Final Report

Gender-Based Violence Area-of-Responsibility (AoR) External Review

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Acronyms

AoR	Area-of-Responsibility
CBO	Community-Based Organizations
CBPF	Country-Based Pooled Funds
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CP	Child Protection
CRSV	Conflict-Related Sexual Violence
DV	Domestic Violence
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FTS	Financial Tracking Service
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GPC	Global Protection Cluster
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRD	Humanitarian Response Division
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordinating Group
IPV	Intimate Partner Violence
KII	Key Informant Interview
MNH	Maternal and Neonatal Health
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
REGA	Regional Emergency Gender-Based Violence Advisor
SDGs	Sustainable Development Goals
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHS	World Humanitarian Summit
WPS	Women, Peace, and Security
WRC	Women's Refugee Commission
WRO	Women's Rights Organizations

Executive Summary

Background

This report provides an overview of the background, purpose and objectives, methodology, conclusions, findings and recommendations of the external review of the Gender-Based Violence (GBV) Area of Responsibility (AoR). Commissioned by the UNFPA Humanitarian Response Division (HRD), the review aims to provide specific, relevant, and actionable findings and recommendations to UNFPA as the GBV AoR lead agency to improve efforts to facilitate GBV coordination in humanitarian settings.

The review investigates how UNFPA has been fulfilling its mandate as lead agency for the GBV AoR since 2016 as well as perceptions of the extent to which the GBV AoR is currently meeting its core functions and responsibilities. In light of the recent review of the implementation of the IASC Protection Policy and its recommendation to reform the Protection Cluster (GPC), which has been taken up by the Inter-Agency Standing Committee (IASC), an additional component of the review looks at how the GBV AoR interacts with broader protection actors and how it could contribute to an improved protection architecture.

The primary audience for the review is UNFPA, particularly HRD and UNFPA executive management. The secondary audience is the global GBV AoR, including the GBV AoR coordination team, as well as the Regional Emergency GBV Advisors (REGAs) and the GBV AoR Helpdesk and Community of Practice (CoP) staff. Although not direct audiences for the review, the findings and recommendations of the review are also expected to have relevance to GBV AoR core partners and to country-level GBV subclusters.

This review was undertaken in three stages: (1) Inception, (2) Data Collection, and (3) Validation/Final Reporting. During the inception phase, initial interviews were undertaken with the UNFPA HRD, the GBV AoR and its core members, the GPC, the Office for the Coordination of Humanitarian Affairs (OCHA), and donor governments as well as regional and country-level GBV staff to inform the purpose, focus, and methodology for the review. Following this inception phase, the review team began four weeks of intensive data collection, completing more than 150 interviews with global, regional, and country-level staff, 5 country-level focus groups, a desk review, and compiling results from a survey completed by 260 respondents. The preliminary findings from the analysis of this data were shared in two validation workshops with UNFPA staff and with the Reference Group supporting the review. The final conclusions and recommendations are presented below.

Conclusions

1. Global advocacy facilitated by UNFPA has resulted in greater attention to GBV, for example, through the Oslo Conference. However, there is a perception that UNFPA is still not as visible as they could be on GBV in emergencies, and on their CLA

mandate. It is critical that UNFPA executive management, as well as other senior management at global, regional and country levels, are able to articulate, clarify and implement UNFPA's CLA role, including its responsibilities as provider of last resort, as well as how UNFPA relates to sister organizations within the IASC system. As noted below, this includes ensuring advocacy responsibilities for executive management and other senior management are articulated in executive and senior management TORs. (RQ1)

2. UNFPA continues to scale up support to the global GBV AoR, as illustrated in its core resource allocation to three GBV AoR team positions. However, there is a need for strengthened collaboration between UNFPA and the AOR. This includes greater support mutual support between UNFPA and the GBV AoR. From UNFPA, examples include long-term funding to more GBV AoR positions, including the REGAs; increased supervisory support by the HRD deputy and/or director; and collaboration with the global GBV AoR to support its operational responsibilities to ensure strong GBV coordination in cluster contexts. From the GBV AoR, it includes more regular dialogue with senior management and more regular reporting to UNFPA on progress, unmet needs and gaps in the GBV emergency response globally and in GBV coordination capacity. (RQ1, RQ2 and RQ3)

3. Despite information included in the UNFPA Policies and Procedures Manual (PPM), UNFPA management at the country office level are not always clear about their responsibilities for supporting an inter-agency GBV coordinator position (P4 level) and an IM officer in all settings where clusters are activated. As a result there continue to be inconsistencies in presence and capacity of GBV coordination staff across humanitarian settings. (RQ1 and RQ3)

4. The current UNFPA strategic plan 2022-2025 specifically commits to strengthening its ability to lead GBV coordination in emergencies. Key informants agree that this must include investing in guidance and tools for all levels of the agency, and across different divisions of the agency. This will also require UNFPA to develop clear lines of accountability for meeting its CLA responsibilities, including ensuring that delivering on AoR accountability is a performance indicator in Representatives' performance appraisals. It additionally requires increased investments in technical capacity for GBV in emergencies programming support at the global and regional levels, not only so that UNFPA can meet its CLA provider of last resort responsibilities of ensuring that the level of GBV programming at the country level is commensurate with needs in affected settings, but also so that its leadership on innovative and quality GBV prevention and response across all emergencies is clear. A critical entry point for scaling up its GBV programming is improved coherence in SRH and GBV services. (RQ1)

5. The GBV AoR coordination team and its support services (e.g. REGAs, GBV AoR

CoP and associated MGBViE Phase II course, GBV AoR Helpdesk) are widely appreciated and highly valued, with strong agreement that these should be continued. However, it is not clear to GBV AoR Core Members how the different elements of the AoR (e.g. CoP, MGBViE, REGAs, Helpdesk) cohere to reinforce each other and build on the priorities of the GBV AoR to support programming on GBV in emergency settings globally. It is also not clear how some of the GBV inter-agency initiatives external to the GBV AoR (e.g. the GBV Guidelines Task Team, or the GBVIMS Steering Committee) link to the work of the GBV AoR. (RQ2)

6. There is value in core members leading on the some of these initiatives (e.g. the CoP and associated Mangaging GBViE course and the GBV AoR Helpdesk), but it is important that UNFPA and the GBV AoR indicate support to these initiatives, and work with core members to provide clarity on how these initiatives work together holistically. Moreover, work done by partners on behalf of the AoR is not given as much recognition as it should and while this work is often supported by GBV AoR coordination team staff attending planning meetings, etc., it otherwise happens largely in the absence of investments from UNFPA (e.g. in kind funding, staffing, etc.). (RQ1 and RQ2)

7. The REGA mechanism is a critical component of the GBV AoR and is fundamental to assisting the GBV AoR to fulfill its responsibilities to the country-level coordinators. The relatively new regional IMs on the REGA teams have also laid the foundation together with

the global GBV AoR coordination team for improved GBV analysis, data collection, inter-agency planning and monitoring. However, it is not clear how and whether the REGA will be sustained over the long-term by UNFPA as part of its CLA role. (RQ1 and RQ2)

8. In addition to supporting the REGA as part of the GBV AoR, UNFPA also must build out its roster of coordinators and improve staffing capabilities if they are to ensure trained coordinators can be hired quickly at the onset of an emergency, and their contracts sustained over time. Currently, there is an over-reliance by UNFPA on surge and REGAs for coordination at the country level. Coordinators are often on short-term contracts and UNFPA hiring procedures are cumbersome and slow, both of which result in frequent turnover of GBV coordination and programming staff. (RQ1 and RQ3)

9. There is room for improvement in dissemination of technical resources and guidance by the Global GBV AoR. This includes improving the GBV AoR website and building out translation of resources and in support activities provided by the GBV AoR, the GBV AoR COP, and the GBV AoR Helpdesk. And while the increasing number of technical resources on specific sub-areas of work (e.g. disasters, cash, WGSS, etc.) reflects and reinforces a positive evolution of field towards greater professionalization, there is an on-going need to support dissemination of core concepts, not only to the field, but also among members of the GBV AoR, to build shared understanding of foundational GBV theory and principles

at the global and field levels to improve consistency and quality of the overall GBV response. (RQ2)

10. Global partnerships have resulted in advancements in addressing GBV in emergencies, such as with NORCAP for the REGAs; the Call to Action; CASI; and OCHA, to name a few examples. However, despite partnerships and advocacy specifically oriented towards improving funding for GBV in emergencies (e.g. the GBV Funding Task Team), funding still remains a significant problem, requiring more partnership efforts and greater focus on improving funding. The GBV AoR could also partner more directly with some clusters at the global level (e.g., health, food security) to improve country-level responses. (RQ2)

11. GBV AoR members appreciate the consultative processes of the GBV AoR in developing strategies and workplans, but there is some frustration that these processes do not allow for in-depth and shared reflection and brainstorming, nor for members to come together to discuss and clarify longer-term goals and core commitments Beyond specific coordination planning guidance, e.g. the GBV AoR Strategy and workplan, the Capacity Strengthening Strategy (recently presented at a GBV AoR monthly call with Core Members), and the governance revisions , the GBV AoR could benefit from a broader visioning process that allows members to come together for a more wide-ranging discussion that promotes shared understanding of overarching priorities of members about addressing GBV in emergency settings globally. (RQ2)

12. The global GBV AoR Core Members and coordination team have become more diverse over time. There is still progress needed, particularly investments in the representation of local women's organizations among the GBV AoR Core Members and support for diverse individuals' participation and leadership in both the core membership and coordination team. (RQ2)

13. GBV sub-clusters at the country level have shown consistent progress and improvement across the years, increasing in competence across the core functions of being a cluster. And yet, there remains a high level of inconsistency across contexts, which relates to various factors, particularly staffing of GBV sub-clusters (quantity of staff, type of contract, type of position, whether there is an IM position or not); support from UNFPA CO; and relationship with the protection cluster. (RQ2 and RQ3)

14. Across the six core functions of a GBV sub-cluster at the country level, the three functions generally perceived as weakest—or not as strong as they should be—by participants in this review are (1) consistently developing strong stand-alone GBV sub-cluster strategies; (2) monitoring and reporting; and (3) evidence for *effective* advocacy. The stronger functions are supporting service delivery, informing strategic decision-making of the HC/HCT, and capacity strengthening. (RQ3)

15. While the number of GBV coordinators at the national level has increased steadily in recent years, there is still a

lack of consistency in the presence and capacity of sub-national coordinators. Finding different, flexible, and contextually specific ways of achieving sub-national coordination is critical and should continue to be strengthened as this supports the longer-term nexus programming; it is where local actors engage most; and it is where links to the communities and the women and girls in need of services are strongest. (RQ3)

16. Localization is a strong aspect of GBV sub-clusters. GBV sub-clusters are, quite universally, perceived to be leading examples of localization across the cluster system. However, there is still need for significant improvement in empowering local actors to sustainably lead on GBV coordination and programming. (RQ3)

17. The current protection architecture does not positively contribute to GBV outcomes and provides more of a hindrance than a help: this is not a new revelation and has been raised in other reviews to date.[1] It is something that is well-acknowledged and agreed across GBV and protection, and often other humanitarian actors, but there is no clear sense of agreement about what should be done. (RQ4)

18. On the one hand, bringing different aspects of protection together under one umbrella makes sense. However, addressing GBV goes beyond protection, and is based in theories of women's rights. Being linked to the Protection

Cluster creates pressure---often from protection actors—to frame and address GBV in line with priorities of the Protection Cluster, rather than according to international and normative standards to address GBV.

19. The continuing and seemingly intractable operability issues of the protection cluster architecture suggest this is something that does not benefit humanitarian response in practice. There is strong evidence that the conceptual design of the GPC does not adequately account for or reinforce equality between the Protection Cluster and the AoRs, and contributes to competition for mandate-area responsibilities, funding, and visibility. (RQ4)

20. There is a strong sense that "tweaks" to the Protection Cluster architecture are not going to work. However, the way forward is not agreed across humanitarian actors. (RQ4)

21. The evidence from this review is quite clear: there is a need for a more independent AoR or a stand-alone cluster for GBV. The GBV AoR and country-level sub-clusters have consistently improved over the years, meaning that attention, funding, understanding, awareness, and focus on GBV programming and GBV response has increased—contributing to an enabling environment for a more independent GBV coordination function. (RQ4)

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[1] For example, Featherstone, A., Mowjee, T., Tong, K. & Fleming, D. (2017). Evaluation of UNHCR's leadership of the Global Protection Cluster and Field Protection Clusters: 2014-2016.; and J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. 2022. Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group.

Recommendations

FOR UNFPA

Recommendation 1. UNFPA should undertake specific and concrete measures to better institutionalize the CLA mandate across the organization and specifically within executive management.

Actions:

1. Develop a corporate briefing note or memo for UNFPA staff across divisions and levels that synthesizes UNFPA's responsibilities and expectations with respect to its CLA mandate. This should include expectations around core funded positions and outline the minimum structure of the GBV AoR support staff and the cost to country offices, with requirements for additional advocacy should country-level funding fall below a specific threshold. This can be based on a mapping of CLA financial and human resource commitments of other UN agencies to ensure UNFPA's commitments are comparable, as well as on inputs from the global GBV AoR. It should be signed off by the Executive Director and HRD should ensure distribution across HQ Divisions, Regional Offices, and all Country Offices.
2. Accelerate comprehensive management training on the CLA role, UNFPA's responsibilities for GBV coordination, and the expectations for senior regional and country senior management around GBV coordination, emphasizing the priority and mandatory nature of UNFPA regional and country senior management in supporting the CLA role.
3. Review all core agency guidance to support better inclusion of the CLA mandate, with a plan for amendments where necessary.
4. Develop a flow chart on the triggers for a GBV coordinator and what that entails (applying lessons learned from UNICEF flow charts for its clusters), as well as indicators on what is required for UNFPA to fully institutionalize its CLA mandate, which support a common vision for how success can be measured.
5. Ensure inclusion of the GBV AoR in agency-wide planning processes, including corporate planning, championed by both the Executive Director and the Deputy Executive Directors, directed by HRD.
6. Support executive management response to the findings of this review by including review of the response commitments in standing agenda item for executive board meetings.
7. Future evaluations should look more at executive and other senior management (at HQ, regional and country offices) accountability to the CLA at the global, regional and country levels.

Recommendation 2. UNFPA should formulate a specific plan for senior country management to be consistently (across all contexts with active clusters) more active and visible in the UNCT, HCT and with donors in representing the GBV AoR and advocating for better attention to GBV in emergencies.

Actions:

1. Ensure pro-active in-country GBV AoR leadership and coordination is added as an integral and prioritized function of the standardized ToRs of every UNFPA Country Representative, including being directly involved in and held accountable for creating an enabling environment for GBV coordinators to carry out their work (e.g. through long-term funding for the GBV coordinator position; funding to a GBV IM; funding for sub-national GBV coordinators; etc.), as well for effectively ensuring UNFPA's leadership on GBViE in Humanitarian Country Team (HCT) meetings.

2. Ensure attention to the CLA role is included in the agenda at yearly UNFPA leadership meetings (and the GBV AoR included in this agenda item).

3. Include training on CLA mandate in orientation materials for all new Country Representative and Deputy Country Representative and roll-out prioritized intensified training for existing staff in these roles. Within this training, include reference to the standard ToR for Humanitarian Country Teams which requires HCTs to ensure a collective response to GBV: this should be leveraged by UNFPA senior management at country level to ensure HCT attention towards, and support to, GBV sub-clusters.

4. Establish a system for all Representatives to receive refresher training on CLA on an annual basis.

5. Add CLA role responsibility indicators to Representative performance plans.

Recommendation 3. UNFPA should increase its effort towards fulfilling the role of provider of last resort, by ensuring the level of GBV programming is as commensurate with need as possible in every clusterized emergency, and to reinforce its leadership in the GBV field.

Actions:

1. Prominently disseminate the pending GBVIE strategy for the agency to strengthen its capacity towards meeting CLA responsibility of provider of last resort.

2. Increase UNFPA GBViE technical positions at HQ and regional levels to provide support to country-based programming.

3. Ensure Representatives support GBViE technical positions at the country level through mobilization of resources, advocating for investments and prioritization of GBV programming, etc.

4. Support expansion of the consultant roster of GBViE specialists who can support GBV programming in emergencies, beyond surge and the REGAs (and separate from a roster of GBV coordinators, discussed below).

Recommendation 4. UNFPA should reinforce and better institutionalize the core functions' requirement of a GBV coordinator and a GBV IM officer for clusterized emergencies and ensure that these key CLA functions are covered by core funding.

Actions:

1. Map current country-level coordination positions and gaps and create a system for quarterly review of gaps specifically for coordination functions, allocating the tracking of this to a particular role within HRD.
2. Establish a system of reviewing gaps with HRD/AoR/DHR /Regional Offices and relevant country offices on a quarterly basis.
3. Develop a human resources strategy to support greater efficiency and flexibility in hiring coordinators. This should include engagement by the GBV AoR with UNFPA regional and country-level senior management on hiring appropriate coordinator candidates (by reviewing resumes, participating in interviews, or other support as determined by HRD and the GBV AoR).
4. Build a consultant roster of competent and vetted GBV coordinators to take on GBV coordination roles in cluster contexts.
5. Create sustainability for the REGA teams as a precondition for the continued progress of field GBV coordination capacity and the development of a professional vetted pool of GBV coordinators and IM, to ensure UNFPA can meet its CLA responsibilities.
6. Advocate to donors the necessity for longer-term and more flexible funding for GBV coordination positions to ensure coordinators are not hired on short-term contracts.

Recommendation 5. UNFPA should make a corporate decision and define a UNFPA position for the future of the GBV AoR that maximizes the AoR's ability to operate independently from a Protection Cluster hierarchy in order to better support GBV coordination and programming in humanitarian settings globally.

Actions:

1. Using the evidence of this review as a primary contributory source, and, together with other agency political and UN-wide positioning considerations, define a UNFPA corporate position on the future of the AoR that maximizes the AoR functioning by ensuring it is able to operate outside of a Protection Cluster hierarchy. The corporate position should include a most desired option (what UNFPA as CLA for the GBV AoR believes is best for the future of the AoR) and then back-up / secondary options including a minimum bottom line for what is required. The conversation should start with what is necessary, and in the best interests of women and girls who are at risk of or survivors of GBV within humanitarian contexts and move on from there. It should consider UNFPA commitments to its CLA mandate to support both GBV coordination and GBV programming. UNFPA as CLA must also consider the political consequences of requesting a stand-alone cluster; the positions of both UNHCR and UNICEF regarding the GPC and the Child Protection AoR; and the importance of creating a sound plan for discussion at the level of the IASC principals.
2. Develop a strategy for advocacy for this position, identifying key UNFPA staff

(i.e. HRD Director, HRD Deputy Director, Executive Director etc.) and their specific roles in advocacy for the corporate position vis à vis IASC, UNHCR, other UN agencies, donors etc.

FOR THE GBV AOR

Recommendation 6. The GBV AoR should increase investments in learning about what works in GBV coordination and sharing that information back to country-level coordination partners, global members, and UNFPA to support better operationalization of GBV subclusters.

Actions:

1. Building out from the current monitoring tools for coordination, scale up monitoring and evaluation as a core responsibility of GBV coordination. Ensure regular monitoring not only on GBV coordination capacity and needs, but also on progress, unmet needs and gaps in the GBV emergency response globally is fully supported and that this M&E information is systematically shared with UNFPA senior management as part of mobilizing their support to the GBV AoR and the GBV in emergencies response. Also systematically share this information with global members and country-level coordination to improve shared understanding of GBV coordination and programming successes and challenges.
2. Consider strategies for supporting this monitoring with country visits by designated global GBV AoR coordination team members, not

only to strengthen monitoring at the country level, but also to improve linkages between the global GBV AoR coordination team and the GBV coordination partners at the country level.

Recommendation 7. The GBV AoR should continue to increase diversity in the global GBV AoR membership and coordination team, with continued investments in localization and intersectional representation of national-level women's groups and organizations.

Actions:

1. Work with current Global South representatives within the global AoR membership to map out benefits, challenges, and how to increase representation.
2. Work with all Global AoR Core Members to conduct an internal analysis on how to increase Global South representation as a part of the implementation of the revised governance structure, while ensuring substantive input by local actors. As a part of this analysis, the GBV AoR should consider what additional funding and other investments (e.g. availability of translation, meetings in specific languages) from GBV AoR Core Members is necessary to increase intersectional representation of national-level women's groups and organizations among the GBV AoR core membership.
3. Establish and support a new localization task team led by WLO members to increase localization efforts at country level.

4. Increase focus on specific issues of (a) balance between locally-led responses and global minimum standards and (b) issues of overburdening underfunded local actors.

Recommendation 8. The GBV AoR should ensure that core guidance and tools (presentations, support, guidance) are made available in more languages, and the website's resources should be more accessible through improvements in the website design. (Re)distribution of foundational theories and core principles that guide GBV programming can support shared understanding of essential knowledge on GBV for GBV AoR Core Members as well as GBV coordination partners at the country level. Monitoring of distribution can support measurement of the impact of these resources on GBV programming in emergency contexts.

Actions:

1. Cost a plan to translate all current GBV AoR resources into most relevant local languages, beginning with a mapping of languages used within GBV AoR membership and among country-level members.
2. Advocate with the core membership to ensure that all Core Members developing new GBV resources ensure high-quality translation into all relevant languages.
3. Survey country-level clusters who are already working in local languages as well as primary UN languages and select case studies for learning – what has worked, what has not worked, what they would have done differently.

4. Hire a consultant to review and improve the website, particularly in terms of improving accessibility of resources through improved search engines and organization/presentation of resources.
5. Develop a monitoring strategy to assess the impact/value of these resources in improving efforts to address GBV in emergencies.

Recommendation 9. The GBV AoR should ensure that its governance SOPs and capacity strengthening strategy (both currently being drafted) include attention to how the various parts of the GBV AoR function as a coherent whole to promote and reinforce a shared vision. This should also be articulated in the next GBV AoR strategy.

Actions:

1. Map the current various parts of the GBV AoR function including the important work on behalf of the GBV AoR that is facilitated by core members.
2. Undertake an in-person core members' visioning process that gives members more opportunity to define and agree on overarching priorities of members.
3. Plan strategies that are based on the agreed overarching priorities of members.
4. These strategies should also address any additional staffing needs of the GBV AoR coordination team and resource mobilization plans.

Recommendation 10 (links to Recommendation 11, below). The AoR should support country-level GBV sub-clusters to have strong, updated, stand-alone strategies and work plans.

Actions:

1. Using data from the recent GBV AoR annual survey as a baseline, map existence and type of strategy for all GBV sub-clusters (stand-alone strategy, part of Protection Cluster strategy, national document, no strategy, etc.).
2. Systematically collect all barriers to creating a stand-alone strategy (staffing capacity, PC requires merged strategy etc.) and, with AoR members, develop mitigating measures.
3. Review all stand-alone strategies and / or work plans for good practice tips and provide briefing note to all sub-clusters with a template of what is included in a quality strategy.

FOR GBV SUB-CLUSTERS

Recommendation 11 (links to Recommendation 10, above). All country-level GBV sub-clusters should aim to have strong, updated, stand-alone strategies and work plans.

Actions:

1. Develop a strategy based on the template provided by the AoR with regard to what is included in a

quality strategy, specifically ensuring that the GBV sub-cluster work plan has a clear outline of monitoring indicators (at output and outcome level) and reporting functions.
2. Within the sub-cluster strategy, ensure a section on sub-national coordination, including mapping of needs and planning for future, seeking flexible, and contextually specific ways of achieving consistent sub-national coordination where local actors can engage and ensure links to the communities and the women and girls in need of services are established and strengthened.

Recommendation 12. GBV sub-clusters should continue to build upon efforts for localization.

Actions:

1. Each sub-cluster should develop a country-level action plan, supported by the Global GBV AoR Localization Task Team (reestablished as per Recommendation 7) with dedicated training and technical support, to address the key challenges highlighted in this review, particularly (a) balancing contextual GBV responses with global minimum standards, and (b) mitigating the burden of GBV coordination functions when promoting local actors as co-chairs.
2. This localization strategy is to be included in GBV sub-cluster strategies.

1.   Introduction

This report provides an overview of the background, purpose and objectives, methodology, findings, conclusions, and recommendations of the external review of the Gender-Based Violence (GBV) Area of Responsibility (AoR). Commissioned by the UNFPA Humanitarian Response Division (HRD), the review aims to provide specific, relevant, and actionable findings and recommendations to UNFPA as the GBV AoR lead agency to improve efforts to facilitate GBV coordination in humanitarian settings.

As described in the Terms of Reference (See Annex I), the review investigates how UNFPA has been fulfilling its mandate as lead agency for the GBV AoR since 2016 as well as perceptions of the extent to which the GBV AoR is currently meeting its core functions and responsibilities. In light of the recent review of the implementation of the IASC Protection Policy and its recommendation to reform the Protection Cluster (GPC), which has been taken up by the Inter-Agency Standing Committee (IASC), an additional component of the review looks at how the GBV AoR interacts with broader protection actors and how it could contribute to an improved protection architecture.[2]

The primary audience for the review is UNFPA, particularly HRD and UNFPA executive management. The secondary audience is the global GBV AoR, including the GBV AoR coordination team, as well as the Regional Emergency GBV Advisors (REGAs) and the GBV AoR Helpdesk and Community of Practice (CoP) staff. Although not direct audiences for the review, the findings and recommendations of the review are also expected to have relevance to GBV AoR core partners and to country-level GBV subclusters.

As outlined in the inception report, this review was undertaken in three stages: (1) Inception, (2) Data Collection, and (3) Validation/Final Reporting. During the inception phase, initial interviews were undertaken with the UNFPA HRD, the GBV AoR and its core members, the GPC, the Office for the Coordination of Humanitarian Affairs (OCHA), and donor governments as well as regional and country-level GBV staff to inform the purpose, focus, and methodology for the review. Following this inception phase, the review team began four weeks of intensive data collection, completing more than 150 interviews with global, regional, and country-level staff, 5 country-level focus groups, a desk review, and compiling results from a survey completed by 260 respondents. The preliminary findings from the analysis of this data were shared in two validation workshops with UNFPA staff and with the Reference Group supporting the review. More detailed findings are presented in the following report, which also presents conclusions and recommendations related to the core areas of research.

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[2] See J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. *Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group.* https://interagencystandingcommittee.org/system/files/2022-05/Independent%20review%20of%20the%20implementation%20of%20the%20IASC%20Protection%20Policy.pdf.

2.   Background

To understand UNFPA's role as the global lead agency for the GBV AoR, it is necessary to situate the review within the broader context of the humanitarian system, cluster coordination, and GBV in emergencies. Thus, this section serves as an overview of key contextual issues which frame the current review. It is organized thematically into four main sections: (1) The Humanitarian System, (2) Cluster Lead Responsibilities, (3) Gender-Based Violence in Emergencies, and (4) The Core Functions of the GBV Area of Responsibility.

2.1.   The Humanitarian System

The 2023 Global Humanitarian Overview anticipates that a record 339.2 million people will require lifesaving humanitarian assistance this year, with one out of every 23 people in need of aid (PIN), more than double the percentage just four years ago.[3] Increasing levels of humanitarian need are driven by protracted conflict, health epidemics, the ongoing climate crisis, and record levels of hunger, pushing the boundaries of the current humanitarian system. Considering these challenges, the humanitarian system has continued to evolve in an effort to meet changing needs and become more effective, efficient, and accountable.

In 1991, UN General Assembly Resolution 46/182 established the basic architecture and key roles and responsibilities of the current humanitarian system, including the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Agency Standing Committee (IASC), the highest-level humanitarian coordination forum in the UN system which is comprised of the heads of humanitarian agencies and NGO consortia. In the three decades since, this system has experienced several major reforms. Among the most prominent are the Humanitarian Reform process (2005), the Transformative Agenda (2011), and the World Humanitarian Summit (2016).

- **The Humanitarian Reform process** (2005) resulted in the establishment of the cluster system, which provides the coordination mechanism for humanitarian response in IDP settings and is organized around eleven key sectors, each led by a designated cluster lead agency (CLA). The GBV AoR was established in 2006 and sits within the Global Protection Cluster (GPC).
- **The Transformative Agenda** (2011) focused on the three areas of improved leadership, effective coordination, and greater accountability within humanitarian response.[4]
- **The World Humanitarian Summit** (2016) brought together a wide range of governments, UN agencies, NGOs, and other stakeholders, leading to new commitments to greater localization, increased predictability in humanitarian funding, a focus on cash-based programming, and coordination between humanitarian, peacebuilding, and development actors at the nexus of sustainable development and humanitarian assistance. Most notably, signatories to the Grand Bargain agreement which emerged from the World

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[3] OCHA. 2022. *Global Humanitarian Overview 2023.* https://humanitarianaction.info/.
[4] IASC. *Key Messages: The IASC Transformative Agenda.* https://interagencystandingcommittee.org/iasc-transformative-agenda/documents-public/key-messages-iasc-transformative-agenda.

Humanitarian Summit committed to a global, aggregate target of 25 percent of all funding to local and national actors by 2020.[5]

These reforms have influenced many aspects of the humanitarian system, from humanitarian programming decisions to funding allocations. One of the most important changes in the past two decades has been the global cluster system which is used to coordinate humanitarian response in non-refugee settings, and the responsibilities this system entails for cluster lead agencies (CLAs) at the global and country levels. Several evaluations have been conducted of clusters and/or aspects of the cluster system which have noted the positive impact this system has had—but also some of the enduring challenges to ensure predictable leadership and effective sectoral coordination to address the needs of affected populations.[6] To date, none of these evaluations or reviews have focused specifically on the GBV AoR.

2.2. Cluster Lead Agency (CLA) Responsibilities
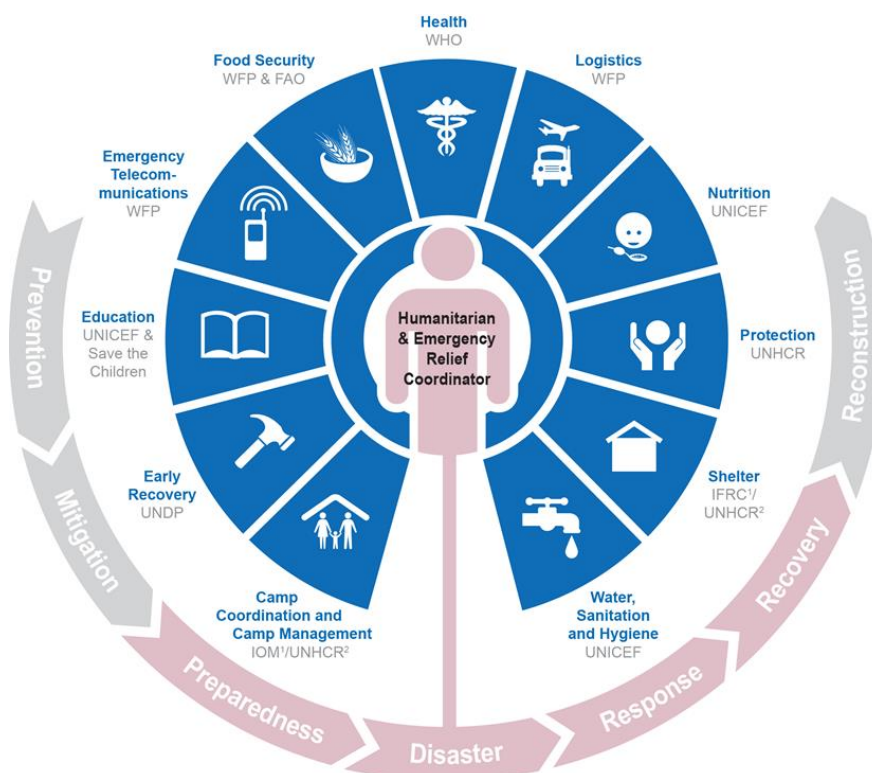
Figure 1. The Cluster System.[7]

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[5] IASC. The Grand Bargain. https://interagencystandingcommittee.org/grand-bargain.

[6] See, for example, J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. *Independent review of the implementation of the IASC Protection Policy.* Humanitarian Policy Group. https://interagencystandingcommittee.org/system/files/2022-05/Independent%20review%20of%20the%20implementation%20of%20the%20IASC%20Protection%20Policy.pdf; UNICEF. 2022. Formative Evaluation of UNICEF's Role as a Cluster Lead Agency (CLARE II). Geneva. https://evaluationreports.unicef.org/GetDocument?fileID=22654; UNHCR. 2017. Evaluation of UNHCR's Leadership of the Protection Cluster and Field Protection Clusters. Geneva. https://www.unhcr.org/5a5dcd2f7.pdf

[7] OCHA. What is the Cluster Approach? https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach.

The cluster system was designed to provide coherence and predictability to the coordination of humanitarian response in internally displaced people (IDP) settings.[8] Each of the global clusters (see Figure 1 above) is led by a cluster lead agency (CLA), which is responsible for overarching standards and policy setting, building response capacity, and operational support.[9] As set out in IASC guidance on the cluster system, there are a core set of functions (see Box 1 below) that all clusters must perform. UNFPA as the global lead agency is accountable for the same responsibilities as other CLAs, including being designated as the provider of last resort (PoLR), which requires CLAs to fill critical service gaps within the cluster/sector if other agencies are unable to do so, as well as continue advocacy with key stakeholders if access or funding constraints make this impossible.[10]

> **Box 1. Responsibilities of global cluster lead agencies.**[11]
>
> *Global cluster leads have agreed to be accountable to the Emergency Relief Coordinator for ensuring system-wide preparedness and technical capacity to respond to humanitarian emergencies, and for ensuring greater predictability and more effective inter-agency responses in their particular sectors or areas of activity. More specifically, they are responsible for establishing broad partnership bases (i.e. "clusters") that engage in activities in three main areas, as follows:*
>
> *Standards and policy-setting*
> * *Consolidation and dissemination of standards; where necessary, development of standards and policies; identification of 'best practice'*
>
> *Building response capacity*
> * *Training and system development at the local, national, regional and international levels*
> * *Establishing and maintaining surge capacity and standby rosters*
> * *Establishing and maintaining material stockpiles*
>
> *Operational support*
> * *Assessment of needs for human, financial and institutional capacity*
> * *Emergency preparedness and long-term planning*
> * *Securing access to appropriate technical expertise*
> * *Advocacy and resource mobilization*

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[8] The IASC-established cluster system does not apply in refugee settings which are coordinated through a Refugee Coordination Model led by UNHCR.

[9] The Global Early Recovery Cluster is currently operational but being phased out to integrate early recovery as a cross-cutting issue.

[10] For more information on IASC operational guidance on the concept of provider of last resort, see https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/IASC%20Guidance%20on%20Provider%20of%20Last%20Resort.pdf

[11] IASC. 2006. *Guidance note on Using the Cluster Approach to Strengthen Humanitarian Action.* https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/IASC%20Guidance%20Note%20on%20using%20the%20Cluster%20Approach%20to%20Strengthen%20Humanitarian%20Response%20%28November%202006%29.pdf.

> • *Pooling resources and ensuring complementarity of efforts through enhanced partnerships.*

Since 2016, UNFPA has been sole lead agency for the GBV AoR, taking over from a shared arrangement with UNICEF. As is true of all clusters and AoRs, the GBV AoR is accountable within the IASC system for ensuring standards and policy setting, building response capacity, and providing operational support for addressing GBV in emergencies.

