Action

The Outcomes we wish to achieve and the actions needed to achieve them are organized across three interlinked Pathways of Action that must be undertaken in sync with each other.



Internal Institutional Policies are the policies and mechanisms within individual partner organizations/institutions.

- » Policies provide the high-level guidance and commitment that drive the mechanisms necessary to support leading, funding, coordinating, and implementing action on the ground.
- » Actions in this pathway inform, guide, and establish the means to hold staff at all levels accountable for decisions, practices, and programs on gender equality and protection from GBV in emergencies.
- » Policies ensure that gender equality, protection from sexual exploitation and abuse (PSEA), and protection from GBV become organizational norms and practices, and are thereby integrated into all administrative and programmatic (e.g., tools, guidance, planning, monitoring, etc.) mechanisms.
- » This pathway also includes the stakeholder organization's commitment to participation in inter-agency coordination, advocacy, and other activities aimed at carrying forward the issues.

Inter-agency Systems are the inter-agency policies, structures, and systems developed and agreed to by inter-agency groups.

- » Systems should clearly guide, support, and govern humanitarian action related to GBV and gender equality.
- » Actions in this pathway provide the structures and systems for implementation on the ground and accountability for action.
- » Actions in this pathway are informed by institutional policies and practices.

Implementation is the program level, where communities are engaged and services are planned and delivered by individual agencies and inter-agency groupings.

- » Implementation actions include specialized GBV prevention and response programming by the key specialized sectors; the integration of GBV risk reduction and mitigation into the work of all sectors and all actors in line with the revised IASC GBV Guidelines; and mainstreaming of gender equality throughout all programs and interventions.
- » The implementation level is supported, guided, and made possible by the policies and systems in the other two pathways.

Stakeholder Groups

In the Action Plan, specific groupings of stakeholders are identified by abbreviated terms as follows:

States

- » States and/or regional bodies (e.g., European Union, African Union) that provide bilateral and/or multilateral humanitarian funding
- » States and/or regional states bodies that do not necessarily fund humanitarian action, but do engage in advocacy and other activities around humanitarian issues
- » States affected by armed conflict and/or natural disaster; includes refugee host countries

States/Donors

- » States, regional states bodies (e.g., European Union, African Union), and/or private donors that provide humanitarian funding through bilateral and/or multilateral methods

Affected States

- » States prone to or affected by armed conflict and/or natural disaster; includes refugee host countries

International Organizations (IOs)

- » International/multilateral organizations, including United Nations agencies, Red Cross/Red Crescent Movement, etc.

International Non-governmental Organizations (INGOs)

- » International humanitarian and/or development INGOs

National Civil Society

- » National non-governmental organizations (NNGOs)
- » National Red Cross and Red Crescent Societies
- » Business forums
- » Faith-based associations
- » Labor unions
- » Community-based organizations (CBOs) and local community groups

Affected Communities

- » Individuals, women's groups, and other groups in communities affected by armed conflict and/or natural disasters

A distinction is made in the Action Plan between “Key Stakeholder Groups” and “Supporting Stakeholder Groups.” Key Stakeholder Groups are those that have primary responsibility for leading and carrying out the Priority Action Areas. Supporting Stakeholder Groups have important secondary roles, such as advocacy, funding, or other relevant workstreams that support completion of the actions. Stakeholder groups can occupy the role of “key” or “supporting,” at different times throughout the Action Plan, depending on their role specific to that workstream.

PATHWAY:

Internal Institutional Policies

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.

Key Action Areas	Key Stakeholder Groups	Supporting Stakeholder Groups	2016	2017	2018	2019	2020
1-1 Establish and implement internal institutional policies, standards, and practices that drive action and accountability on GBV and gender equality in humanitarian service delivery.	IOs, INGOs, National Civil Society, States						
1-2 Establish and implement national policies and plans on gender equality and GBV (e.g., national strategies as appropriate) that guide priorities, processes, protocols, human and financial resource allocation, and advocacy.	States	National Civil Society					
1-3 Strengthen human resources processes and practices to reflect institutional commitments to, and accountability for, action on GBV and gender equality, including recruitment, job descriptions/terms of reference (ToRs), performance reviews, and sex balance of staff at all levels.	IOs, INGOs, National Civil Society, States						
1-4 Integrate action on gender equality and GBV into standards, tools, guidance, processes, and priorities for service delivery, funding, and advocacy.	IOs, INGOs, National Civil Society, States						
1-5 Integrate GBV and gender equality considerations into tools, guidelines, and processes related to monitoring and evaluation, building an evidence base, and information collection, sharing, and use.	IOs, INGOs, National Civil Society, States						
1-6 Build general and/or specialized knowledge and capacity among staff, management, and local partners for taking action on GBV prevention, response, and preparedness. (Links with Outcomes 5 and 6.)	IOs, INGOs, National Civil Society, States						
1-7 Systematically advocate for inclusion of <i>Call to Action</i> considerations in relevant policy processes (e.g., World Humanitarian Summit, Women, Peace and Security agenda)	States/Donors, IOs, INGOs, National Civil Society						

INDICATORS

Indicator 1a: % of partner organizations that have established enforceable institutional policies/standards on GBV and on gender equality for programming in humanitarian settings (linked to Action 1-1)

Milestone(s)
80% by 2018

Target
100% by 2020

Indicator 1b: % of state partners with national policies and implementation plans on GBV and on gender equality (linked to Action 1-2)

Milestone(s)
80% by 2018

Target
100% by 2020

PATHWAY:
Inter-Agency Systems

OUTCOME 2.

All levels within the humanitarian architecture promote effective and accountable inter-agency/inter-sectoral GBV leadership and coordination.

Key Action Areas	Key Stakeholder Groups	Supporting Stakeholder Groups	2016	2017	2018	2019	2020
2-1 Strengthen GBV coordination mechanism at the global cluster level to achieve enhanced accountability, effective leadership, and performance in line with cluster standards and guidelines.	IOs, INGOs	States/Donors		✓	✓	✓	✓
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.	IOs, Affected States, INGOs, National Civil Society	States/Donors		✓	✓	✓	✓
2-3 Institutionalize and systematize inter-sectoral GBV coordination and coordination between thematic/working groups on GBV and gender equality at global and field levels.	IOs, INGOs, National Civil Society, States				✓	✓	✓
2-4 Dedicate qualified staff to meaningfully engage in gender and GBV as pertains to global inter-agency mechanisms/groups, including the GBV Area of Responsibility (AoR) and the Gender Reference Group.	IOs, INGOs	States/Donors National Civil Society		✓	✓	✓	✓
2-5 Establish explicit responsibilities for action and accountability on GBV and gender equality in the ToRs of Resident/Humanitarian Coordinators (RC/HCs), Humanitarian Country Teams, and cluster lead agencies, including coordination and programming in each phase of an emergency. (Links with Action 1-3.)	IOs	INGOs States/Donors		✓	✓	✓	✓
2-6 Proactively promote effective local leadership of and robust engagement in assessments, planning, implementation, and monitoring of GBV and gender equality interventions.	IOs, INGOs, National Civil Society, States	States/Donors		✓	✓	✓	✓

INDICATORS

Indicator 2a: % of global level GBV AoR members satisfied with leadership, performance, and accountability of the global humanitarian GBV coordination mechanism.

