

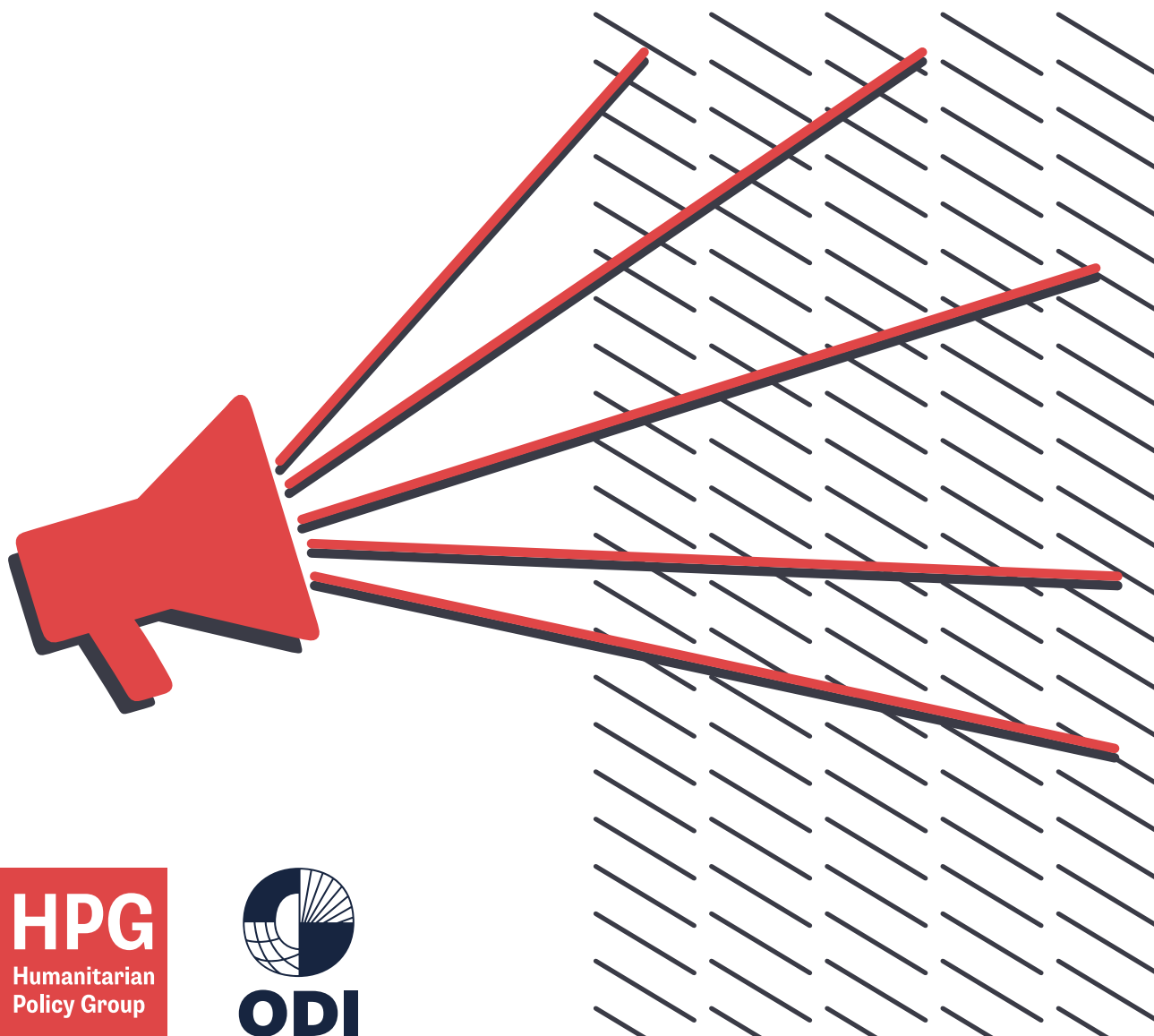
HPG briefing note

# The Call to Action on Protection from Gender-Based Violence in Emergencies

## An assessment of the role of collective approaches

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## About the authors

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## Background

The Call to Action on Protection from Gender-Based Violence in Emergencies (CtA) was launched in 2013 by concerned donor governments to bring increased awareness to the appalling levels of gender-based violence (GBV) experienced, particularly by women and girls, in crises. It was catalysed by the rising political attention being paid at that time to the use of rape as a weapon of war in contexts such as the Democratic Republic of Congo (DRC), Darfur and Myanmar. This high-level political initiative has effectively pushed recognition among states and donors, the United Nations (UN), non-governmental organisations (NGOs), international organisations and local actors that prevention and response to GBV is a life-saving activity that should be considered as a priority at the outset of a crisis and implemented through a multi-disciplinary approach by all actors involved in humanitarian crises.<sup>1</sup>

The CtA demonstrates how strong mobilisation, high-level leadership and a comprehensive effort involving a diverse range of actors can effectively shape approaches to prevent and respond to GBV. However, some interviewees suggest that the focus on raising global awareness of GBV in crises came at the cost of grounding the priorities of the CtA in the realities of people affected by GBV.

This briefing note forms part of HPG's project 'Advocating for humanity: securing better protection outcomes for conflict-affected people'. This project explores the practice of advocacy by international humanitarian actors and offers recommendations for strengthening this core aspect of humanitarian action. The briefing note is based on a rapid review of available literature and interviews with 10 key stakeholders.

## What is the Call to Action?

The CtA was formally launched in 2013 by the UK and Sweden and aims to 'fundamentally transform the way GBV is addressed in humanitarian operations via ... collective action' (Call to Action, 2020a). One of its key strategies was to forge high-level buy-in and leadership to create the political will to drive system-level change, including through rotational leadership by states.

High-level buy-in was secured through the mobilisation efforts of women's rights organisations, political appetite of concerned states and growing public awareness on the issue of violence against women and girls. The CtA was one of a number of high-level initiatives to address this and drive the agenda forward. This included the Prevention of Sexual Violence in Conflict Initiative (PSVI) developed in 2012 under the leadership of the then UK Foreign Secretary, William Hague,