2.3. Gender-Based Violence in Emergencies

Gender-based violence (GBV) is defined by the IASC as:

> *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.*[12]

The IASC *Guidelines for Integrating GBV Interventions in Humanitarian Action* (commonly referred to IASC GBV Guidelines, 2015) further clarify that:

> *In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control…. Widespread gender discrimination and gender inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives.…*[13]

UNFPA programs to address GBV primarily focus on the rights and needs of girls and women, recognizing their specific vulnerability to many forms of violence across their lifecycle due to systemic gender-based inequality that exists in virtually all societies in the world.

While GBV occurs in all contexts, it is often exacerbated in humanitarian settings by climate-related disasters, geological events, armed conflict, forced displacement, and public health emergencies. Tensions at household level in humanitarian emergencies can increase intimate partner violence (IPV), and the pervasive impunity which characterizes conflict settings can exacerbate sexual violence, including its use as a weapon of war. Poverty, forced displacement, and increased dependency resulting from crises may increase the risk for women and girls of being forced or coerced to engage in sex in return for safe passage, food, or shelter. In some instances this sexual exploitation and abuse (SEA) may be perpetrated by humanitarian workers. and other forms of. The breakdown of community protection systems due to forced migration and insufficient security in camps, urban areas, and informal settlements, which are typically

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[12] IASC. 2015. Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action.
https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015.
[13] Ibid, p.7

overcrowded with limited privacy and reduced personal security, also all increase the risk of sexual and physical assault, as well as trafficking. Child marriage and other harmful traditional practices can also worsen during times of economic and political instability.

The consequences of these acts of violence for survivors can be especially severe in humanitarian settings where there is typically a lack of accessible health and psychosocial services. GBV has been linked to a myriad of acute and chronic health problems and contributes to overall reduced community resilience and economic development through increased absenteeism from work and school, post-traumatic stress and other mental health disorder, higher risk of HIV/AIDS and other sexually transmitted infections, and unwanted pregnancies and unsafe abortions. GBV increases costs to public health and social welfare systems and decreases women and children's participation in social and economic recovery.

The primary responsibility to ensure people are protected from violence rests with the national government; however, when state actors are unable or unwilling to meet this obligation, local communities, local and national NGOs, and international humanitarian actors play an important role in supporting measures to address to GBV in emergencies through prevention, response, and risk mitigation. While these responsibilities are common to all humanitarian actors, as has been affirmed in the IASC GBV Guidelines, UNFPA as the CLA for the GBV AoR has a unique responsibility to ensure system-wide preparedness and technical capacity to address GBV in emergencies both as an agency and through the GBV AoR itself.

2.4.   GBV Area of Responsibility

The GBV AoR is an integral component of the GPC. The GPC has four distinct AoRs: Child Protection (CP); GBV; Housing, Land, and Property (HLP); and Mine Action (MA) (see Figure 2 below).[14] The IASC recognizes that all AoRs have equal merit and should be represented accordingly in the Protection Cluster.[15] As such, while the GBV AoR works as part of the Protection Cluster, it does so in a non-hierarchical way.[16]

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[14] Note that only the Child Protection and GBV AoRs are led by UN agencies with provider of last resort status.

[15] As detailed in Global Protection Cluster Q&A, "the *IASC Introduction to Humanitarian Action - A Brief Guide for Resident Coordinators* stipulates that the AoR lead agencies have equivalent responsibilities to cluster lead agencies, and should engage alongside the protection cluster in all inter-cluster processes. The *IASC Handbook for RCs and HCs on Emergency Preparedness and Response* (2010) highlights that the functions and responsibilities of AoR lead agencies are identical to those of Cluster Lead Agencies, including the responsibility of Provider of Last Resort. Each AoR lead agency is also responsible for mainstreaming issues pertaining to its AoR into the work of all clusters, as appropriate." See https://www.globalprotectioncluster.org/old/_assets/files/tools_and_guidance/qanda-on-field-protection-clusters-and-sub-clusters-en.pdf.

[16] GBV Area of Responsibility. 2019. *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies*, p. 58.

Figure 2. Global Protection Cluster Architecture.[17]
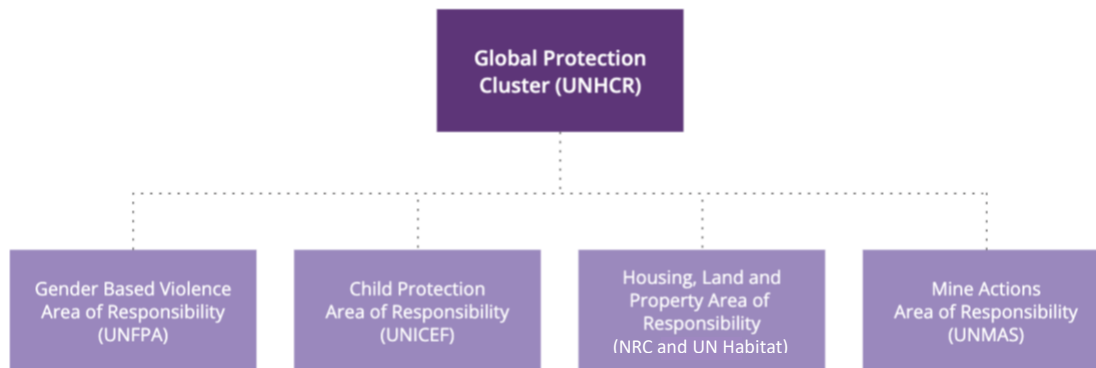
The GBV AoR "works collectively to improve the effectiveness and accountability of humanitarian response for the prevention, risk mitigation and response to all forms of gender-based violence, to ensure that the agency and capacity of survivors is recognised and reinforced and that primary prevention efforts are effectively employed to address underlying gender inequality."[18] It includes a core coordination team hosted by the UNFPA HRD in Geneva as well as a team of Regional Emergency GBV Advisors (REGAs) who report to the GBV AoR Deputy Coordinator and are contracted by NRC/NORCAP and hosted by UNFPA regional offices; the GBV AoR Helpdesk run by Social Development Direct with funding from UNICEF and oversight from UNICEF and the GBV AoR; and the GBV AoR Community of Practice (CoP) managed by International Medical Corps (IMC).

Some of key resources guiding the GBV AoR and its members include: *the Handbook for Coordinating GBV Interventions in Humanitarian Settings* (revised in 2019), the Inter-Agency *Minimum Standards for GBV in Emergencies Programming* (2019), the IASC *Guidelines for Integrating GBV Interventions in Humanitarian Action* (2015), *Standard Operating Procedures (SOPs) for GBV Interventions in Humanitarian Settings Resource Package* (revised 2023), and *How to Support Survivors of Gender-Based Violence when a GBV Actor is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners* (2018). These are all available on the GBV AoR website, which itself operates as a core resource for members, alongside monthly updates and monthly meetings. [19]

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[17] GBV Area of Responsibility. *Who We Are*. https://gbvaor.net/about-us#who-we-are. (Note: Updated to reflect NRC and UN Habitat joint responsibility for the Housing, Land, and Property AoR.)

[18] Ibid

[19] IASC. 2015. *Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action.* https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015; GBV Area of Responsibility. 2019. *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies.* https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/handbook-for-coordinating-gender-based-violence-interventions-in-emergencies/Handbook_for_Coordinating_GBV_in_Emergencies_fin.01.pdf; GBV Area of Responsibility. 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies.* https://www.unfpa.org/minimum-standards.

From its inception in 2006 until 2016 the Global GBV AoR was co-led by UNFPA and UNICEF. Since UNFPA assumed sole leadership of the AoR, it has continued to expand its capacity to support field-level operations and improve GBV coordination functions. According to the evaluation of UNFPA's humanitarian capacity conducted in 2019, the GBV AoR was resourced for the first time with a global coordinator and deputy coordinator under UNFPA's leadership, but this was not wholly based on core resources from the agency.[20] At the country level, the evaluation also found that coordination by GBV sub-clusters was improved but there remained GBV sub-clusters which were under-resourced, with double-hatting coordinators, an absence of information management functions and an over-reliance on the surge mechanism.[21]

The GBV AoR team at the global level and REGAs are currently supporting GBV coordination in 32 countries with active cluster or cluster-like coordination mechanisms and preparedness work in an additional ten countries (see Figure 3). The GBV coordination mechanisms at field level (often referred to as sub-clusters or working groups[22]) have a total membership of more than 2000 organizations, including local actors and government counterparts in addition to UN agencies and INGOs. At the country level, GBV sub-clusters are responsible for fulfilling the six core functions of coordination outlined in the GBV Handbook[23] and IASC guidance[24] for cluster coordination: (1) supporting service delivery, (2) informing strategic decision-making, (3) planning and developing strategies, (4) advocacy, (5) monitoring and reporting on cluster strategies, and (6) contingency planning, preparedness, and capacity-strengthening.

Figure 3. Areas of Country Operation of the GBV AoR.[25]

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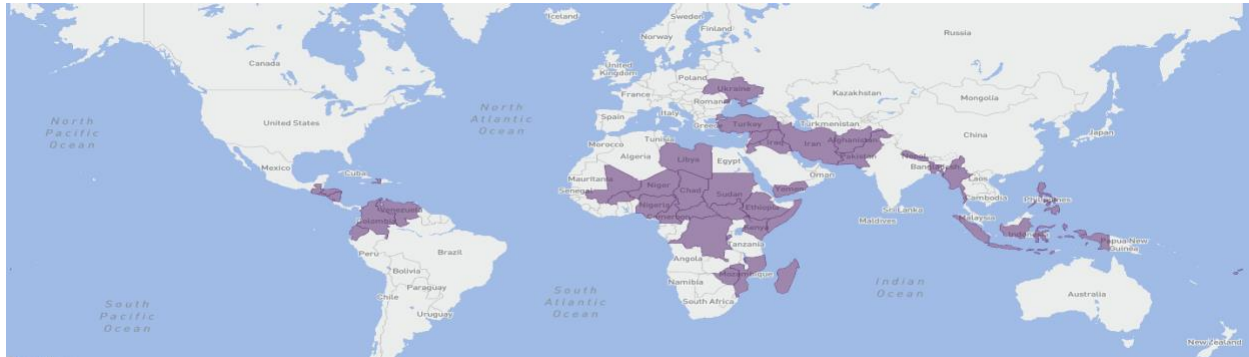
[20] The 2019 Humanitarian Capacity evaluation reports that UNFPA resources the Coordinator position with core funds from 2018 onwards; other positions, including the Deputy Coordinator, are funded through different modalities.

[21] UNFPA Evaluation Office. 2019. *Evaluation of the UNFPA Capacity in Humanitarian Action*, 2012 – 2019. UNFPA. https://www.unfpa.org/evaluation-unfpa-capacity-humanitarian-action-2012-2019.

[22] For the sake of consistency, this review refers to the GBV coordination mechanisms at the country level as sub-clusters. However, the findings of the review suggest that this framing contributes to a sense that the GBV coordination mechanism is a sub-component of the Protection Cluster, rather than a lateral partners with its own leadership capacity. At the 2022 annual event for GBV Coordinators in Budapest, GBV Coordinators agreed to use the term AoR at country-level; however, some countries (e.g., Nigeria and Sudan) still use the term sub-cluster or sub-sector based on the politics of the national government.

[23] See https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf

[24] See https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-reference-module-cluster-coordination-country-level-revised-july-2015.

[25] GBV Area of Responsibility. *Who We Are*. https://gbvaor.net/about-us#who-we-are.

At the global level, a parallel set of core functions, commitments, and strategic priorities (identified in Box 2, below) are the foundation of the global GBV AoR's Strategy, the most recent covering the period 2021-2025. These key elements have been reflected in the objectives, framework, and scope of this review, as discussed in the following sections and highlighted in the review questions identified below.

Box 2. Mission, Functions and Priorities of the GBV AoR.[26]
Mission: The GBV AoR applies a feminist perspective in promoting collective action to improve the effectiveness and accountability of humanitarian action for the prevention and mitigation of and response to all forms of gender-based violence, to ensure that the agency and capacity of survivors in all their diversities is recognized and reinforced, and that prevention efforts are effectively employed to address and transform underlying gender inequality.
Core Functions: • Global leadership and coordination • Support to field level subclusters • Advocacy, communications and partner engagement • Learning, development and capacity building • Policy and standard setting
The four strategic priorities are: **Strategic Priority 1:** Support strong and effective coordination of GBV action in humanitarian contexts. **Strategic Priority 2:** Strengthen partnerships and facilitate joint advocacy to ensure that action on GBV is integrated into all humanitarian response efforts and is central to humanitarian action. **Strategic Priority 3:** Promote learning, set standards and communicate good practice and inclusive approaches for GBV prevention, risk mitigation and response services. **Strategic Priority 4:** Support a strong, diverse and inclusive GBV community that continues to innovate and work in partnership across the humanitarian-development-peace nexus.

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[26] GBV Area of Responsibility. 2020. *Gender-Based Violence Area of Responsibility Strategy, 2021-2025.*
https://gbvaor.net/sites/default/files/2021-11/GBV%20AoR%20Strategy%202021-2025.pdf.

The operational principles of the GBV AoR are:	The enabling factors which support the functioning of the GBV AoR are:
- Survivor-centered - Gender equality - Partnerships - Localization - Accountability	- Membership - Governance - Communication - Adequate and flexible resources

3.   Review Purpose and Objectives

The overall purpose of the review is to provide specific, relevant, and actionable findings and recommendations to UNFPA to improve leadership and facilitation of GBV coordination in humanitarian settings. Through key informant interviews (KIIs), focus group discussions (FGDs), desk analysis, and surveys distributed at the global, regional, and national levels, the review has sought to better understand the extent to which UNFPA has institutionalized the GBV AoR leadership role throughout the organization and fulfilled its responsibilities since becoming subcluster lead agency in 2016.

The review also aimed to capture information about how the GBV AoR is currently fulfilling its core functions at the global, regional, and country levels. This has focused largely on insights and perspectives from key stakeholders, with the purpose of identifying key opportunities and challenges. The review provides a descriptive (as opposed to evaluative) analysis of the GBV AoR and country-level sub-cluster achievements. It is anticipated that UNFPA may use the findings from the review to identify areas for deeper investigation and future evaluation.

Considering the recent IASC Protection Policy Review and ongoing consultations being undertaken by UNHCR on the architecture of the GPC, the review also investigated GBV actors' perceptions about how the protection architecture provides for achieving GBV and broader protection outcomes, and what actions GBV actors recommend to improve upon the current arrangement.

In line with this scope of work and based on consultations with the UNFPA core management team and inception-level interviews with key stakeholders, the research team defined three primary objectives for the review, which are outlined below:

Objective 1:   To contribute to improved leadership of GBV coordination by UNFPA through the increased institutional accountability to the GBV Area of Responsibility cluster lead role.

Objective 2:   To assist UNFPA in identifying key areas of research for future evaluation of the GBV AoR and country-level subclusters by identifying key achievements,

opportunities, and challenges in how the global GBV AoR and country-level GBV subclusters are facilitating humanitarian action to address GBV.

Objective 3:   To inform the follow up to the recommendations of the IASC Protection Policy Review, as well as the upcoming IASC Independent Review of Humanitarian Response to International Displacement, by providing specific insights from the GBV community on improvements to addressing GBV within the cluster architecture.

4.   Review Methodology

4.1.   Review Questions

As a part of the research process, it was necessary to translate the objectives of the review into specific review questions, which provided the framework for the data collection and analysis. The primary review questions and sub-questions for this review are as follows:

Review Question 1: To what extent is UNFPA fulfilling and institutionalizing its mandate as lead agency for the GBV Area of Responsibility?

>   **1a:** Has UNFPA leveraged the AoR Lead Agency Role within the IASC system to ensure the global GBV AoR is fit-for-purpose?
>   **1b:** Is UNFPA leadership at global, regional, and national level resulting in effective GBV coordination and strengthened inter-agency GBV response at the country-level?
>   **1c:** Has the IASC GBV leadership role been institutionalized throughout the organization, including CLA responsibility of provider of resort?
>   **1d:** How has UNFPA acted on the coordination recommendations made in the humanitarian capacity evaluation of 2019?[27]

Review Question 2: Is the Global GBV AoR (Global Coordination Team, REGAs, and Core Members) engaging in activities to improve efforts to address GBV in all humanitarian action, in line with IASC guidance for global clusters as well as the GBV AoR Strategy and Call to Action commitments?

>   **2a:** What have been the opportunities and challenges for the GBV AoR in leading on development, consolidation, and dissemination of standards, policies, and identification of 'best practice', as per the GBV AoR Strategy? How does it communicate core principles, good practices, and inclusive approaches for GBV prevention, risk mitigation and response services? (IASC Cluster Lead Agency Responsibilities, GBV AoR Strategy, and GBV AoR TOC)

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[27] There was one specific recommendation from the 2019 Evaluation related to GBV coordination, which was that "UNFPA should develop a UNFPA-supported resourcing plan for ensuring GBV sub-clusters are resourced equivalently to other clusters with well-capacitated coordinators.

2b: What have been the opportunities and challenges for the GBV AoR in terms of strengthening global partnerships and facilitating joint advocacy for financial and political investment to ensure that action on GBV is integrated into all humanitarian response efforts and is central to humanitarian action? How do these efforts build out local leadership? (GBV AoR Strategy, GBV TOC)

2c: What have been the opportunities and challenges of the GBV AoR in providing operational support to country-level coordination, including building response capacity? (IASC Cluster Lead Agency Responsibilities and GBV AoR Strategy)

Review Question 3: Are country-level GBV subclusters engaging in responsibilities to facilitate humanitarian action to address GBV?

3a: To what extent are the country-level GBV subclusters meeting the six core functions of a GBV subcluster outlined by the IASC and in the GBV Coordination Handbook, as well as any other responsibilities prioritized by country-level partners? (IASC Cluster Lead Agency Responsibilities, GBV Coordination Handbook)

3b: What have been the opportunities and challenges of the GBV subcluster in improving attention and funding to GBV prevention, response, and risk mitigation in the humanitarian response?

3c: What have been the opportunities and challenges of the GBV subcluster in improving local partnerships and local leadership of GBV prevention and response, particularly for WROs?

Review Question 4: Has the placement of the GBV AoR within the broader GPC architecture contributed to, or presented any challenges, for GBV coordination outcomes and broader protection results?

4a: What are the challenges and opportunities of the GBV AoR operating as part of the broader protection cluster and humanitarian system?

4b: What has worked (and not worked) in terms of the GBV AoR being part of an integrated approach to protection challenges and when is a specialized approach still required?

4c: What are the coordination arrangements that work between the GBV and other protection actors and how could these be simplified?

A full review matrix including the corresponding areas of focus and data collection methods for each sub-question can be found in Annex II.

4.2.   Data Collection Methods

This review adopted a mixed-methods approach to capture the broadest possible range of inputs from a variety of key stakeholders to the GBV AoR within a limited timeframe. The most significant portion of data collection took place via key informant interviews (KIIs) at the global, regional, and national levels, while focus group discussions (FGDs) in five of the six focus countries

provided a more comprehensive perspective on country-level GBV coordination.**28** This data was further triangulated with findings from surveys distributed to global AoR partners and in all countries with an active GBV subcluster, as well as a desk review of relevant documents and analysis of GBV funding data from OCHA's Financial Tracking Service (FTS) since 2016. All data collection occurred remotely.

4.2.1. Key Informant Interviews (KIIs)

The review team conducted interviews with 155 key informants (see Annex III), using a semi-structured interview guide (see Annex IV). Figure 4 (below) shows the breakdown of the 88 key informants at the global and regional levels and Figure 5 (also below) shows the breakdown of the 67 key informants at the country-level.[29] Country-level KIIs included representatives from UNFPA, OCHA, the GBV AoR, the CP AoR, and the Protection Cluster in six focus countries and additional GBV coordinators and former coordinators from other contexts.

Figure 4. Global and Regional Key Informant Interviews (n=88).

Global and Regional Key Informant Interviews

- Other, 3
- Global Consultants/Evaluation Teams, 5
- Other Regional Partners, 5
- Donors, 6
- INGO Coalitions, 4
- OCHA, 5
- Other Global AoRs, 8
- Other Global Clusters, 3
- Global Protection Cluster, 1
- Global GBV AoR Coordination Team, 7
- REGA Mechanism, 8
- Global GBV AoR Core Members, 11
- UNFPA HQ, 7
- UNFPA Regional Offices, 15

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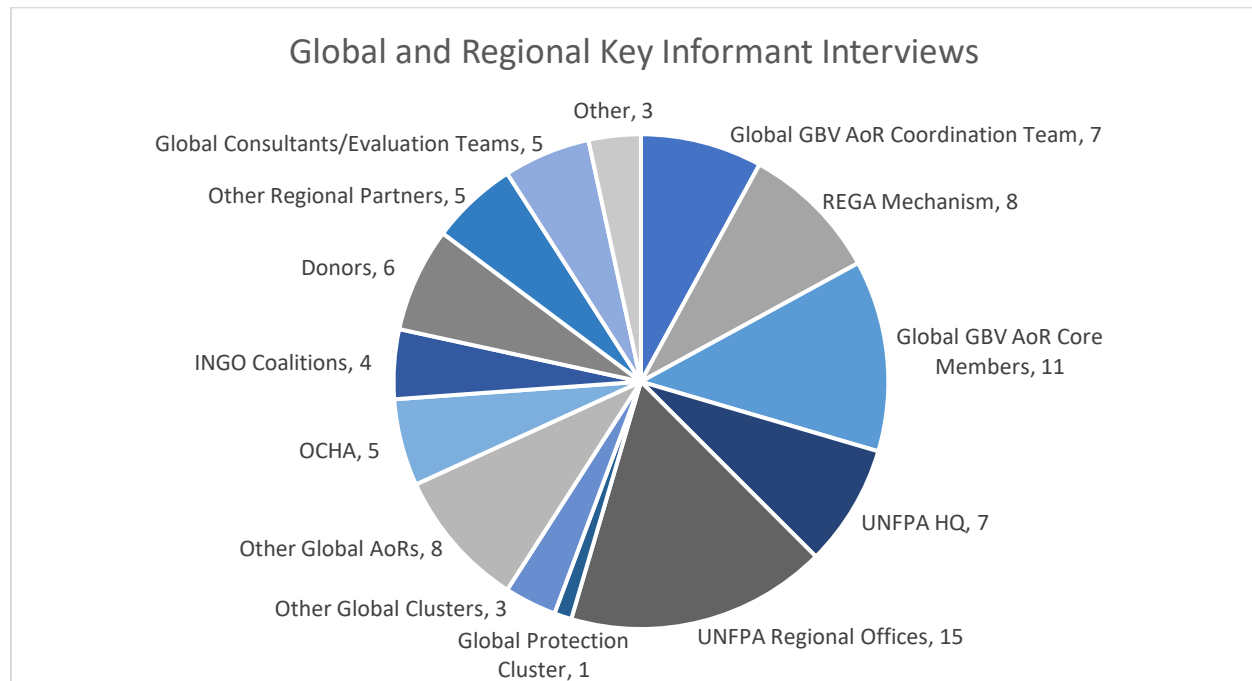
[28] The review team attempted but was unable to organize a FGD in Afghanistan.
[29] The categories used in Figure 4 and Figure 5 provide details on the profile of key informants. Given the small numbers of individuals in some of these categories, broader categories were used in the attributions for quotations from interviewees in the report in order to protect the anonymity of respondents.

Figure 5. Country-Level Key Informant Interviews (n=67).

Country-Level Key Informant Interviews

Other GBV Coordinators/Former Coordinators, 6
Afghanistan, 11
Ukraine, 14
Colombia, 6
Mali, 11
Sudan, 11
Mozambique, 8
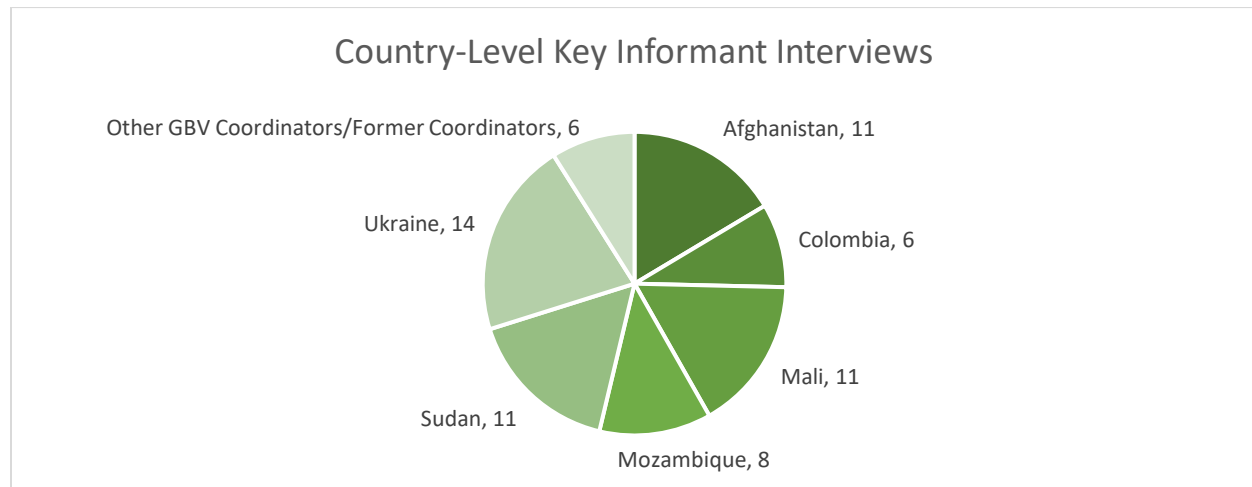
4.2.2. Focus Group Discussions (FGDs)

As outlined in the ToR, six focus countries were selected based on geographic representation and other criteria discussed below (see Section 4.3) for more intensive data collection. One FGD was organized for each focus country, apart from Afghanistan due to technical and logistical difficulties which precluded the scheduling of an FGD. All FGDs were conducted remotely via Zoom, facilitated by a member of the research team and supported as necessary by the GBV subcluster in-country, although subcluster coordinators did not attend the FGDs so as to give participants the opportunity to be as transparent as possible about their reflections on the functioning of the sub-cluster.

The FGD guide (see Annex V) was designed to elicit feedback from country-level coordination partners, including local NGOs, community-based organizations (CBOs) and other multi-sectoral service providers in the selected country contexts. Invitations for FGDs were distributed by the GBV Coordinator for that country to all members of the GBV sub-cluster, with particular attention to the inclusion of women's rights organizations (WROs). FGD questions were adjusted according to the profile of the participants able to join the FGD.

4.2.3. Survey Data

An in-depth survey (see Annex VI) was used to gather feedback from a wider audience than was possible through the KIIs and FGDs, including non-GBV actors such as HCTs, ICCGs, donors, etc. The survey was translated into Spanish, French and Arabic to support wider uptake and distributed via the GBV AoR and ICCG listservs. The survey included both close-ended and open-ended questions, including a subset of items only asked to country-level respondents. (See Annex VII for a summary of the quantitative survey results.)

4.2.4. Desk Review and Financial Data Analysis

Finally, the desk review (see Annex IX for list of desk review documents) focused on documentation from the global GBV AoR illustrating the scope of work since 2016 and main outputs, the number of GBV coordinators and REGAs deployed (and gaps in deployments). It also included a review of broader protection literature and how GBV has been reflected in these documents. The desk review component included an analysis of funding to GBV using data from the Financial Tracking Service (see Annex VIII for a summary of the financial analysis). Given the timeframe for the review, the desk review was limited, focusing primarily on triangulating information provided in KIIs and FGDs.

4.3.   Country Selection

To best meet the objectives of the review, six focus countries were selected for in-depth country-level interviews and FGDs.

Based on initial consultations during the inception phase, the research team developed key criteria for the selection of focus countries for this review. All countries selected have an active, country-level GBV AoR coordination mechanism. They focus on IASC support to the crisis rather than refugee responses. Additional country selection criteria are as follows:

- **Regional diversity.** The selected countries should include at least one country from each of UNFPA's global regions to maximize the generalizability and representativeness of findings from the review.
- **Phase of Response.** The selected countries should include both recent scale-up/onset emergencies as well protracted crises and contexts with a focus on the humanitarian-development nexus.
- **Type of Emergency.** The selected countries should include both conflict-affected countries and climate emergencies as well as mixed IDP and refugee settings.
- **Size.** The selected countries should include both large and small emergency responses as measured by the total number of people in need estimated in the most recent HNO.
- **GBV Funding Availability.** The selected countries should include settings where GBV is well funded in terms of the proportion of funds it receives compared to its requirements in HRPs as well those settings where there it receives a low level of funding.

Drawing from these criteria, the UNFPA and the research team identified the following six focus countries for in-depth research:

	Arab States	**Asia & the Pacific**	**East & Southern Africa**	**Eastern Europe & Central Asia**	**Latin America & the Caribbean**	**West & Central Africa**
Focus Countries	Sudan	Afghanistan	Mozambique	Ukraine	Colombia	Mali

In addition to these focus countries, additional country-level data was collected (a) through selected key informant interviews with current or former GBV coordinators with significant experience and expertise related to one or more of the review questions; and (b) from all countries with an active GBV subcluster through the survey questionnaire.[30]

4.4. Quality Assurance

The research team incorporated quality assurance mechanisms throughout the review process by adopting an inclusive and transparent approach to all data collection and analysis activities and, where possible, triangulating findings from multiple data sources, including documentation, survey responses, KIIs, and FGDs. The project team worked to ensure that the most appropriate data sources were used in a technically appropriate manner throughout the data collection and analysis process and maintained an ongoing consultation process with the UNFPA core management team throughout the review, with inputs solicited periodically from the Reference Group. To the extent possible within the limited framework, the research team sought to engage a diversity of stakeholders in KIIs and FGDs to insure an inclusive and accurate representative of stakeholder views and knowledge.

4.5. Safety and Ethics

The review was undertaken in accordance with all relevant ethical considerations related to researching GBV in humanitarian contexts.[31] All data collection was conducted remotely and followed accepted standards of safety, confidentiality, and informed consent. No KIIs were be undertaken targeting GBV survivors. All data was stored to ensure access only by the research team, and no information is included in this report that might jeopardize research participants. As agreed in the inception and as part of data collections, all key informants and focus group discussants were ensured that no identifying data (at the individual or country level) would be shared in the report. As such, the findings below are anonymized.

4.6. Limitations

Evidence collected for this review is not globally representative, with only six country case studies within the review methodology, and then additional information from global and regional respondents, with a limited desk review conducted to triangulate some of the findings. The methodological process of data collection has been largely based on a qualitative dataset—this is within the scope of a review rather than a comprehensive evaluation. While a large number of interviews were conducted across a variety of stakeholders, the below findings should be considered within this limitation.

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[30] These are referred to as "Tier 2" and "Tier 3" research countries in the inception report.

[31] WHO. 2007. *Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies*; UNICEF, 2015. *Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*.

5.   Findings

5.1.   RQ1: UNFPA Fulfilling and Institutionalizing its CLA Mandate

Overall finding: UNFPA has illustrated its commitment to its lead agency mandate through its advocacy efforts to bring better attention to GBV in humanitarian action at the global level, as well as through its agency strategic plan and increased support to the GBV AoR. However, increased efforts need to be made in terms of both coordination and programming to fully meet the CLA role.

This research question explored impressions about whether UNFPA as CLA is ensuring the global GBV AoR and country-level sub-clusters are fit-for-purpose; to what extent UNFPA has institutionalized its CLA mandate; and how UNFPA has acted on the GBV coordination recommendations from the 2019 UNFPA humanitarian evaluation. The findings detailed below suggest a number of advancements in recent years.

UNFPA has illustrated its commitment to GBViE through, for example, its GBV-related advocacy at the global level (e.g. Oslo conference); its inclusion of GBV as one of three core outcomes in the current UNFPA strategic plan (combined with recognition of importance of investment in humanitarian response capacity); and its core funding to three of the five coordination team positions in the global GBV AoR.

However, key informants agree there are still significant gaps in UNFPA meeting responsibilities of its CLA mandate, particularly in terms of 1) ensuring coordination is staffed (with a GBV coordinator and IM officer) in all cluster emergency response; 2) ensuring the agency reflects and reinforces its CLA mandate across all divisions at the country office, regional office, and HQ levels; and 3) acting as a strategic and technical leader in GBViE prevention and response and the provider of last resort.

Notably, across the 19 survey questions relating to UNFPA's role as CLA, most respondents had a generally positive view of UNFPA support to the GBV AoR and country-level subclusters, as well as whether the agency has institutionalized its CLA mandate (see Figure 6). Across all sub-questions, national and sub-national respondents had a *more* positive view of the degree to which UNFPA is fulfilling and institutionalizing its CLA mandate than those working at the global or regional levels (see Annex VII for a summary of the complete survey results). This may be due to real differences in the degree to which UNFPA has fulfilled and institutionalized its CLA mandate between its HQ and field offices but is also at least in part attributable to the different vantage points of the different types of survey respondents.

Figure 6. Survey Results Regarding UNFPA as Cluster Lead Agency (All Respondents).
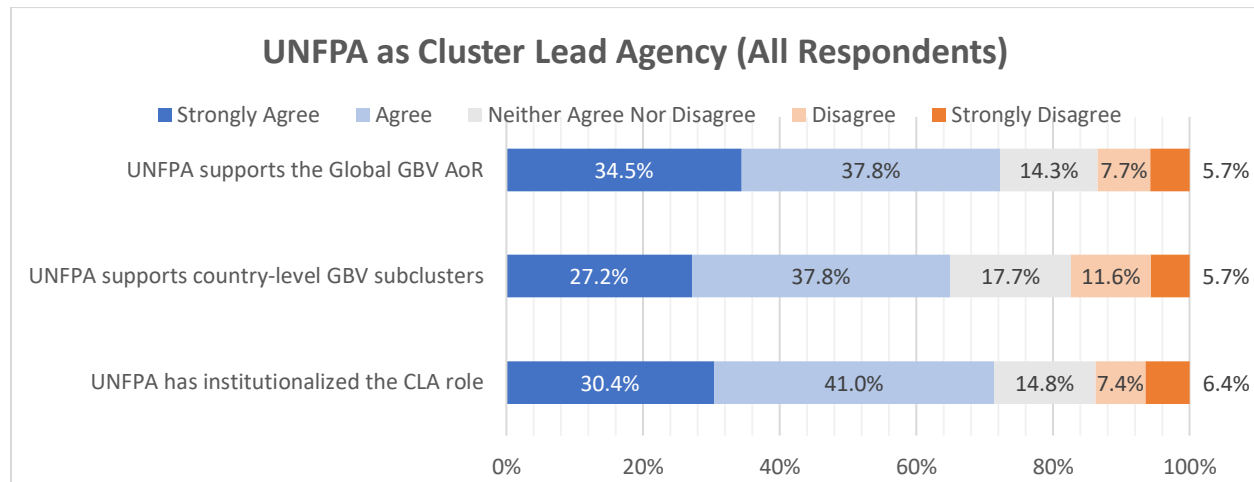
5.1.1. RQ1a: Has UNFPA leveraged the AoR Lead Agency Role within the IASC system to ensure the global GBV AoR is fit-for-purpose?