Milestone(s)
60% by 2017

Target
85% by 2020

Indicator 2b: % of new crises with a country-level humanitarian GBV coordination mechanism established within 14 days of cluster activation.

Milestone(s)
80% by 2018
90% by 2019

Target
100% by 2020

Indicator 2c: % of countries with a Humanitarian Coordinator that have a national-level humanitarian GBV coordination co-led/led by a national actor.

Milestone(s)
30% by 2018

Target
50% by 2020

PATHWAY:**Inter-Agency Systems****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.

Key Action Areas	Key Stakeholder Groups	Supporting Stakeholder Groups	2016	2017	2018	2019	2020
3-1 Strengthen preparedness to integrate gender equality and GBV prevention and response into humanitarian action (e.g., sex and age disaggregated data, gender analyses, prepositioned supplies, trained local actors, planned gender equality indicators, GBV preparedness in national plans).	IOs, INGOs, National Civil Society, Affected States	States/Donors		✓	✓	✓	✓
3-2 Revise and implement tools and methodologies ⁶ that govern emergency needs assessments (sectoral and inter-sectoral) to integrate GBV and gender equality issues.	IOs, INGOs	National Civil Society States/Donors	✓	✓			
3-3 Integrate GBV prevention and response and gender equality into humanitarian planning processes, plans, and reviews. (Links to Outcomes 5 and 6)	IOs, INGOs, National Civil Society, Affected States	States/Donors	✓	✓	✓	✓	✓
3-4 Establish/strengthen accountability mechanisms for integration of GBV and gender equality programming into the Humanitarian Program Cycle. (Links with Outcomes 1 and 2.)	IOs, INGOs, Affected States	States/Donors	✓	✓	✓	✓	✓
3-5 Conduct and report on at least one inter-agency real time evaluation (with a focus on humanitarian response to GBV and gender equality) in at least one L3 emergency setting per year.	IOs, INGOs, Affected States, National Civil Society		✓	✓	✓	✓	✓

INDICATORS

Indicator 3a: % of selected inter-sector/inter-cluster and sector/cluster assessment tools that integrate GBV and gender equality.

Milestone(s)
80% by 2018

Target
100% by 2020

Indicator 3b: % of Humanitarian Program Cycle (HPC) countries where GBV and gender equality are integrated into HPC processes and reflected in documents.

Milestone(s)
50% by 2018

Target
100% by 2020

PATHWAY:

Internal Institutional Policies

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.

Key Action Areas	Key Stakeholder Groups	Supporting Stakeholder Groups	2016	2017	2018	2019	2020
4-1 Identify barriers to national, bilateral, multilateral, and pooled funding for action on GBV at each phase of an emergency, from preparedness and onset through transition to development.	IOs, INGOs, National Civil Society, States						
4-2 Revise funding guidelines to address barriers and ensure funding is available for GBV prevention and response (see Outcome 5 and Definitions of Key Terms) at each phase of an emergency, from preparedness and crisis onset through to the transition to development.	IOs, Donor States	INGOs, Affected States, National Civil Society					
4-3 Identify (or develop new) innovative funding streams to enable rapid implementation of core GBV services (see Definition of Key Terms and Outcome 5)	IOs, INGOs, States/Donors	Affected States, National Civil Society					
4-4 Incorporate core GBV services in funding proposals for comprehensive GBV prevention and response (Links to Outcome 5). (Also see Definition of Terms.)	IOs, INGOs, Affected States, National Civil Society	States/Donors					
4-5 Establish tracking mechanisms to report on funding for GBV programming.	IOs, States/Donors	INGOs, National Civil Society, Affected States					
4-6 Develop and implement advocacy strategies for prioritizing and funding GBV programming.	All Partners/All Stakeholder Groups						

INDICATORS

Indicator 4a: # projects to implement core GBV services in strategic response plans, by country.

Milestone(s) **Target**

Increase in # of projects and # of countries from 2018-2020

Indicator 4b: # humanitarian crises where a funding tracking mechanism for GBV is in place.

Milestone(s) **Target**

Increase in # of countries from 2018-2020

PATHWAY:**Implementation****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.

Key Action Areas		Key Stakeholder Groups	Supporting Stakeholder Groups	2016	2017	2018	2019	2020
5-1	Establish a package of core GBV services for specialized GBV prevention and response to be undertaken during each phase of an emergency. (See Definition of Terms, Annex 1)	IOs, INGOs, National Civil Society, Affected States	States/Donors	✓	✓			
5-2	Implement, evaluate, and report on specialized services through the use and effectiveness of the core services package for GBV prevention and response in each phase of an emergency.	IOs, INGOs, National Civil Society, Affected States	States/Donors			✓	✓	✓
5-3	Strengthen technical capacity—international, national, and local—to implement specialized GBV prevention and response programming (including the core services) in each phase of an emergency.	IOs, INGOs, National Civil Society, Affected States	States/Donors	✓	✓	✓	✓	✓
5-4	Continue to build the global evidence base to define effective GBV prevention and response interventions in humanitarian settings.	IOs, INGOs, Affected States	States/Donors, Academia	✓	✓	✓	✓	✓
5-5	Deploy GBV technical experts within 72 hours of declaration of an L3 emergency to initiate specialized GBV programming.	IOs, INGOs, National Civil Society	States/Donors	✓	✓	✓	✓	✓

INDICATORS

Indicator 5a: A set of core GBV services for all crisis phases is established and agreed to by *Call to Action* partners

Milestone(s)

Technical working group formed by 2016

Target

Completed by 2018; set new indicator on implementation

Indicator 5b: Finalization and implementation of a comprehensive capacity development strategy targeting national and international GBV specialists.

Milestone(s)

Finalization and endorsement by 2016

Target

Implementation in accordance with the timeline established in the strategy document begins by 2017

PATHWAY:**Implementation****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.