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<sup>1</sup> The engagement of local actors was not originally considered a priority at the outset of the initiative but this has since changed.

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and the US actress Angelina Jolie (linked to her role as UN Refugee Agency (UNHCR) Special Representative). These were complemented by mutually reinforcing messages from technical initiatives taking place relevant to GBV. For example, the Inter-Agency Standing Committee (IASC) GBV guidelines were updated at this time with a focus on multi-sector approaches to GBV risk mitigation and GBV prevention and response; the Real Time Accountability Partnership (now the GBV Accountability Framework) was in nascent stages of considering approaches to promote system-side accountability for the prevention and response to GBV; and the CtA focused on collective action.

The goal of the CtA is to encourage change and foster accountability to prevent and address GBV across actors working in humanitarian settings, including through outcomes as set out in the 2016–2020 and 2021–2025 roadmaps. Outcomes include strengthening mechanisms at the levels of policy and capacity; coordination; increasing funding; improving data collection; and specialised GBV programming and GBV risk mitigation. Its guiding principles include the participation of local organisations; the recognition that GBV and gender equality are inextricably linked; and collective accountability (Call to Action, 2020a).<sup>2</sup>

# Key features and achievements of the Call to Action

## State leadership and roadmaps, but without a common strategy

The CtA built and sustained momentum on GBV through securing high-level leadership and buy-in from states and other political leaders. However, the expectations of its partners were not clearly defined at the outset and there was no clear strategy, structures or means defined for achieving the stated objectives.

In response, upon taking on leadership of the CtA in 2014, the US supported the development of a roadmap to guide partners on system-wide priority commitments to progress the approach to prevention of and response to GBV. The roadmap was also intended to hold partners to account for delivering the priorities that it set out (the first roadmap was for 2016–2020, which was revised under Canada's leadership for 2021–2025). However, there is no theory of change or strategy to deliver the CtA, and while for valid reasons its focus is primarily on the response itself, this has been at the expense of a focus on the lives of people affected by GBV in crises.