A majority of review respondents feel that UNFPA has made significant progress in meeting its CLA mandate since taking over the responsibility in 2016. This includes increased global advocacy on GBV and more support to the global GBV AoR. However, there is significant room for improvement, especially in terms of providing greater financial support to staffing the GBV AoR coordination team, and to ensuring sustainability of some of the key services provided by the AoR.

In terms of its global advocacy, the results from the review survey indicate strong agreement that UNFPA uses the CLA role within the IASC system to support attention to GBV in emergencies. For example, 88 percent of survey respondents agreed that UNFPA advocates for GBV issues. There was also strong agreement among survey respondents that UNFPA works with other global partners on behalf of the global GBV AoR. Across all survey items, these questions received some of the highest levels of endorsement, suggesting that respondents perceive UNFPA's advocacy on GBV at the global level is an important strength of the agency.

Key informant and FGD feedback generally align with the perception of survey respondents that UNFPA is leveraging its CLA role to bring attention to GBV. One notable example is UNFPA acting as co-chair of the May 2019 Oslo High-Level Conference on GBV,[32] in which UNFPA and other chairs advocated for better tracking of GBV-related needs and results, including better understanding of humanitarian funding for GBV. This has reportedly contributed to improved disaggregation of GBV needs in humanitarian needs overviews (HNOs), humanitarian response plans (HRPs) and the financial tracking service (FTS). The GBV AoR has also reportedly supported senior management at UNFPA to promote evidence and analysis linked to GBV within the IASC and as part of UNFPA's engagement in the annual operational review of humanitarian response.

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[32] See https://reliefweb.int/report/world/oslo-conference-ending-sexual-and-gender-based-violence-humanitarian-crises-co-host.

A number of key informants, however, commented that the global advocacy and representation by senior staff at UNFPA is insufficient, on several levels. First, there is a sense that at the global level, UNFPA senior management are not as visible on GBV in emergencies, and on their CLA mandate, as they could be—or as compared to other issues within their agency mandate, such as SRH—even though their GBV commitments are articulated in the current strategic plan. UNFPA is still generally seen as a smaller agency with a smaller footprint, and being newer to the humanitarian sphere.

> *I think that there's probably, from my perspective [at the global level], still a weakness within UNFPA to really take leadership on [GBV], so I feel that a lot of the impetus to really push the GBV issues comes from the GBV AoR and I don't see it so much from UNFPA as…a leader. (Donor)*

> *The advocacy which UNFPA does for GBV coordination…it is not sufficiently vocal and visible. The donor outreach needs to be of a different level and quality for this particular area of work. I think they've been more timid than on other issues. Executive leadership has to take much larger responsibility for leading that space, for fundraising for it, and actually making UNFPA a true humanitarian player. (Non-GBV Global UN Partner)*

> *UNFPA has invested in the AoR and the AoR team itself is very visible in Geneva. But we don't see a lot of UNFPA beyond that. UNICEF and UNHCR are far more visible. There isn't visibility even if they [UNFPA] are doing things. (Non-GBV Global UN Partner)*

> *Smaller agencies [like UNFPA] need their leadership to be much more active and engaged in order to interact with those larger agencies. [UNFPA] needs more senior staff to engage. (Non-GBV Global UN Partner)*

> *Within UNFPA, I can't imagine anyone disagreeing that their primary focus is on SRH…and development. So emergencies get short shrift, and my impression is that we don't have strong enough advocates within the IASC on GBV. I think that's been really clear at a couple of key points in the last few years, including the first global response plan for COVID…GBV was nowhere to be seen, at a time when we even heard the Secretary-General and multiple media outlets really talking about GBV. This wasn't even an emergency where people didn't see the risk, and yet it still wasn't featured in the first version of the response plan…. It is my impression that there isn't a strong voice from UNFPA at UN high levels and that senior representatives of UNFPA are not really carrying the mantle of GBV the way that I would like to see them. (Global GBV AoR Core Member)*

Second, even when UNFPA engages in global advocacy as it did (unsuccessfully) for the inclusion of a specific objective on GBV in the COVID-19 global response plan, it is not always clear whether UNFPA senior staff are advocating on behalf of the GBV AoR as part of the CLA mandate, rather

than on behalf of UNFPA GBV programming priorities and needs.[33] One GBV specialist interviewee at the global level explained that this distinction was important in terms of UNFPA meeting its responsibility as CLA to promote inter-agency action in key I, rather than to advocate for support to agency programming priorities.

> *I think sometime' it's not clear i' it's for UNFPA or the AoR…. I think that's a really important message—that maybe there needs to be more clarity when it is for the AoR (because then it's for all members of the AoR) and when it's just for UNFPA. (Global GBV AoR Core Member)*

> *They still suffer from a complaint that has been around for a long time, that they struggle to separate their identify as UNFPA from lead agency role as lead of AoR. To this day I don't think they have figured that out. (Global GBV AoR Core Member)*

Another area for improvement in GBV advocacy and leadership by senior management is clarifying for UN partners what UNFPA's CLA mandate for GBV entails, particularly given the various discussions (and changes) happening in relation to humanitarian architecture.

> *To strengthen the AoR there needs to be a better understanding from UNFPA on how to manage coordination at the global level so that our colleagues in Geneva and New York are very clear with UN Women or UNDP to set boundaries. (UNFPA Regional/Country Staff)*

> *It also is important that we have a lot of time, which we need to invest, in speaking to each other [UN agencies, particularly UNFPA and UN Women] about coordination [and] clarifying the rules [and] consensus building. (Non-GBV Regional UN Partner)*

The ability to set these boundaries and build consensus relies, in part, on UNFPA senior management at the country, regional, and HQ levels being able to clearly articulate what the CLA role entails—an issue about which some interviewees expressed doubt, such as a key informant who noted, "The way senior leadership talk is always SRH, maybe harmful practices, less often GBV generally, and then maybe GBV coordination" (Global GBV AoR Core Member). Another key informant felt that "within UNFPA, the GBV AoR is the step-child" (UNFPA Global Staff). If UNFPA executive management do not fully understand the CLA role, then it is not possible to leverage it effectively within the IASC system.

In terms of the agency supporting the global GBV AoR more generally, the response was relatively positive. On average, 72 percent of survey respondents agreed with statements that UNFPA supported the global GBV AoR. And indeed, the HRD now has five fixed-term positions dedicated to the global GBV AoR coordination team. In 2022, three of these positions were financed via

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[33] While UNFPA senior staff should be fulfilling both of these functions, key informants argued for the importance of senior staff clarifying to both internal and external stakeholders in what capacity they are acting when advocating for GBV and/or the GBV AoR, to reinforce their support to the inter-agency nature of the GBV coordination.

non-project funding. This represents a marked improvement since 2016, when there was one coordinator position funded from non-core funding.

Notably, however, a significant minority of survey respondents disagreed or strongly disagreed that UNFPA ensures adequate staffing and sufficient financial resources for the global GBV AoR. This includes various support services offered by the GBV AoR, such as the COP and the Helpdesk and, perhaps most especially the REGAs, who play a significant enabling role for the GBV AoR, as recognized in the current GBV AoR Strategy. [34] This is discussed further in section 5.2, below.

5.1.2. RQ1b: Is UNFPA leadership at global, regional, and national level resulting in effective GBV coordination and strengthened inter-agency GBV response at the country-level?

In terms of UNFPA supporting country-level capacity to lead GBV coordination and inter-agency response, the results of the review are mixed. Very positively, the number of coordinators in place at the country-level has increased steadily and the responsibility to have a coordinator in place is fairly standardized across emergencies. However, concerns remain about the lack of consistent funding for GBV coordination staff at the national and especially subnational level and the impact that has on effective coordination leadership.

While key informants noted areas for growth in terms of UNFPA support to country- level GBV coordination that are detailed below, those with a history of working on GBV coordination also remarked on the considerable change that has happened in terms of ensuring GBV coordinators are in place in IASC-managed emergencies around the world.

> *The biggest leap within UNFPA is that it's not a question that is asked anymore, it is a given now [UNFPA's GBV coordination responsibility]. It hasn't been overnight but where we are right now, we feel quite comfortable that where there is an emergency, we need to advocate for a GBV sub-cluster and UNFPA should be ready to play that role is well understood. I feel in most cases, not all the time, but we have much more understanding [by] humanitarian partners at country level, [and] the activation is usually understood. More and more it is established. That is a big leap. (UNFPA Regional/Country Staff)*

Tracking by the GBV AoR supports this perception that GBV sub-cluster coordinators are now regularly deployed to emergencies around the world, with a concomitant decrease in double-hatting of these coordinators.[35] The 2021 foray into Latin America—long an under-resourced area for humanitarian GBV coordination through the IASC—is a good example of the expansion of geographic coverage of GBV coordinators.

Despite this important progress, key informants and focus group discussants raised a concern about UNFPA's ability to consistently ensure that trained coordinators are in place and

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[34] REGAs were hailed as a 'model' resource of the AoR, with GBV and non-GBV specialists alike praising their support, including in terms of the IM specialists and the real-time COVID guidance. A specific review of the REGAs has just been released that similarly recognizes the wide appreciation of the GBV humanitarian community for this service.

[35] Of note, the GBV AoR and Call to Action have committed to reduce double hatting as part of the current Call to Action Strategy.

sufficiently resourced at the country level. Survey respondents also shared these concerns, as illustrated in the higher number of respondents (as compared to other areas of investigation around UNFPA support to coordination) disagreeing with a statement about UNFPA's commitment to staffing country-level GBV coordination (see Figure 7).

The lack of UNFPA core funding being allocated by country offices for GBV coordinators was cited as a "key weakness" of UNFPA meeting its CLA mandate. This creates follow-on issues in ensuring quality GBV coordination. Without long-term funding, coordinator contracts are often short-term. This contributes to high turnover rates of GBV coordinators seeking more reliable employment. Interim coordinators are more often inexperienced and/or double-hatting (or, in some contexts, even triple-hatting). Both internal and external partners interviewed for this review felt that national GBV coordinators were not always fit for their role—due to personality issues, general

Figure 7. Survey Results Regarding UNFPA Staffing of GBV Coordination Roles at the Country Level.

Note: "Strongly Disagree" = 0, "Disagree" = 1, "Neither agree nor disagree" = 2, "Agree" = 3, "Strongly Agree" = 4).

lack of competency on GBV and/or emergencies, and because they were lower-level staff with limited experience. (Also see RQ2 for further discussion of coordinator competency.)
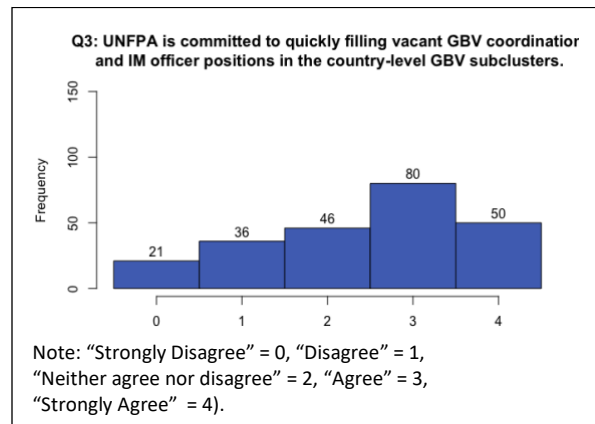
> *Not sure if UNFPA at corporate level…is supporting the coordinator position as much as they could. There are different levels of coordinators across countries because of lack of funding and ability to give longer contracts. We have a JPO or UNV as coordinators in some places, and [in] other places an experienced person. (UNFPA Global Staff)*

> *Sub-cluster coordinators still struggle—they are on unstable short-term contracts. So they are not super invested. Hustling for the next gig. (Global GBV AoR Core Member)*

> *When you have a new coordinator coming in every three months, that's not building relationships. Still feels like band-aids. The excuse is that offices don't have funding[…] It's been a decade. (Global GBV AoR Core Member)*

> *We [UNFPA] are not funding the positions and recruiting people to stay in positions for longer. (UNFPA Regional/Country Staff)*

Moreover, UNFPA as an agency reportedly does not have the capacity to manage high staff turnover with agility, efficiency or flexibility. Because it can take considerable time for recruitment of new positions, qualified GBV staff are lost to other agencies. The REGA and UNFPA surge capacity cannot cover for this deficiency to the extent necessary (nor should REGA be used for this purpose). In some cases, UNFPA country offices have stepped in to support the coordination role. This is seen by external partners as an important temporary solution and

evidence of clear commitment by UNFPA to GBV coordination, *but* compromises the image of UNFPA coordinators as neutral with respect to subcluster partners.

Aside from the issue of funding GBV coordinator positions, other issues raised by key informants about UNFPA support to coordinating GBV response at the country level focused on the role of country-level senior management engaging around GBV, providing adequate supervisory support to coordinators, and raising GBV issues and GBV subcluster needs in relevant country-level humanitarian fora. Several interviewees in the focal countries of this review highlighted the value of dedicated senior staff who have taken up advocacy for the GBV subcluster, especially around CERF funding.

Other key informants at the global, regional and country level flagged the on-going problem of some UNFPA senior management at the country level not feeling comfortable to discuss GBV in the HCT or elsewhere because their expertise is more linked to SRH, or because they do not prioritize attention to GBV coordination or programming. Despite the rollout of a humanitarian leadership program that includes information about the CLA mandate, the need for more training and support to country representatives and deputy representatives was raised repeatedly in key informant interviews (see Section 5.1.3).

> *When [UNFPA senior management at country level] are building arguments to open GBV services, and when you're engaging with the partners, if you don't have that minimum of technical understanding of the area, in this case GBV, then you're not going to come in as a good or strong advocate for the issue. (UNFPA Regional/Country Staff)*

Another concern about support to the GBV sub-clusters at country level was how integrated (or not) the GBV coordinators are in UNFPA operations. It was noted by many global and country-level key informants that GBV coordinators generally feel more empowered than when UNFPA initially took over the CLA mandate in 2016 to act in their inter-agency role (rather than as UNFPA staff working on behalf of UNFPA)—as long as they are not double- or triple-hatting. This reflects the important work of the GBV AoR in promoting the relative independence of the GBV coordinators from UNFPA GBV programming responsibilities.

While this separation is very important conceptually and practically as it allows coordinators to work in the best interests of all GBV coordination partners without bias to UNFPA, a range of related concerns were raised by global, regional and country-level key informants:

- The GBV coordinators are not always fully on-boarded or integrated into the country office because they are not perceived by UNFPA management to contribute to UNFPA-specific operations and funding.
- GBV coordinators may themselves resist association with UNFPA for fear of concerns about bias, which can make it more challenging for UNFPA to meet its CLA responsibilities at the country level.
- Even when GBV coordinators are engaged with UNFPA management in country, it appears to be more often the case that the GBV coordinator will report to the

representative, while the GBV programming person (if they exist) reports to the deputy representative. Although this is useful in terms of ensuring the representative is equipped to advocate for GBV sub-cluster issues, it limits the potential value of linking the knowledge of the coordinator with GBV programming staff.

- While the GBV coordinators receive support from the AoR through global activities and through the REGAs and participate in general UNFPA trainings on GBV and information management, they do not receive or benefit from regular and systematic expert GBV technical support from UNFPA. There are currently five regional UNFPA GBV staff (three in APRO, one in ASRO, and one in Istanbul supporting Ukraine). Their existence has been determined by regional offices, rather than according to commitments articulated within a corporate plan. There are only four headquarters positions in the agency organigram (two P4s, one P3, and one GBVIMS position) of which three are currently filled.[36] This relatively limited number of agency positions for GBV—and the P3 and P4 levels they are accorded—impacts UNFPA GBV coordinators' ability to progress in the agency, another reason why GBV coordinators might seek employment outside of UNFPA.

These concerns link to the issue of UNFPA understanding and institutionalizing its CLA role throughout the organization, discussed further below.

5.1.3. RQ1c: Has the IASC GBV leadership role been institutionalized throughout the organization, including CLA responsibility of provider of resort?

There are notable indications of UNFPA recognizing its CLA role for GBV in its corporate guidance, such as in the UNFPA Strategic Plan 2022-2025. However, this has not been widely translated into other guidance, training or tools available across divisions and levels of the agency. Of particular concern is UNFPA's ability to meet the CLA responsibility of 'provider of last resort.'

Within the most recent UNFPA strategic plan, "ending GBV and harmful practices" is one of three transformative results, and expanding humanitarian action is one of six core outcomes. Even more pointedly in terms of the GBV CLA mandate, the strategic plan plainly states that UNFPA "will strengthen its ability and capacity to coordinate the gender-based violence area of responsibility in the Inter-Agency Standing Committee," and the plan includes a GBV coordination indicator.[37] Also of note, in UNFPA's 2022 *Getting to Zero: Mapping UNFPA Leadership on Ending Gender-based Violence*, a specific recommendation speaks to supporting CLA responsibilities:

> *Maintain leadership in the GBV AoR for humanitarian settings and*

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[36] This level of regional and/or regional staffing contrasts with some other UN agencies and INGOs. For example, a key informant at UNICEF reported the agency currently has 13 full-time and 2 part-time global GBViE staff, and five full-time regional gender/GBViE staff covering ESARO, MENARO, LACRO, EAPRO, and ECARO.

[37] UNFPA, 2021. UNFPA Strategic Plan 2022-2025, p 17**.** DP/FPA/2021/8 https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf.

ensure adequate support to country offices in fulfilling GBV coordination functions, including resource mobilization, quality assurance, and partnerships with government and civil society.[38]

And yet, this is the only specific reference to the GBV AoR in the document—even though this document is on UNFPA's GBV work. GBV coordination is mentioned more broadly, but UNFPA'S work as GBV CLA in humanitarian settings is significantly under-represented. The same is true in UNFPA's annual reports, apart from the Humanitarian Action Overview Reports. The 2023 Humanitarian Action Overview has a stand-alone page focused on the GBV AoR and country-level GBV coordination.[39]

Key informants had much to say about UNFPA's commitment to its CLA mandate.   The majority acknowledged there has been growth since 2016, and even more since the 2019 humanitarian review (see next section). One reason attributed to this increased attention is the elevation of the Humanitarian Office to the Humanitarian Response Division (HRD), which was institutionalized in 2023 and arguably gives more weight to humanitarian work and, in turn, to the GBV CLA responsibility. As noted previously, the HRD has five GBV AoR positions in its organigram, three of which have core funding. GBV is represented in HRD ToRs and results framework and an HRD training program for senior management is in process that includes GBV. The criticality of GBV coordination has been clearly established in UNFPA offices in some regions, with key informants noting the Arab States as an example.

> *It definitely is undeniable progress. I would say availability of roster, availability of consultants, availability of the database, the availability of the training materials, availability of the peer support, those things are out there…and they are working. (Non-GBV Global UN Partner)*

> *I think it's been really clear that as an agency, they have definitely made a commitment to fund and to get funding for the AoR coordination team. Just the number folks that they have globally has dramatically increased in the last couple of years…. It's been incredibly encouraging. Again, the country office leadership around the subclusters has…actively pursued co-leadership in quite a few contexts—we've not always been able to meet those demands just because of lack of overall donor funding for coordination roles as well as lack of prioritizing leadership with women-led organizations. So there really has been efforts across UNFPA for making that happen. A lot of it is, again, donor dependent. But we definitely haven't seen a shirking of the coordination role. (Global GBV AoR Core Member)*

However, this progress is relative, as highlighted by one particularly skeptical interviewee, who noted, "If we're working at a minus two, anything seems like progress." The GBV AoR is not its

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[38] UNFPA, 2022. Getting to Zero: Mapping UNFPA Leadership on Ending Gender-based Violence, p 33. https://reliefweb.int/report/world/getting-zero-mapping-unfpa-leadership-ending-gender-based-violence#:~:text=The%20UNFPA%20Strategic%20Plans%20(2018,and%20child%20marriage%20by%202030.
[39] UNFPA, 2023. Humanitarian Action 2023 Overview. https://www.unfpa.org/sites/default/files/pub-pdf/Humanitarian_Action_2023_Overview_UNFPA-PDF%20version.pdf.

own unit within HRD, which would give it elevated attention, nor does the GBV AoR coordinator report to the HRD deputy or director. And several key informants expressed concerns that the existence of HRD might itself exacerbate the problem of agency-wide integration of the CLA responsibility, emphasizing the need for coherence between UNFPA's Programs pillar and HRD.

> *It feels a bit like HRD has been created, and there are a lot of great ideas, and it's full of qualified and wonderful people, and there is a desire to place UNFPA firmly on the humanitarian map—but how to do that and mobilize the rest of the organization to fall in line is not clear. There isn't even a clear vision on what the GBV AoR role is in different phases of crisis and even that clarity on who does what is not clear. (UNFPA Global Staff)*

> *There's a whole division of labor around GBV that needs to be clarified. Is it still overall responsibility of the technical division, let's say, to provide that normative role, or has it been taken to Geneva because it's linked to our responsibility as [CLA]? (UNFPA Global Staff)*

The survey responses to statements that UNFPA has institutionalized the CLA role also suggested mixed progress for UNFPA. A strong majority (70 percent) of respondents feel that UNFPA management staff is *knowledgeable* about UNFPA's responsibilities for the coordination of GBViE in emergencies; fewer respondents (50 percent) believe that the agency is prepared to *meet* these responsibilities, with lack of adequate funding for GBV being identified as a primary factor.

A wide range of key informants feel that even with progress in supporting the AoR, the CLA mandate for GBV has not been fully institutionalized across the agency. Positively, UNFPA representatives' induction materials now include GBV; UNFPA has developed and disseminated a guidance note for country representatives on GBV[40]; and a humanitarian leadership program is currently being rolled out to country offices that includes information about the CLA mandate.[41] As of April 2023, GBV is also included in induction webinars as a part of a session on UNFPA's humanitarian mandate, GBV, and SRH.

Still, key informants expressed concerns that these initiatives—and the CLA mandate in general—lacks corporate reinforcement and has not been shared or represented widely across the organization. There appears to be limited understanding across the agency of how leadership of the AoR contributes to increased recognition, visibility, and resources for UNFPA as a humanitarian agency. Information about the GBV CLA mandate was drafted to include in the country representatives' standard TOR, but it was not adopted. A UNFPA GBV humanitarian strategy has also been drafted to support an organization-wide approach to prevention and response to GBV in emergencies but has yet to be finalized. In the meantime, the Technical

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[40] UNFPA, 2021. *Guidance Note for UNFPA Country Representatives on UNFPA's leadership on gender-based violence in emergencies*. This guidance note speaks in detail about representatives' responsibilities, articulating their "dual mandate… to represent UNFPA (the agency) and the voice of the GBV sector, with the support of the GBV coordinator."

[41] The original impetus for this training was to help country offices understand the GBV CLA mandate, but one key informant felt that some of the GBV messaging in this training has gotten "buried" by all the information on SRH.

Division has finalized their own GBV strategy, but this document does not yet reference the GBV AoR or the GBV in emergencies strategy and has only one reference to the CLA role.

> *I think the GBV AoR has done a lot to get established and get the management buy-in, and we are trying as donors to make sure that leadership of the GBV AoR is not just a humanitarian add-on but it should be core business for UNFPA. (Donor)*

> *I wouldn't say that my impression overall is that UNFPA has centralized GBV coordination as a central part of the mandate of the organization. (UNFPA Global Staff)*

> *I don't think at the senior level there is a real sense of what is needed and the real support around it. (UNFPA Global Staff)*

> *HRD, yes, they have institutionalized the humanitarian mandate more, but at highest senior management there is a lack of clarity where we want to go—you still hear senior management slip of the tongue saying we're not a humanitarian agency. (UNFPA Global Staff)*

> *It would be fantastic for the ED to do a town hall meeting, where she says we are a GBV agency and these are the expectations. (UNFPA Global Staff)*

> *With respect to UNFPA, I would be keen to explore further mandate and governance issues. Where does GBV fit in, and where does that translate into operational and administrative responsibilities? (Non-GBV UN Partner)*

As referenced previously, there is a perception by many that UNFPA still considers itself primarily an SRH agency, with management and technical capacity stronger in SRH than GBV, and with more work needed in linking SRH and GBV work and aligning UNFPA leadership on GBV work at the Humanitarian-Development Nexus. There is also a perception that UNFPA is stronger in development action than humanitarian response.   At least one senior manager interviewed for this review did not know the GBV AoR was a subcluster within the Protection Cluster. According to one key informant, "the fundamental issue with having GBV AoR in UNFPA, is that UNFPA is not GBV focused, it is more SRHR focused" (Global GBV AoR Core Member).

> *There is not much investment in the personal capacity, technical capacity of the representatives [related to GBV]. UNFPA as an institution is not putting focus on building leadership skills [and] managerial capacity [in GBV CLA mandate]. (UNFPA Regional/Country Staff)*

> *UNFPA at regional level has not demonstrated sufficient commitment. GBV is not mandated as part of core delivery areas. There should not be any discretion around our accountability to our GBV mandate and the humanitarian mandate. (UNFPA Global Staff)*

Leadership not aware and comfortable about speaking about GBV in HCT meetings [and] humanitarian steering committee meetings. (UNFPA Regional/Country Staff)

Personally, I would make mandatory training and orientation for the representatives to understand because we are making this very dangerous assumption that everybody is up to task and that everybody has a really deep understanding of issue [GBV] that we are supposed to push for. (UNFPA Regional/Country Staff)

Coordinators [at the country level] didn't feel supported from a management perspective and from a "they don't know what I'm talking about" perspective. Coordinators felt that support just wasn't there from leadership. UNFPA [should] have GBV expertise in humanitarian coordination UNFPA roles, which are mainly SRHR. (UNFPA Global Staff)

There is quite a widespread lack of literacy on how the cluster system functions within UNFPA as a whole and you see that reflected very well in the interactions we have at the global level, just with country representatives but also with other HQ counterparts in New York. (UNFPA Global Staff)

I think they have strengthened but I would love for this review to point out to UNFPA senior leadership how much investment is needed and [that] we don't see it on the ground—there is still double-hatting. (Non-GBV Country UN Partner)

We see at the country level UNFPA not beating drum on GBV at the outset of [a humanitarian] response. [Is the issue that] leadership doesn't feel comfortable? Doesn't know how? (Donor)

While the GBV AoR coordination team has participated in surge training and some regional meetings, the team is not yet systematically or strategically included in global meetings that could raise their profile among senior management and improve understanding and ownership of the CLA mandate, such as the recent technical division meeting in Istanbul or the representatives meeting in Kazakhstan. However, when the GBV AoR coordination team has been invited to participate in face-to-face surge training (including a 1-2 day training in Turin, Italy), anecdotal feedback from participants has been very positive.

Because UNFPA does not have standard country office organigrams (a purposeful strategy meant to allow for a more flexible response), there are fewer opportunities to reinforce the importance of an inter-agency GBV coordinator, GBV IM specialist, and GBV programmer in all UNFPA humanitarian operations. This absence contributes to lack of understanding about and prioritization of GBViE coordinator recruitment, even at the level of the Division of Human Resources. When arguing that the GBV AoR should be included in country-level GBV coordinator recruitment (discussed further in the next section), one key informant noted,

I would want to see UNFPA say this is our standard blueprint of a skeleton office so you no longer need to justify why you're creating the position…it should not be based on a

justification it should be based on a pre-existing model that you have developed. (UNFPA Global Staff)

Another key issue raised by many key informants is the limited staff with technical expertise on addressing GBV in emergencies at headquarters level.[42] For interviewees, this links directly to whether UNFPA can meet its CLA provider of last resort responsibility, which calls upon UNFPA to take leadership in GBV programming. Interviewees noted UNFPA global advocacy to donors has not been sufficient to support *both* UNFPA's GBV coordination and GBV programming at the global and regional levels. While UNFPA faces other barriers to meeting its PoLR responsibilities as the CLA for the GBV AoR (including its relatively small footprint in many humanitarian contexts), the lack of technical expertise and global advocacy were noted as particularly critical issues.

UNFPA doesn't dedicate enough consistent staff for GBV. Technical capacity isn't super strong. [I] feel like coordinators are getting stronger, but where [are the] programs? (Donor)

I feel like I would know who the agency counterparts [i.e., programming specialists working on protection and child protection, respectively] are to the coordinator in UNHCR and UNICEF, but I don't know with UNFPA. (Non-GBV UN Partner)

I think that UNFPA haven't had senior representation [on GBV] just internally to guide their work, to guide the support with partners to you know, support programming globally, or new resource development. (Global GBV AoR Core Member)

You can't really separate GBV coordination from GBV programming—the capacity of the agency on an issue can't be separate from their responsibility as a cluster. The two are very linked. (Non-GBV UN Partner)

I don't know what they're doing internally. What I can tell you is that from the outside it very much looks like they've only prioritized the AoR. The rest of that leadership on GBV has just gone out of the window across the board. And that is a massive handicap for the GBV community globally. We have no one to go to, to advocate to. (Global GBV AoR Core Member)

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[42] As noted previously, there are currently five regional UNFPA GBV staff (three in APRO, one in ASRO, and one in Istanbul supporting Ukraine). Their existence has been determined by regional offices, rather than according to commitments articulated within a UNFPA corporate plan. There are only four headquarters positions in the agency organigram (two P4s, one P3, and one GBVIMS position) of which three are currently filled. By contrast, UNICEF currently has 12 full-time global GBV staff, 2 part-time global staff, and regional GBV experts in five regional offices.

5.1.4. RQ1d: How has UNFPA acted on the coordination recommendations made in the humanitarian capacity evaluation of 2019?

UNFPA has made progress against the recommendations made in the 2019 humanitarian capacity evaluation related to the CLA mandate, particularly around ensuring GBV subcluster coordinators are in place in IASC-managed emergencies, and reducing the number of coordinators who are double-hatting. There has been less progress in building IM functions in all sub-clusters and reducing high turnover of coordinators.

As noted across the findings of RQ1 of this review, there has been significant progress within UNFPA to ensure GBV coordinators are in place. Emergency funds have been invested at the country level in GBV sub-cluster coordination, leading to the recruitment of new coordinators with UN contracts. This has had widespread positive implications.

> *They've dramatically increased their footprint in the last five years both in terms of people they have in the regions [REGAs] and therefore the number of support trips that they can provide to…regional level and national level. That's been…really encouraging to see just how many folks they've been able to bring on board. I mean, they opened up Latin America, which has been a huge help. And also better resourced in the MENA region, which is great, and West Africa has grown a lot as well. So again, we've seen a lot more folks be hired and that definitely has translated to more consistent coordination and disseminating knowledge. (Global GBV AoR Core Member)*

Also noted previously, the GBV AoR collects information about coordination at the country level each year; the data suggest that as the number of coordinators has increased, there has been a reduction in those who are double-hatting. However, the problem of double-hatting still exists—in part because decisions about whether to fund a stand-alone coordinator are at the discretion of the regional and country offices.

In addition, there is reportedly an overreliance on surge and REGAs to provide GBV subcluster coordination. In 2022, according to a key informant, a majority of surge positions within the agency were for GBV specialists (both coordinators and programmers). As described in some detail above, high turnover of GBV coordinators is an ongoing problem. This relates to short-term contracts, and lack of agility and flexibility within UNFPA in filling GBV coordinator positions when vacancies occur. Widespread gaps also remain in staffing the GBV sub-clusters with an IM officer. Progress has been made with IM largely because IM capacity has been added to the REGAs because of advocacy of the GBV AoR.

In Quarter 4 of 2022, the HRD presented an analysis of global, regional and field investment in coordination and IM to UNFPA's Humanitarian Steering Committee (HSC), with the aim of promoting agency attention to GBV subcluster and programming needs at the country level. At the time, however, no decisions about improved investments were taken; the HRD was reportedly invited to revert to the HSC after this review is completed.

5.2. RQ2: GBV AoR Engagement in Activities to Improve Efforts to Address GBV In Humanitarian Response

Overall finding: There is strong approval for the work of the GBV AoR and its "family" of support services, including the REGAs, the Community of Practice and associated Managing GBViE course, and the GBV AoR Helpdesk. Core members note room for improvement in systematizing GBV AoR operations; recognizing member contributions to the GBV AoR; and increasing diversity among membership, particularly in terms of intersectional representation and inclusion of women's organizations and individuals originating from settings affected by humanitarian crises. There is also a need for strengthened engagement between the GBV AoR and UNFPA to ensure adequate support to the GBV AoR core coordination team.

Across the 17 survey questions relating to the global GBV AoR, most respondents agreed that the Global GBV AoR is engaging in activities to improve efforts to address GBV in all humanitarian action. There was strong support for the global GBV AoR's work to promote global standards, policies, and good practices, and respondents also had positive views of the global GBV AoR's engagement in global partnerships and advocacy and operational support (see Figure 8).

Figure 8. Survey Results Regarding the Global GBV AoR (All Respondents).
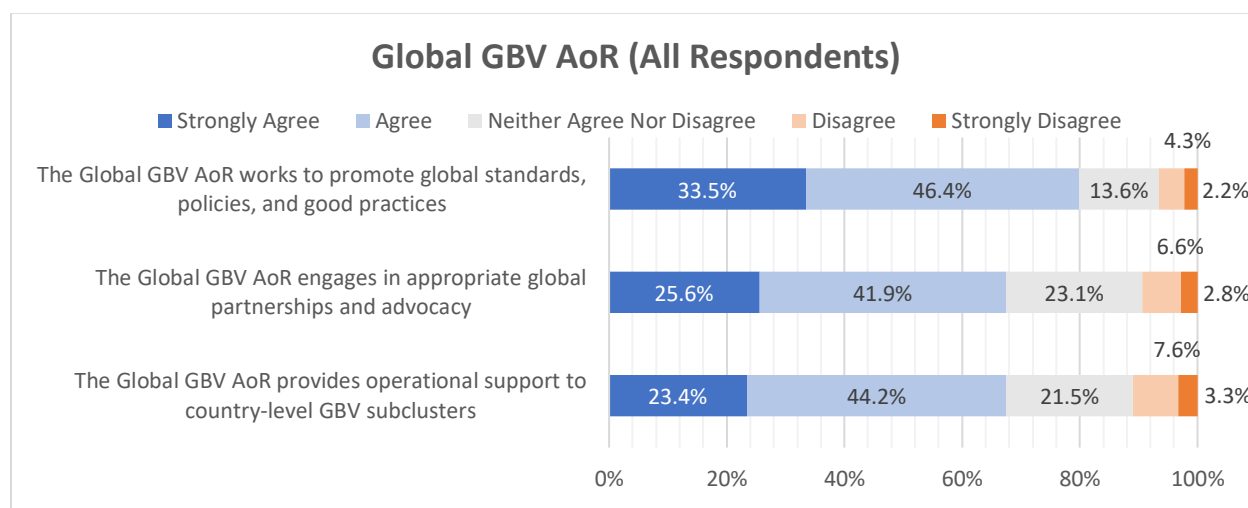
5.2.1. RQ2a: What have been the opportunities and challenges for the GBV AoR in leading on development, consolidation, and dissemination of standards, policies, and identification of 'best practice', as per the GBV AoR Strategy? How does it communicate core principles, good practices, and inclusive approaches for GBV prevention, risk mitigation and response services?

The GBV AoR is recognized by its membership and by external partners for supporting the development and dissemination of a range of excellent resources. The coordination team is widely considered to be professional, cooperative and active. Access to resources on the

website requires improvement, as does accessibility of materials by non-English speakers. In addition, the GBV AoR coordination team and UNFPA as CLA are not seen to be sufficiently reinforcing the capacity strengthening work that core members lead on behalf of the GBV AoR.