Key Action Areas		Key Stakeholder Groups	Supporting Stakeholder Groups	2016	2017	2018	2019	2020
6-1	Revise sector-specific/cluster tools, standards, processes, trainings, and other key materials for all phases of the program cycle to reduce and mitigate GBV risk in accordance with the revised GBV Guidelines ⁷ . (Links with Action 1-6.)	IOs, INGOs	States National Civil Society					
6-2	Implement revised sector-specific/cluster tools, standards, processes, trainings, and other key materials for all phases of the program cycle to reduce and mitigate GBV risk in accordance with the revised GBV Guidelines.	IOs, INGOs	States National Civil Society					
6-3	Evaluate and report on the implementation of revised sector-specific/cluster tools, standards, processes, and other key materials for reducing and mitigating GBV risk, for all phases of the program cycle.	IOs, INGOs, National Civil Society, Affected States	States					

INDICATORS

Indicator 6a: % of projects in Strategic Response Plans that incorporate actions from the revised IASC *Guidelines for Integrating GBV in Humanitarian Action*, by country.

Milestone(s) **Target**
 50% by 2019 80% by 2020

SUMMARY OF INDICATORS AND TARGETS

PATHWAY OF ACTION	INDICATOR	2016	2017	2018	2019	2020
INTERNAL INSTITUTIONAL POLICIES	Partners with enforceable policies/ standards on GBV and gender equality			80%		100%
	State partners with national policies/ plans on GBV and gender equality			80%		100%
	Core specialized GBV services projects in Strategic Response Plans			Increasing numbers of projects and countries		
	Tracking mechanism for GBV funding at country level			Increasing number of countries		
INTER-AGENCY SYSTEMS	Satisfaction with leadership, performance, accountability of global GBV coordination mechanism (GBV AoR members)		60%	85%		
	GBV coordination mechanism within 14 days of cluster activation			80%	90%	100%
	National GBV coordination mechanism co-led by national actor			30%		50%
	Inter-cluster assessment tools and methods integrate GBV and gender equality			80%		100%
	GBV and gender equality integrated in Humanitarian Program Cycle documents			80%		100%
IMPLEMENTATION	“Package” of core specialized GBV services	Tech. working group formed		Endorsed by partners	New indicator on implementation	
	Comprehensive capacity development for GBV specialists	Implemented according to strategy timeline				
	Projects (by country) in Strategic Response Plans that incorporate risk reduction/mitigation in line with GBV Guidelines				50%	80%

See Annex 3 for details

From Road Map to Results

Organizing Collective Action

The strength of the *Call to Action* lies in the diversity of stakeholders and the collective pledge to hold ourselves accountable to one another and to the people we serve while advancing core principles and effectively implementing the Road Map. A leadership and governance structure that supports **participation, accountability, transparency, and communication** among partners and facilitates the engagement and commitment of new partners is central to the success of the *Call to Action* over the next five years.



Photo Credit: Dormino, UNICEF

Partnership

The *Call to Action* is driven by the inspiration, commitment, and expertise of each partner and our collective determination to transform humanitarian practice on GBV as a collective. Partners include states, IOs, and NGOs—including community-based and local organizations—working at global, national, and/or local levels. A *Call to Action* partner agrees to commit to the following core actions:

- » Formally endorse the *Call to Action* goal and the Road Map;
- » Commit to at least two Key Action Areas to achieve the Outcomes described in the Road Map:
 - » At least one commitment for action on an organizational/institutional Key Action Area outlined in Outcome 1 (organizational/institutional policies)
 - » At least one additional commitment on a Key Action Area listed in the Road Map;
- » Report annually on progress toward commitments;
- » Designate an appropriate organizational focal point dedicated to the *Call to Action*;
- » Participate in stakeholder working group calls;
- » Attend annual partner meetings, if resources allow;
- » Lead and/or support collective advocacy activities; and
- » Support the collective effort to bring new partners into the *Call to Action* initiative.

To join the *Call to Action* partnership, organizations/institutions/groups send a statement to the current Lead indicating their interest in joining the partnership, support for the *Call to Action* goal, and commitment(s) in support of the *Call to Action*. The Lead and the new partner may have additional discussions on specific actions the new partner plans to undertake as part of their commitment(s), and how they fit into the Road Map and other actions already underway.

Leadership

The Lead motivates and organizes partners to achieve the common goal. Key responsibilities are:

- » Oversee the implementation and monitoring of the Road Map;
- » Lead the work of the Steering Committee;
- » Organize, coordinate, and lead advocacy in relevant forums;
- » Maintain communications with partners;
- » Compile and maintain consolidated Commitments list;
- » Manage the partner annual reporting process;
- » Design and lead annual partner meeting; and
- » Ensure the *Call to Action* website and partner listserv are regularly updated and maintained.

The *Call to Action* was initially launched by the governments of the United Kingdom and Sweden; the United States has served as the Lead for two years. The Government of Sweden will assume leadership of the *Call to Action* in 2016. In the near term, the Lead for *Call to Action* will remain a state actor with strong leverage in humanitarian policy and funding, a demonstrated champion for GBV in humanitarian response, and fully engaged in the *Call to Action*. In addition, the Lead must be able to devote the necessary financial and human resources, including technical expertise and political leadership, to meet the responsibilities outlined above. Future Leads will be asked to serve two calendar years, not to exceed three consecutive years.

At least six months in advance of the end of the Lead's term, the *Call to Action* Steering Committee members (described below) will identify partners who have expressed interest as potential incoming Leads. The active *Call to Action* Lead will connect with recommended partners, keeping the Steering Committee informed. Ideally, there would be a three-month handover period from the outgoing to incoming Leads. As the *Call to Action* brings on new partners and the initiative evolves, partners may wish to consider a co-lead arrangement.

Governance

The *Call to Action* governance structure incorporates collaborative and transparent processes for decision-making, planning, coordination, supporting workstreams, and workflow. Procedures and processes are designed to promote collective, cohesive, and coordinated action and to cultivate mutual respect, trust, legitimacy, shared understanding, shared commitments, and inclusiveness.

Three **Stakeholder Working Groups**—States/Donors, IOs, and NGOs—help sustain the engagement and input from partners. All partners actively participate in their respective stakeholder working groups during the life of the Road Map, at a minimum through participation in working group calls. Responsibilities of these groups include:

- » Annually selecting two representatives from the Working Group as co-chairs who will serve on the Steering Committee for two calendar years, staggering terms so that member terms end in different years;
- » With facilitation from co-chairs, identifying Road Map implementation issues that need to be addressed within the group and/or by the broader *Call to Action* collective;
- » Conducting a peer review of members' proposed commitments to ensure they are measurable, actionable, and advance a Road Map priority action area;
- » Collecting and sharing information for monitoring and evaluation; and
- » Identifying stakeholder events and opportunities for advocacy and/or outreach to new partners.