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2 Both roadmaps set out these priorities. The guiding principles have been recently updated in line with 2021–2025 roadmap.

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The CtA is designed to have a rotational state lead every two years, which has enabled it to retain a level of momentum, continued donor investment, and a sense of shared responsibility. For example, the UK government focused on high-level mobilisation, while the US government used their power and reputation to grow its membership. However, this has also led to a lack of continuity and loss of institutional memory.

There are no clear governance structures or terms of reference for the global lead, secretariat and partners, and therefore no clear expectations of what is required of the various constituents to the CtA. In response, the 2021–2025 roadmap sets out core principles expected of all partners, and a governance package is under development, but this is partial and does not set out expectations across the roles of lead, steering group and partners. This has led to variations between global leads in terms of the resources allocated to the CtA; the mandate given to focal points; and the technical capacities or experience dedicated to this function, all of which serve to weaken momentum and leadership.

The roadmap outcomes are broad enough to allow state leads to prioritise according to their own interests and allocated resources. For example, European Civil Protection and Humanitarian Aid Operations (ECHO) focused on piloting national roadmaps in Nigeria and DRC. While Canada had the appetite to continue this, they had fewer resources available to do so, and so focused on developing the second roadmap and strengthening advocacy. Denmark, the current chair, has a stated focus on strengthening advocacy and engaging more civil society and women-led organisations, some of which is yet to be realised.

The lack of clarity on expectations has also meant there is no requirement of donors to allocate funding to the CtA. One respondent reported that while there was an assumption that donors would commit resources to the CtA, this was not mandated, nor is there a mechanism to hold donors to account. Lastly, lack of governance structures has resulted in tensions regarding the criteria for partners who wish to join. For example, Burundi and Eritrea, states with extremely poor human rights records, were interested in joining the CtA; the lack of criteria led to difficulties in giving clear reasons to justify rejecting their membership.

The Women's Refugee Commission has supported most leads with secretariat functions since 2015. But this came about in an ad hoc manner, initially installed under the leadership of the US to support the development of the first roadmap. The resourcing and capacity of this secretariat-like function have been dependent on the respective global lead and therefore its capacities and functions have varied. These shifts in priorities when the lead changes emphasise the need for a strong, resourced secretariat to provide continuity in direction and institutional memory.

As an area of humanitarian response, GBV is critically underfunded. In addition to the CtA, the global aid system includes multiple other initiatives seeking to strengthen the prevention and response to GBV such as the GBV Area of Responsibility (GBV AoR), PSVI and, most recently, the Prevention of Sexual Exploitation and Abuse (PSEA) Task Force. There are partial overlaps

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between the mechanisms; however, coordination is not structured. For example, many partners of the CtA are also members of the GBV AoR and the GBV AoR is a partner of the CtA. While the current roadmap of the CtA has a specific outcome focused on coordination, it is unclear how the strategies of each initiative inform one another or where responsibilities lie. This can result in a lack of coherence, duplication and, at times, confusion and/or competition for funding between the various mechanisms, as well as contradictory messages and approaches.

### Multi-stakeholder partnerships

A key strength of the CtA is perceived to be the multi-stakeholder partnerships it facilitates across states, donors, the UN, international organisations and NGOs, with a growing focus on local actors and civil society. A core tenet of the CtA is its recognition that effective prevention and response to GBV requires collective approaches; it set out from the beginning to bring together a diverse set of actors on this issue, with some degree of success: today, the CtA has 96 partners.

However, evidence suggests that the potential of this broad partnership is not being fully leveraged. Although all partners have specific contributions to make, the CtA is not currently utilising more strategic collaboration in a way that would fully leverage their comparative advantages to drive long-term change.