Survey results show strong endorsement of the global GBV AoR's work to promote global standards, policies, and good practices, with 80 percent of respondents agreeing to a set of questions regarding this topic. More specifically, respondents agree that the global GBV AoR works to identify learning gaps, has contributed to the development and dissemination of best practices, and supports collaborative learning and capacity strengthening. It's important to note that the survey results were equally strong across all of these subdimensions, and the open-ended responses frequently highlighted particular resources that were useful (e.g., webinars, CoP, online case management and capacity-strengthening trainings, technical guidelines [especially the GBV Minimum Standards], website, monthly calls and newsletters, guidelines on service mapping, REGA-led trainings at the regional and country levels), indicating robust overall support for these conclusions within the survey data.

Global key informants similarly expressed appreciation for the various ways in which the GBV AoR supports development, consolidation, and dissemination of standards, policies, and identification of 'best practice.' Key resources produced with support from the GBV AoR, such as the Inter-agency Minimum Standards, the Coordination Handbook, and the COVID-19 guidance were recognized as essential to the field. The GBV AoR's efforts to design and facilitate streamlined communications platforms and channels are relatively wide-ranging:

- Monthly newsletter to a listserve of 2,700 people
- Monthly calls open to everyone on the GBV AoR listserve
- Upgrading of website two years ago
- Information and resource exchange on the Community of Practice (CoP) for more than 900 members
- Annual REGA reports
- Global and regional webinars and learning

An internal review of the implementation of the first GBV AoR capacity strengthening strategy concluded there was success in meeting most activities.[43] This success was echoed by key informants.

> *[The global GBV AoR has] come a very, very long way over the last few years. And I think that that service that they provide in terms of sharing new learning, training opportunities, and just dialogue between practitioners is actually super, super helpful and very effective... (Donor)*

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[43] The internal review was done in preparation for developing a new capacity strengthening strategy, which is currently being finalized by a consultant to the GBV AoR.

GBV AoR is more advanced than other AoRs, having documentation, meetings, and really comprehensive understanding of the technical area. (Non-GBV UN Partner)

The GBV AoR has invested in capacity development—have really taken capacity development seriously. (Non-GBV UN Partner)

In addition to the direct communications and support from the GBV AoR coordination team, the REGAs, the GBV AoR CoP and the GBV AoR Helpdesk were widely hailed by key informants as excellent GBV AoR resources. Some interviewees noted how important these functions were as inter-linking sources of support: guidance and minimum standards developed by or with support from the GBV AoR as first port of call for overall understanding of 'what to do'; GBV AoR Helpdesk and GBV AoR CoP to get more advice as to 'how to do it'; and then the REGAs for direct support to implement.

The CoP—I benefit from it personally—is such a supportive space you feel a very important sense of solidarity which is really important working in GBV. It has huge value in this regard…. I wish more people knew about it as it is such as valuable resource. (Global GBV AoR Core Member)

I think the AoR Helpdesk is really good and really well-resourced and we particularly saw that during COVID-19 they gave a lot of guidance around GBV…and [for my region they] came up with guidance for IPC classification which was missing. (UNFPA Regional/Country Staff)

Community building and support for coordinators…so that it's not just done by having regular check-ins and more REGAs, but also through the Helpdesk and CoP there is greater connectedness under the banner of the AoR. (Regional/Country GBV Specialist)

I do think there is a need for resources and GBV AoR has done amazing work providing guidelines, these are super helpful. These resources are critical to shape a common language and get a sense of what is good practice—at policy and learning and resource level. (Donor)

However, one interviewee questioned whether the GBV AoR should have a Helpdesk when the Protection Cluster itself has one, and also questioned whether the global resource development distracted the GBV AoR from focus on operational support (discussed further below).

Several others raised concerns that some of the key capacity-strengthening efforts of the AoR led by core members (for example, the Managing GBViE course and CoP through IMC and the Helpdesk through UNICEF) were not consistently endorsed or reinforced by the AoR coordination team or UNFPA leadership. Interviewees appreciated and highlighted the importance of core members taking on different aspects of work to support the GBV AoR (with one Global GBV AoR Core Member noting "We *are* the AoR"), but at the same time felt that work done by partners on behalf of the AoR was not given as much recognition as it should by the GBV AoR coordination

team and UNFPA, and happens largely in the absence of any material or other support from UNFPA.

> *I think it's really incumbent on the GBV AoR, and UNFPA in their leadership role, to amplify the work of their sister agencies and also of course of the core members that are contributing to the AoR and UNFPA in the CLA role. (Global GBV AoR Core Member)*

Interviewees do not universally agree about the position of this work in relation to the GBV AoR—whether for example the CoP or Helpdesk are core programs of the AoR or external resources to support the goals of the AoR. Without this clarity, it is perhaps unsurprising that some interviewees feel there could be more synergies across different initiatives that are under the label of the GBV AoR: "I feel like it's important that there is joined up work happening and those synergies are really harnessed to make progress for women and girls" (Global GBV AoR Core Member)

It is clearer that the REGA falls directly under the GBV AoR, as the GBV AoR is responsible for overseeing the technical work of the REGAs and UNFPA is responsible for generating the majority of funding for the initiative. The REGA mechanism is managed as a tripartite strategic partnership between NORCAP, the GBV AoR and UNFPA. NORCAP is the employer of the REGA teams (standby partner contracts), has invested funding and played a critical administrative role. The GBV AoR and NORCAP hold weekly management meetings to monitor results and ensure deployment continuity.[44] That UNFPA has not yet embedded the REGA into their core CLA responsibilities raises questions for some interviewees about UNFPA's commitment to the REGA initiative, and the sustainability of the REGA mechanism.

> *I don't know what the agency's commitment is toward [the REGA} structure. I do think, overall the REGA have made a great contribution to strengthening coordination. But I don't see a long term plan for UNFPA to those positions [REGAs] indefinitely. I don't see that that's a commitment of the agency to continue them or to continue the structure. You know, we are all contributing to different work streams and initiatives under the umbrella of the GBV AoR. I don't mean to suggest that UNFPA should carry all of that, but I do think that it's notable that they lead very little. (Global GBV AoR Core Member)*

At the behest of core members for more knowledge and increased accountability of different activities, the GBV AoR started in 2023 to provide core members with a monthly summary of key points from the coordination team, REGAs, Helpdesk and CoP. The GBV AoR is also currently engaged in a governance review, with results pending. (There is further discussion on AoR management and internal partnerships in the next section.)

The GBV AoR website was a particular focus of concern by key informants, who noted that resources remain hard to access despite efforts of the AoR to improve it. GBV AoR staff are

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[44] See also the April 2023 REGA Review contracted by NORCAP and prepared by Samuel Hall.

reportedly quite supportive in helping colleagues find resources, but the website itself is very challenging to work with unless you know exactly what you are looking for.

> *It's hard to navigate, it's hard to find things—I go there to find resources and it's very hard to do that. (UNFPA Global Staff)*

> *I do want to give credit—I think…quite a lot of thought was given to the layout of the current website. And I do see there has been thought given to how to filter and find resources. However, I feel like there's still some, some progress and that could be made. For example, you know, more ability to see products listed. (Global GBV AoR Core Member)*

> *They [GBV AoR] did a revamp a few years ago, and now it's less of a disaster, but still a problem. It should serve as a hub, but it takes an hour to filter and find stuff. (UNFPA Global Staff)*

> *The GBV AoR website is where many people get most of their information. It could use some better organization, as we know…even if you look really hard, you won't always find what you're looking for. (Regional/Country GBV Specialist)*

Also, several key informants and focus group discussants highlighted the urgent need to translate more resources. In focus group discussions held at the country level for this review, participants in non-English speaking countries were less familiar with the GBV AoR website and resources.

> *So I would really advocate for more resources to be put [towards translation] to enable that to happen—if we're serious also about that in relation to supporting an acceleration of localization I think that's important. (Global GBV AoR Core Member)*

Another issue raised by several colleagues was the need to continue to ensure dissemination of basic concepts alongside more detailed, specific, or higher-level technical resources.

> *We still see gaps in basic concepts, such as confidentiality—I don't know why we still have problems with that. I feel that we have made lots of progress in having guidance and having a technical understanding [on many things], but not so much consistent understanding of basics. (Regional/Country GBV Specialist)*

This lack of shared understanding of basic GBV theory and principles seems to contribute to differences in understanding among AoR members (and some external to the AoR) about what is essential to addressing GBV. Several key informants who are not GBV specialists raised questions about how core members "talk a certain language" (Non-GBV UN Partner) that may be difficult for non-GBV experts to understand. This level of specialization among long-standing members of the AoR can reportedly contribute to newer and less specialized members feeling intimidated or excluded.

5.2.2. RQ2b: What have been the opportunities and challenges for the GBV AoR in terms of strengthening global partnerships and facilitating joint advocacy for financial and political investment to ensure that action on GBV is integrated into all humanitarian response efforts and is central to humanitarian action? How do these efforts build out local leadership?

The GBV AoR coordination team is recognized for its advocacy and partnership in many areas and fora. Some partnerships, particularly those internal to the GBV AoR, require clarity in terms of how various initiatives work together to maximize attention to GBV in emergencies and amplify and support the work of core members. There are concerns that the GBV AoR is not adequately staffed, or adequately supported by UNFPA.

On average, 68 percent of respondents agreed that the global GBV AoR engages in appropriate global partnerships and advocacy across a set of six questions. Respondents identified key strengths of the Global GBV AoR in advocating at the global level for greater attention to and inclusion of GBV programming in humanitarian responses. Perceptions were more tepid, though still positive, surrounding the GBV AoR's engagement with other global clusters, tracking of GBV funding, and global-level donor advocacy.

Key informant interviews tended to support the findings from the survey. A number of global interviewees noted that the coordination team of the GBV AoR is very active in global fora to support greater attention to GBV issues. In the words of one key informant, the GBV AoR coordination team has "carved out convening space nicely, and it's not an easy space to do that" (Non-GBV UN Partner).

Partnership was also generally flagged as positive at the global level. Examples include engagements with PSEA Network to promote clarity about the distinctions and linkages between PSEA and GBV work (recognizing the importance of clarifying the differences between these two technical areas in both global advocacy and engagement with donors); and with IRC, NORCAP and the CP AoR through the Child and Adolescent Survivors Initiative (CASI) to build linkages on GBV and CP work with child survivors in some contexts. The GBV AoR is also very active in the Call to Action and has a longstanding partnership with NRC/NORCAP to support REGA deployments.

The Call to Action Financial Task Team co-chaired by the GBV AoR (representing international organizations, IRC (representing NGOs), and the UK government (representing states/donors) was formed in 2021 to develop credible and concrete actions to increase and improve GBV funding and accountability.[45] These efforts build upon the IASC High-Level Roundtable on Addressing Funding Gaps in GBV Programming held in January 2021 and focused on addressing gaps in country-level humanitarian leadership and access to funds for WLOs/WROs.[46] The GBV AoR has also worked with OCHA to support better integration of GBV in HPC documents and has

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[45] *Gender-Based Violence Financing Recommendations Report*. n.d. Document unavailable online.
[46] Ibid

been widely-recognized for its efforts to increase data fluency across the GBV sector. According to a discussion paper on GBV Accountability and Funding Gaps,

> *Since 2019, the GBV AoR has put in place regional GBV data and analysis experts to support GBV sub-clusters with the Humanitarian Programme Cycle (HPC). The increased data expertise, in addition to the ongoing support of the senior Regional GBViE Advisors and Coordination Specialists, have provided invaluable, ongoing support to GBV sub-clusters" (emphasis added).[47]*

In an analysis conducted by the review team of OCHA's FTS, GBV funding has increased in both absolute and relative terms over the period 2017 to 2022. (See Annex VIII for a full summary of this analysis.) However, progress is limited: GBV still makes up only a small percentage of total humanitarian funding and is less well funded compared other AoRs and clusters. In 2021, the overall Global Humanitarian Overview (GHO) was 53 percent funded while GBV received only 28.5 percent of required funds; in 2022, the GHO was 57.6 percent funded but GBV received only 20 percent of required funds.[48] Moreover, maintaining specific attention to GBV in HPC tools and reporting documents has been challenging.[49]

With regard to areas for growth in partnerships, some interviewees noted the need for the GBV AoR to work with more clusters to improve country-level strategic opportunities (such as in health response). Others noted the need for greater understanding of how key **external** activities, such as the GBV Guidelines Task Team, or the GBVIMS Steering Committee relate to, are supported by, and are accountable to the GBV AoR.

Still others focused more on improvements in **internal** GBV AoR partnerships, highlighting the need for clarity in the GBV AoR governance structures—such as ensuring the component parts of the GBV AoR function coherently, purposefully, and with accountability—and also ensuring that these component parts are maximized to support and amplify the work of core members. As noted previously, this includes the initiatives that are run by core members on behalf of the GBV AoR.

Discussions around internal partnerships also included reflections by key informants on how the GBV AoR coordination team facilitates member cooperation and decision-making.

> *I do think from an external point of view there is some challenge with the number of persons in the core membership—wondering would it be valuable to have a [Strategic Advisory Group] or not? (Non-GBV UN Partner)*

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[47] Call to Action on Protection from GBV in Emergencies. 2022. *Strengthening Accountability for An Appropriate Humanitarian Response to Gender-Based Violence and Addressing Funding Gaps Discussion Paper*. Document unavailable online.

[48] OCHA FTS. (n.d.). Accessed May 29, 2023; data on funding gaps is not available prior to 2020 because the breakdown of financial requirements by Protection AoRs, including GBV, was not included in response plans.

[49] The GBV AoR successfully advocated with the GPC for coordinators to report on funding levels ahead of the June Call to Action meeting on GBV financing. Less positively, in recent discussions about the revised Joint Intersectional Analysis Framework (JIAF), the GPC resisted having separate, GBV-specific information about people in need (PIN). This push for combined PIN numbers is a source of frustration for GBV coordinators, and is covered in greater detail in RQ4.

At the global level the challenge for the AoR is around decision-making, it is unclear to me how decisions are made when there is no full consensus on issues. I'm not sure if they really know, if there was a proper standoff, how that decision would be made. Because of that, some things have been pushed down the road a little bit. (Regional/Country GBV Specialist)

Several interviewees suggested more efforts to engage members on broader 'visioning' that goes beyond (and can inform) the workplan, and even the governance structures. It was felt that this type of effort might help to support shared understanding across membership about what drives priorities and address concerns by some that priorities are driven by donors as opposed to core members, or by a small cadre of core members.

What I would love to see is a visioning session. There is a workplan [with] so many conversations around the workplan end of summer to the fall. There were tasks and small deliverables. [But I] till struggle to see the overarching vision. (Global GBV AoR Core Member)

Another key point raised by multiple interviewees around partnership was the GBV AoR's ability to diversify its membership. Key informants appreciated that the GBV AoR has grown in recent years, and that the GBV AoR coordination team has invested energy in supporting diversification of members. The MGBViE Phase II training has facilitated inclusion of many new partners to the AoR membership, which in turn receive support from the CoP. The recent recruitment of two local partners to the core members is notable, as is the network of co-coordinators from women-led organizations supported by the GBV AoR with a monthly online platform where they can share learning and experiences. However, a wide range of key informants agree that more needs to be done to diversify the core membership of the AoR, not only in pushing for more women's organizations, but also in terms of intersectional representation. A couple of protection colleagues also noted the potential value having more men in the membership.

[The humanitarian community] have been talking about the localization agenda for such a long time and maybe they are the only ones that have WRO working at the national level that are part of the GBV AoR and have become core members. (Non-GBV UN Partner)

GBV AoR has always been quite progressive. If you want to think new, reform, I can't think of a better bunch of people who are committed to holistic people-centered humanitarian action. (Non-GBV UN Partner)

Other aspect that is still maybe a challenge is the diversity of voices within AoR at global level [and] the types of organizations represented. There has been some work looking at that. (Global GBV AoR Core Member)

When you are working on GBV there should be a greater commitment to feminist leadership and I think the GBV coordination team are trying to do this…but we also still have a very white leadership that is not diverse. (Global GBV AoR Core Member)

A repeated concern among interviewees—even as many reflected on the significant progress that has been made in recent years—was that the GBV AoR appears to still be insufficiently staffed, with the coordination team covering more work than is feasible. Interviewees felt this was reflected in the GBV AoR coordination team not always having enough time to focus on advocacy and information sharing on key emergencies of the last several years, as well as not availing opportunities for GBV innovation.

The takeaway is that there are more opportunities for the GBV AoR to exploit, but historically, they have been so understaffed that they haven't had the ability to do that. Their staffing is better now. But there is still understaffing. (Global GBV AoR Core Member)

I feel like there is a lot of work load for the core team. (Global GBV AoR Core Member)

Talking about GBV is a skill set that needs to be recruited for and supported. It's a human resource intensive effort…which is what the GBV AoR doesn't have—enough people. Need more resources to maintain relationships. (Non-GBV UN Partner)

There has been some core staffing that has been established, but maybe not sufficiently in terms of what the structure needs. (Global GBV AoR Core Member)

Understaffing is believed by several interviewees to result in GBV AoR management processes that are at times reactive and somewhat unsystematic, with engagement of the core members inconsistent or last-minute on some tasks.

A recommendation from me [for the GBV AoR] is being more strategic in communication and being able to distill what the AoR needs from community—less about 'hair on fire.' (Global GBV AoR Core Member)

One of the things [about the GBV AoR] is it still seems like they struggle with systematized ways of working. There are still a surprising number of last-minute requests for meetings and…very short turnaround times for inputs on things.(Global GBV AoR Core Member)

I find there could perhaps be more timeliness to AoR communications. I get that we're working on emergencies, but I do feel like there does seem to be a little bit of a pattern of last minuteness…. It feels sometimes a little bit frantic. (Global GBV AoR Core Member)

The REGA presence is really important for regional teams, but if you are notified of trips very last minute, you can't contribute to the trip in a meaningful way. We are simply notified too late. But the work that is done is really important, and if it was done more collectively would be even better. (Global GBV AoR Core Member)

One of the cited reasons that the GBV coordination team struggles with managing responsibilities and supporting larger visioning for the GBV AoR is because at times they are reportedly pulled away from their inter-agency role and into UNFPA regular programming work due to limited staff at UNFPA working on GBV in emergencies. To avoid this, as noted previously, some key informants reflected that the GBV AoR needs more *proactive* support and engagement from UNFPA management so that the coordination team has the time and resources to meet their responsibilities. This could mean, for example, direct reporting to the HRD deputy or director and more engagement of the GBV AoR coordination team in agency planning discussions (see RQ1, above).

In a chicken and egg scenario, other key informants feel the GBV AoR coordination team should be more proactive in efforts to stimulate engagement of UNFPA as an agency in supporting their work. For example, key informants noted that the GBV AoR could do more to assess and measure the effectiveness and impact of their work and the work of GBV coordinators at the country level, and then communicate findings in a more regular way to relevant UNFPA management. This includes analyzing trends to provide concrete evidence to UNFPA about the additional investments that are required from the agency in line with its CLA mandate.

5.2.3. RQ2c: What have been the opportunities and challenges of the GBV AoR in providing operational support to country-level coordination, including building response capacity?

There has been significant progress in supporting country-level coordination through global and regional initiatives of the GBV AoR. Additional support is required to ensure recruitment of quality coordinators and tailored capacity strengthening.

Overall, 68 percent of survey respondents agreed with a set of statements about the global GBV AoR's positive investments in operational support to country-level GBV subclusters. Of note, national/sub-national respondents were 11 percentage points more likely to strongly agree that the global GBV AoR provides operational support to country-level GBV subclusters than their global/regional colleagues, suggesting somewhat divergent views on the AoR's operational support. According to the survey responses, the global AoR scores equally well across important sub-dimensions of this review question, including training and capacity building for GBV coordinators, preparedness for rapid onset emergencies, and support for country-level subclusters to fulfill the six core functions of coordination.

As already noted, many interviewees feel that the capacity strengthening efforts of the GBV AoR are "outstanding." This includes the operational support to coordinators and partners that is supported by the coordination team and the REGAs (with examples of this support highlighted in the recent REGA review). One key informant who recently attended a conference of GBV

coordinators noted that the level and quality of conversation among coordinators has "completely" changed in the last few years. Another noted a shift over time in the monthly calls, with many more field people engaged than five years ago.

The GBV AoR MGBViE Phase II course and the GBV AoR CoP, as well the GBV AoR Helpdesk were noted by interviewees as important additional sources of support to build country-level capacity for coordinators and for partners. The CoP recently shared the positive results of its member satisfaction survey, noting that members feel that the CoP is improving the effectiveness of their work, among other benefits. As a separate initiative from the survey, the moderators are conducting audits of silent members and reaching out to these individuals to learn how they participate and what, if anything, could support them to more actively participate if they would like to.

The GBV AoR Helpdesk has also grown year-upon-year in engaging global and country colleagues, with very positive feedback from those who use the service about the quality-assured resources. This capacity for quality assurance addresses a concern raised in the findings related to the development of the new capacity strengthening strategy: there has been a proliferation of resources that have not been adequately vetted and some of the resources are lengthy and not user-friendly. Also of note, the Helpdesk is now launching a coaching and support initiative targeting country-level (particularly local) partners.

However, as noted previously, there is a need to address language barriers across a variety of support initiatives. A couple of interviewees also questioned if there was too much focus on resource development and dissemination, and not enough on practical support to the field. This includes monitoring best practices and the extent and quality of implementation of the Inter-agency Minimum Standards.

> *Are we going to be talk shops shooting out guidance left and right, are we going to be CoP for all practitioners on earth, are we going to be workshop centers? …that is all good but for me the glaring gap is how effective are we in humanitarian emergencies and that is where we are falling short. Guidance is good, but then HRP comes out …and there we fail [and] everything just crumbles. [The focus should be] about getting money and operationalizing plans. (Non-GBV UN Partner)*

> *As an AoR we are better at the dissemination of standards than we are at the identification of best practices at the country level. Not sure we are doing enough around that. I don't think overall we have enough systems and structures in place to document what's being done well. (UNFPA Global Staff)*

> *It could be a lot better and a lot more strategic in supporting the field. There is different guidance that needs to be produced, that goes with quality and that makes it very clear what our expectations are. They have a strategy that is good, but I don't see the link as much. (UNFPA Global Staff)*

[The GBV AoR] needs to be much more directive to members on the ground. Every response is a free for all. (Global GBV AoR Core Member)

In spite the considerable progress of the REGAs in providing country-level support, key informants recognized a need for more practical training that can be deployed at the start-up of emergencies on basic IASC processes.   The findings from the capacity-strengthening strategy suggest that this training should be offered using a variety of approaches, such as structured coaching, tailored training, on in-person training at the regional and country levels.

Moreover, some focus group discussants for this review felt there is not enough direct engagement by the global GBV AoR coordination team with country activities, or with national coordination members. There were several countries where coordination members were not at all aware of the GBV AoR. Some who were aware expressed a desire for the global GBV AoR to engage in direct field visits.

Another area of operational support from the GBV AoR to the field that came out clearly in both global and country-level interviews is the need for the GBV AoR to be more involved in hiring and induction of GBV coordinators. Similarly, findings from the capacity strengthening review suggest that core competencies identified in the GBV AoR core competencies framework[50] need to be integrated into recruitment, hiring and induction processes. There is also a lack of tools for assessing capacity of GBV coordination staff and sub-cluster members to build out targeted capacity strengthening. More information on country-level coordination is provided in the next section.

5.3.   RQ3: Effectiveness of Country-Level GBV Coordination

Overall finding: At country level, GBV sub-clusters have demonstrably improved over recent years in meeting their responsibilities, although there remains a high level of inconsistency across different contexts.

The review team explored three key areas related to this review question: the extent to which GBV sub-clusters are meeting the six core functions of coordination; the extent to which coordination mechanisms are improving attention and funding for quality GBV programming; and progress towards localization and partnership-building at the country-level. While the extent to which GBV sub-clusters are meeting the six core functions of coordination tends to vary considerably between settings, the data shows a sustained and consistent commitment to localization at the country-level across diverse country contexts.

Coordination mechanisms show some evidence of improved attention to GBV at the local level, including through increased attention to sub-national coordination; nevertheless challenges are significant for GBV sub-clusters in mobilizing funds, especially for GBV prevention.   More

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[50] GBV AoR, 2014. *Core Competencies for GBV Specialists.* https://gbvaor.net/sites/default/files/2019-07/Core%20Competencies%20for%20GBV%20Specialists%20-%20GBV%20AoR%2C%202014.pdf

positively, most key informants who have knowledge of country-level operations report that localization is a comparative strength of GBV sub-clusters as compared to other humanitarian clusters/sectors.

On average, more than 80 percent of respondents to the review survey agreed that the country-level GBV subclusters are meeting their core functions, improving attention and funding for the quality of GBV programs, and contributing to improved partnerships and localization. Less than 8 percent of respondents disagreed with statements that the GBV subcluster in their country was meeting the six core functions of country-level coordination, and less than 5 percent of respondents disagreed with statements reflecting country-level GBV subclusters improving attention to, funding for, and localization of GBV programs (see Figure 9).

Figure 9. Survey Results Regarding Country-Level GBV Subclusters (All Respondents).
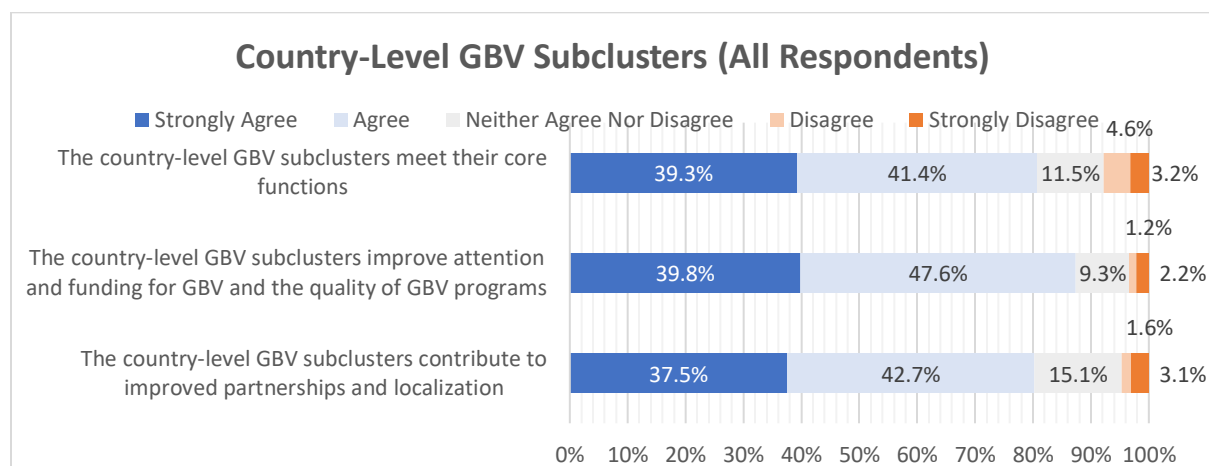
The following sections further elaborate on these areas of investigation.

5.3.1. RQ3a: To what extent are the country-level GBV subclusters meeting the six core functions of a GBV subcluster outlined by the IASC and in the GBV Coordination Handbook, as well as any other responsibilities prioritized by country-level partners?

There is mixed progress on GBV sub-clusters meeting the coordination responsibilities specified within IASC guidance[51] and reiterated within the GBV Coordination Handbook.[52]

Annual surveys conducted by the GBV AoR seeking data from GBV country-level cluster coordinators shows more coordinators reporting through the survey each year, and with responses against different core function questions highlighting improvements in some areas (see Figure 10).

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[51] See https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-reference-module-cluster-coordination-country-level-revised-july-2015

[52] See https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf

Figure 10. Data Extracted from GBV AoR Annual Survey Results.[53]
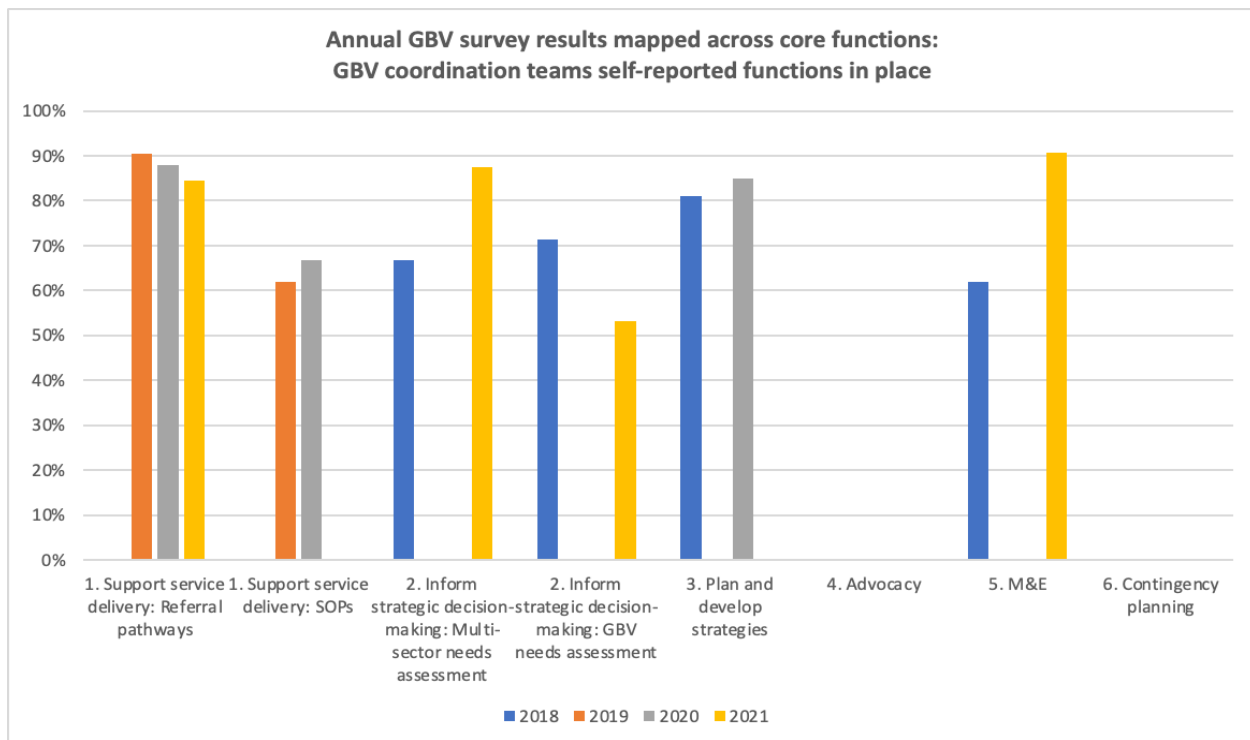
There is general concurrence amongst key informants that, over time, GBV sub-cluster coordinators have become more empowered, more capable and more adept at coordination functions. There is also a general sense of increasingly effective coordination between different levels—national and sub-national—although evidence from this review suggests sub-national coordination functions remain even more inconsistent than those at the national level.

In reference to the six core functions of GBV coordination, there is more marked improvement and consistency for some functions compared to others. Global and regional GBV specialist key informants[54] reported that the ability and impact of sub-clusters "varies dramatically from one country to another" and that "[the GBV sub-cluster] presence in countries is varied." One global key informant acknowledged "it really depends on the countries." Another noted that sub-cluster capacity "is so uneven that it harms us…then it has consequences for us globally." Additional details on these functions are provided below.

Cluster Core Function 1: Support service delivery by providing a space in which to agree approaches and eliminate duplication. There is a general sense that all GBV sub-clusters are fulfilling this function, to a greater or lesser extent, and that this is an area in which there has been consistent progress and improvement over the years. Some GBV coordinators reported that

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[53] Figure created by review team based on 2018-2021 annual survey results data. The data shows the survey results with regard to GBV coordination teams who responded to the survey self-reporting whether the function was in place or not, per year. Advocacy and contingency planning have been included in the graph to ensure a comprehensive overview of the six core functions, although there were no survey questions with regard to these two functions. Surveys were not consistent year on year hence there are gaps within other core functions, with particular years not including questions on those core functions.
[54] These key informants included GBV AoR coordination colleagues, UNFPA staff, and GBV AoR core members.

when they took over their role, there were no service mappings or referral pathways; these were put in place to support coordinated service delivery as the first core function of the GBV sub-cluster. Multiple respondents across different regions reported that most sub-clusters have basic mapping and referral pathways in place that generally align with GBV AoR standards, even if these are not always consistently updated as regularly as desirable across all context. Some have implemented the GBVIMS.[55]

Cluster Core Function 2: Inform strategic decision-making of the HC/HCT by coordinating needs assessment, gap analysis, and prioritization. This function is reportedly mostly being met by sub-clusters. In KIIs and FGDs, sub-cluster coordination staff and sub-cluster members reported engaging in multi-sectoral needs assessments, conducting GBV needs assessments with partners, and providing sub-cluster members with information from ongoing assessments.

As with the first core function, the presence of an IM position—either dedicated or double-hatting—makes a significant difference to ensuring attention to GBV in inter-agency or joint needs assessments, and identification of GBV 'people in need' (PIN), etc. This also then results in a general improvement in GBV visibility in HNOs, a broader trend highlighted in the 2021 analysis of GBV in HNOs and HRPs undertaken by the global GBV AoR.[56] However, key informants at both the global and country-levels report that improved visibility in HNOs does not always translate into clear GBV visibility in HRPs.

One critical issue regarding this core function is whether GBV sub-cluster coordinators are able to attend the in-country Inter-Cluster Coordination Group (ICCG) together with protection cluster coordinators, or whether protection cluster coordinators attend alone and represent all AoRs within the Protection Cluster (also see RQ4). Multiple respondents working within the UN system reported that, where sub-cluster coordinators are not allowed to attend the ICCG, there is less visibility of GBV issues. Influencing the strategic decision-making of the HCT is also impacted by the attendance of the UNFPA Representative at HCT meetings and how vocal they are about the CLA responsibilities, which links to the lines of communication between the GBV sub-cluster and UNFPA country management, as discussed in RQ1.

Cluster Core Function 3: Plan and develop strategies, including cluster plans, and arrangements for adhering to standards and meeting funding needs. Respondents at both the global and country levels reported that in general, this function is very inconsistent across sub-clusters. According to the 2021 GBV AoR survey, 31 out of the 32 country-level GBV subclusters have some type of sub-cluster strategy, but only 15 (47 percent) have a stand-alone GBV strategy (see Figure 11). However, based on the desk review for this report, many of these strategies are difficult to

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[55] While GBVIMS is not intended to have universal coverage across all contexts, several respondents discussed their desire for a rollout of this tool in contexts where they work.

[56] Gender-Based Violence AoR. 2021. *Analysis of Gender-Based Violence GBV in 2021 Humanitarian Needs Overviews and Humanitarian Response Plans*. According to this report, in 2021, efforts to integrate GBV throughout the crisis context and impact sections were noticeable in 89% of HNOs. This shows remarkable improvement compared to the 2020 HNOs analysis, where only 52% of HNOs showed similar efforts. However, integration was not at the same level of quality or depth everywhere. In 68% of HNOs where GBV was integrated, the narrative included a specific analysis of the crisis impact on women and girls, including an overview of the main risks and forms of GBV in the context. The remaining 21% of HNOs had a lower integration which was limited to only mentioning women and girls among the most vulnerable (sub) groups or included a general mention of protection risks.

locate on the sub-clusters' websites and/or concluded in 2022, raising questions about their utility.