The **Steering Committee** comprises the Lead and six committee members (two co-chairs selected from each Stakeholder Working Group). Steering Committee members are selected by their respective Stakeholder Working Groups to serve for at least two, and no more than three, calendar years. Ideally, the individual Steering Committee members' terms will stagger so that the entire committee does not end its service in any given year. Key responsibilities include:

- » Organizing and managing Stakeholder Working Group communications;
- » Facilitating working group discussions on Road Map implementation and peer review of partner commitments;
- » Bringing feedback from respective group calls to the Lead and the full Steering Committee;
- » Supporting the Lead in identifying opportunities and undertaking advocacy in relevant forums; and
- » Supporting the Lead in planning the annual partners' meeting and securing annual reports from partners.



With guidance from the incoming Lead, in late 2015 partners will take the necessary action to implement the governance structure by developing terms of reference, organizing into groups, and selecting Steering Committee members.

Meetings and Communications

Stakeholder Working Groups meet by teleconference quarterly or as needed to identify implementation opportunities and challenges that should be addressed within the Stakeholder Working Group and/or with all partners. Steering Committee teleconferences are held quarterly or as needed to review monitoring and implementation issues across the collective.

There is an annual technical meeting at which partners review progress of the collective; identify challenges and new opportunities; consider revisions to the Road Map; secure new or amended partner commitments; and confirm relevance of ongoing commitments. It may work well for the annual meeting to be linked with the GBV AoR's annual planning meeting.

In addition to the periodic teleconferences and annual meeting, the Lead will distribute quarterly updates to partners through the listserv. The Lead will work with the Steering Committee members to develop and maintain the *Call to Action* website, which could include a partner log-in component to support partner-to-partner communications.

Coordination of Actions and Workstreams

Coordination across actions and workstreams will take place through the discussions and monitoring activities undertaken by the Stakeholder Working Groups, Steering Committee, and the Lead. Partners will also coordinate their efforts through other existing mechanisms, such as donor groups, clusters, reference/working groups, and other relevant forums.

Monitoring for Results

The monitoring framework for this five-year Road Map measures progress by 1) monitoring actions taken in the Key Action Areas and 2) measuring specific indicators to monitor progress in achieving the Outcomes. Together, these two monitoring systems will show how we are doing as a collective in achieving the aims of this Road Map.

By early 2016, the Steering Committee will coordinate any baseline information collection that may be needed, as described in the Monitoring Framework (Annex 3). If needed, specific targets may be adjusted at that time to better capture progress from the baseline.

Partners monitor and report on their commitments to take action under the Key Action Areas through annual partner reports and discussions among partners during teleconferences and meetings. This will be a source of information about overall progress and will ensure that all efforts by partners are captured.

The indicators for the Road Map, with benchmarks and targets, will be measured annually. Annex 3, Monitoring Framework, is a complete list of indicators with definitions, measurements, and notes to guide the monitoring work. Indicators aim to show progress over time at the Outcome level. The Outcomes for the *Call to Action* Road Map are complex and interlinked. Proxy indicators are used for many of the Outcomes and, where relevant, links between indicators and actions are noted. The indicators for this five-year Road Map focus on measuring progress toward strengthening the foundation and embedding GBV in how the humanitarian system and its constituent entities do business (i.e., the Outcomes we seek to achieve). The annual partner meeting is an opportunity to review progress, identify challenges, and establish new benchmarks if needed.



Turning Commitments into Action

Partners will make new commitments for action, or revise existing commitments, by selecting from the Outcomes and Key Action Areas outlined in this Road Map (see also Partnership, above).

By early 2016, when the Steering Committee and Stakeholder Working Groups are established, the Lead, with support from the Steering Committee, will organize a process for gathering, compiling, and reviewing partners' commitments under this new Road Map. The process could include:

- » Partners in each of the Stakeholder Working Groups declaring and discussing their individual commitments with a view toward synergies, duplications, and gaps to come up with a collectively agreed-upon set of commitments; and
- » The Steering Committee looking at all of the commitments together, by Outcomes and Priority Actions, to see the complete picture and identify gaps or duplications. The Committee may hold follow-up discussions with partners as needed either through one-on-one or *ad hoc* Stakeholder Working Group meetings.

The Lead will compile and distribute to partners a consolidated set of these commitments to the Road Map, organized by Road Map Outcomes and Key Action Areas.

The consolidated commitments document then becomes the companion document to this Road Map.

The consolidated commitments document is subject to change to account for new partners, commitments, and partner achievements on previous commitments.

An annual partner review of the Road Map and commitments, through partner reports and the annual meeting, will be undertaken to mark progress and make changes as partners deem appropriate.

Expanding the Partnership

To achieve our goal and objectives, it is vital to bring additional partners into the initiative, particularly governments and organizations in conflict-affected and disaster-prone areas. The founding partners of the *Call to Action* recognize their collective responsibility to engage other states, regional bodies, and civil society organizations in the *Call to Action*. This can be done within and across stakeholder groups. As a first order of business, when the new governance structure is in place, the Steering Committee will facilitate a process among partners to develop and implement a coordinated outreach strategy that leverages and builds on their current relationships and networks. There are multiple national, regional, and global meetings on humanitarian action, gender, and/or protection, during which *Call to Action* partners can make concerted efforts to introduce the *Call to Action* to potential new partners. Expanding the reach and membership of the *Call to Action* magnifies our collective impact and is essential to our success.



Making a Difference Where It Matters

Ultimately, the success of the *Call to Action* will be determined by the people we serve.

The *Call to Action* will initiate the systemic changes that must be made in policy and practice to transform our humanitarian response to GBV. This requires some fundamental changes in the systems and approaches that govern humanitarian action; it also deepens political will and strengthens the collective determination to act.

We are living in a time of sustained conflicts and increasingly frequent natural disasters that have forced unprecedented numbers of people into displacement. It is both our charge as humanitarians and our moral obligation to provide assistance despite the magnitude of the challenge. We cannot claim to provide humanitarian assistance if our inaction allows the targeting and exploitation of vulnerable populations, particularly women and girls.

Ultimately, the success of the *Call to Action* will be determined by the people we serve. By the communities and individuals, including the women and girls, who are safer because the humanitarian community took meaningful and prompt action to ensure they live free from the threat of violence. By the survivors who receive the lifesaving care they deserve as soon as they need it.

Annex 1. Definition of Key Terms

The definitions here are provided to clarify the meaning of various terms used throughout the Road Map so that all interested parties, partners, and potential new partners can have a similar understanding of these terms as they relate to *Call to Action* and its Road Map. Some, but not all, of these definitions represent standard or official definitions; citations or web links are provided when available.

All levels/multiple levels

Throughout the Road Map, the phrases “all levels” or “multiple levels” are used in reference to organizations and/or inter-organizational systems. The phrase includes global, regional, country, and local geographic levels, and organizational hierarchy levels from field staff to high-level leadership.