Partnerships with national and local organisations, especially women's organisations, are seen as key to its success (Call to Action, 2020b); however, initially there was not an explicit effort to bring in local actors. This has changed over time and Denmark has stated that it is focused on strengthening collaboration with local organisations. But there needs to be greater emphasis on mutually beneficial partnerships with local actors, addressing their resource gaps and enabling them to inform analysis and decision-making to ensure local perspectives can be best utilised in achieving the CtA's objectives.

While one of the key stated roles of the CtA is as an advocacy mechanism, the range of partners involved has led to lack of clarity of the CtA's role, criteria and approach in carrying out advocacy. For example, one of the challenges lies in having both state and donor leadership and partnership in the CtA. Tensions can arise when determining priority advocacy messages and targets, who can themselves be part of the CtA. This raises issues of power, including across involvement of states and donors, and their political interests and positions relevant to GBV.

These tensions have been exposed in relation to the CtA's position outlined in an advocacy statement in response to the high levels of rape and sexual violence in Tigray. This was the CtA's first country-specific statement; usually statements are aimed at influencing outcomes or processes. It was divisive: there was no prior discussion with partners about whether to issue context-specific statements; there was a lack of consensus among partners about putting out a statement; and no effort was made to bring together members working in or on Tigray to discuss challenges and how the CtA could best support. Denmark's lack of consultation about the Tigray

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statement, the competing positions of states, power dynamics between states and between states and other members, and lack of clarity about the goal and target of the statement resulted in limited collective advocacy and weak messaging in terms of what was being asked for, and by whom. The Tigray statement focused on the need for a comprehensive response to GBV but stopped short of calling for an end to the use of GBV in conflict or as a weapon of war, or calling to bring perpetrators to account. When a Tigrayan women's group challenged the statement in an open letter to the CtA due to the above reasons, there was no response (Women of Tigray, 2021). For some partners, it raised issues of the purpose of partnership in the CtA, particularly in relation to accountability.

This is a clear demonstration of the impact of changes in leadership: one respondent reported that advocacy under Canada's leadership, for example, was more consultative, utilised advocacy expertise within the partnership, and was of higher quality.

### **Top-down approaches are disconnected from local priorities**

The CtA has largely been driven at the global level, which has led some respondents to believe it is disconnected from the realities of people in crisis contexts – Tigray could be perceived as a clear example of this. At times, institutions at the country level lack awareness of their global commitments to the CtA.

With low levels of involvement of and support to local and civil society organisations in crisis countries to date, local solutions, expertise and good practice have not been effectively leveraged. On taking up its role as chair, ECHO prioritised and funded pilots of two national-level roadmaps in DRC and north-east Nigeria. However, these were predominantly focused at the national level, rather than on local organisations and people affected by crisis. The current prioritisation by CtA partners of engaging local organisations has seen a renewed focus on country- and regional-level implementation in partnership with women-led organisations.

### **A strong focus on partner commitments, but at the expense of mutual accountability**

Collective action and accountability on GBV are considered to be the CtA's greatest strengths, particularly the requirement of partners to make commitments in order to join. A clear example of this was IASC's decision to include GBV responsibilities in Humanitarian Country Team (HCT) compacts following advocacy from the CtA partnership. However, there are gaps in translating these commitments into concrete action, including funding and operationalising comprehensive approaches to GBV across the partners. Accountability remains top-down. States and donors are not held accountable for funding member commitments under the CtA and, while there are expectations for partners to report on their commitments, this is not an enforced requirement, leading to low levels of reporting.

In recognition of these gaps in accountability, a small group of representative humanitarian stakeholders came together to work towards a system-wide accountability partnership mechanism for GBV prevention and response under the Real Time Accountability Partnership. This is now known as the GBV accountability framework, which was endorsed in 2018 by the CtA. While challenges remain in how the framework is integrated into the 2021–2025 roadmap, the framework has been welcomed and described as ‘an essential element’ in fulfilling the CtA (Real Time Accountability Partnership, 2019).