Figure 11. GBV Sub-Cluster Strategies in Place.[57]
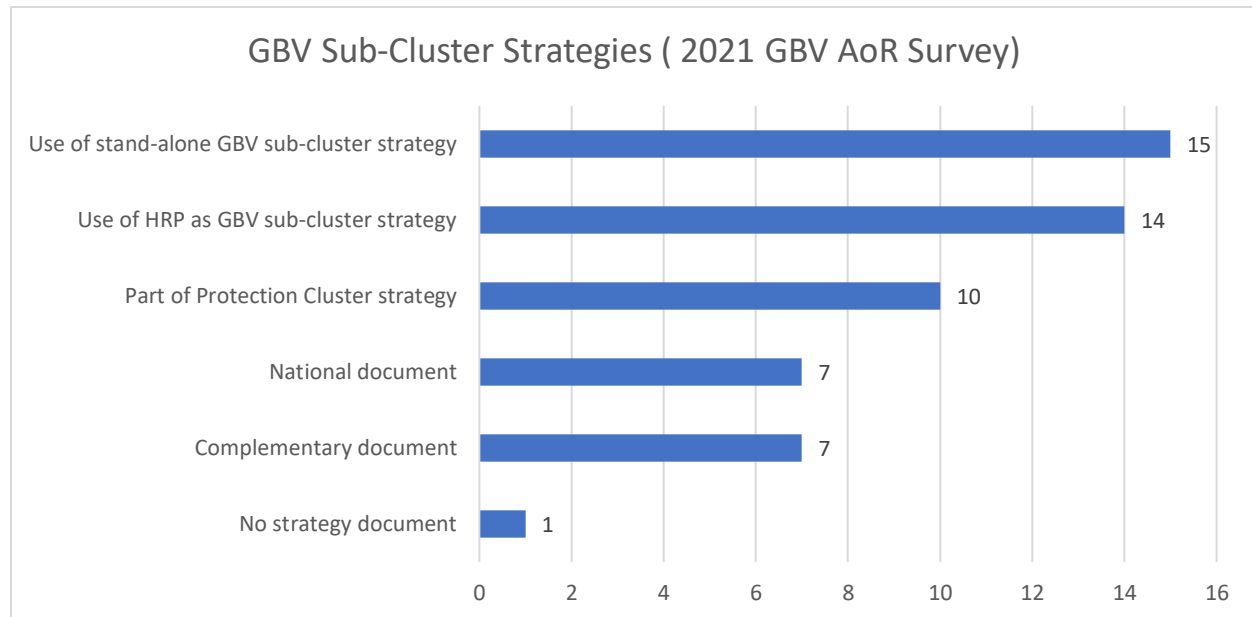
Cluster Core Function 4: Advocate on behalf of cluster participants and affected populations. There is strong evidence of *safe* advocacy (i.e., collective advocacy that uses the banner of the UN system to reduce risks of retaliation against individual GBV sub-cluster members) through the GBV sub-clusters, particularly in contexts where GBV issues are highly sensitive. In these environments, the GBV sub-clusters are able to provide a legitimate UN cover for NGO members—particularly local and women-led organizations—who can advocate more successfully and safely to their governments as one GBV sub-cluster voice than on their own. This can be a critical added value of the GBV sub-cluster. The review was less able to determine the overall effectiveness of this advocacy across settings.

Cluster Core Function 5: Monitor and report on the cluster strategy and its results, and recommend corrective action where necessary.   Monitoring and reporting, both on the implementation of the cluster strategy, and more broadly on results, is reportedly one of the most inconsistent functions across GBV sub-clusters globally. According to key informants, those sub-clusters with IM positions do better than these without. Among the focus countries for this review, key informants in one country reported that there is not consistent monitoring of the quality of response programming and in another that information management and monitoring is weak. This finding is further reinforced by the 2021 report "UNFPA Leadership on Ending Gender-Based Violence: Getting to Zero" in which developing gender/GBV-sensitive approaches to monitoring and evaluation is highlighted as a top priority by many UNFPA country offices.[58]

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[57] 2021 GBV AoR Annual Survey.
[58] UNFPA. 2021. Mapping UNFPA Leadership on Ending Gender-Based Violence: Getting to Zero. https://www.unfpa.org/modules/custom/unfpa_global_gbv/assets/pdf/Report_GBV_Gender%20Mappping_final.pdf, p. 29.

Across focal countries and according to global respondents, monitoring and reporting on cluster strategies and on programming is "hit and miss" as a core function (Global GBV AoR Core Member).

Cluster Core Function 6: Undertake contingency planning and, preparedness actions, and build capacity where the cluster has resources to do so. This is an area where virtually all review respondents—from KIIs to FGD discussants to survey respondents—agreed that the GBV sub-clusters tend to shine, leading in localization efforts as compared to other humanitarian clusters/sectors. This includes building, supporting, and promoting local capacity, particularly with grass-roots local partners and women-led organizations. It should be noted, however, with inconsistent monitoring, as highlighted above, it is difficult to have a clear picture of the effectiveness of the efforts.

5.3.2. RQ3b: What have been the opportunities and challenges of the GBV sub-cluster in improving attention and funding to GBV prevention, response and risk mitigation in the humanitarian response?

In general key informants agree that the GBV sub-clusters are supporting improved attention and funding to GBV response in humanitarian action, even if access to funding is still a significant challenge. Support to prevention and risk mitigation is less consistent.

Linked to the findings above about the core functions of the GBV sub-clusters, there is consensus that in most settings the GBV capacity for response has improved. According to one global key informant, "in terms of minimum standards [for addressing GBV] we have gone a long way with these" (UNFPA Regional/Country Staff). Prevention efforts are reportedly less consistent, although there has been progress in this area, as noted in and reflected by the results-based evaluation framework developed by Interaction with support from Sida.[59]

Engagement in risk mitigation is also reportedly inconsistent across GBV sub-clusters and, where it does occur, may not be attributed to the GBV sub-cluster given that risk mitigation is generally considered part of sector specific funding (e.g., under the WASH or Shelter/CCM clusters). The inconsistency reflected by participants may also be in part due to the global leadership of GBV risk mitigation by the GBV Guidelines Task Team, which was specifically designated to lead on this area and reduce the workload of the GBV sub-clusters.[60] There remains a lack of clarity about the role of the GBV Guidelines Task Team within the IASC system and the responsibilities of GBV coordinators with respect to technical support for GBV risk mitigation in other sectors. In a positive development, a short course is currently under development by the GBV AoR to help GBV sub-clusters better fulfill their roles in supporting GBV risk mitigation.Another notable positive development to support programming at the sub-national level has been increased resourcing for sub-national coordination. While there are still significant gaps in coordination at sub-national level, there are increasing contexts where good practice can be observed. In one example shared by a key informant, there is a sub-national coordinator position at the national

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[59] InterAction and Sida, 2021. *Gender-based Violence Prevention: A Results-Based Evaluation Framework.* https://protection.interaction.org/focus-areas/gbvpef/.
[60] See https://gbvguidelines.org/en/.

level, who coordinates the sub-national coordination forums across the country. At the sub-national level, evidence from the review suggests that coordination is almost always double-hatting, but a couple of key informants noted that this is generally considered to be sufficient.

In general, there was no reference from KIIs about how UNFPA and GBV sub-clusters at country level leverage the fact that a collective response to GBV is a core mandatory responsibility of HCT.[61] In several settings, country-level respondents cited challenges mobilizing funds for the sub-cluster even relative to the overall resource constraints at the country-level; this was especially difficult for GBV prevention programming. In a report on follow up to the Oslo conference, only six respondents confirmed that their organizations had received funding as a result of the conference (these included national NGOs, as well as INGOs, ICRC and a UN agency).[62] A 2022 report by Call to Action noted that despite growing investments by UNFPA, coordination structures in some contexts lack consistent resources (human and financial, including NGO co-chairing capacities and GBV information management expertise) to ensure GBV coordinators and their teams can successfully advocate for GBV programming within responses.[63]

According to key informants, the challenges to accessing funding for coordination and programming are sometimes linked to inexperienced coordination staff, as inexperienced coordinators are less likely to be able to adeptly navigate a complex funding landscape. This is made even more complicated by the cluster architecture, as noted by global level respondents (see RQ4). A lack of experienced GBV coordinators was flagged in the recent GBV AoR capacity development strategy, which found that "there is a shortage of experienced GBV programme actors leading to recruitment of staff with limited experience in GBV in emergencies."[64] According to research conducted as part of development of the strategy, onboarding of coordinators and IMOs lacks standardization, with some coordinators receiving inductions and others not, particularly at the sub-national level. Insufficient technical capacity (though not specific to coordinators) was identified as the greatest barrier to GBV programming.

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[61] IASC. Standard Terms of Reference for Humanitarian Country Teams. 2017. This document outlines 4 key mandatory responsibilities of a HCT, including ensuring a collective response to protection, AAP, PSEA, and gender-based violence.
[62] Humanitarian Outcomes. 2022. 2022 Collective Progress Report: Oslo commitments on ending sexual and gender-based violence in humanitarian crises
[63] Call to Action on Protection from GBV in Emergencies. 2022. *Strengthening Accountability for An Appropriate Humanitarian Response to Gender-Based Violence and Addressing Funding Gaps Discussion Paper*.
[64] GBV AoR Capacity Development Strategy, PowerPoint Presentation. 2022.

Figure 12. Results from Capacity Strengthening Survey on GBV Staffing Availability and Technical Capacity.[65]
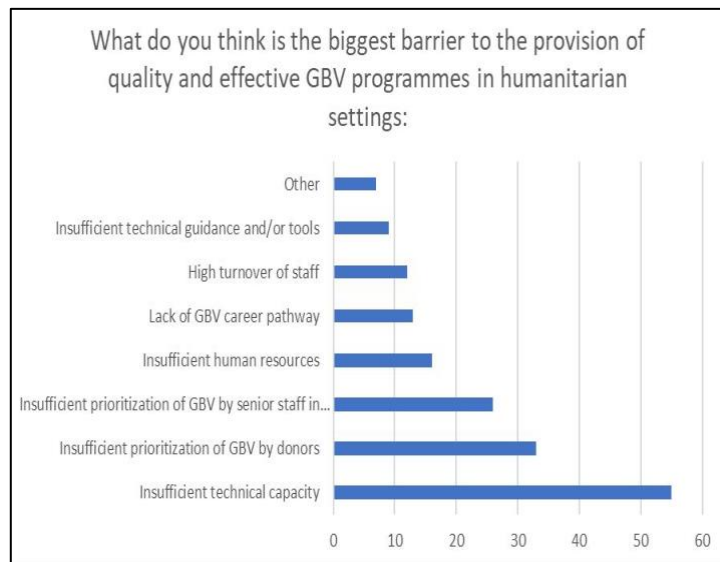
As noted previously, the survey data collected for this review also shows significantly less endorsement of UNFPA's funding and staffing of GBV coordination positions than other areas of UNFPA support to GBV coordination. This problem is exacerbated by the frequency within UNFPA of short-term contracts for GBV coordination roles, leading to high turnover of coordinators and a challenge in filling positions. Key informants noted that less experienced coordinators often struggle to meet their responsibilities and that this has negative consequences for the quality of GBV coordination as a whole.

Finally, some respondents noted a specific challenge associated with the shift from development to humanitarian response in focus countries, particularly in "nexus" contexts where UNFPA had a strong development footprint prior to the scale-up of humanitarian response. While theoretically this offers a chance to build on the nexus, the adjustment by development actors to working in emergencies is reportedly not always smooth, and there is a need within UNFPA and within the GBV AoR—which self-admittedly has not prioritized a focus on the nexus—to provide more guidance for nexus countries. This finding has been highlighted in previous reports, including the 2021 "Getting to Zero" report which writes that "As programmes address GBV across humanitarian, peacebuilding and development contexts, there is an increasing need for staff with the capacity, knowledge and flexibility to move between and integrate programmes meeting different needs."[66]

5.3.3. RQ3c: What have been the opportunities and challenges of the GBV subcluster in improving local partnerships and local leadership of GBV prevention and response, particularly for WROs?

There is agreement across nearly all individuals interviewed for this review that country-level GBV sub-clusters are strong on localization compared to other sectors/clusters, despite the inherent challenges of localization unique to GBV issues.

GBV sub-clusters illustrate an investment in supporting and developing the capacity of local actors, including building more participatory processes, and adopting approaches that include advocacy for funding to local actors. This also includes support to local actor co-chairs where

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[65] GBV AoR Capacity Development Strategy, PowerPoint Presentation. 2022.
[66] UNFPA. 2021. Mapping UNFPA Leadership on Ending Gender-Based Violence: Getting to Zero. https://www.unfpa.org/modules/custom/unfpa_global_gbv/assets/pdf/Report_GBV_Gender%20Mappping_final.pdf p. 29.

possible.[67]   However, according to key informants, these efforts are not without significant challenges. Key issues include[68]:

1. *Balancing contextual GBV responses and global minimum standards.*

    There is a clear effort on behalf of GBV sub-clusters to prioritise localization, which includes capacity development of local actors (particularly regarding global GBViE Minimum Standards), while understanding and respecting contextual norms and ways of working. Key informants report that balancing contextual ways of working with do no harm principles can be challenging when working to address GBV. Attitudes and behaviors related to GBV, and more broadly to gender equality, may clash with the minimum standards agreed at global level, including basic survivor-centered principles for response.

2. *The burden of coordination functions when promoting local actors as co-chairs.*

    Trying to ensure genuine (not tokenistic) participation includes promoting local actors to leadership and decision-making roles—such as co-chair of the GBV sub-cluster. While this is typically a priority to support localization, the burden of extra work that co-coordination requires may be too much for small, local organizations with limited capacity. This in turn can affect the ability of the sub-cluster (and UNFPA as CLA) to meet its responsibilities, including as provider of last resort. In *some* contexts, the basic requirements of the co-coordinator role at the national level may be better met, at least in the short term, by an international NGO with more capacity (staffing, funding, logistics support, etc.) than by a local organization, while in the longer-term, local actors are supported and coached into the role. The GBV AoR has put some effort in gathering good practices and approaches that have worked across various contexts. The need for GBVsub-clusters and other humanitarian structures to open spaces for local leadership is well recognized, as is the potential role for INGOs to provide financial, mentoring and/or technical support as needed to WLOs in taking on sub-cluster co-leadership.[69]

In particular, COVID-19 was reported as a good opportunity to promote localization given the critical role played by community-based organizations and women-led organizations during the height of the pandemic, when many INGO and UN staff were not accessing communities directly. However, at times this responsibility was not met with commensurate funding or support, and many opportunities were reportedly lost.   Research undertaken in three humanitarian

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[67] In the 2021 partner self-assessment report to Call to Action, UNPFA reported that the agency provided 39.2 percent of its total humanitarian funding to local frontline partners. In 2020, UNFPA was also among the top three recipient agencies passing on the most significant amounts of Central Emergency Response Fund (CERF) funding to national and local partners, thanks to an allocation by CERF that set a target of 30% of funding going to local women-led or women-focused organizations. In 2021, 63% of resources went to local partners and women-led organisations from the Humanitarian Trust Fund. However, it is not clear how much of this funding to local partners is supported through the GBV sub-clusters. For more information about the special CERF allocations to UNFPA and UN Women for GBV in emergencies, see
https://cerf.un.org/sites/default/files/resources/CERF%20GBV%20Report.pdf
[68] The GBV AoR website has a number of resources on localization that speak to these and other challenges, some produced by the GBV AoR Localization Task Team, and by CARE as the lead core member agency in this work; and also by the GBV AoR Helpdesk. See https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B117%5D=117
[69] This would align with sub-objective 2.4 of the AOR Capacity Strengthing Strategy.

emergencies and published by IRC in 2021 concluded that there were many missed opportunities for accelerating localization during the COVID-10 pandemic.[70] While donors allowed for some flexibility in re-positioning funding, sometimes to local actors, a global evaluation of humanitarian response in the context of COVID-19 found that NGOs felt there was not a long-term increase in funding.[71]

Some GBV sub-clusters have started monitoring localization in terms of composition of sub-clusters at national and sub-national levels and the percentage of members who are local. In some places these monitoring efforts have highlighted areas for improvement, as reported by regional and country-level key informants. For example, in one country in the Asia and Pacific region, monitoring efforts highlighted that there was a higher percentage of local actors at sub-national level than at national level, and plans were subsequently put in place to rectify this. In other contexts, key informants have reported strategies for addressing practical barriers, such as providing translation into local languages at national coordination meetings.

It is clear, however, that more efforts can be made. Suggestions from key informants include ensuring high-quality translations are available for all relevant languages; providing necessary support to facilitate participation by local actors; creating spaces for open dialogue which is respectful of the opinions of local actors, even when these differ from global norms; and ensuring that the voices of local actors are not tokenized and are encouraged in sufficient numbers to ensure they feel safe speaking up.

5.4.   RQ4: Relationship with the Protection Cluster

> **Overall finding: The current protection cluster architecture is not working at the global or country levels and it often hinders GBV outcomes.**

This research question explored three closely linked issues: the challenges and opportunities the GBV AoR has in operating as part of the protection cluster; what is and is not working within the current integrated approach; and what should be maintained or changed in the current structure. As is evidenced in the findings below, there are many challenges with the current arrangement. While different stakeholders attribute these challenges to different issues, nearly all key informants at the global level and many at the country level agree that change is necessary.

5.4.1. RQ4a: What are the challenges and opportunities of the GBV AoR operating as part of the broader protection cluster and humanitarian system?

The current architecture seems logical, with synergies and potential value in linkages between AoRs and broader protection work under the umbrella of the Protection Cluster at both the global and the country levels. Where it works well, the synergistic value is clear with the whole

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[70] See https://www.rescue.org/report/why-not-local-gender-based-violence-womens-rights-organisations-and-missed-opportunity-covid.
[71] Inter-Agency Humanitarian Evaluation of the COVID-19 Response, 2022.

adding up to more than the sum of parts. Still, examples of where it works well are the exception rather than the rule.

Many key informants at global and country levels – including global and country-level GBV specialists, and UN and donor colleagues external to the GBV community -- feel that theoretically, the current architecture should make sense, yet it doesn't. The conceptual benefits of bringing together different aspects of protection are not translated into practice. As some global level key informants described,

> *Conceptually it is good, all about rights, with different AoRs having different foci, but how the Protection Cluster is operated [at the country level] is a total failure. They [the Protection Cluster] use it to suppress ideas from the AoRs and restrict resources and use AoRs to raise money for general fundraising for general protection, just UNHCR work. (Non-GBV UN Partner)*

> *I think we all find it atrocious. I think we find it very undermining. I think a lot of us don't even understand why there's areas of responsibility anymore. They should just be full-fledged clusters....they do all the same heavy lifting that we all do. (Non-GBV UN Partner)*

Other global, regional and country-level key informants expressed concerns about the additional work created by the protection architecture, and that the current arrangement creates barriers to good GBV programming. Some key informants volunteered their impression that this was also true for child protection programming, underscoring their sense that these issues are systematic within the cluster/AoR structure and are not unique to GBV.

One consistent challenge with the current architecture relates to attitudes of UNHCR as an organization and UNHCR staff, and particularly around a perceived "ownership" of protection:

> *There is a real misperception with UNHCR ownership around it but forgetting that operational side of GBV. (UNFPA Global Staff)*

> *UNHCR asserts its loudest cultural self within the GPC and there is no discussion about that and there is no understanding of how to work together. Everyone says UNCHR is controlling without really transparently honestly discussing what is going on. (Global GBV AoR Core Member)*

Notably, at the **global level,** there is a sense that partnership and cooperation with the GPC has progressed. Indeed, the Protection Policy Review conducted in 2022 highlighted that GPC leadership has improved over the past years, with a more "positive and collaborative approach" towards working with others, both within the GPC and more broadly with other clusters. [72] Still, multiple key informants, including GBV AoR and GPC core members, report that the degree of collaboration across the GPC is largely personality-based, determined by the good will of key actors rather than a structure that maximizes benefits to the AoRs and the GPC.

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[72] J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. 2022. Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group. p.46.

As shown in Figure 13 below, survey responses indicate a somewhat tepid analysis of the GPC and the GBV AoR relationship. Just over half of all the respondents at global and country levels (54 percent) agreed with a set of statements that there is an effective relationship between the Global GBV AoR and the Global Protection Cluster. Interestingly, global and regional survey respondents were far less likely than country-level respondents to believe that there is an effective relationship between the Global GBV AoR and the Global Protection Cluster, with just over one third (37 percent) of global and regional respondents agreeing to a set of statements on this topic. This may have something to do with global respondents working across a variety of settings, with a more comprehensive view of challenges.

Figure 13. Survey Results on Relationship between the Global GBV AoR and the Global Protection Cluster.
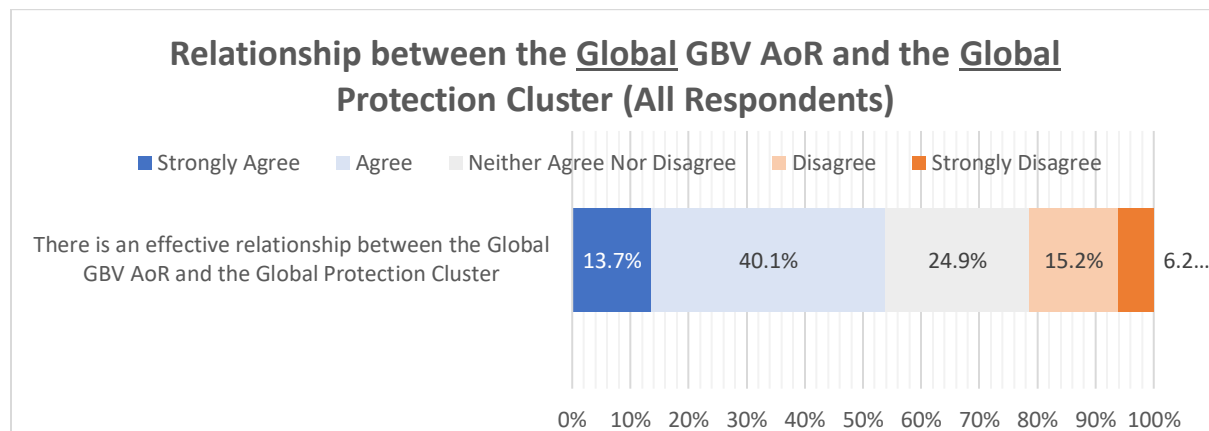
Those survey respondents who chose to share additional reflections tended to focus on these challenges, as illustrated in these open-ended survey responses:

> *Any coordination that may be occurring between the Protection Cluster and the GBV AoR, especially with the AoR's global coordination team (Geneva), is invisible and unknown. That is why I say it's not effective—no evidence that it happens at all, and no evidence of any results.*

> *GPC and GBV AoR come across/act as two separate entities with no real coherence. That said, GBV AoR alludes to GPC more than the other way around. This may reflect GPC respecting the AoR's 'space' to lead on GBV, but currently the advantage of the AoR being part of GPC is unclear.*

In terms of the relationship between the GBV sub-clusters and the protection clusters at the **country level,** many respondents highlighted 'potential' benefits of the GBV sub-cluster being situated under the umbrella of the Protection Cluster at the country level. These include, for example:

- UNHCR often has a louder voice at country level than UNFPA and this can be important in supporting increased attention to GBV.
- HNO/HRP processes have the potential to benefit from a unified Protection Cluster voice.

- The relationship emphasizes to the wider humanitarian community the critical link between the centrality of protection and addressing GBV in humanitarian response.

Key informants—from donor governments and international NGOs to UN agencies—particularly noted the last bullet as the most consistent benefit of the current architecture. Other benefits are reportedly not regularly realized. The current architecture was described by one country-level key informant as "the worst of both worlds." Across settings, there are clear, ongoing, and seemingly unresolvable operability issues.

GBV specialists and sub-cluster coordinator interviewees (both GBV and child protection) highlighted that hierarchical reporting structures within the country-level protection clusters lead to extra work because the country-level GBV sub-clusters are required to do their own reporting to their agency and partners in addition to the protection cluster, resulting in additional work as compared to stand-alone clusters that only report to their agency and partners. This issue of reporting also involves concerns about reliability, usability, safety and confidentiality of GBV data—including GBV coordinators being asked to report through the Protection Cluster on PIN and 5Ws and to merge work under a single referral pathway.

Among other concerns, merging GBV and broader protection data in the PIN number and 5Ws can dilute the information specific to GBV that is critical in generating more targeted humanitarian response. According to GBV coordinators:

> *My protection cluster participation is pointless—they collate, and we have someone representing GBV at HCT without understanding GBV at all [meaning the UNCHR Protection Cluster]. There is lack of understanding of GBV. When we provide our inputs, they are collated in a way that is all compiled in a big pot. Why would I provide my inputs on time on weekends when it gets collated, compiled and butchered, and then anyway delayed?*

> *If it doesn't work well then everything is prevented and you get stuck in processes, and the issues around GBV do not get represented at all and get completely forgotten. The processes don't work, and GBV coordinators spend most of the time defending the need for GBV and that detracts from the response.*

Moreover, broad protection mapping of providers and protection referral pathways do not typically include the level of quality assurance, vetting, and confidentiality required by GBV actors for survivor-centered GBV response.

> *The Protection Cluster doesn't provide services in the same sense as GBV does. Last year they started saying they would start service mapping and they were insisting they wanted to include services of GBV and CP and make it one mapping. That is a big problem for us. (UNFPA Regional/Country Staff)*

> *On service mapping, Protection thinks all services should be mapped but then of course GBV says that's dangerous, and it will disclose all our safe spaces. (Global GBV AoR Core Member)*

In addition, despite efforts by the GBV AoR to clarify the lateral relationship between the GBV sub-clusters and the Protection Cluster,[73] the autonomy and independent decision making of the sub-clusters is not consistently respected, nor are the GBV tools, standards, and expertise. This was noted by both GBV and CP key informants at the country level:

> *We struggle to identify areas to collaborate. We question the leadership and role of the Protection Cluster as it is really driven by interest of protection sector and not much discussion on how to collaborate with GBV and child protection.*

> *They [the Protection Cluster] delete child protection from everything I produce. They take away inputs from AoRs so they look better themselves. They don't agree with tools and standards we need, for example our case management standards they say we have to use their UNHCR tool and they say best interest determination must be done the UNHCR way only even though UNICEF and the Child Protection AoR have our own standards. They remove value. They add complexity and additional work only.*

One country reported that the Protection Cluster had produced a report on GBV as part of the Protection Analysis Update, without engaging the GBV sub-cluster in the process. In the same country, it was reported that the Protection Cluster unilaterally made changes to PiN calculation methodologies without engaging sub-clusters. Another country reported the Protection Analysis Update, which was promoted by the Protection Cluster as a participatory process, ignored inputs provided by the GBV sub-cluster, with the final product not reflecting GBV as a priority issue.

Figure 14. Survey Results on Relationship between the Country-Level GBV Sub-Clusters and the Protection Clusters.

Relationship between the Country-Level GBV Sub-Clusters and Protection Clusters (All Respondents)

Legend: ■ Strongly Agree ■ Agree ■ Neither Agree Nor Disagree ■ Disagree ■ Strongly Disagree

There is an effective relationship between the country-level GBV subclusters and protection clusters: 41.4% | 45.7% | 8.0% | 2.1% | 2.8%

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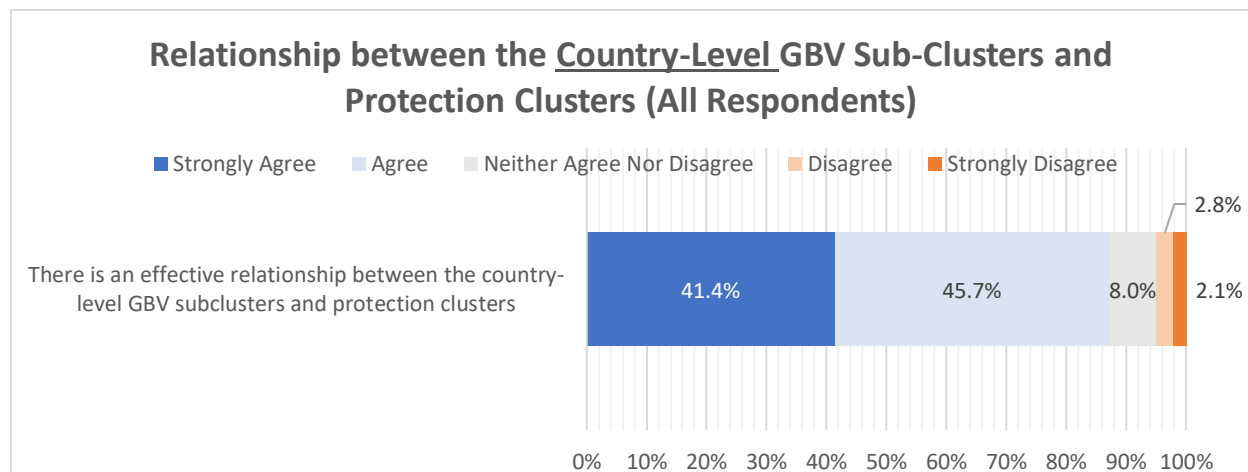
[73] The GBV Coordination Handbook, for example, clarifies in Annex 5 (p 233) that "the *IASC Introduction to Humanitarian Action - A Brief Guide for Resident Coordinators* stipulates that the AoR lead agencies have equivalent responsibilities to cluster lead agencies, and should engage alongside the protection cluster in all inter-cluster processes. The *IASC Handbook for RCs and HCs on Emergency Preparedness and Response* (2010) highlights that the functions and responsibilities of AoR lead agencies are identical to those of Cluster Lead Agencies, including the responsibility of Provider of Last Resort. Each AoR lead agency is also responsible for mainstreaming issues pertaining to its AoR into the work of all clusters, as appropriate." There was reportedly an effort recently spearheaded by the GBV, with UNHCR GPC, to distribute a document to reinforce the lateral relationship, but challenges persist.

Interestingly, the response to the review survey by country-level actors and, to some extent, feedback from the country-level FGDs with GBV coordination partners, contrasted with the feedback from regional and country-level key informants. Country level survey respondents reported a relatively high level of satisfaction with the effectiveness of the relationship between the country-level protection cluster and the country-level GBV sub-clusters, with 87 percent of country-level respondents agreeing with a set of statements that there is an effective relationship between the protection cluster and GBV sub-cluster at the country-level (see Figure 14 above).[74]

One explanation of the difference between the relatively positive response in the survey regarding perceptions of the working relationship between the country-level protection clusters and the country-level GBV sub-clusters (as compared to the key informant interviews, where dissatisfaction was strong at all levels and across the majority of key informants), is that the country-level partners who are represented in the survey are somewhat shielded from the tensions that may exist between the protection clusters and the GBV sub-clusters. Indeed, FGD participants in several countries noted the positive relationship with the Protection Cluster even when the GBV coordinators identified challenges.

And there were still some concerns noted within the survey, as indicated in this reflection from one survey respondent:

> The GBV AoR is a very collaborative entity in the Protection Cluster. However, there are a number of issues that affect the relationship, including a hierarchical approach by the [Protection Cluster] at country level (e.g., the [Protection Cluster] tells the AoRs what to do) rather than a partnership approach, a catch up on tools by the [Protection Cluster] that wants the AoRs to integrate their tools into one system (e.g., case management).

5.4.2. RQ4b: What has worked (and not worked) in terms of the GBV AoR being part of an integrated approach to protection challenges and when is a specialized approach still required?

While there are some examples of good practices in terms of the GBV AoR being part of an integrated approach to protection challenges, these remain the exception rather than the norm. In most settings, the potential added value of the AoRs sitting under the umbrella of a comprehensive Protection Cluster has not been realised, despite the efforts of the respective CLAs over the last eight years, and despite multiple reviews and evaluations consistently and repeatedly highlighting the challenges.

The review identified a good example of the GBV sub-cluster working at the country level together with the Protection Cluster and child protection partners to undertake a GBV needs assessment which supported a more comprehensive reach, with involvement of more actors, resulting in overall positive benefit to the exercise. Reflections from key informants on why this worked in this specific context included the fact that UNFPA was not "afraid" to take the lead, and the GBV AoR was working within a Protection Cluster that "didn't fight" so much. These responses illustrate that even in this positive case, the language used to describe the more

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[74] Global and regional level respondents were intentionally not asked about the relationship between the country-level GBV subclusters and protection clusters.

collaborative nature of working together highlights an expectation for more combative relationships.

Within another context, the benefits of the current architecture have been seen particularly in mutually reinforcing advocacy messages—especially useful because both GBV and broader protection issues are considered sensitive. It was also highlighted by a key informant that 5W reporting, which used to be joint, is now separate, with GBV and Child Protection sub-clusters doing their own 5W reporting; in this case, collaboration allowed country-level partners to agree about the limitations of joint reporting. Even so, the language of interviewees highlights a more combative relationship is expected. One country-level GBV key informant, for example, noted that "all Protection Cluster coordinators have been supportive and not dominating, we were lucky." Another country-level informant attributed success in this context to the "willingness of the Protection Cluster coordinators to consult and listen to us, and not to pretend they know everything."

In a third country, respondents reported that there had been, in the past, a collaborative relationship between the Protection Cluster and the sub-clusters, including GBV, Child Protection, and Mine Action, with a horizontal decision-making structure between the Protection Cluster and the AoRs. Benefits included providing mutual leave cover for coordinators who were out of the country. A variety of key informants noted this success, which some attributed entirely to the personalities of the coordinators. However, the situation has deteriorated in recent years with the departure of key country-level staff.

As previously noted, these positive examples did not emerge as the norm in this review. Additional assessments, reviews, and evaluations have also highlighted challenges within the protection cluster architecture. For example, the 2017 evaluation of the GPC found that:

> *The fundamental concern is one of relationship hierarchy and whether the AoR sub-clusters report vertically up to the GPC, or horizontally across to them. A secondary issue is how the structure should be managed operationally so that members can most effectively engage without duplicating efforts. As an example, some members choose to engage with the GBV and CP AoRs and, for this group, there is no perceived value to engaging with the GPC as well. Conversely there are others that would prefer the GPC to provide a one-stop shop rather than having to engage across several coordination platforms. This challenge is also replicated at the field level where the lack of clarity can have important implications for the predictability and effectiveness of the response.*[75]

The 2022 Protection Policy Review also highlighted related challenges, concluding that "The current arrangement of the protection cluster…lacks strategic coherence."[76] While the recommendations of these prior reviews do not necessarily align with those of this exercise, they do provide clear evidence of the need for change in operations of the Protection Cluster.

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[75] Featherstone, A., Mowjee, T., Tong, K. & Fleming, D. (2017). Evaluation of UNHCR's leadership of the Global Protection Cluster and Field Protection Clusters: 2014-2016.

[76] J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. 2022. Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group. p. 50.

Even when speaking to the question of whether the current structure potentially enhances lateral coordination across different AoRs (leaving aside the Protection Cluster for the moment), there is no clear evidence from this review that this value is intrinsic to the current structure. Key informants from the GBV and CP AoRs reported that, where CP and GBV do coordinate well, they would do so anyway whether in the same umbrella cluster. Where CP and GBV do not coordinate and where there are clear challenges (e.g., around responding to child survivors of GBV), these challenges exist *despite* being within the same cluster, and the umbrella of the Protection Cluster has not in any way contributed to a resolution of those challenges. This is also true regarding the relationship between GBV and HLP; while there are many opportunities for increased collaboration between these two areas, key informants at the global level reported that being part of the GPC has not engendered, promoted, or supported more collaboration.