Core GBV services

(See Specialized GBV Programs below)

GBV Area of Responsibility

The Gender-Based Violence Area of Responsibility (GBV AoR) is the global working group for coordinating prevention and response to GBV in humanitarian settings. The group brings together NGOs, UN agencies, academics, and others with the shared aim of ensuring more predictable, accountable, and effective approaches to GBV prevention and response. Established in 2008, the GBV AoR is one of several functional components, known as “areas of responsibility”, of the Global Protection Cluster. The GBV AoR is co-led at the global level by UNFPA and UNICEF. The GBV AoR’s goal is to ensure that humanitarian programming in all emergencies is designed and implemented—across all sectors, through all stages, and by all stakeholders—in a manner that substantially reduces the risk, promotes resilience, and supports lasting solutions to GBV.

GBV programming

This term refers to the entire spectrum of humanitarian programming to address GBV; it includes specialized GBV programming and both risk reduction and mitigation interventions.

Gender-based Violence

Gender-Based violence⁸ (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many—but not all—forms of GBV are criminal acts in national laws and policies; this differs from country to country, and the practical implementation of laws and policies can vary widely. Acts of gender-based violence include – but are not limited to – violence against women and girls such as sexual violence, abuse, and exploitation; intimate partner violence; and

early marriage, female genital cutting, and other harmful traditional practices. The term is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys—particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g., sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy). The term gender-based violence is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons that is driven by a desire to punish those seen as defying gender norms.

Gender, Gender Equality, and Gender Norms

Gender⁹ refers to the social attributes and opportunities associated with being male and female and the relations between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialization processes. They are specific to context and time, and are changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context; that is, the gender norms. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, and access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include but are not limited to class, race, poverty level, ethnic group, and age.

Equality between women and men (gender equality) refers to the equal rights, responsibilities, and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same, but that women's and men's rights, responsibilities, and opportunities will not depend on whether they are born or identify as male or female. Gender equality implies that the interests, needs, and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development and GBV prevention.

Humanitarian cluster system

Clusters¹⁰ are groups of humanitarian organizations (UN and non-UN) working in the main sectors of humanitarian action, such as shelter and health. They are created when clear humanitarian needs exist within a sector, when there are numerous actors within sectors, and when national authorities need coordination support. Clusters provide a clear point of contact and are accountable for adequate and appropriate humanitarian assistance. The aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies, and provide clear leadership and accountability in the main areas of humanitarian response.

At the country level, it aims to strengthen partnerships, and the predictability and accountability of international humanitarian action, by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations through:

- » Supporting service delivery by providing a platform for agreement on approaches and elimination of duplication;
- » Informing strategic decision-making of the HC/HCT for the humanitarian response through coordination of needs assessment, gap analysis, and prioritization;
- » Planning and strategy development, including sectoral plans, adherence to standards, and funding needs;
- » Advocacy to address identified concerns on behalf of cluster participants and the affected population;
- » Monitoring and reporting on the cluster strategy and results, recommending corrective action where necessary; and
- » Contingency planning/preparedness/national capacity building where needed and where capacity exists within the cluster.

Each cluster is also responsible for integrating early recovery from the outset of the humanitarian response.

The **Global Cluster Lead** Agencies provide the following types of support to strengthen field response:

- » Technical surge capacity;
- » Trained experts to lead cluster coordination at the field level;
- » Increased stockpiles, some prepositioned within regions;
- » Standardized technical tools, including for information management;
- » Agreement on common methods and formats for needs assessments, monitoring, and benchmarking;
- » Best practices and lessons learned from field tests.

Humanitarian Coordinator/Humanitarian Country Team

The **Humanitarian Coordinator (HC)**¹¹ is responsible for assessing whether or not an international response to crisis is warranted and for ensuring the humanitarian response efforts, if needed, are well organized. The HC is accountable to the Emergency Relief Coordinator. HCs lead the HCT in deciding the most appropriate coordination solutions for their country, taking into account the local situation. Agreement must be reached on which Clusters to establish, and which organizations are to lead them.

The **Humanitarian Country Team (HCT)** is a strategic and operational decision-making and oversight forum established and led by the HC. Composition includes representatives from the UN, IOM, international NGOs, and the International Red Cross and Red Crescent Movement. Agencies that are also designated Cluster leads should represent the Clusters as well as their respective organizations. The HCT is responsible for agreeing on common strategic issues related to humanitarian action.

Humanitarian program cycle

The humanitarian program cycle (HPC)¹² is a coordinated series of actions undertaken to help prepare for, manage, and deliver humanitarian response. It consists of five elements coordinated in a seamless manner, with one step logically building on the previous and leading to the next. Successful implementation of the humanitarian program cycle is dependent on effective emergency preparedness, effective coordination with national/local authorities and humanitarians, and information management. The HPC elements are as follows:

1. needs assessment and analysis
2. strategic response planning
3. resource mobilization
4. implementation and monitoring
5. operational review and evaluation.

Humanitarians/humanitarian actors

In this Road Map, these terms include states, regional bodies, donors, international organizations, and national/international NGOs working along the relief-to-development continuum. These actors may or may not self-identify as a humanitarian organization, but humanitarian programming to some degree is included in their portfolio.

Risk reduction and risk mitigation

While GBV prevention generally refers to taking action to stop GBV from first occurring, mitigation¹³ refers to reducing the risk of exposure to GBV; examples include ensuring sufficient lighting and security patrols are in place when establishing displacement camps, placing locks on the inside of latrines, and other initiatives. All humanitarians are responsible for GBV risk reduction and mitigation; the IASC GBV guidelines are a key resource for planning and implementation.

Safe and comprehensive services

Safe and comprehensive services for those affected by GBV include a holistic array of multi-sectoral interventions to address the harmful consequences and after-effects of GBV and to prevent further injury, trauma, and harm. Typically, comprehensive services include health care, psychosocial support, security, access to legal justice, social reintegration, and economic empowerment. Safe services are those that do not put the survivor at any further risk of harm and include confidentiality measures, physical safety strategies, respectful and caring attitudes, and other protections from harm.

Specialized GBV programs

Specialized—also called targeted, stand-alone, or vertical—GBV programs or activities are typically implemented by NGOs, either alone or as a consortium. These programs specialize in comprehensive GBV prevention interventions and response services for survivors. While there are many field-tested tools and materials describing various elements of GBV response services (e.g., developing referral pathways and standard operating procedures), there are very few evidence-based prevention interventions.