## Impact

The CtA has contributed to strengthening a range of policy, organisational and accountability mechanisms. For example, it informed the Inter-Agency Minimum Standards for Prevention and Response to GBV in Emergencies and the inclusion of GBV responsibilities in the HCT Compact. The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) led strengthening of GBV in coordination and monitoring mechanisms through introducing tracking of funding through UNOCHA’s financial tracking system in 2021, while the CtA established age and gender markers. States and donors have also reportedly dedicated a higher level of funding for GBV programmes. The integration of the CtA into policy frameworks such as the UK Gender Equality Act (2014) also ensures longer-term relevance.

Despite some of the challenges and legitimate criticisms of its work to date, the CtA remains for some stakeholders a ‘revolution’ for improved and increased programming, with more comprehensive approaches to GBV, improved monitoring, more in-depth and nuanced research and more beneficiaries reached (IRC, 2017).

## Conclusion

The CtA is a strong example of leveraging momentum and political will to collectively increase visibility of the continued high levels of GBV, and move forward collective approaches to deal with it. Evidence suggests that the CtA may have achieved its initial aim to change the way that GBV is perceived and, to an extent, responded to in crises.

However, to date there is limited evidence of this leading to a reduction in GBV in crisis contexts. Interviewees highlighted that confusion persists in relation to the CtA’s comparative advantage to the number of initiatives focusing on the prevention and response to GBV in crises. While, for valid reasons, its focus has been on changing systems, structures and approaches to GBV, this has been at the expense of the involvement of local actors who are at the forefront of implementing innovative approaches to prevent and respond to GBV and lobbying for national-level change.



The CtA's focus on strengthening engagement with local and national actors is important, and timely. However, it should go further and set out the change it seeks to make in the lives of people affected by GBV.

# Lessons learned

**Detailed plans of action are essential but need to be first based on a clear, collective vision and strategy.** The five-year roadmaps give the CtA direction, with a broad range of commitments its partners can work towards. However, it lacks clarity on the impact it sets out to achieve, and a prioritised strategy to achieve it. Setting out the vision of the CtA, along with a theory of change and benchmarks to assess how these have been met, would help achieve this.

**High-level political engagement supports visibility and mobilisation but can complicate action.** State and donor leadership and involvement has been critical in increasing awareness and retaining momentum on GBV in crises. However, this has resulted in changes in direction dependent on the capacities, resources and priorities of the lead. Additionally, it has raised challenges in the aim and role of the CtA in carrying out advocacy.

**Clear governance structures and clarity of roles and responsibilities, together with adequate capacity to perform those roles, are critical to drive forward large, multi-stakeholder initiatives.** There is a need for a strong and resourced secretariat, including with technical GBV capacity. This would support continuity, expertise and mitigate changes in direction upon change of global leadership. Similarly, clearly setting out how various related initiatives complement and coordinate would strengthen opportunities to leverage the collective partnership. The role of the CtA should be clarified for advocacy initiatives, led and resourced within the secretariat, with clarity on the process, criteria and objective for carrying out advocacy, which would mitigate the risk that advocacy efforts are influenced by political or organisational interests.

**Globally driven multi-stakeholder partnerships should not be at the cost of local relevance.** A key strength of the initiative is its multi-stakeholder partnerships. However, it has largely been top-down, has not effectively leveraged or supported local organisations or women's groups, and is disconnected from the realities of people affected by GBV. There is an urgent need to build these partnerships more effectively, including integrating national actors and women's groups in decision-making capacities.

**Collective outcomes help foster engagement, but need strong accountability frameworks and adequate resourcing to translate into action.** The focus on collective outcomes, with partners required to make commitments, has strengthened a holistic approach to the prevention of and response to GBV, with increasing acceptance that it is a shared responsibility across diverse

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stakeholders. However, this needs to be better monitored, with mutual accountability across all partners, from states and donors to women's right organisations, to ensure commitments contribute to CtA's outcomes and ultimately translate into tangible change in the lives of people affected by GBV.

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