5.4.3. RQ4c: What are the coordination arrangements that work between the GBV and other protection actors and how could these be simplified?

There is a consensus among most key informants that to ensure progress of the last decade is not lost, there should be stand-alone GBV coordination.   There are multiple proposals from key informants about what this should look like, including a reformed cluster architecture that ensures greater leadership and autonomy for the GBV AoR and country-level GBV sub-clusters, or a stand-alone GBV cluster.

The view of the vast majority of respondents to this review is that something needs to change, and something more than tweaking the current architecture without addressing the core issue, which is UNHCR ownership and control over the GPC and sub-clusters. There is a strong feeling across respondents that this significantly contributes to combative relationships which are unconducive to the work the GBV AoR was established to do.

One proposal that has been fielded by the Global CP AoR and mentioned by a number of key informants is the addition of a general protection AoR pillar with some form of shared or rotating leadership over the Protection Cluster as a whole (see Figure 15).

Figure 15. CP AoR Proposal for Protection Cluster Reform.[77]
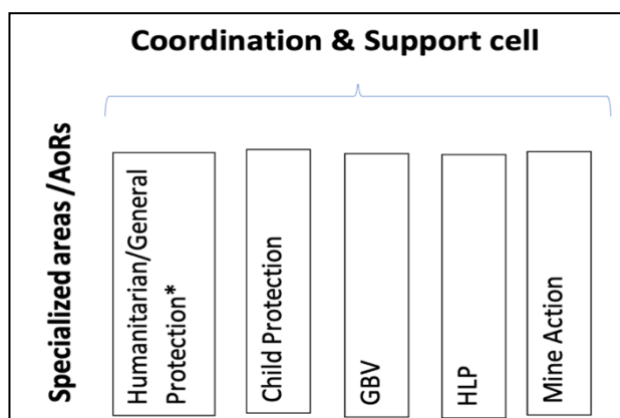
While several key informants expressed support for this proposal, some fear that things will not change if the coordination structure remains led by one agency, UNHCR, with a perspective of ownership and control over the whole Protection Cluster.

For many key informants—including those outside the GBV field--a stand-alone GBV Cluster seems the logical conclusion. However, some respondents cited their impression that there is no IASC appetite for more clusters,

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[77] CP Discussion Paper, unpublished.

even if the IASC is currently supporting discussions about Protection Cluster reform, based on the 2022 Protection Policy Review.

The Protection Policy review was very clear about needing to reduce the silos, segregation, and separation of protection response, rather than increase them.[78] The review concluded that neither the ambition nor intent of the IASC protection policy have been achieved thus far, and that protection within humanitarian contexts is currently "incoherent, inadequate and ineffective."[79] The review argues strongly for this to be rectified with more alignment and interoperability across protection agencies.[80]

Another point raised by some key informants and noted previously about the value of an integrated approach with the Protection Cluster is more related to conceptual issues. GBV is at its core is about rights, as is broader protection. Several key informants noted the placement of the GBV AoR within the GPC helps to promote GBV as a rights-focused protection issue. However, several global and regional GBV key informants also noted, by contrast, that being linked to the Protection Cluster created pressure—often from protection actors—to frame and address GBV in line with priorities of the broader Protection Cluster, rather than according to theory and practice of GBV that emanates from women's rights work.

> *I don't feel confident that UNHCR and the Protection Cluster even agrees at a most basic level about what the GBV AoR priorities are. (Global GBV AoR Core Member)*

A recent consultation with core GBV AoR members on the IASC protection policy review recommendation focused on where the current structure of protection could be improved for more effective GBV outcomes. This consultation highlighted that all components of the Protection Cluster and associated AoRs need to push an internal structure that fosters a flat structure of decision-making, respecting autonomy and specialized expertise of different AoRs, and being guided by partnership principles of diversity and mutual respect. This includes identifying areas for increased collaboration (particularly across joint assessments, data collection, analysis, reporting and dissemination), but ensuring that there is a well-understood and agreed boundary that collaboration is not integration of response services, which would not be considered helpful. The consultation process also highlighted the current issue with communication with others, where AoR coordinators are not always included in direct communication with inter-agency processes and OCHA.[81]

The majority of GBV actors who participated in this review—as well as many other cluster and donor interviewees--are calling for a stand-alone GBV cluster. The duplication of work, the often combative relationship with the Protection Cluster, particularly at the country level, and the attempts by the Protection Cluster at the country level to merge certain activities (PIN, analysis,

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[78] Note that UNHCR, in partnership with Interaction, are currently conducting a follow-up to the Protection Policy Review. However, despite many efforts by the review team, the point of contact at UNHCR for this follow-up process was unavailable to speak to the review team.

[79] J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. 2022. Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group.

[80] Ibid

[81] UNPFA. Consultation on Recommendation 4 of the Review of the IASC Protection Policy: GBV field Coordinators perspectives on the future of the Protection Cluster. Amman, May 2023. 2023.

referral pathways, mapping, etc.) are not felt by many GBV and other respondents to this review to be in the best interests of the women and girls the GBV AoR was established to serve.

6.   Conclusions

1. Global advocacy facilitated by UNFPA has resulted in greater attention to GBV, for example, through the Oslo Conference. However, there is a perception that UNFPA is still not as visible as they could be on GBV in emergencies, and on their CLA mandate. It is critical that UNFPA executive management, as well as other senior management at global, regional and country levels, are able to articulate, clarify and implement UNFPA's CLA role, including its responsibilities as provider of last resort, as well as how UNFPA relates to sister organizations within the IASC system. As noted below, this includes ensuring advocacy responsibilities for executive management and other senior management are articulated in executive and senior management TORs. (RQ1)

2. UNFPA continues to scale up support to the global GBV AoR, as illustrated in its core resource allocation to three GBV AoR team positions. However, there is a need for strengthened collaboration between UNFPA and the AOR. This includes greater support mutual support between UNFPA and the GBV AoR. From UNFPA, examples include long-term funding to more GBV AoR positions, including the REGAs; increased supervisory support by the HRD deputy and/or director; and collaboration with the global GBV AoR to support its operational responsibilities to ensure strong GBV coordination in cluster contexts. From the GBV AoR, it includes more regular dialogue with senior management and more regular reporting to UNFPA on progress, unmet needs and gaps in the GBV emergency response globally and in GBV coordination capacity. (RQ1, RQ2 and RQ3)

3. Despite information included in the UNFPA Policies and Procedures Manual (PPM), UNFPA management at the country office level are not always clear about their responsibilities for supporting an inter-agency GBV coordinator position (P4 level) and an IM officer in all settings where clusters are activated. As a result there continue to be inconsistencies in presence and capacity of GBV coordination staff across humanitarian settings. (RQ1 and RQ3)

4. The current UNFPA strategic plan 2022-2025 specifically commits to strengthening its ability to lead GBV coordination in emergencies. Key informants agree that this must include investing in guidance and tools for all levels of the agency, and across different divisions of the agency. This will also require UNFPA to develop clear lines of accountability for meeting its CLA responsibilities, including ensuring that delivering on AoR accountability is a performance indicator in Representatives' performance appraisals. It additionally requires increased investments in technical capacity for GBV in emergencies programming support at the global and regional levels, not only so that UNFPA can meet its CLA provider of last resort responsibilities of ensuring that the level of GBV programming at the country level is commensurate with needs in affected settings, but also so that its leadership on innovative and quality GBV prevention and

response across all emergencies is clear. A critical entry point for scaling up its GBV programming is improved coherence in SRH and GBV services. (RQ1)

5. The GBV AoR coordination team and its support services (e.g. REGAs, GBV AoR CoP and associated MGBViE Phase II course, GBV AoR Helpdesk) are widely appreciated and highly valued, with strong agreement that these should be continued. However, it is not clear to GBV AoR Core Members how the different elements of the AoR (e.g. CoP, MGBViE, REGAs, Helpdesk) cohere to reinforce each other and build on the priorities of the GBV AoR to support programming on GBV in emergency settings globally. It is also not clear how some of the GBV inter-agency initiatives external to the GBV AoR (e.g. the GBV Guidelines Task Team, or the GBVIMS Steering Committee) link to the work of the GBV AoR. (RQ2)

6. There is value in core members leading on the some of these initiatives (e.g. the CoP and associated Mangaging GBViE course and the GBV AoR Helpdesk), but it is important that UNFPA and the GBV AoR indicate support to these initiatives, and work with core members to provide clarity on how these initiatives work together holistically. Moreover, work done by partners on behalf of the AoR is not given as much recognition as it should and while this work is often supported by GBV AoR coordination team staff attending planning meetings, etc., it otherwise happens largely in the absence of investments from UNFPA (e.g. in kind funding, staffing, etc.). (RQ1 and RQ2)

7. The REGA mechanism is a critical component of the GBV AoR and is fundamental to assisting the GBV AoR to fulfill its responsibilities to the country-level coordinators. The relatively new regional IMs on the REGA teams have also laid the foundation together with the global GBV AoR coordination team for improved GBV analysis, data collection, inter-agency planning and monitoring. However, it is not clear how and whether the REGA will be sustained over the long-term by UNFPA as part of its CLA role. (RQ1 and RQ2)

8. In addition to supporting the REGA as part of the GBV AoR, UNFPA also must build out its roster of coordinators and improve staffing capabilities if they are to ensure trained coordinators can be hired quickly at the onset of an emergency, and their contracts sustained over time. Currently, there is an over-reliance by UNFPA on surge and REGAs for coordination at the country level. Coordinators are often on short-term contracts and UNFPA hiring procedures are cumbersome and slow, both of which result in frequent turnover of GBV coordination and programming staff. (RQ1 and RQ3)

9. There is room for improvement in dissemination of technical resources and guidance by the Global GBV AoR. This includes improving the GBV AoR website and building out translation of resources and in support activities provided by the GBV AoR, the GBV AoR COP, and the GBV AoR Helpdesk. And while the increasing number of technical resources on specific sub-areas of work (e.g. disasters, cash, WGSS, etc.) reflects and reinforces a positive evolution of field towards greater professionalization, there is an on-going need to support dissemination of core concepts, not only to the field, but also among members of the GBV AoR, to build shared understanding of foundational GBV theory and principles

at the global and field levels to improve consistency and quality of the overall GBV response. (RQ2)

10. Global partnerships have resulted in advancements in addressing GBV in emergencies, such as with NORCAP for the REGAs; the Call to Action; CASI; and OCHA, to name a few examples. However, despite partnerships and advocacy specifically oriented towards improving funding for GBV in emergencies (e.g. the GBV Funding Task Team), funding still remains a significant problem, requiring more partnership efforts and greater focus on improving funding. The GBV AoR could also partner more directly with some clusters at the global level (e.g., health, food security) to improve country-level responses. (RQ2)

11. GBV AoR members appreciate the consultative processes of the GBV AoR in developing strategies and workplans, but there is some frustration that these processes do not allow for in-depth and shared reflection and brainstorming, nor for members to come together to discuss and clarify longer-term goals and core commitments Beyond specific coordination planning guidance, e.g. the GBV AoR Strategy and workplan, the Capacity Strengthening Strategy (recently presented at a GBV AoR monthly call with Core Members), and the governance revisions , the GBV AoR could benefit from a broader visioning process that allows members to come together for a more wide-ranging discussion that promotes shared understanding of overarching priorities of members about addressing GBV in emergency settings globally. (RQ2)

12. The global GBV AoR Core Members and coordination team have become more diverse over time. There is still progress needed, particularly investments in the representation of local women's organizations among the GBV AoR Core Members and support for diverse individuals' participation and leadership in both the core membership and coordination team. (RQ2)

13. GBV sub-clusters at the country level have shown consistent progress and improvement across the years, increasing in competence across the core functions of being a cluster. And yet, there remains a high level of inconsistency across contexts, which relates to various factors, particularly staffing of GBV sub-clusters (quantity of staff, type of contract, type of position, whether there is an IM position or not); support from UNFPA CO; and relationship with the protection cluster. (RQ2 and RQ3)

14. Across the six core functions of a GBV sub-cluster at the country level, the three functions generally perceived as weakest—or not as strong as they should be—by participants in this review are (1) consistently developing strong stand-alone GBV sub-cluster strategies; (2) monitoring and reporting; and (3) evidence for *effective* advocacy. The stronger functions are supporting service delivery, informing strategic decision-making of the HC/HCT, and capacity strengthening. (RQ3)

15. While the number of GBV coordinators at the national level has increased steadily in recent years, there is still a lack of consistency in the presence and capacity of sub-

national coordinators. Finding different, flexible, and contextually specific ways of achieving sub-national coordination is critical and should continue to be strengthened as this supports the longer-term nexus programming; it is where local actors engage most; and it is where links to the communities and the women and girls in need of services are strongest. (RQ3)

16. Localization is a strong aspect of GBV sub-clusters. GBV sub-clusters are, quite universally, perceived to be leading examples of localization across the cluster system. However, there is still need for significant improvement in empowering local actors to sustainably lead on GBV coordination and programming. (RQ3)

17. The current protection architecture does not positively contribute to GBV outcomes and provides more of a hindrance than a help: this is not a new revelation and has been raised in other reviews to date.[82] It is something that is well-acknowledged and agreed across GBV and protection, and often other humanitarian actors, but there is no clear sense of agreement about what should be done. (RQ4)

18. On the one hand, bringing different aspects of protection together under one umbrella makes sense. However, addressing GBV goes beyond protection, and is based in theories of women's rights. Being linked to the Protection Cluster creates pressure---often from protection actors—to frame and address GBV in line with priorities of the Protection Cluster, rather than according to international and normative standards to address GBV.

19. The continuing and seemingly intractable operability issues of the protection cluster architecture suggest this is something that does not benefit humanitarian response in practice. There is strong evidence that the conceptual design of the GPC does not adequately account for or reinforce equality between the Protection Cluster and the AoRs, and contributes to competition for mandate-area responsibilities, funding, and visibility. (RQ4)

20. There is a strong sense that "tweaks" to the Protection Cluster architecture are not going to work. However, the way forward is not agreed across humanitarian actors. (RQ4)

21. The evidence from this review is quite clear: there is a need for a more independent AoR or a stand-alone cluster for GBV. The GBV AoR and country-level sub-clusters have consistently improved over the years, meaning that attention, funding, understanding, awareness, and focus on GBV programming and GBV response has increased— contributing to an enabling environment for a more independent GBV coordination function. (RQ4)

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[82] For example, Featherstone, A., Mowjee, T., Tong, K. & Fleming, D. (2017). Evaluation of UNHCR's leadership of the Global Protection Cluster and Field Protection Clusters: 2014-2016.; and J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. 2022. Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group.

7. Recommendations

FOR UNFPA

Recommendation 1. UNFPA should undertake specific and concrete measures to better institutionalize the CLA mandate across the organization and specifically within executive management.

Actions:

1. Develop a corporate briefing note or memo for UNFPA staff across divisions and levels that synthesizes UNFPA's responsibilities and expectations with respect to its CLA mandate. This should include expectations around core funded positions and outline the minimum structure of the GBV AoR support staff and the cost to country offices, with requirements for additional advocacy should country-level funding fall below a specific threshold. This can be based on a mapping of CLA financial and human resource commitments of other UN agencies to ensure UNFPA's commitments are comparable, as well as on inputs from the global GBV AoR. It should be signed off by the Executive Director and HRD should ensure distribution across HQ Divisions, Regional Offices, and all Country Offices.
2. Accelerate comprehensive management training on the CLA role, UNFPA's responsibilities for GBV coordination, and the expectations for senior regional and country senior management around GBV coordination, emphasizing the priority and mandatory nature of UNFPA regional and country senior management in supporting the CLA role.
3. Review all core agency guidance to support better inclusion of the CLA mandate, with a plan for amendments where necessary.
4. Develop a flow chart on the triggers for a GBV coordinator and what that entails (applying lessons learned from UNICEF flow charts for its clusters), as well as indicators on what is required for UNFPA to fully institutionalize its CLA mandate, which support a common vision for how success can be measured.
5. Ensure inclusion of the GBV AoR in agency-wide planning processes, including corporate planning, championed by both the Executive Director and the Deputy Executive Directors, directed by HRD.
6. Support executive management response to the findings of this review by including review of the response commitments in standing agenda item for executive board meetings.
7. Future evaluations should look more at executive and other senior management (at HQ, regional and country offices) accountability to the CLA at the global, regional and country levels.

> Priority: High
> Cost consideration: Medium
> Timeline: By end of 2023

Recommendation 2. UNFPA should formulate a specific plan for senior country management to be consistently (across all contexts with active clusters) more active and visible in the UNCT, HCT and with donors in representing the GBV AoR and advocating for better attention to GBV in emergencies.

Actions:

1. Ensure pro-active in-country GBV AoR leadership and coordination is added as an integral and prioritized function of the standardized ToRs of every UNFPA Country Representative, including being directly involved in and held accountable for creating an enabling environment for GBV coordinators to carry out their work (e.g. through long-term funding for the GBV coordinator position; funding to a GBV IM; funding for sub-national GBV coordinators; etc.), as well for effectively ensuring UNFPA's leadership on GBViE in Humanitarian Country Team (HCT) meetings.
2. Ensure attention to the CLA role is included in the agenda at yearly UNFPA leadership meetings (and the GBV AoR included in this agenda item).
3. Include training on CLA mandate in orientation materials for all new Country Representative and Deputy Country Representative and roll-out prioritized intensified training for existing staff in these roles. Within this training, include reference to the standard ToR for Humanitarian Country Teams which requires HCTs to ensure a collective response to GBV: this should be leveraged by UNFPA senior management at country level to ensure HCT attention towards, and support to, GBV sub-clusters.
4. Establish a system for all Representatives to receive refresher training on CLA on an annual basis.
5. Add CLA role responsibility indicators to Representative performance plans.

> Priority: High
> Cost consideration: Medium
> Timeline: By end of 2023

Recommendation 3. UNFPA should increase its effort towards fulfilling the role of provider of last resort, by ensuring the level of GBV programming is as commensurate with need as possible in every clusterized emergency, and to reinforce its leadership in the GBV field.

Actions:

1. Prominently disseminate the pending GBVIE strategy for the agency to strengthen its capacity towards meeting CLA responsibility of provider of last resort.
2. Increase UNFPA GBViE technical positions at HQ and regional levels to provide support to country-based programming.
3. Ensure Representatives support GBViE technical positions at the country level through mobilization of resources, advocating for investments and prioritization of GBV programming, etc.

4. Support expansion of the consultant roster of GBViE specialists who can support GBV programming in emergencies, beyond surge and the REGAs (and separate from a roster of GBV coordinators, discussed below).

> Priority: High
> Cost consideration: High
> Timeline: By end 2023

Recommendation 4. UNFPA should reinforce and better institutionalize the core functions' requirement of a GBV coordinator and a GBV IM officer for clusterized emergencies and ensure that these key CLA functions are covered by core funding.

Actions:

1. Map current country-level coordination positions and gaps and create a system for quarterly review of gaps specifically for coordination functions, allocating the tracking of this to a particular role within HRD.
2. Establish a system of reviewing gaps with HRD/AoR/DHR /Regional Offices and relevant country offices on a quarterly basis.
3. Develop a human resources strategy to support greater efficiency and flexibility in hiring coordinators. This should include engagement by the GBV AoR with UNFPA regional and country-level senior management on hiring appropriate coordinator candidates (by reviewing resumes, participating in interviews, or other support as determined by HRD and the GBV AoR).
4. Build a consultant roster of competent and vetted GBV coordinators to take on GBV coordination roles in cluster contexts.
5. Create sustainability for the REGA teams as a precondition for the continued progress of field GBV coordination capacity and the development of a professional vetted pool of GBV coordinators and IM, to ensure UNFPA can meet its CLA responsibilities.
6. Advocate to donors the necessity for longer-term and more flexible funding for GBV coordination positions to ensure coordinators are not hired on short-term contracts.

> Priority: High
> Cost consideration: High
> Timeline: By end 2023

Recommendation 5. UNFPA should make a corporate decision and define a UNFPA position for the future of the GBV AoR that maximizes the AoR's ability to operate independently from a Protection Cluster hierarchy in order to better support GBV coordination and programming in humanitarian settings globally.

Actions:

1. Using the evidence of this review as a primary contributory source, and, together with other agency political and UN-wide positioning considerations, define a UNFPA corporate

position on the future of the AoR that maximizes the AoR functioning by ensuring it is able to operate outside of a Protection Cluster hierarchy. The corporate position should include a most desired option (what UNFPA as CLA for the GBV AoR believes is best for the future of the AoR) and then back-up / secondary options including a minimum bottom line for what is required. The conversation should start with what is necessary, and in the best interests of women and girls who are at risk of or survivors of GBV within humanitarian contexts and move on from there. It should consider UNFPA commitments to its CLA mandate to support both GBV coordination and GBV programming. UNFPA as CLA must also consider the political consequences of requesting a stand-alone cluster; the positions of both UNHCR and UNICEF regarding the GPC and the Child Protection AoR; and the importance of creating a sound plan for discussion at the level of the IASC principals.

2. Develop a strategy for advocacy for this position, identifying key UNFPA staff (i.e. HRD Director, HRD Deputy Director, Executive Director etc.) and their specific roles in advocacy for the corporate position vis à vis IASC, UNHCR, other UN agencies, donors etc.

> Priority: High
> Cost consideration: Medium
> Timeline: Immediately

FOR THE GBV AOR

Recommendation 6. The GBV AoR should increase investments in learning about what works in GBV coordination and sharing that information back to country-level coordination partners, global members, and UNFPA to support better operationalization of GBV subclusters.

Actions:

1. Building out from the current monitoring tools for coordination, scale up monitoring and evaluation as a core responsibility of GBV coordination. Ensure regular monitoring not only on GBV coordination capacity and needs, but also on progress, unmet needs and gaps in the GBV emergency response globally is fully supported and that this M&E information is systematically shared with UNFPA senior management as part of mobilizing their support to the GBV AoR and the GBV in emergencies response. Also systematically share this information with global members and country-level coordination to improve shared understanding of GBV coordination and programming successes and challenges.
2. Consider strategies for supporting this monitoring with country visits by designated global GBV AoR coordination team members, not only to strengthen monitoring at the country level, but also to improve linkages between the global GBV AoR coordination team and the GBV coordination partners at the country level.

> Priority: Medium
> Cost consideration: Medium
> Timeline: By end of 2023

Recommendation 7. The GBV AoR should continue to increase diversity in the global GBV AoR membership and coordination team, with continued investments in localization and intersectional representation of national-level women's groups and organizations.

Actions:

1. Work with current Global South representatives within the global AoR membership to map out benefits, challenges, and how to increase representation.
2. Work with all Global AoR Core Members to conduct an internal analysis on how to increase Global South representation as a part of the implementation of the revised governance structure, while ensuring substantive input by local actors. As a part of this analysis, the GBV AoR should consider what additional funding and other investments (e.g. availability of translation, meetings in specific languages) from GBV AoR Core Members is necessary to increase intersectional representation of national-level women's groups and organizations among the GBV AoR core membership.
3. Establish and support a new localization task team led by WLO members to increase localization efforts at country level.
4. Increase focus on specific issues of (a) balance between locally-led responses and global minimum standards and (b) issues of overburdening underfunded local actors.

> Priority: Medium
> Cost consideration: High
> Timeline: By end of 2023

Recommendation 8. The GBV AoR should ensure that core guidance and tools (presentations, support, guidance) are made available in more languages, and the website's resources should be more accessible through improvements in the website design. (Re)distribution of foundational theories and core principles that guide GBV programming can support shared understanding of essential knowledge on GBV for GBV AoR Core Members as well as GBV coordination partners at the country level. Monitoring of distribution can support measurement of the impact of these resources on GBV programming in emergency contexts.

Actions:

1. Cost a plan to translate all current GBV AoR resources into most relevant local languages, beginning with a mapping of languages used within GBV AoR membership and among country-level members.
2. Advocate with the core membership to ensure that all Core Members developing new GBV resources ensure high-quality translation into all relevant languages.
3. Survey country-level clusters who are already working in local languages as well as primary UN languages and select case studies for learning – what has worked, what has not worked, what they would have done differently.
4. Hire a consultant to review and improve the website, particularly in terms of improving accessibility of resources through improved search engines and organization/presentation of resources.

5. Develop a monitoring strategy to assess the impact/value of these resources in improving efforts to address GBV in emergencies.

> Priority: Low
> Cost consideration: High
> Timeline: By end of 2023

Recommendation 9. The GBV AoR should ensure that its governance SOPs and capacity strengthening strategy (both currently being drafted) include attention to how the various parts of the GBV AoR function as a coherent whole to promote and reinforce a shared vision. This should also be articulated in the next GBV AoR strategy.

Actions:

1. Map the current various parts of the GBV AoR function including the important work on behalf of the GBV AoR that is facilitated by core members.
2. Undertake an in-person core members' visioning process that gives members more opportunity to define and agree on overarching priorities of members.
3. Plan strategies that are based on the agreed overarching priorities of members.
4. These strategies should also address any additional staffing needs of the GBV AoR coordination team and resource mobilization plans.

> Priority: Medium
> Cost consideration: Medium
> Timeline: By end of 2023

Recommendation 10 (links to Recommendation 11, below). The AoR should support country-level GBV sub-clusters to have strong, updated, stand-alone strategies and work plans.

Actions:

1. Using data from the recent GBV AoR annual survey as a baseline, map existence and type of strategy for all GBV sub-clusters (stand-alone strategy, part of Protection Cluster strategy, national document, no strategy, etc.).
2. Systematically collect all barriers to creating a stand-alone strategy (staffing capacity, PC requires merged strategy etc.) and, with AoR members, develop mitigating measures.
3. Review all stand-alone strategies and / or work plans for good practice tips and provide briefing note to all sub-clusters with a template of what is included in a quality strategy.

> Priority: High
> Cost consideration: Medium
> Timeline: By end of 2023

FOR GBV SUB-CLUSTERS

Recommendation 11 (links to Recommendation 10, above). All country-level GBV sub-clusters should aim to have strong, updated, stand-alone strategies and work plans.

Actions:

1. Develop a strategy based on the template provided by the AoR with regard to what is included in a quality strategy, specifically ensuring that the GBV sub-cluster work plan has a clear outline of monitoring indicators (at output and outcome level) and reporting functions.
2. Within the sub-cluster strategy, ensure a section on sub-national coordination, including mapping of needs and planning for future, seeking flexible, and contextually specific ways of achieving consistent sub-national coordination where local actors can engage and ensure links to the communities and the women and girls in need of services are established and strengthened.

Priority: High
Cost consideration: Medium
Timeline: By end of 2023

Recommendation 12. GBV sub-clusters should continue to build upon efforts for localization.

Actions:

1. Each sub-cluster should develop a country-level action plan, supported by the Global GBV AoR Localization Task Team (reestablished as per Recommendation 7) with dedicated training and technical support, to address the key challenges highlighted in this review, particularly (a) balancing contextual GBV responses with global minimum standards, and (b) mitigating the burden of GBV coordination functions when promoting local actors as co-chairs.
2. This localization strategy is to be included in GBV sub-cluster strategies.

Priority: Medium
Cost consideration: Medium
Timeline: By end of 2024

References

Call to Action on Protection from GBV in Emergencies. 2022. *Strengthening Accountability for An Appropriate Humanitarian Response to Gender-Based Violence and Addressing Funding Gaps Discussion Paper*. Document unavailable online.

GBV Area of Responsibility. 2019. *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies.* https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/handbook-for-coordinating-gender-based-violence-interventions-in-emergencies/Handbook_for_Coordinating_GBV_in_Emergencies_fin.01.pdf

GBV Area of Responsibility. 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies.* https://www.unfpa.org/minimum-standards.

GBV Area of Responsibility. 2020. *Gender-Based Violence Area of Responsibility Strategy, 2021-2025. https://gbvaor.net/sites/default/files/2021-11/GBV%20AoR%20Strategy%202021-2025.pdf.*

GBV Area of Responsibility. *Who We Are*. https://gbvaor.net/about-us#who-we-are.

GBV Financing Recommendations Report. n.d. Document unavailable online.

IASC. 2006. *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Action.* https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/IASC%20Guidance%20Note%20on%20using%20the%20Cluster%20Approach%20to%20Strengthen%20Humanitarian%20Response%20%28November%202006%29.pdf.

IASC. 2015. *Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action.* https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015

IASC. *Key Messages: The IASC Transformative Agenda.* https://interagencystandingcommittee.org/iasc-transformative-agenda/documents-public/key-messages-iasc-transformative-agenda.

IASC. The Grand Bargain. https://interagencystandingcommittee.org/grand-bargain.

J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. *Independent review of the implementation of the IASC Protection Policy. Humanitarian Policy Group.* https://interagencystandingcommittee.org/system/files/2022-05/Independent%20review%20of%20the%20implementation%20of%20the%20IASC%20Protection%20Policy.pdf.

OCHA. *What is the Cluster Approach?* https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach.

OCHA. 2022. *Global Humanitarian Overview 2023.* https://humanitarianaction.info/.

UNFPA Evaluation Office. 2019. *Evaluation of the UNFPA Capacity in Humanitarian Action*, 2012 – 2019. UNFPA. https://www.unfpa.org/evaluation-unfpa-capacity-humanitarian-action-2012-2019.

UNICEF. 2015. *Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*.

WHO. 2007. *Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies*.

Annex I: Terms of Reference (ToR) for the Review

Consultancy - Gender Based Violence Area of Responsibility External Review
- **Level:** Consultant
- **Contract Type:** Consultancy
- **Closing date:** 29 Aug 2022 05:00 PM (America/New York)
- **Duty station:** Remote - supporting the Humanitarian Office in Geneva

Job Title: Gender Based Violence Area of Responsibility External Review Consultant
Closing date: 29 August 2022
Duration: 3.5 months
Duty Station: Remote-based assignment, supporting the Humanitarian Office in Geneva.

Purpose of Consultancy:
In 2005 the IASC cluster approach was introduced as a means of more effectively coordinating humanitarian response. The Gender Based Violence Area of Responsibility (GBV AoR), established in 2006, is the global level forum for coordination and collaboration under the cluster approach on GBV prevention and response in humanitarian settings. UNFPA was designated as the lead Agency of the GBV AoR that is part of the Global Protection Cluster (GPC) along with UNICEF and assumed sole leadership as of 2017. The GBV AoR works collectively to improve the effectiveness and accountability of the humanitarian response to prevent and mitigate the risk and respond to all forms of gender-based violence and to ensure that the agency of survivors is recognised and reinforced. There is increasing effort, particularly in protracted crises, to work with development actors (nexus) and to work on preparedness especially in regions that are affected by natural disasters.

The evaluation of UNFPA's humanitarian capacity conducted in 2019 found that the GBV AoR at the global level has progressed positively since UNFPA assumed sole leadership in 2017. In 2019, it has been adequately resourced for the first time but this has not been wholly based on core resource commitment from UNFPA. At the country level, coordination by GBV sub-clusters has improved but there remain GBV sub-clusters which are under-resourced, with double-hatting coordinators, an absence of information management functions and an over-reliance on the surge mechanism.

The GBV AoR has a unique structure for advocacy and field support, with a global coordination team, supported by regional experts in Nairobi, Panama, Cairo, Bangkok and Dakar; creating a community of GBV responders that spans global, regional and field coordination.
Some key milestones achieved by the GBV AoR under the leadership of UNFPA since 2016, include the development of a new AoR vision, mission and two strategies; the engagement in facilitating the direction for the 2019 Oslo Global GBV meeting; active engagement with the GPC and Child Protection in particular, active engagement with the Call to Action and the Roadmaps, full implementation of objectives with related activities of the 2015-2020 GBV AoR

Capacity Development strategy, notably the development of revised GBV coordination handbook; the development of global minimum standards for GBV in collaboration with UNFPA GBV staff; support for a Community of Practice and a GBV AoR Helpdesk; support to improving GBV data and information management from the previous narrow focus on GBVIMS to a broader understanding of data required for humanitarian needs assessments, response plans, dashboards and reporting, academic partnerships (Nairobi Diploma Course, Nigeria two week intensive, the San Remo GPC and AoR Training) and the GBViE Management course. These achievements have all been positive, and accomplished with some core resource support from UNFPA.

The evaluation also recommended that UNFPA develop a resource plan for ensuring that gender-based violence sub-clusters are resourced equivalently to other clusters with well-capacitated coordinators and technical support. This includes ensuring that the UNFPA minimum standards regarding gender-based violence are adhered to, including appointment of a sub cluster coordinator and addressing key coordination challenges, such as high turnover of coordination staff, excessive coordination workloads (double/triple-hatting) and lack of information management functions within sub clusters.

The GBV AoR team is currently coordinating responses in 32 countries that are clusters or cluster-like but a total of 42 if preparedness contexts are included, and the GBV sub-clusters have a total membership of more than 2000 organizations, including local actors and government counterparts in addition to UN and INGOs. The GBV AoR team is hosted in UNFPA's humanitarian office.

NorCap will be conducting a review of the GBV AoR Regional Experts (REGA) in a similar timeframe, so the sharing of relevant information between the two reviews and enabling synergies will be beneficial to both.

UNFPA is seeking a consultant or team of consultants to conduct a review dedicated to the GBV AoR going beyond the scope of the 2019 evaluation where aspects of the GBV AoR were addressed in the context of an overall evaluation of humanitarian capacity.

The review will cover :

1) How UNFPA is fulfilling its mandate as lead agency for the GBV Area of Responsibility and reviewing how it has acted on the recommendations made in the humanitarian capacity evaluation of 2019:

    a. The extent to which it has leveraged the AoR lead Agency Role within the IASC system to ensure GBV responses are effectively coordinated at the field level.
    b. The extent to which the engagement of UNFPA leadership (UNFPA representatives and inter-agency GBV coordinators) is resulting in systematic, strengthened inter-agency field response.
    c. Institutionalization of IASC GBV leadership role throughout the organization;

2) Identify key areas of added value of the AoR and areas for improvement and development of the GBV AoR;

3) Identify additional areas of inquiry which could be the object of future evaluations.