Specialized programs may target specific types of GBV, such as a program aimed at war related sexual violence, or they may address the range of GBV affecting the population. Care and case management for GBV survivors is a common response intervention that usually includes support for survivors as they access other services, and recovery and empowerment activities such as economic empowerment, social reintegration, and emotional support services. Specialized GBV response programming can also include care and support for male survivors, which is a specific area of expertise. Another example of a specialized GBV program is legal aid/legal assistance for GBV survivors to provide information, support, and sometimes legal counsel to access criminal or civil justice. Prevention interventions in specialized GBV programs typically go beyond the risk reduction and mitigation interventions undertaken by all humanitarian sectors and (depending on the phase of emergency) may include community-based approaches for influencing changes in socio-cultural norms around gender, gender equality, and the use and/or abuse of power. Engaging communities to transform harmful beliefs can include working with men and boys on gender equality, promoting positive interpretations of masculinity, and promoting women's empowerment within the community to support GBV prevention.

The revised GBV Guidelines focus on integrating risk reduction into all humanitarian sectors and do not cover specialized GBV programming. There is no package of agreed upon minimum actions or interventions for specialized GBV prevention and response. Recent reports from the GBV AoR's Learning Task Team point to the need for a package of minimum services, similar to what the Child Protection Working Group has developed to guide child protection specialists. An agreed-upon set of minimum standards for GBV prevention and response will also define the "what" of specialized GBV programming so that humanitarian leaders, GBV specialists, and non-GBV specialists can clearly understand specialized GBV interventions in the context of humanitarian planning and funding. These will need to be developed by an appropriate technical working group (most likely through the GBV AoR), differentiated and organized by the stages of emergencies (from preparedness through crisis onset and to the transition to development) with specific actions for working with children and with adults.

Stages/Phases of emergencies

The Road Map aims to strengthen the humanitarian response to GBV in all stages of emergencies. Stages of emergencies¹⁴ can be viewed on a spectrum beginning with the pre-crisis stage and into the transition to development. The pre-crisis or preparedness stage occurs before the emergency/disaster strikes. The crisis stage is when the emergency occurs or disaster strikes; this is the stage when the early emergency response begins. The stabilization stage is when immediate emergency needs have been met. The return and recovery stage is when those who are displaced are returning home and/or the focus is on rebuilding systems and structures and transitioning to development. Each of the stages overlap, and do not necessarily occur one after the other as listed here. Emergencies may go from crisis to stabilization and back to crisis several times. In settings with cyclical disasters/conflict, early response through to recovery may involve establishing structures and networks to respond to the next crisis.

Annex 2. Founding Call to Action Partners

The signatories below have endorsed the *Call to Action* Communiqué and/or made specific commitments to act. It is hoped that others will add their names to this list.

States

Australia
Belgium
Canada
European Union
Finland
France
Ireland
Italy
Japan
Netherlands
Norway
Sweden
Switzerland
United Kingdom
United States of America

International Organizations

GBV AoR – Gender-Based Violence Area of Responsibility
IFRC - International Federation of Red Cross & Red Crescent Societies
IOM - International Organisation for Migration
OCHA - United Nations Office for the Coordination of Humanitarian Affairs
UNICEF - United Nations Children's Fund
UNFPA - United Nations Population Fund
UNHCR - United Nations Office of the High Commissioner for Refugees
UN Women
WFP - United Nations World Food Program
WHO - United Nations World Health Organisation

NGOs

ActionAid UK
American Refugee Committee
CARE International
Christian Aid
Doctors of the World
Handicap International
HelpAge
InterAction
International Center for Research on Women (ICRW)
International Medical Corps (IMC)
International Planned Parenthood Federation (IPPF)
International Rescue Committee (IRC)
Islamic Relief
Marie Stopes International (MSI)
Norwegian Refugee Council (NRC)
Oxfam
Plan UK
Population Action International (PAI)
Refugees International (RI)
Save the Children
Tearfund
War Child UK
WaterAid
Women's Refugee Commission (WRC)
World Vision International (WVI)

Annex 3. Monitoring Framework

The monitoring framework for this five-year Road Map measures progress by 1) monitoring actions taken in the Key Action Areas, and 2) measuring specific indicators to monitor progress in achieving the Outcomes. These two monitoring systems, together, will show how we are doing as a collective in achieving the aims of this Road Map.

Partners monitor and report on their commitments to take action under the Key Action Areas through annual partner reports and discussions among partners during teleconferences and meetings. This will be a source of information about overall progress and will ensure that all efforts by partners are captured.

The indicators for the Road Map, with benchmarks and targets, will be measured annually. Indicators aim to show progress over time at the Outcome level. The Outcomes for the *Call to Action* Road Map are complex and interlinked. Proxy indicators are used for many of the Outcomes, and where relevant, links between indicators and actions are noted. The indicators for this five year Road Map focus on measuring progress toward strengthening the foundation and embedding GBV in how the humanitarian system and its constituent entities do business (i.e., the Outcomes we seek to achieve).

The annual partner meeting is an opportunity to review progress, identify challenges, and establish new benchmarks if needed.

Further discussion about partners' roles in gathering baseline data and monitoring the Road Map over time can be found in the "Organizing Collective Action" section on page 21.

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.

Notes: The indicators for Outcome 1 are linked to key actions 1-1 and 1-2 as these are the foundational actions for the Outcome and achievable within the five-year timeframe of the Road Map. These indicators will measure progress of all *Call to Action* partners, recognizing that these actions by all stakeholder groups are key to achieving the collective goal. These indicators measure both GBV and gender equality in partners' policies, plans, and standards, with the acknowledgement that some partners may have separate documents for these two areas. Progress on strengthening the humanitarian response to GBV is inseparable from progress on gender equality.

INDICATOR 1A:

% of partner organizations that have established enforceable institutional policies/standards on GBV and on gender equality for programming in humanitarian settings

Means of Verification:

copies of policies/standards documents

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

$$\frac{\text{\# of partner organizations with enforceable institutional policies/standards on GBV and on gender equality for programming in humanitarian settings}}{\text{\# of partner organizations}} \times 100$$

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016			80%		100%

INDICATOR 1B:

% of state partners with national policies and implementation plans on GBV and on gender equality

Means of Verification:

copies of national policies and plans

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

$$\frac{\text{\# of state partners with national policies and plans on GBV and gender equality}}{\text{\# of state partners}} \times 100$$

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016			80%		100%

OUTCOME 2. All levels within the humanitarian architecture promote effective and accountable inter-agency/inter-sectoral GBV leadership and coordination.

Notes: The indicators for Outcome 2 are directly linked to key actions 2-1, 2-2, and 2-6. As highlighted in background documents and raised by multiple stakeholders, achievement of the Call to Action goal of improved humanitarian action on GBV requires a robust coordination mechanism for GBV within the humanitarian architecture, along with effective and accountable inter-agency and inter-sectoral GBV leadership. The indicators aim to measure the success of efforts to reinvigorate and strengthen humanitarian GBV coordination and leadership through, for example, inclusion of GBV in early assessments, accomplishments by the global GBV Area of Responsibility (AoR), early establishment of country-level GBV coordination mechanisms and programming, and the role of national government, where appropriate, in planning and leading GBV coordination as a component of accountability.

INDICATOR 2A:

% of global level GBV AoR members satisfied with the leadership, performance, and accountability of the global humanitarian GBV coordination mechanism

Means of Verification:

Survey of AoR members

Measurement Frequency:

Annual (aim to reach target in 2018, with a new indicator on coordination to be determined for 2019-20)

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

$$\frac{\text{\# of AoR members rating the AoR's leadership, performance, and accountability (each measured as a separate item) as "satisfactory" or above}}{\text{\# of AoR members}} \times 100$$

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016		60%	85%	Establish and measure new indicator	

INDICATORS FOR OUTCOME 2

INDICATOR 2B:

% of new crises with a country-level humanitarian GBV coordination mechanism established within 14 days of the activation of the cluster system

Means of Verification:

GBV coordination mechanism minutes/agendas, assessments, real-time evaluations

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

# of new crises with a country-level humanitarian GBV coordination mechanism established within 14 days of cluster activation	x 100
# of new crises in which clusters activated	

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure (2015 crises) by March 2016	Increase from baseline		80%	90%	100%

INDICATOR 2C:

% of countries with a Humanitarian Coordinator that have a national-level humanitarian GBV coordination mechanism co-led/led by a national actor

Means of Verification:

GBV coordination mechanism minutes/agendas, assessments, real-time evaluations

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

# of countries with a Humanitarian Coordinator and a country-level humanitarian GBV coordination mechanism co-led/led by national actor	x 100
# countries with a Humanitarian Coordinator	

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016			30%		50%

INDICATORS FOR OUTCOME 3

ANNEX 3. MONITORING FRAMEWORK

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.

Notes: The indicators for Outcome 3 are linked to key actions 3-2, 3-3 and Action 1-5 under Outcome 1. A significant impediment to early and effective GBV programming has been the lack of inclusion of gender equality and GBV in assessments and key planning processes. These indicators, therefore, focus on measuring progress on the inclusion of GBV and gender equality in key humanitarian assessment tools and processes over the five-year timeline of the Road Map. For indicator 3a, a specific set of inter-sector/inter-cluster and sector/cluster assessment tools (including but not limited to the Multi Cluster/Sector Initial Rapid Assessment (MIRA) and HPC needs assessment and planning tools) will be identified, and progress on revision of these sets of tools and processes will be measured annually. Indicator 3b requires both the inclusion of GBV and gender equality in HPC processes as well as reflection of this in the documents (e.g., specific inclusion of GBV and gender equality in Strategic Response Plans) that form the basis for humanitarian system response, monitoring, and evaluation. Definitions for this “inclusion” will be determined by the Steering Committee as part of its work on baseline collection and monitoring processes for the road map.

INDICATOR 3A:

% of selected inter-sector/inter-cluster and sector/cluster assessment tools that integrate GBV & gender equality

Means of Verification:

Review of selected inter-sector/inter-cluster and sector/cluster assessment tools (including methodologies); assessment reports

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

of inter-sector/inter-cluster and sector/cluster assessment tools (from a pre-selected list including initial rapid assessment and HPC processes) that integrate both GBV and gender equality

Total # of inter-sector/inter-cluster and sector/cluster assessment tools (from the pre-selected list)

x 100

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016	Increase from baseline		80%	INCREASE	100%

INDICATOR 3B:

% HPC countries where GBV & gender equality are integrated into HPC process and reflected in documents (linked to actions 3-1, 3-2)

Means of Verification:

Assessments, assessment reports, Strategic Response Plans, evaluations of HPC process, real-time evaluations

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

$$\frac{\text{\# countries where HPC processes and documents integrate GBV and gender equality}}{\text{\# of HPC countries}} \times 100$$

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016			50%	increase	100%

INDICATORS FOR OUTCOME 4

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

Notes: The indicators for Outcome 4 are directly linked to actions 4-2, 4-4, and 4-5 and to Outcome 5. There are issues both with the quality and content of funding proposals as well as with funding mechanisms and processes. Indicator 5a therefore aims to measure the number of projects in each Humanitarian Program Cycle setting that address an agreed-upon set of core standards for GBV prevention and response; this is a proxy for measurement of proposal quality. Indicator 5b aims to measure progress towards tracking of funding for humanitarian GBV projects through measurement of where such mechanisms are in place. This is a necessary first step towards being able to track funding for humanitarian GBV action. Such tracking of all funding (including bilateral and pooled funding) will enable future analysis of whether barriers to funding for GBV projects have been overcome.

INDICATOR 4A:

GBV projects to implement core GBV services in Strategic Response Plans, by country

DEFINITION:

For each HPC country, the # of projects in the Strategic Response Plan that focus on agreed-upon core GBV services (the measure includes the list of countries with number of projects for each)

Means of Verification:

List of countries with HPC system in place; Strategic Response Plans from those countries

Measurement Frequency:

Annual (after core standards are finalized in 2018—see Outcome 5)

Responsible for Measurement:

To be determined by Steering Committee

TARGETS

Baseline	2016	2017	2018	2019	2020
Zero (core services package does not exist)			First measure	Increased number of projects and increased number of countries each year	

INDICATOR 4B:

humanitarian crises where tracking mechanism for humanitarian GBV funding is in place

DEFINITION:

humanitarian crises where tracking mechanism for all humanitarian GBV funding (including from bilateral and pooled sources) is in place

Means of Verification:

tracking mechanism, Humanitarian Country Team

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee. Includes establishing definition of “humanitarian crises.”

TARGETS

Baseline	2016	2017	2018	2019	2020
Zero (no such mechanisms currently exist)			First measure	Increased number of projects and increased number of countries each year	

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

Notes: Indicator 5a is directly linked to actions 5-1, 5-2, and 5-3. The absence of a comprehensive set of commonly agreed-upon core services for specialized GBV prevention and response is frequently cited as a critical barrier to achieving the *Call to Action* goal. Some sectors and organizations have already established elements of this set of core services, but there is not yet an identified and agreed-upon package of core GBV services (see discussion of core GBV services in Definitions of Key Terms). These existing elements will be instrumental in defining the final set of commonly agreed-upon core services. Additional research will be needed to develop an evidence base for, in particular, prevention and protection interventions. The core GBV services package will be developed by technical experts (most likely led by the GBV AoR). Endorsement by the *Call to Action* partnership will reflect partner buy-in.

Indicator 5b is linked to the Key Action Areas for capacity development in Actions 1-6 and 5-3. This is the only indicator measuring capacity development per se and it is focused on GBV specialists. There are other actions (especially under Outcome 6) for building capacity that will be monitored and reported over time through annual reporting and annual meetings.