Scope of Work:
Under the supervision of the Global Coordinator, GBV AoR, Deputy Director, Humanitarian Office, the consultant (s) will provide the following deliverables:

1) *Produce an inception report* – that provides overview of methodology and tools of research. It is expected that consultations will be held at global, regional levels. Up to 4 countries where GBV sub clusters are established should be selected by the Consultant(s) in consultation with the review manager at the inception stage. Key informant interviews and FGDs with GBV AoR Core Members and GBV Sub cluster/Sector members are expected, as well as consultations with key stakeholders such as UNFPA Country Representatives, UNFPA Humanitarian Coordinators, HCs, OCHA, UNHCR, UNICEF, the Protection Cluster, Child Protection AoR, Call to Action stakeholders, etc. Analysis of guiding documents, analytical frameworks, secondary data analysis and a review of previous evaluations should also be included in the methodology.
2) *Conduct all data collection* including secondary data review.
3) *Hold two debrief workshops* to present and discuss preliminary findings; one with UNFPA and one with the GBV AoR Core Members and REGAs
4) *Produce a draft review report* including findings and recommendations for review by the UNFPA Humanitarian Office and steering committee that will be established to guide the process (The steering committee will be composed of relevant HO units, UNFPA's evaluation office and RHCs and Representatives from the 4 focus countries). (An outline of the report should be agreed upon with the HO, with initial recommendations for feedback; taking into consideration at least 2 rounds of feedback).
5) *Final Report*

Annex II: Review Matrix

<table>
<tr>
<td></td>
<td colspan="4">Review Question 1: To what extent is UNFPA fulfilling and institutionalizing its mandate as lead agency for the GBV Area of Responsibility?</td>
</tr>
<tr>
<td rowspan="3">UNFPA CLA MANDATE</td>
<td>Sub-Questions</td>
<td>Areas of Focus/Measures</td>
<td>Methods</td>
<td>Date Sources/ Resources/<i>Notes</i></td>
</tr>
<tr>
<td>1a: Has UNFPA leveraged the AoR Lead Agency Role within the IASC system to ensure the global GBV AoR is fit-for-purpose?</td>
<td>Evidence of efforts to advocate to the IASC principals and other IASC partners for attention to GBV coordination
Evidence of agency support to promoting leadership and capacity of global GBV AoR
Evidence of agency support to funding and staffing for the global GBV AoR</td>
<td>KIIs
Desk Review</td>
<td>UNFPA financial reporting
UNFPA Board minutes
IASC reports</td>
</tr>
<tr>
<td>1b: Is UNFPA leadership at global, regional, and national level resulting in effective GBV coordination and strengthened inter-agency GBV response at the country-level?</td>
<td>Financial and human resource Investments by UNFPA to fulfil its CLA role at the global, regional and field level
Evidence of how GBV coordination investments balance against UNFPA core humanitarian program components (SRHiE, GBViE programming)
Evidence of consistent Regional and Country Rep support to CLA role at the field level, including evidence of senior management at the regional and CO levels liaising with donors to support resource mobilization for the goals of GBV coordination partners as laid out in the country HRPs; evidence of senior management efforts to disseminate the GBV AoR Strategy
Degree of sentiment among partners that UNFPA as an organisation understands and address their coordination responsibilities</td>
<td>KIIs
Desk Review
Financial Analysis</td>
<td>UNFPA global and regional strategic documents
UNFPA country programme documents
OCHA attendance records for UNFPA Reps and Dep Reps in the HCT</td>
</tr>
</table>

	• Commitment of UNFPA leadership in fast-tracking efforts to fill vacant GBV coordinator and IMS positions as compared to other UNFPA positions) • Evidence of leadership support to GBV coordinators to address new issues and challenges • Evidence of and degree of sentiment among partners that UNFPA leadership has pushed for innovative approaches to address GBV		
1c: Has the IASC GBV leadership role been institutionalized throughout the organization, including CLA responsibility of provider of resort?	• Evidence of efforts to operationalize CLA commitments into UNFPA strategy, policy guidance, and tools • Evidence that UNFPA has integrated GBV in its humanitarian strategy implementation • Evidence of established and agreed-upon roles and responsibilities of the CLA and GBV coordinator laid out in policy and guidance and made clear to senior management • Evidence of inclusion of GBV AoR in internal UNFPA meeting, e.g. global Reps meeting, meetings with RDs, ICPD, etc. • Evidence that UNFPA management arrangements provide a supportive and enabling environment for global GBV AoR and field-based coordination • Evidence UNFPA is supporting the mission, goals, and strategy of the global GBV AoR • Evidence of when, where and with what result the provider of last resort concept has been invoked by UNFPA • Degree relevant HQ and regional UNFPA staff demonstrates awareness and	KIIs Desk Review	• Board documents • UNFPA global and regional strategic documents • Relevant meeting minutes for senior managements meetings • PAD for Reps and orientation package for senior management • UNFPA policies, guidance documents and training for leadership on prioritizing GBV and implementing lead agency role (note Outcome 5 of SP) • UNFPA GBViE Strategy 2022-2025 • Management guidance to strengthen understanding of CLA responsibility at field level • Externally facing documentation, e.g. leadership speeches, Call to Action commitments, etc. *Leadership is particularly reflected in developing the mission and strategy and working on agreement on the goals and priorities of the cluster.*

		understanding of UNFPA CLA commitments, responsibilities, and implications thereof • Evidence UNFPA senior management at CO level are knowledgeable and aware about the specific roles and accountabilities for UNFPA as a cluster lead agency and last resort provider when other GBV partners can not fill the gaps in GBV service provision in the presence of available resources (e.g. dignity kits and post-rape kits) • Degree of sentiment among stakeholders that UNFPA management arrangements provide a supportive and enabling environment for CLA		
	1d. How has UNFPA acted on the coordination recommendations made in the humanitarian capacity evaluation of 2019?	• Evidence of reduced level of turnover among cluster coordinators • Evidence of reduced number of coordinators double/triple hatting • Evidence of investments in information management across clusters	KIIs Desk Review	• Review of staffing data • Surge requests and fulfillment of GBV coordination roles
	Review Question 2: Is the Global GBV AoR (Global Coordination Team, REGAs, and Core Members) engaging in activities to improve efforts to address GBV in all humanitarian action, in line with IASC guidance for global clusters as well as the GBV AoR Strategy and Call to Action commitments?			
GLOBAL GBV AOR	2a: What have been the opportunities and challenges for the GBV AoR in leading on development, consolidation, and dissemination of standards, policies, and identification of 'best practice', as per the GBV AoR Strategy? How does it communicate core principles, good practices, and inclusive approaches for GBV prevention, risk mitigation and response	• Evidence of work to identify learning gaps on GBViE and support collaborative learning and capacity strengthening initiatives globally and at the country level • Evidence to support institutionalizing of good practices for GBV prevention, risk mitigation and response for all forms of GBV, with a particular focus on strengthening services, accessibility and reach to GBV survivors in all their diversities	KIIs Desk Review Survey	• GBV Helpdesk • Call to Action • San Remo training • Global Guidance through AoR, including dissemination and promotion the *Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming*, and design accountability mechanisms to ensure that GBV prevention, risk

services? (IASC Cluster Lead Agency Responsibilities, GBV AoR Strategy, and GBV AoR TOC)	• Evidence of efforts to design and facilitate streamlined communications platforms and channels to ensure that technical resources, guidance materials, good practice examples and other relevant resources are accessible to all relevant actors		mitigation and response meets or exceeds these standards. • Consider new and alternative methodologies to effectively capture and communicate the needs, types and scope of GBV in humanitarian crises and advocate for greater recognition and space in humanitarian systems and strategic documents for quality and accurate GBV information and analysis.
2b: What have been the opportunities and challenges for the GBV AoR in terms of strengthening global partnerships and facilitating joint advocacy for financial and political investment to ensure that action on GBV is integrated into all humanitarian response efforts and is central to humanitarian action? How do these efforts build out local leadership? (GBV AoR Strategy, GBV TOC)	• Evidence of successful global-level advocacy for the effective, safe and ethical inclusion of GBV prevention, risk mitigation and response throughout the humanitarian programme cycle • Evidence of successful advocacy for prioritization, improved visibility, transparency, tracking and coding of funding for GBV in all humanitarian settings, including evidence of success by the GBV AoR (and partners) in making GBV more visible in the HNO process, FTS, etc. • Evidence of partnerships and communication with the donor community to increase funding for addressing GBV in humanitarian crises, with a particular emphasis on funds for longer-term programming, access to forecast-based financing, collaboration with the GBV Guidelines Reference Group, and funding for women- led organizations and women's rights organizations. • Evidence of partnerships with relevant global forums—e.g. IASC, gender partners, Call to Action, Child Protection, PSEA	KIIs Desk Review Survey	• IASC meeting/working group notes • GHRPs • FTS • Trends in GBV AoR and sector funding • CASi partnership • RTAP • IASC GBV Guidelines Team • UNICEF Risk Mitigation

	networks, etc.—to ensure that action and commitments for GBV in emergencies are coherent, mutually reinforcing and non-duplicative. • Evidence of partnerships and engagement with other clusters to support safe and ethical response, risk mitigation and prevention programming on GBV in emergencies • Evidence of efforts to increase the accessibility of the GBV AoR to national and local actors through support for the active involvement of local organizations in the membership and activities of the GBV AoR, with particular emphasis on women-led organizations. • Evidence of representation and influence on global forums by local and national organizations, with a particular emphasis on women-led organizations and those centering the experience and promoting the voice of women and girls in all their diversities. • Degree of sentiment among core and associate members that the global GBV AoR responds to feedback, engages effectively in partnerships, balances field support with global-level work, etc.		
	2c: What have been the opportunities and challenges of the GBV AoR in providing operational support to country-level coordination, including building response capacity? (IASC Cluster Lead Agency	• Evidence of support to GBV subclusters to deliver effectively and consistently on the core functions of coordination, including advocacy, information management, supporting and building the capacity of locally owned and led subclusters, etc. • Evidence of a well-functioning mechanisms for surge capacity to fill critical	KIIs FGDs Desk Review Survey	• Data on surge and technical support missions • GBV Help Desk documents • Guidance documents • Data on stockpiles

	Responsibilities and GBV AoR Strategy)	coordination positions such as GBV Coordinator, GBV Co-coordinator, and GBV IM officer as needed		
		• Evidence of capacity strengthening / mentoring / twinning approach to GBV coordinators / IM officers on GBV coordination, Interagency Minimum GBViE program Standards, GBVIMS and / or GBVIMS+, HNO/HRP process		
		• Evidence of guidance note / standards that support GBV AoR coordinators / co-coordinators to review and ensure meaningful inclusion of GBV actions in integrated sectoral response projects that will be funded through country based pooled funds		
		• Evidence of guidelines developed to define what constitutes core pipeline supplies for GBV response, how these core pipeline supplies (such as dignity kits) and commodities are projected to define required quantities and prepositioned to ensure timely and effective GBV responses in acute emergencies		
		• Evidence of efforts by the AoR to strengthen GBV systems and services that are better prepared for and able to respond to humanitarian crises		
		• Evidence of efforts to promote equal partnerships and increased access to funding for national and local organizations with a particular emphasis on women-led organizations and those centering the experience and promoting the voice of women and girls in all their diversities		
		• Degree of sentiment among stakeholders that the GBV AoR provides meaningful		

		(helpful, sufficient) operational support and capacity strengthening to country-level GBV coordination		
	Review Question 3: Are country-level GBV subclusters engaging in responsibilities to facilitate humanitarian action to address GBV?			
COUNTRY-LEVEL GBV COORDINATION	3a. To what extent are the country-level GBV subclusters meeting the six core functions of a GBV subcluster outlined by the IASC and in the GBV Coordination Handbook, as well as any other responsibilities prioritized by country-level partners? (IASC Cluster Lead Agency Responsibilities, GBV Coordination Handbook)	• Evidence of support to service delivery • Evidence of needs assessments • Evidence of planning and implementing cluster strategies • Evidence of efforts to monitoring and evaluate performance • Evidence of building national capacity in preparedness and contingency planning • Evidence of effective advocacy • Evidence of attention to cross-cutting issues, including accountability to affected populations (AAP), the centrality of protection, localization, and funding allocations from country-based pooled funds (CBPFs) • Degree of sentiment among country-level partners that GBV subclusters are meeting their responsibilities and any perceived gaps	KIIs FGDs Desk Review Survey	• Service Mapping and 3/4/5Ws reporting matrix • Standard Operating Procedures and/or referral pathways • GBV secondary data review • GBV in inter-sector assessments • GBV assessments (including safety audits) • GBV in Humanitarian Country Team Protection Strategy • GBV in Humanitarian Needs Overview and Humanitarian Response Plan • GBV sub-cluster strategies and • work plans • Monitoring and evaluation frameworks for response • Self-evaluations, e.g. self-initiated or Cluster Coordination Performance Monitoring • Training/Capacity Building Matrix • Contingency plan(s) • Key messages on GBV, briefing notes, talking points, etc. • Advocacy strategy
	3b. What have been the opportunities and challenges of the GBV subcluster in improving	• Evidence of attention to GBV in sector HRP/HNO • Evidence of growth in GBV programming	KIIs FGDs Desk Review	• Evaluations • HNO/HRPs • GBV AoR workplans and strategies

	attention and funding to GBV prevention, response and risk mitigation in the humanitarian response?	• Degree of sentiment among stakeholders that GBV coordination has improved GBV prevention, response and risk mitigation, and perceived challenges and gaps • Evidence of increased funding levels (or increased percentage of funding relative to by year since 2016	Survey	• Financial data analysis of GBV funding in OCHA FTS, CERF and Country Based Pooled Funds
	3c. What have been the opportunities and challenges of the GBV subcluster in improving local partnerships and local leadership of GBV prevention and response, particularly for WROs?	• Sentiment of coordination partners about the value of the subcluster in building sustainable programming and partnerships, and perceived challenges and gaps • Evidence of increased participation and leadership of local actors in GBV coordination	KIIs FGDs Desk Review Survey	• GBV AoR workplans and strategies
Review Question 4: Has the placement of the GBV AoR within the broader GPC architecture contributed to, or presented any challenges, for GBV coordination outcomes and broader protection results?				
PROTECTION CLUSTER RELATIONSHIP	4a: What are the challenges and opportunities of the GBV AoR operating as part of the broader protection cluster and humanitarian system?	• Evidence of joint work planning between the GBV AoR and the Global Protection Cluster (inc. SAG) • Evidence of coordination of field support by the GBV AoR and GPC to protection clusters and GBV AoR • Degree of streamlining of process such as field support to HNOs and HRPs • Evidence of representation on GBV issues in the HCT • Details of GBV within HCT Centrality of Protection strategies • Extent of GBV in the IASC structures on protection (Principals, OPAG, EDG, P2P, etc.) • Evidence on GBV as part of ProCap and GenCap deployments • Evidence of joint training and support for protection cluster and AoR coordinators	KIIs Desk Review Survey	• GPC Strategic Framework and workplan • IASC Protection Policy Review • HCT ToR and Compacts • HCT Protection strategies

	• Evidence of strength of PC in improving strength of GBV AoR and vice versa (e.g., when one or the other is functioning well, whether and how this results in better outcomes for each) • Evidence of GBV and other cross-cutting issues (e.g., nexus, AAP, localization)			
4b: What has worked (and not worked) in terms of the GBV AoR being part of an integrated approach to protection challenges and when is a specialized approach still required?	• Evidence of joint protection analysis for protection cluster, HNOs, etc. • Evidence of effective and safe case management, referral pathways and service provision • Evidence of joint programming between GBV AoR, Child Protection and General Protection • Evidence of individual and joint policy guidance between GBV and protection • Data on resource mobilization for GBV protection and underfunding of the sector • Protection advocacy on GBV (e.g., Oslo conference, Covid-19, etc.) • GPC recognition and support to GBV during HNO/HRP processes	Kils Desk Review Survey	• Protection cluster protection up-dates • Protection and GBV funding analysis • GPC annual CoP reports •	
4c: What are the coordination arrangements that work between the GBV and other protection actors and how could these be simplified?	• Sentiment on the Protection Cluster reform as part of follow up to the IASC PP review • Evidence on the roles and responsibilities between the GPC and GBV AoR • Evidence of joint work-planning and interface with other general protection issues • Work processes between GBV AoR and Protection Cluster	Kils Desk Review Survey	• IASC PP Review and action plan to follow up • Guidance of GenCaps vs REGAs	

Annex III: List of Key Informant Interviews[83]

#	Name	Category	Male/ Female ?	Interviewed by?
1	Wondimagegn Fanta	Additional GBV Coordinators/Former Coordinators	Male	Jeanne Ward
2	Christian Sabum Macauley	Additional GBV Coordinators/Former Coordinators	Male	Jeanne Ward
3	Cristina Palacios	Additional GBV Coordinators/Former Coordinators	Female	Jeanne Ward
4	Fulvia Boniardi	Additional GBV Coordinators/Former Coordinators	Female	Jeanne Ward
5	Azra Sehic	Additional GBV Coordinators/Former Coordinators	Female	Jeanne Ward
6	Eri Taniguchi	Additional GBV Coordinators/Former Coordinators	Female	Katie Tong
7	Aleksandar Sasha Bodiroza	Afghanistan	Male	Jeanne Ward
8	Nada Naja	Afghanistan	Female	Jeanne Ward
9	Ramiz Alakbarov	Afghanistan	Male	Jeanne Ward
10	Fatuma Akellos	Afghanistan	Female	Katie Tong
11	Elisa Cappelletti	Afghanistan	Female	Katie Tong
12	Terry Alovi	Afghanistan	Female	Katie Tong
13	Zahra Mosaiby	Afghanistan	Female	Katie Tong
14	Archuthan Amirthakulasingam	Afghanistan	Male	Katie Tong
15	Leila Jane Nassif	Afghanistan	Female	Katie Tong
16	Matho Nianga Dore	Afghanistan	Male	Katie Tong
17	Katherine Carey	Afghanistan	Female	Katie Tong
18	Martha Lucia Rubio	Colombia	Female	Jeanne Ward
19	Diana Sarria	Colombia	Female	Jeanne Ward
20	Luisa Paola Sanabria	Colombia	Female	Jeanne Ward
21	Carlota Tarazona	Colombia	Female	Jeanne Ward
22	Gabriel Gonzalez	Colombia	Male	Jule Voss
23	Maria Gabriel Viollota	Colombia	Female	Jule Voss
24	Jessica Skinner	Donor	Female	Jeanne Ward
25	Ashley Augsburger	Donor	Female	Jeanne Ward

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[83] Note that the review team attempted to speak with three additional members of the Global Protection Cluster as well as representatives from UNHCR; however, these key informants did not respond to the team's request for interviews.

26	Diane Boulay	Donor		Female	Jeanne Ward
27	Barbara Weyermann	Donor		Female	Katie Tong
28	Sophie Cleve	Donor		Female	Katie Tong
29	Andreas Ahrenfeldt Kiaby	Donor		Male	Katie Tong
30	Carlotta Panchetti	Global Consultants/Evaluation Teams		Female	Jeanne Ward
31	Gemma Davies	Global Consultants/Evaluation Teams		Female	Katie Tong
32	Jane Cocking	Global Consultants/Evaluation Teams		Female	Katie Tong
33	Hannah Jay	Global Consultants/Evaluation Teams		Female	Katie Tong
34	Nina Gora	Global Consultants/Evaluation Teams		Female	Katie Tong
35	Jennifer Chase	Global GBV AoR		Female	Jeanne Ward
36	Astrid Haaland	Global GBV AoR		Female	Jeanne Ward
37	Joanne Creighton	Global GBV AoR		Female	Jeanne Ward
38	Catherine Poulton	Global GBV AoR		Female	Jeanne Ward
39	Beth Vann	Global GBV AoR		Female	Katie Tong
40	Sarah Martin	Global GBV AoR		Female	Katie Tong
41	Emily Siu	Global GBV AoR		Female	Katie Tong
42	Sarah Mosely	Global GBV AoR Core Members		Female	Jeanne Ward
43	Lena Mitchew	Global GBV AoR Core Members		Female	Jeanne Ward
44	Constance Quosh	Global GBV AoR Core Members		Female	Jeanne Ward
45	Micah Williams	Global GBV AoR Core Members		Female	Jeanne Ward
46	Petra Letter	Global GBV AoR Core Members		Female	Jeanne Ward
47	Stephen Wainwright	Global GBV AoR Core Members		Male	Jeanne Ward
48	Manisha Thomas	Global GBV AoR Core Members		Female	Katie Tong
49	Amira Taha	Global GBV AoR Core Members		Female	Katie Tong
50	Gloriah Somah	Global GBV AoR Core Members		Female	Katie Tong
51	Louise O'Shea	Global GBV AoR Core Members		Female	Katie Tong
52	Fatima Imam	Global GBV AoR Core Members		Female	Katie Tong
53	Sam Cheung	Global Protection Cluster		Male	Katie Tong
54	Mirela Shuteriq	INGO Coalition		Female	Jeanne Ward
55	Anne-Marie Connor	INGO Coalition		Female	Katie Tong
56	Gareth Price-Jones	INGO Coalition		Male	Katie Tong
57	Erin Weir	INGO Coalition		Female	Katie Tong
58	Yves Sassenrath	Mali		Male	Jeanne Ward

59	Anandita Philipose	Mali		Female	Jeanne Ward
60	Amadou Yalcouye	Mali		Female	Jeanne Ward
61	Anaye Sagara	Mali		Male	Jeanne Ward
62	Sabrina Amirat	Mali		Female	Jule Voss
63	Azeto Carine Ouedraogo	Mali		Female	Jul;e
64	Arsene Bagre	Mali		Female	Jule Voss
65	Aissata Baby	Mali		Female	Jule Voss
66	Mohamed Abdoulaye	Mali		Male	Jule Voss
67	Mamadou Diallo	Mali		Male	Jule Voss
68	Fadwa Benmbarek	Mali		Female	Jule Voss
69	Berangere Boell-Yousfi	Mozambique		Female	Jeanne Ward
70	Walter Mendonca-Filho	Mozambique		Male	Jeanne Ward
71	Giulia di Porcia e Brugnera	Mozambique		Female	Jeanne Ward
72	Fernando Hesse	Mozambique		Male	Jule Voss
73	Paola Emerson	Mozambique		Female	Jule Voss
74	Rashin Kanu	Mozambique		Male	Jule Voss
75	Hugo Reichenberger	Mozambique		Male	Jule Voss
76	Aline Fautsch	Mozambique		Female	Jule Voss
77	April Pham	OCHA		Female	Jeanne Ward
78	Dina Abou Samra	OCHA		Female	Jeanne Ward
79	Marina Skuric	OCHA		Female	Jeanne Ward
80	Michael Jensen	OCHA		Male	Katie Tong
81	Nicholas Rost	OCHA		Male	Katie Tong
82	Erin Patrick	Other		Female	Jeanne Ward
83	Rachel Hastie	Other		Female	Jeanne Ward
84	Erin Kenny	Other		Female	Jeanne Ward
85	Anthony Nolan	Other Global AoRs		Male	Jeanne Ward
86	Ron Pouwels	Other Global AoRs		Male	Jeanne Ward
87	Joyce Mutiso	Other Global AoRs		Female	Jeanne Ward
88	Michael Copland	Other Global AoRs		Male	Jeanne Ward
89	Eric Wyss	Other Global AoRs		Male	Jeanne Ward
90	Jim Robinson	Other Global AoRs		Male	Jeanne Ward
91	Hannah Rose Holloway	Other Global AoRs		Female	Katie Tong
92	Christelle Loupforest	Other Global AoRs		Female	Katie Tong
93	Monica Ramos	Other Global Clusters		Female	Jeanne Ward

94	Linda Doull	Other Global Clusters	Female	Jeanne Ward
95	Wan Sophonpanich	Other Global Clusters	Female	Katie Tong
96	Laura Canali	Other Regional Partners	Female	Jeanne Ward
97	Camila Martinsen	Other Regional Partners	Female	Jeanne Ward
98	Tamara Obonyo	Other Regional Partners	Female	Jeanne Ward
99	Alexandra Valero	Other Regional Partners	Female	Katie Tong
100	Atsuko Furokawa	Other Regional Partners	Female	Katie Tong
101	Tamah Murfet	REGA Mechanism	Female	Jeanne Ward
102	Cecilia Bertolini	REGA Mechanism	Female	Jeanne Ward
103	Oswald Chishugi	REGA Mechanism	Male	Jeanne Ward
104	Noemi Dalmonte	REGA Mechanism	Female	Jeanne Ward
105	Carina Hickling	REGA Mechanism	Female	Jeanne Ward
106	Ingvill Tveite	REGA Mechanism	Female	Jeanne Ward
107	Jessica Gorham	REGA Mechanism	Female	Katie Tong
108	Leigh Ashley	REGA Mechanism	Female	Katie Tong
109	Mateen Shaheen	Sudan	Male	Jeanne Ward
110	Ivy Ndungu	Sudan	Female	Jeanne Ward
111	Muthu Kannusamy	Sudan	Male	Katie Tong
112	Ms. Ghada Nsreldeen	Sudan	Female	Katie Tong
113	Akiko Sakaue	Sudan	Female	Katie Tong
114	Menasik Hossayn	Sudan	Female	Katie Tong
115	Zuhair Imam	Sudan	Male	Katie Tong
116	Muhammad Kalai	Sudan	Male	Katie Tong
117	Akiko Sakaue	Sudan	Female	Katie Tong
118	Noha Al-Eryani	Sudan	Female	Katie Tong
119	Ahdi Hassan	Sudan	Male	Katie Tong
120	Mustafa Elkanzi	Ukraine	Male	Jeanne Ward
121	Denise Brown	Ukraine	Female	Jeanne Ward
122	Ekaterine Kristesashvili	Ukraine	Female	Jeanne Ward
123	Michael Getachew	Ukraine	Male	Jeanne Ward
124	Ihor Vintsiv	Ukraine	Male	Jeanne Ward
125	Eduard Kiba	Ukraine	Male	Jeanne Ward
126	Anastasiia Kolomiiets	Ukraine	Female	Jule Voss
127	Marharyta Trypolska	Ukraine	Female	Jule Voss
128	Dmytro Filipskyi	Ukraine	Male	Jule Voss
129	Olena Kokhanets	Ukraine	Female	Jule Voss
130	Gemma Sanmartin	Ukraine	Female	Jule Voss
131	Sofiia Borysenko	Ukraine	Female	Jule Voss

132	Oleksandra Makovska	Ukraine	Female	Jule Voss
133	Ranjini Paskarasingam	Ukraine	Female	Jule Voss
134	Massimo Diana	UNFPA HQ	Male	Jeanne Ward
135	Emily Krasnor	UNFPA HQ	Female	Jeanne Ward
136	Juliette Onabanjo	UNFPA HQ	Female	Jeanne Ward
137	Arthur Erken	UNFPA HQ	Male	Jeanne Ward
138	Alexandra Robinson	UNFPA HQ	Female	Jeanne Ward
139	Josephine Mbithi	UNFPA HQ	Female	Katie Tong
140	Nadine Cornier	UNFPA HQ	Female	Katie Tong
141	Fabrizia Falcione	UNFPA Regional Offices	Female	Jeanne Ward
142	Susana Sottoli	UNFPA Regional Offices	Female	Jeanne Ward
143	Borry Jatta	UNFPA Regional Offices	Male	Jeanne Ward
144	Maria Ariza	UNFPA Regional Offices	Female	Jeanne Ward
145	Isabella Flisi	UNFPA Regional Offices	Female	Jeanne Ward
146	Veronica Siman	UNFPA Regional Offices	Female	Jeanne Ward
147	Björn Andersson	UNFPA Regional Offices	Male	Katie Tong
148	Laila Baker	UNFPA Regional Offices	Female	Katie Tong
149	Jennifer Miquel	UNFPA Regional Offices	Female	Katie Tong
150	Elke Mayrhofer	UNFPA Regional Offices	Female	Katie Tong
151	Sujata Tuladhar	UNFPA Regional Offices	Female	Katie Tong
152	Tomoko Kurokawa	UNFPA Regional Offices	Female	Katie Tong
153	Lydia Zigomo	UNFPA Regional Offices	Female	Katie Tong
154	Michel Ebele	UNFPA Regional Offices	Male	Katie Tong
155	Jayne Adams	UNFPA Regional Offices	Female	Katie Tong

Annex IV: Key Informant Interview (KII) Guide

Interviewer:	
Interviewee:	
Job Title:	
Date:	
Location:	
Any Background Information:	

Cluster Lead Agency Role	
1. To what extent is UNFPA fulfilling and institutionalizing its mandate as lead agency for the GBV Area of Responsibility?	**INTERVIEW PROMPTS (for more detail)**
Has UNFPA leveraged the AoR Lead Agency Role within the IASC system to ensure the global GBV AoR is fit-for-purpose? (Prompts: advocate to IASC and other relevant global fora on behalf of the AoR; support leadership and capacity of GBV AoR; support funding for GBV AoR)	• Evidence of efforts to advocate to the IASC principals and other IASC partners for attention to GBV coordination • Evidence of agency support to promoting leadership and capacity of global GBV AoR • Evidence of agency support to funding and staffing for the global GBV AoR
Is UNFPA leadership at global, regional, and national level resulting in effective GBV coordination and strengthened inter-agency GBV response at the country-level?	• Financial and human resource Investments by UNFPA to fulfil its CLA role at the global, regional and field level • Evidence of how GBV coordination investments balance against UNFPA core humanitarian program components (SRHiE, GBViE programming) • Evidence of consistent Regional and Country Rep support to CLA role at the field level, including evidence of senior management at the regional and CO levels liaising with donors to support resource mobilization for the goals of GBV coordination partners as laid out in the country HRPs; evidence of senior management efforts to disseminate the GBV AoR Strategy • Degree of sentiment among partners that UNFPA as an organisation

	understands and address their coordination responsibilities • Commitment of UNFPA leadership in fast-tracking efforts to fill vacant GBV coordinator and IMS positions as compared to other UNFPA positions) • Evidence of leadership support to GBV coordinators to address new issues and challenges • Evidence of and degree of sentiment among partners that UNFPA leadership has pushed for innovative approaches to address GBV
Has the IASC GBV leadership role been institutionalized throughout the organization, including CLA responsibility of provider of resort? Is UNFPA aware of and meeting its CLA responsibilities?	• Evidence of efforts to operationalize CLA commitments into UNFPA strategy, policy guidance, and tools • Evidence that UNFPA has integrated GBV in its humanitarian strategy implementation • Evidence of established and agreed-upon roles and responsibilities of the CLA and GBV coordinator laid out in policy and guidance and made clear to senior management • Evidence of inclusion of GBV AoR in internal UNFPA meeting, e.g. global Reps meeting, meetings with RDs, ICPD, etc. • Evidence that UNFPA management arrangements provide a supportive and enabling environment for global GBV AoR and field-based coordination • Evidence UNFPA is supporting the mission, goals, and strategy of the global GBV AoR • Evidence of when, where and with what result the provider of last resort concept has been invoked by UNFPA • Degree relevant HQ and regional UNFPA staff demonstrates awareness and understanding of UNFPA CLA commitments, responsibilities, and implications thereof • Evidence UNFPA senior management at CO level are knowledgeable and aware about the specific roles and accountabilities for UNFPA as a cluster lead agency and last resort provider when other GBV partners can not fill

	the gaps in GBV service provision in the presence of available resources (e.g. dignity kits and post-rape kits • Degree of sentiment among stakeholders that UNFPA management arrangements provide a supportive and enabling environment for CLA
FOR UNFPA HQ and GBV AoR Staff: How has UNFPA acted on the coordination recommendations made in the humanitarian capacity evaluation of 2019?	• Evidence of reduced level of turnover among cluster coordinators • Evidence of reduced number of coordinators double/triple hatting • Evidence of investments in information management across clusters

GBV AoR Leadership	
2. Is the Global GBV AoR (Global Coordination Team, REGAs, and Core Members) engaging in activities to improve efforts to address GBV in all humanitarian action, in line with IASC guidance for global clusters as well as the GBV AoR Strategy and Call to Action commitments?	**INTERVIEW PROMPTS (for more detail)**
What have been the opportunities and challenges for the GBV AoR in leading on development, consolidation, and dissemination of standards, policies, and identification of 'best practice', as per the GBV AoR Strategy? How does it communicate core principles, good practices, and inclusive approaches for GBV prevention, risk mitigation and response services?	• Evidence of work to identify learning gaps on GBViE and support collaborative learning and capacity strengthening initiatives globally and at the country level • Evidence to support institutionalizing of good practices for GBV prevention, risk mitigation and response for all forms of GBV, with a particular focus on strengthening services, accessibility and reach to GBV survivors in all their diversities • Evidence of efforts to design and facilitate streamlined communications platforms and channels to ensure that technical resources, guidance materials, good practice examples and other relevant resources are accessible to all relevant actors
What have been the opportunities and challenges for the GBV AoR in terms of strengthening global partnerships and facilitating joint advocacy for financial and political investment to ensure that action on	• Evidence of successful global-level advocacy for the effective, safe and ethical inclusion of GBV prevention, risk mitigation and response throughout the humanitarian programme cycle • Evidence of successful advocacy for prioritization, improved visibility, transparency, tracking and

GBV is integrated into all humanitarian response efforts and is central to humanitarian action? How doo these efforts build out local leadership?	coding of funding for GBV in all humanitarian settings, including evidence of success by the GBV AoR (and partners) in making GBV more visible in the HNO process, FTS, etc. • Evidence of partnerships and communication with the donor community to increase funding for addressing GBV in humanitarian crises, with a particular emphasis on funds for longer-term programming, access to forecast-based financing, collaboration with the GBV Guidelines Reference Group, and funding for women- led organizations and women's rights organizations. • Evidence of partnerships with relevant global forums—e.g. IASC, gender partners, Call to Action, Child Protection, PSEA networks, etc.—to ensure that action and commitments for GBV in emergencies are coherent, mutually reinforcing and non-duplicative. • Evidence of partnerships and engagement with other clusters to support safe and ethical response, risk mitigation and prevention programming on GBV in emergencies • Evidence of efforts to increase the accessibility of the GBV AoR to national and local actors through support for the active involvement of local organizations in the membership and activities of the GBV AoR, with particular emphasis on women-led organizations. • Evidence of representation and influence on global forums by local and national organizations, with a particular emphasis on women-led organizations and those centering the experience and promoting the voice of women and girls in all their diversities. • Degree of sentiment among core and associate members that the global GBV AoR responds to feedback, engages effectively in partnerships, balances field support with global-level work, etc.
What have been the opportunities and challenges of the GBV AoR in providing operational support to country-level coordination, including building response capacity?	• Evidence of support to GBV subclusters to deliver effectively and consistently on the core functions of coordination, including advocacy, information management, supporting and building the capacity of locally owned and led subclusters, etc. • Evidence of a well-functioning mechanisms for surge capacity to fill critical coordination positions such as GBV Coordinator, GBV Co-coordinator, and GBV IM officer as needed • Evidence of capacity strengthening / mentoring / twinning approach to GBV coordinators / IM officers on GBV coordination, Interagency

	Minimum GBViE program Standards, GBVIMS and / or GBVIMS+, HNO/HRP process
	• Evidence of guidance note / standards that support GBV AoR coordinators / co-coordinators to review and ensure meaningful inclusion of GBV actions in integrated sectoral response projects that will be funded through country based pooled funds
	• Evidence of guidelines developed to define what constitutes core pipeline supplies for GBV response, how these core pipeline supplies (such as dignity kits) and commodities are projected to define required quantities and prepositioned to ensure timely and effective GBV responses in acute emergencies
	• Evidence of efforts by the AoR to strengthen GBV systems and services that are better prepared for and able to respond to humanitarian crises
	• Evidence of efforts to promote equal partnerships and increased access to funding for national and local organizations with a particular emphasis on women-led organizations and those centering the experience and promoting the voice of women and girls in all their diversities
	• Degree of sentiment among stakeholders that the GBV AoR provides meaningful (helpful, sufficient) operational support and capacity strengthening to country-level GBV coordination

Country-level GBV Coordination	
3. Are country-level GBV subclusters engaging in responsibilities to facilitate humanitarian action to address GBV?	**INTERVIEW PROMPTS (for more detail)**
To what extent are the country-level GBV subclusters meeting the six core functions of a GBV subcluster outlined by the IASC and in the GBV Coordination Handbook, as well as any other responsibilities prioritized by country-level partners?	• Evidence of support to service delivery • Evidence of needs assessments • Evidence of planning and implementing cluster strategies • Evidence of efforts to monitoring and evaluate performance • Evidence of building national capacity in preparedness and contingency planning • Evidence of effective advocacy • Evidence of attention to cross-cutting issues, including accountability to affected populations (AAP), the centrality of protection, localization, and funding allocations from country-based pooled funds (CBPFs)

	• Degree of sentiment among country-level partners that GBV subclusters are meeting their responsibilities and any perceived gaps
What have been the opportunities and challenges of the GBV subcluster in improving attention and funding to GBV prevention, response and risk mitigation in the humanitarian response?	• Evidence of attention to GBV in sector HRP/HNO • Evidence of growth in GBV programming • Degree of sentiment among stakeholders that GBV coordination has improved GBV prevention, response and risk mitigation, and perceived challenges and gaps • Evidence of increased funding levels (or increased percentage of funding relative to by year since 2016
What have been the opportunities and challenges of the GBV subcluster in improving local partnerships and local leadership of GBV prevention and response, particularly for WROs?	• Sentiment of coordination partners about the value of the subcluster in building sustainable programming and partnerships, and perceived challenges and gaps • Evidence of increased participation and leadership of local actors in GBV coordination

Protection Cluster Relationship	
4. Has the placement of the GBV AoR within the broader GPC architecture contributed to, or presented any challenges, for GBV coordination outcomes and broader protection results?	**INTERVIEW PROMPTS (for more detail)**
What are the challenges and opportunities of the GBV AoR operating as part of the broader protection cluster and humanitarian system?	• Evidence of joint work planning between the GBV AoR and the Global Protection Cluster (inc. SAG) • Evidence of coordination of field support by the GBV AoR and GPC to protection clusters and GBV AoR • Degree of streamlining of process such as field support to HNOs and HRPs • Evidence of representation on GBV issues in the HCT • Details of GBV within HCT Centrality of Protection strategies • Extent of GBV in the IASC structures on protection (Principals, OPAG, EDG, P2P, etc.) • Evidence on GBV as part of ProCap and GenCap deployments • Evidence of joint training and support for protection cluster and AoR coordinators • Evidence of strength of PC in improving strength of GBV AoR and vice versa (e.g., when one or the

	other is functioning well, whether and how this results in better outcomes for each) • Evidence of GBV and other cross-cutting issues (e.g., nexus, AAP, localization)
What has worked (and not worked) in terms of the GBV AoR being part of an integrated approach to protection challenges and when is a specialized approach still required?	• Evidence of joint protection analysis for protection cluster, HNOs, etc. • Evidence of effective and safe case management, referral pathways and service provision • Evidence of joint programming between GBV AoR, Child Protection and General Protection • Evidence of individual and joint policy guidance between GBV and protection • Data on resource mobilization for GBV protection and underfunding of the sector • Protection advocacy on GBV (e.g., Oslo conference, Covid-19, etc.) • GPC recognition and support to GBV during HNO/HRP processes
What are the coordination arrangements that work between the GBV and other protection actors and how could these be simplified?	• Sentiment on the Protection Cluster reform as part of follow up to the IASC PP review • Evidence on the roles and responsibilities between the GPC and GBV AoR • Evidence of joint work-planning and interface with other general protection issues • Work processes between GBV AoR and Protection Cluster

Annex V: Focus Group Discussion (FGDs) Guide

As with the KIIs, the FGD questions below are organized to align closely with the review matrix. They are also desinged to align with the country-level survey questions in order to offer points of comparison.