INDICATOR 5A:

A set of core GBV services for all crisis phases is established and agreed by *Call to Action* partners

DEFINITION:

Call to Action partners' endorsement of a package of core GBV services for specialized GBV prevention and response for all crisis phases

Means of Verification:

Call to Action meeting notes or other documentation

Measurement Frequency:

Annual (aim to reach target by end of 2018)

Responsible for Measurement:

To be determined by Steering Committee

TARGETS

Baseline	2016	2017	2018	2019	2020
Core standards package for GBV does not exist	Technical working group formed; progress toward development	Progress toward development	Completed	Establish and measure new indicator on implementation	

INDICATOR 5B:

Implementation of the GBV AoR comprehensive strategy for building capacity among GBV specialists (national and international)

DEFINITION:

Comprehensive capacity development strategy implemented in accordance with its timeline

Means of Verification:

Meeting notes, progress reports, and other documents.

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

TARGETS

Baseline	2016	2017	2018	2019	2020
Strategy exists in draft form (in the GBV AoR)		Implementation progress in accordance with the timeline established in the strategy document			

INDICATORS FOR OUTCOME 6

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.

Notes: The revised IASC GBV Guidelines and the *Call to Action* initiative are complementary. The inclusion of Outcome 6 is a reflection of the importance of adoption and implementation of the Guidelines to achievement of the *Call to Action* goal. In particular, the focus of the Guidelines on GBV risk reduction and mitigation is reflected in this Outcome and the corresponding indicator.

INDICATOR 6A:

% projects in strategic response plans that incorporate actions from the revised IASC Guidelines for Integrating GBV in Humanitarian Action by country

Means of Verification:

Strategic response plans from HPC countries

Measurement Frequency:

Annual

Responsible for Measurement:

To be determined by Steering Committee

DEFINITION:

$$\frac{\text{per Strategic Response Plan (SRP), \# projects that incorporate actions from revised IASC Guidelines for Integrating GBV in Humanitarian Action}}{\text{total number of projects}} \times 100$$

TARGETS

Baseline	2016	2017	2018	2019	2020
Complete baseline measure by March 2016	increasing			50%	80%

Annex 4. Useful Links, References, and Publications

Clinical Management of Rape Survivors: Developing Protocols for Use with Refugees and Internally Displaced Persons, revised ed. Geneva, World Health Organization, Department of Reproductive Health and Research-UNFPA and UNHCR, 2004. Available at: <http://www.who.int/reproductivehealth/publications/emergencies/924159263X/en/>

Establishing Gender-Based Violence Standard Operating Procedures (SOPs) for Multi-Sectoral and Inter-Organisational Prevention and Response to Gender-Based Violence in Humanitarian Settings (SOP Guide). Geneva, IASC Sub-Working Group on Gender and Humanitarian Action, 2008. Available at: www.gbvaor.net

GBV Area of Responsibility. www.gbvaor.net

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (GBV Guidelines). GBV Area of Responsibility, 2015. www.gbvguidelines.org

Guidelines for Medico-Legal Care for Victims of Sexual Violence. Geneva, World Health Organisation, 2003. Available at: <http://whqlibdoc.who.int/publications/2004/924154628X.pdf>

Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings (GBV Coordination Handbook). GBV Area of Responsibility, 2010. www.gbvaor.net

Gender & Security Sector Reform Toolkit. Geneva, Geneva Centre for the Democratic Control of Armed Forces (DCAF), UN International Research and Training Institute for the Advancement of Women (UN-INSTRAW), OSCE Office for Democratic Institutions and Human Rights (ODIHR), 2008. Available at: <http://www.dcaf.ch/Publications/Gender-Security-Sector-Reform-Toolkit>

Preventing Sexual Violence in Conflict Initiative (PSVI). <https://www.gov.uk/government/policies/sexual-violence-in-conflict>

Women, Peace and Security Agenda (UN Security Council Resolutions and more information).
<http://www.un.org/en/peacekeeping/issues/women/wps.shtml>
<http://www.unwomen.org/en/what-we-do/peace-and-security>
<http://www.womenpeacesecurity.org/>

World Humanitarian Summit. <https://www.worldhumanitariansummit.org/>

WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva, World Health Organisation, 2007. Available at: http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

Annex 5. Endnotes

¹ Throughout the Road Map, use of the terms “we” and “our” refers to the collective group of *Call to Action* partners.

² Adopted in October 2000, UN Security Council Resolution 1325 was followed by six additional Resolutions (1820, 1888, 1889, 1960, 2106 and 2122). See Annex 4 for links to more information.

³ See Annex 4 for a list of publications containing more details about GBV and programmatic responses.

⁴ <http://www.svri.org/ExecutiveSummary.pdf>

⁵ National civil society includes national NGOs, National Red Cross Red Crescent Societies, business forums, faith-based organizations, labor unions, and community-based organizations/local community groups.

⁶ Methodologies should be flexible for different contexts and will include best practices in developing the questions and undertaking assessments, the deployment of GBV technical experts, engagement with affected populations and local women’s groups, etc.

⁷ This action does not suggest creating new tools and resources; rather, it is directly referring to the tools and resources in the revised IASC GBV Guidelines.

⁸ Definition in this paragraph compiled from the GBV definition in the revised GBV Guidelines, *Guidelines for Integrating GBV Interventions in Humanitarian Action*.

⁹ Definitions here are from UN Women: <http://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm>

¹⁰ Definition of clusters and more information at: <https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach> <https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach>

¹¹ HC and HCT definitions from <https://www.humanitarianresponse.info/en/about-clusters/who-does-what>

¹² Definition from <https://www.humanitarianresponse.info/en/programme-cycle/space>

¹³ Definition from *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Key Questions Answered*

¹⁴ Definition compiled from UN Women, End Violence Against Women and Girls knowledge center: <http://www.endvawnow.org/en/articles/1510-stages-of-emergency.html?next=1511>

Annex 6. Abbreviations List

AoR	Area of Responsibility
CBO	Community-based organization
GBV	Gender-based Violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HPC	Humanitarian Program Cycle
IASC	Inter-Agency Standing Committee
INGO	International Non-Governmental Organization
IO	International Organization
MIRA	Multi cluster/sector Initial Rapid Assessment
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
PSVI	Preventing Sexual Violence Initiative
RCRC	Red Cross Red Crescent (Movement)
RC	Resident Coordinator
SRP	Strategic Response Plan
SVRI	Sexual Violence Research Initiative
TOR	Terms of Reference
WASH	Water, Sanitation, and Hygiene (cluster)
WHO	World Health Organization
WHS	World Humanitarian Summit
WPS	Women, Peace, and Security agenda