Facilitator:	
FGD Location	
Number of participants (M/F):	
Date:	
Location:	
Any Additional Information:	

INTRODUCTION

Background/Purpose
Confidentiality
Consent

KEY QUESTIONS

FGD Questions Related to Review Question 2

Do you know about the global GBV AoR? How? (e.g., participation in monthly meetings, use of tools, etc.)

Do you feel:

- The Global GBV AoR provides meaningful support to country-level GBV coordination mechanisms? What are achievements? What are challenges?
- The Global GBV AoR has contributed to strengthened GBV systems and services at the country level? What are achievements? What are challenges?
- The Global GBV AoR provides sufficient operational support to country-level GBV coordination? What are achievements? What are challenges?

FGD Questions Related to Review Question 3

To what extent does the GBV coordination mechanism/subcluster:

- Support GBV service delivery?
- Contribute to humanitarian needs assessments?
- Help plan and implement cluster strategies?
- Carry out monitoring and evaluation functions?
- Build national capacity in preparedness and contingency planning?
- Undertake effective advocacy with external partners?
- Support other key priorities in country?

What have been the challenges faced by the cluster in meeting the above responsibilities?

Do you believe the GBV subcluster in this country has contributed to improved GBV prevention? (Examples)

Do you believe the GBV subcluster in this country has contributed to improved GBV response programming? (Examples)

Do you believe the GBV subcluster in this country has contributed to improved GBV risk mitigation measures? (Examples)

Do you believe the GBV subcluster in this country has contributed to predictable, multi-year programming and partnerships? (Examples)

Do you believe the GBV subcluster in this country has taken steps to increase participation and leadership of local actors in GBV coordination? (Examples)

FGD Questions Related to Review Question 4

Do you observe there is effective communication and collaboration between the country-level GBV coordination mechanism/subcluster and the country-level Protection Cluster? What are any challenges?

Do you observe that GBV is adequately represented in HNOs and HRPs for this country? What are any challenges?

Do you observe there are clear management and coordination arrangements for GBV and protection actors working in this context? What are any challenges?

Do you observe there is effective communication (and collaboration, as is useful) between the country-level GBV coordination mechanism/subcluster and other country-level clusters (e.g., WASH, Health, Food Security, etc.). What are any challenges?

Annex VI: Survey Instrument

Unless otherwise noted, all survey questions will have the Likert-style response options: "Strongly Disagree," "Disagree," "Neither Agree nor Disagree," "Agree," and "Strongly Agree." Questions with an asterisk were asked to country-level respondents only.

External Review of the GBV AoR – Survey

This survey is part of an external review of the GBV AoR that is being facilitated by UNFPA. The objective of this survey is to gather insights from a broad range of stakeholders about UNFPA's role as a cluster lead agency, the Global GBV AoR, country-level GBV subclusters, and the links between the Protection Cluster and the GBV AoR. The results of this survey will be used to inform recommendations to UNFPA on improving coordination of GBV in emergencies. Please answer all questions to the best of your ability. Your participation is entirely voluntary, and all responses will be anonymous.

Thank you for your participation!

Section 1: Background Information About Respondent

Please note: The responses to this survey are strictly anonymous. The background information requested in this section will help us understand the different perceptions of a wide range of partners working with the Global GBV AoR and/or country-level GBV subclusters. Information from this section will be analyzed and shared at the aggregate level and not traced back to any individual or agency.

Q1.1 Which region do you work in? (Please note: the regions identified below reflect UNFPA's regional designations)

- o Arab States
- o Asia and the Pacific
- o East and Southern Africa
- o Eastern Europe and Central Asia
- o Latin America and the Caribbean
- o West and Central Africa
- o Global (HQ)
- o Other (please specify) _____

Q1.2 At what level do you work?

- Country (sub-national)
- Country (national)
- Regional
- Global
- Other (please specify) _____

Q1.3 What type of organization do you work for?

- Women-led or women's rights national or community-based organization
- Other national or local NGO
- International NGO
- Red Cross/Red Crescent Movement
- United Nations System
- Donor government
- Other (please specify) _____

Q1.4 What functional areas does your current role or position primarily engage with (please select a maximum of 2)?

- Cluster coordination (e.g., GBV coordinator, Protection coordinator)
- Service delivery (e.g., programme manager, GBV case worker)
- Management (e.g., senior-level management at UN agency or NGO)
- Technical assistance (e.g., REGAs, technical advisors)
- Information management (e.g., global IM officer, country-level IM officer)
- Funding (e.g., donor representative)
- Advocacy
- IASC engagement (e.g., IASC system focal points)
- Other (please specify) _____

Q1.5 What cluster(s) and/or AoRs does your current role/position function work within?

- o   Camp Coordination and Camp Management (CCM)
- o   Early Recovery
- o   Education
- o   Emergency Telecommunications
- o   Food Security
- o   Health
- o   Logistics
- o   Nutrition
- o   Protection
- o   Shelter
- o   Protection Cluster
- o   WASH
- o   GBV AoR
- o   Child Protection AoR
- o   Housing, Land, and Property AoR
- o   Mine Action AoR
- o   N/A

Section 2: UNFPA as Cluster Lead Agency for the GBV Area of Responsibility

The questions in this section aim to better understand the extent to which UNFPA is fulfilling and institutionalizing its mandate as lead agency for the GBV Area of Responsibility (GBV AoR). All questions relate to the role of UNFPA as cluster lead agency and the contributions of global, regional, and country-level UNFPA staff to those responsibilities.

Q2.1 UNFPA support to the Global GBV AoR

- UNFPA uses its role on the Inter-Agency Standing Committee (IASC) to advocate for increased attention to GBV in emergencies.
- UNFPA advocates on behalf of the Global GBV AoR with other global partners.
- UNFPA ensures adequate staffing of the Global GBV AoR.
- UNFPA works to ensure that gaps in the capacity of the Global GBV AoR are quickly addressed.
- UNFPA provides sufficient financial resources to support the activities of the Global GBV AoR.

Q2.2 UNFPA support to country-level GBV subclusters

- UNFPA headquarters provides adequate technical support to country-level GBV coordination mechanisms.
- UNFPA global and regional offices provide adequate financial and human resources support to country-level GBV coordination mechanisms.

- UNFPA is committed to quickly filling vacant GBV coordination and information management officer positions in the country-level GBV subclusters.
- UNFPA provides adequate surge capacity for country-level GBV coordination.
- UNFPA regional offices work with donors to mobilize resources in support of the goals of country-level GBV coordination partners.
- UNFPA country offices work with donors to mobilize resources in support of the goals of the country-level GBV coordination partners.
- UNFPA country representatives/deputy country representatives consistently raise issues GBV issues to the Humanitarian Country Team (HCT).

Q2.3 UNFPA's Institutionalization of the Cluster Lead Agency Role

- UNFPA management staff at headquarters are knowledgeable about UNFPA's responsibilities for the coordination of GBV in emergencies.
- UNFPA management staff at the regional level are knowledgeable about UNFPA's responsibilities for the coordination of GBV in emergencies.
- UNFPA country representatives and deputy country representatives are knowledgeable about UNFPA's responsibilities for the coordination of GBV in emergencies.
- UNFPA agency standards, guidance, and priority actions make it clear that GBV coordination is an integral part of UNFPA's mission.
- UNFPA as a cluster lead agency allocates sufficient funding to GBV coordination relative to its other commitments.
- UNFPA as a cluster lead agency understands its responsibilities as provider-of-last-resort for the GBV AoR.
- UNFPA as a cluster lead agency is prepared to meet its responsibilities as provider-of-last-resort for the GBV AoR.

Q2.4 Please provide any additional comments here about how UNFPA is fulfilling its role as cluster lead agency for the GBV AoR.

Section 3: The Global GBV AoR

The questions in this section aim to better understand how the Global GBV AoR—inclusive of the Global GBV AoR Coordination Team, the REGAs, the GBV AoR Helpdesk, the GBV AoR Community of Practice and the GBV AoR Core Members—has engaged in activities to support coordination and programming for GBV in humanitarian action.

The GBV AoR Coordination Team refers to the Geneva-based leadership team which provides global-level coordination on GBV.

The REGAs are regional emergency GBV advisors contracted by NRC/NORCAP and hosted by UNFPA regional offices.

The GBV AoR Helpdesk is a free and confidential research and technical advice service for anyone working to prevent and respond to GBV in emergencies. It is managed by Social Development Direct on behalf of the GBV AoR.

The GBV AoR Community of Practice is an online virtual community of GBV specialists working in humanitarian emergency settings. It is managed by IMC on behalf of the GBV AoR.

The GBV AoR Core Members are representatives from member organizations which include local, national, and international NGOs and UN agencies and which serve a strategic advisory function to the Global GBV AoR. The questions below regarding the GBV AoR Core Members refer to their actions related to the GBV AoR, not their own agency GBV programming work.

Q3.1 Promotion of Global Standards, Policies, and Good Practices

- The Global GBV AoR works to identify learning gaps around GBV in emergencies.
- The Global GBV AoR supports collaborative learning and capacity-building initiatives for coordination on gender-based violence in emergencies.
- The Global GBV AoR has contributed to the development and dissemination of best practices for GBV prevention.
- The Global GBV AoR has contributed to the development and dissemination of best practices for GBV response.
- The Global GBV AoR has contributed to the development and dissemination of best practices for GBV risk mitigation.
- The Global GBV AoR uses effective platforms to make relevant resources (e.g., technical guidance, global standards, best practices) accessible to all stakeholders.

Q3.2 If you answered "Agree" or "Strongly Agree" to any of the questions above, please indicate here what types of collaborative learning, capacity building approaches, best practices, platforms, etc., have been most helpful?

Q3.3 Engagement in Global Partnerships and Advocacy

- The Global GBV AoR has successfully advocated at the global level for greater inclusion of GBV programming in humanitarian response.
- The Global GBV AoR has utilized global partnerships to increase attention to GBV in humanitarian response.
- The Global GBV AoR has contributed to better tracking of funding for GBV programming in emergencies.
- The Global GBV AoR has facilitated joint advocacy with donors to improve funding to GBV in emergencies.
- The Global GBV AoR has worked to increase funding for women-led and women's rights organizations.
- The Global GBV AoR coordination team effectively engages with other global clusters.

Q3.4 Operational Support to Country-Level Coordination by the Global GBV AoR (Global GBV AoR Coordination Team, REGAs, and GBV AoR Core Members)

- The Global GBV AoR helps country-level GBV subclusters deliver effectively and consistently on the core functions of coordination (e.g., advocacy, information management, capacity-building of subcluster members).
- The Global GBV AoR helps country-level subclusters to support high-quality, locally-led response   .
- The Global GBV AoR supports GBV preparedness to ensure countries are equipped to respond to rapid-onset humanitarian crises.
- The Global GBV AoR provides appropriate training and capacity-building for GBV coordinators.
- The Global GBV AoR has a good balance between support to country-level GBV coordination mechanisms and engagement with global processes and advocacy.

Q3.5 Please provide any additional comments here about the role and function of the Global GBV AoR that it would be helpful for us to know.

Section 4: Country-Level GBV Subclusters*

The questions in this section solicit impressions about how country-level GBV subclusters facilitate humanitarian action to address GBV. All questions in this section refer to the country-level GBV subcluster in your country (also sometimes referred to as the GBV coordination mechanism, AoR, or sub-working group).

Q4.1 To what extent does the GBV subcluster led by the GBV coordinator… [Response options are "Not at All," "Rarely," "Occasionally," "A Moderate Amount," "A Great Deal," and "I Don't Know"]*

- Support GBV service delivery?
- Contribute to humanitarian needs assessments?
- Help plan and implement cluster strategies?
- Carry out monitoring and evaluation functions of GBV prevention, response, and risk mitigation efforts?
- Build national capacity in preparedness and contingency planning for GBV?
- Undertake effective advocacy with external partners?

Q4.2 Additional functions of the GBV subcluster*

- The GBV subcluster helps identify and address gaps in GBV prevention, response, and risk mitigation   .
- The GBV subcluster helps bring attention to areas of focus which are important to country-level partners (e.g., accountability to affected populations, localization, etc.).

- The GBV subcluster helps promote sustainable approaches to addressing GBV in this country.

Q4.3 Improving attention and funding for GBV and the quality of GBV programs*

- The GBV subcluster in this country has contributed to increased attention to GBV in Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs).
- The GBV subcluster in this country effectively facilitates information-sharing among subcluster members.
- The GBV subcluster in this country provides effective capacity-building to its members on humanitarian architecture, coordination, and minimum standards.
- The GBV subcluster in this country has taken steps to ensure inclusion of diverse GBV survivors in service provision (e.g., young and old, able-bodied and disabled, etc.).
- The GBV subcluster in this country has supported the timely identification of GBV referral pathways at the country-level.
- The GBV subcluster in this country has contributed to increased predictability of GBV response   .
- Overall, the GBV subcluster in this country has contributed to improved GBV response.
- Overall, the GBV subcluster in this country has contributed to improved GBV risk mitigation measures.
- Overall, the GBV subcluster in this country has contributed to improved GBV prevention.

Q4.4 Please provide any examples of how the GBV subcluster has improved attention and funding for GBV in humanitarian response and the quality of GBV programs.

Q4.5 Partnerships and Localization*

- The GBV subcluster in this country has contributed to sustainable partnerships which prioritize investments towards addressing GBV.
- The GBV subcluster in this country has taken steps to increase the participation of local women's organizations and women's rights actors in GBV coordination.
- The GBV subcluster in this country has taken steps to increase the leadership of local women's organizations and women's rights actors in GBV coordination.

Q4.6 Please provide any additional comments here about the role and function of the GBV subcluster in your country that is would be helpful for us to know.*

Section 5: The GBV AoR and the Protection Cluster

The questions in this section relate to the relationship between the GBV AoR and the Protection Cluster at both the global and country levels. It aims to understand perceptions of how the placement of the GBV AoR within the broader GPC architecture has contributed to, or presented any challenges, for GBV coordination outcomes and broader protection results.

Q5.1 Relationship between the Global GBV AoR and the Global Protection Cluster

- The Global GBV AoR and the Global Protection Cluster effectively coordinate in the development of technical guidance, global strategies, and work plans.
- There is coherence between the guidance provided by the Global GBV AoR and the Global Protection Cluster.
- The Global Protection Cluster consistently advocates for increased attention to GBV issues in humanitarian action.
- The current architecture of the Protection Cluster is well-suited to effectively coordinate GBV response in humanitarian settings.
- The current operations of the Protection Cluster support equal decision making and authority between the Protection Cluster and the GBV AoR.
- It would be better if the GBV AoR were more closely integrated into the Global Protection Cluster.

Q5.2 Relationship between the GBV Subcluster and the Protection Cluster at the Country Level*

- There is effective communication between the country-level GBV subcluster and the country-level protection cluster in this context.
- The country-level protection cluster ensures that GBV is adequately represented in Humanitarian Needs Overviews (HNOs) for this country.
- The country-level protection cluster ensures that GBV is adequately represented in Humanitarian Response Plans (HRPs) for this country.
- The Protection Cluster coordinator helps ensure that GBV issues are adequately represented in the decision-making process of the Humanitarian Country Team (HCT) for this country.
- There is a clear division of responsibilities between GBV and protection actors working in this context.
- In practice, the GBV subcluster operates with equal decision making and authority as the protection cluster in this country.

Q5.3 Please provide an example of effective or ineffective collaboration between the GBV subcluster and the protection cluster in your country.*

Q5.4 Please provide any additional reflections here about the relationship between the GBV AoR and the Protection Cluster that you think it would be helpful for us to know.

Annex VII: Summary of Quantitative Survey Results

Introduction

As a part of the review process, the research team developed a survey instrument to distribute to a broader subsection of stakeholders via the GBV AoR and ICCG mailing lists. The survey included 69 close-ended questions with Likert-style responses and 7 open-ended questions. It was translated into Arabic, Spanish, and French to facilitate greater uptake and disseminated via Qualtrics. The following section describes the data cleaning and analysis steps for the close-ended survey questions and presents the results from this data.

Data Cleaning

Before undertaking any data analysis, the raw survey responses were examined for any irregularities and recoded to facilitate interpretability. Of the 517 responses recorded by Qualtrics, 238 were excluded for being fully incomplete (i.e., the respondent only answered demographic questions at the start of the survey and provided no substantive data). The remaining 279 responses were translated into English and recoded with numeric values (i.e., "Strongly Disagree"/"Not at All" = 0, "Disagree"/"Rarely" = 1, "Neither agree nor disagree"/"Occasionally" = 2, "Agree"/"A Moderate Amount" = 3, "Strongly Agree"/"A Great Deal" =4, "I don't know"/"NA" = NA). Where applicable, user-created response options to demographic questions were examined to determine if the respondent could be appropriately recategorized into one of the standard options. One survey item was reverse-coded in aggregate analyses given that statement in question was opposed to the other items in that subgroup.

Survey Validation

The survey instrument used in this review was designed by the research team and had not been previously validated. In order to ensure that the survey instrument was able to collect accurate and useful data, the consultancy team undertook multiple rounds of review with the Management Team and Reference Group to edit and refine the survey questions. Additionally, the team also conducted additional post-hoc statistical analyses (inter-item correlations, item-total correlations) to provide evidence for the validity of the survey.

Demographic Profile

In total, there were 279 responses to the survey. A majority of respondents used the English-language survey instrument, followed by Spanish at 25 percent and French at 22 percent respectively (see Table 1). In terms of regional distribution, the majority of respondents were located in Latin America and the Caribbean, West and Central Africa, and Asia and the Pacific (see Table 2). 72 percent of respondents worked at the national or sub-national level, 18 percent worked at the regional level, and just 9 percent worked at the global level (see Table 3). A near-majority of respondents work within the UN system (47 percent), followed by respondents working for international (23 percent) or national or local (18 percent) NGOs (see Table 4). Less than half of respondents worked within the GBV AoR (45 percent) and 26 percent were affiliated with the Protection Cluster (See Table 5).

Table 1. Language Distribution of Survey Respondents.

	Count	Percentage
Arabic	2	0.7%
English	152	54%
Spanish	71	25%
French	54	22%

Table 2. Regional Distribution of Survey Respondents.

	Count	Percentage
Arab States	18	6%
Asia and the Pacific	51	18%
East and Southern Africa	18	6%
Eastern Europe and Central Asia	17	6%
Latin America and the Caribbean	80	29%
West and Central Africa	68	24%
Global (HQ)	24	9%
Other	3	1%

Table 3. Level of Engagement of Survey Respondents.

	Count	Percentage
Global	25	9%
Regional	51	18%
Country (national)	157	56%
Country (sub-national)	45	16%
Other	1	0%

Table 4. Type of Organization of Survey Respondents.

Type of Organization	Count	Percentage
Donor government	4	1%
International NGO	64	23%
Other national or local NGO	50	18%
Red Cross/Red Crescent Movement	9	3%
United Nations System	130	47%
Women-led national or community-based organization	17	6%
Other	5	2%

Table 5. Cluster Distribution of Survey Respondents.

	Count	Percentage
Camp Coordination and Camp Management (CCM)	3	1%
Child Protection AoR	10	4%
Early Recovery	1	0%
Education	7	3%

| Food Security	5	2%
GBV AoR	125	45%
Health	29	10%
Housing, Land, and Property AoR	1	0%
N/A	18	6%
Protection Cluster	72	26%
Shelter	4	1%
WASH	4	1%

Survey Results

This section presents the results from all close-ended survey items organized according to the four primary review questions. For each subsection, the primary results are presented as *the average percentage of respondents endorsing a set of questions related to a given dimension of the review question*, followed by disaggregated analyses of the perceptions of different subgroups of respondents. While all figures shown in this section are averages (i.e., they do not refer to the results from any one survey item), the full breakdown of item-level responses can be found at the end of this annex.

Research Question 1: To what extent is UNFPA fulfilling and institutionalizing its mandate as lead agency for the GBV Area of Responsibility?

Primary Results

Across the 19 survey questions relating to UNFPA's role as CLA, there the majority of respondents had positive views of the agency and its support for the GBV AoR. On average, 72 percent of respondents agreed with statements that UNFPA supported the Global GBV AoR, 65 percent of respondents agreed with statements that UNFPA supported country-level GBV subclusters, and 71 percent of respondents agreed with statements that UNFPA had institutionalized the CLA role (see Figure 16).

Within this group of questions, however, respondents identified funding for GBV coordination as a key weakness of UNFPA. For the three items specifically dealing with funding for GBV coordination, the average percent of respondents agreeing that UNFPA has met its responsibilities as CLA dropped to just 52 percent.

Figure 16. Survey Results Regarding UNFPA as Cluster Lead Agency (All Respondents).
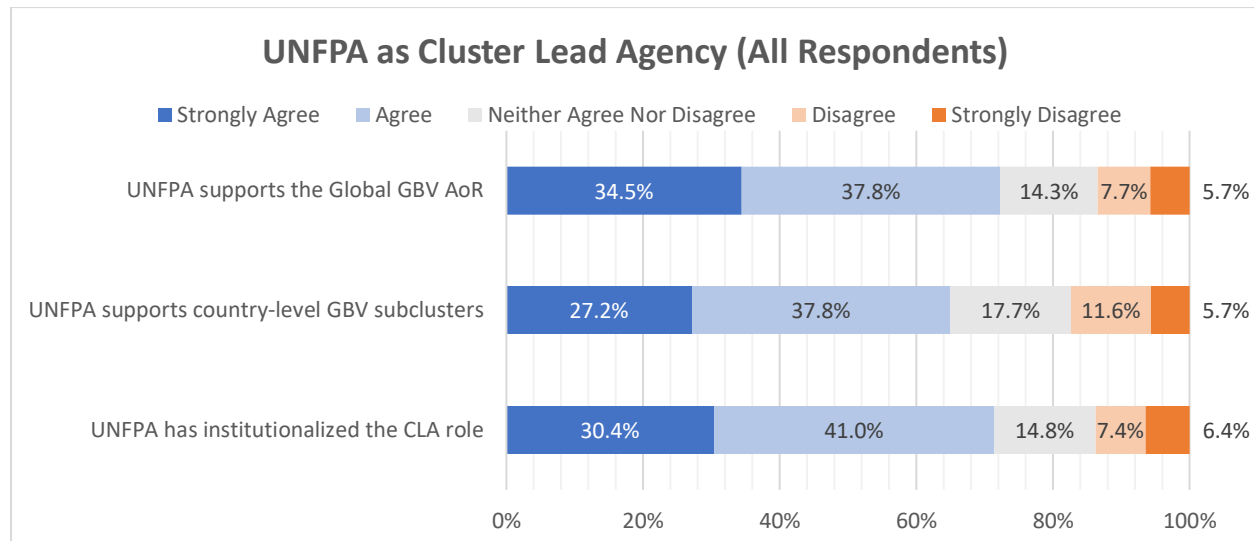
Disaggregated Results

As shown in Figure 17 below, national and sub-national respondents had a more positive view of the degree to which UNFPA is fulfilling and institutionalizing its CLA mandate than those working at the global or regional levels. Across the three dimensions of RQ1 represented in the survey, the average share of participants agreeing to the set of items was:

- **9 percentage points higher** among national/sub-national respondents for UNFPA support to the Global GBV AoR compared to global/regional respondents;

- **8 percentage points higher** among national/sub-national respondents for UNFPA support to country-level GBV subclusters compared to global/regional respondents; and

- **27 percentage points higher** among national/sub-national respondents for UNFPA's institutionalization of the CLA role compared to global/regional respondents.

Figure 17. Survey Results Regarding UNFPA as Cluster Lead Agency Disaggregated by Level of Engagement.
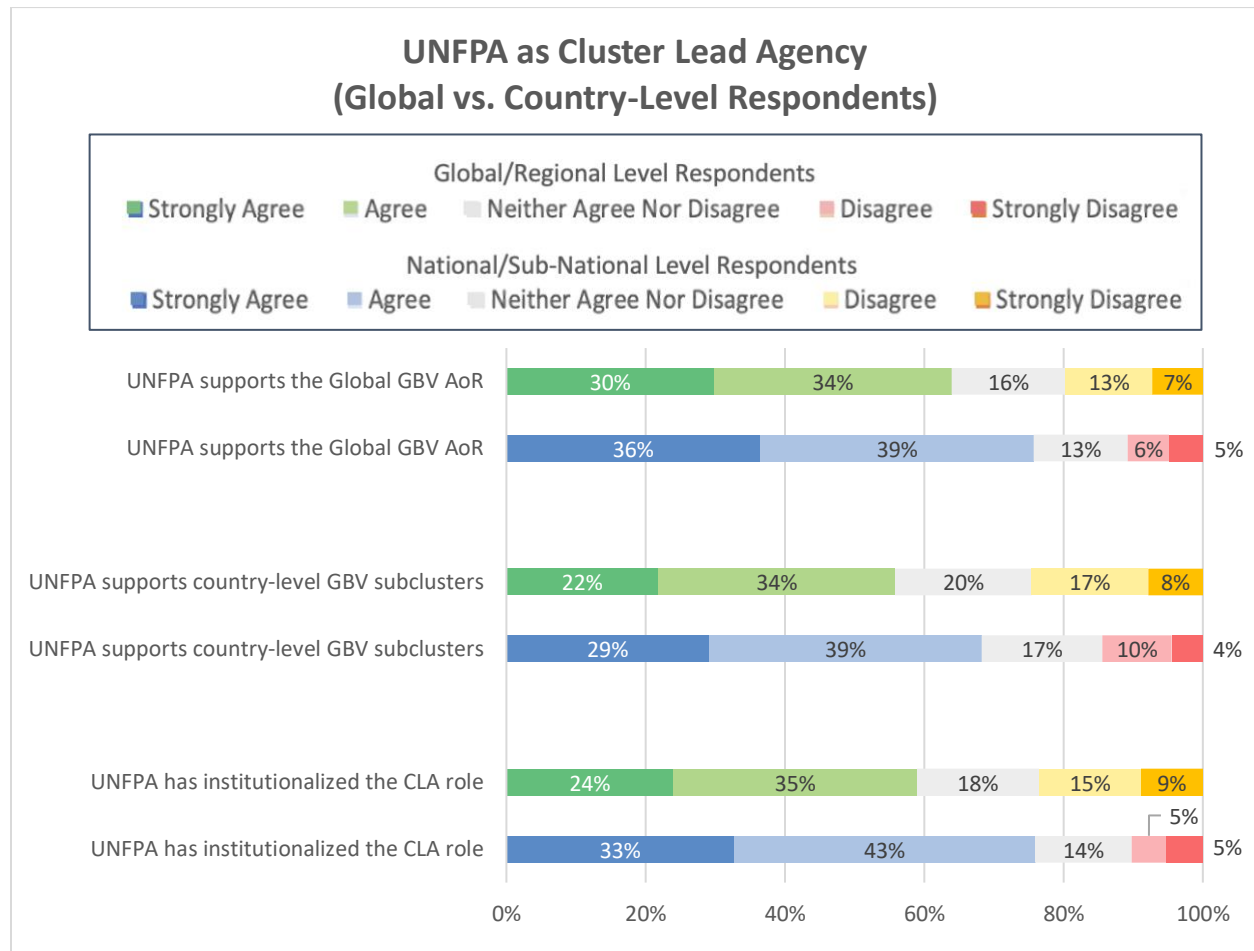
Differences between GBV AoR respondents and non-GBV AoR respondents were less pronounced with more GBV AoR respondents believing that UNFPA supports country-level GBV subclusters and more non-AoR respondents believing that UNFPA supports the Global GBV AoR and has institutionalized the CLA role (see Figure 18).

Figure 18. Survey Results Regarding UNFPA as Cluster Lead Agency Disaggregated by Cluster.
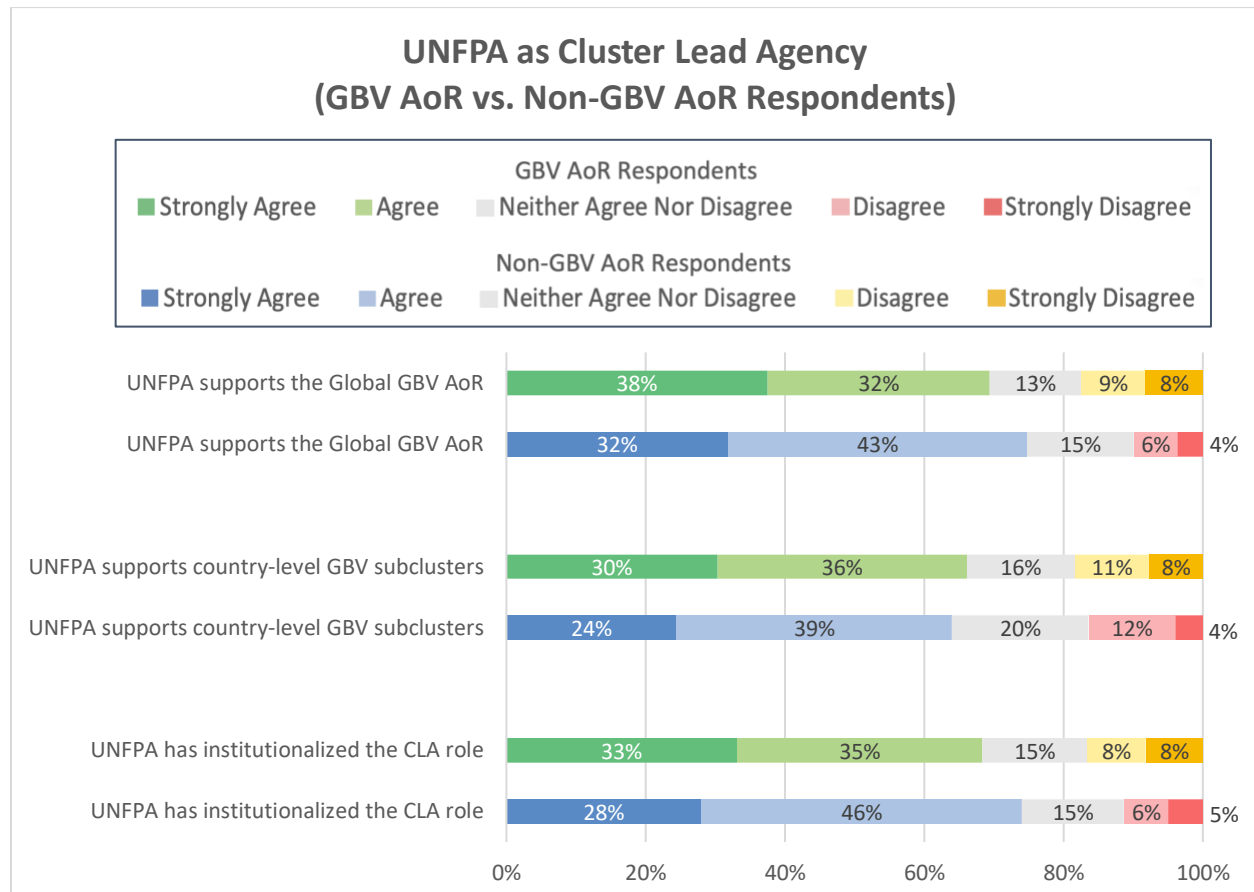
Research Question 2: Is the Global GBV AoR engaging in activities to improve efforts to address GBV in all humanitarian action, in line with IASC guidance for global clusters as well as the GBV AoR Strategy and Call to Action commitments?

Primary Results

Across the 17 questions relating to the Global GBV AoR, most respondents agreed that the Global GBV AoR is engaging in activities to improve efforts to address GBV in all humanitarian action (see Figure 19). In particular, there was strong support for the Global GBV AoR's work to promote global standards, policies, and good practices with 80 percent of respondents agreeing to a set of questions regarding this topic. Respondents also had positive views of the Global GBV AoR's engagement in global partnerships and advocacy and operational support, with 68 percent of respondents agreeing that the Global GBV AoR provided support in these categories.

Figure 19. Survey Results Regarding the Global GBV AoR (All Respondents).
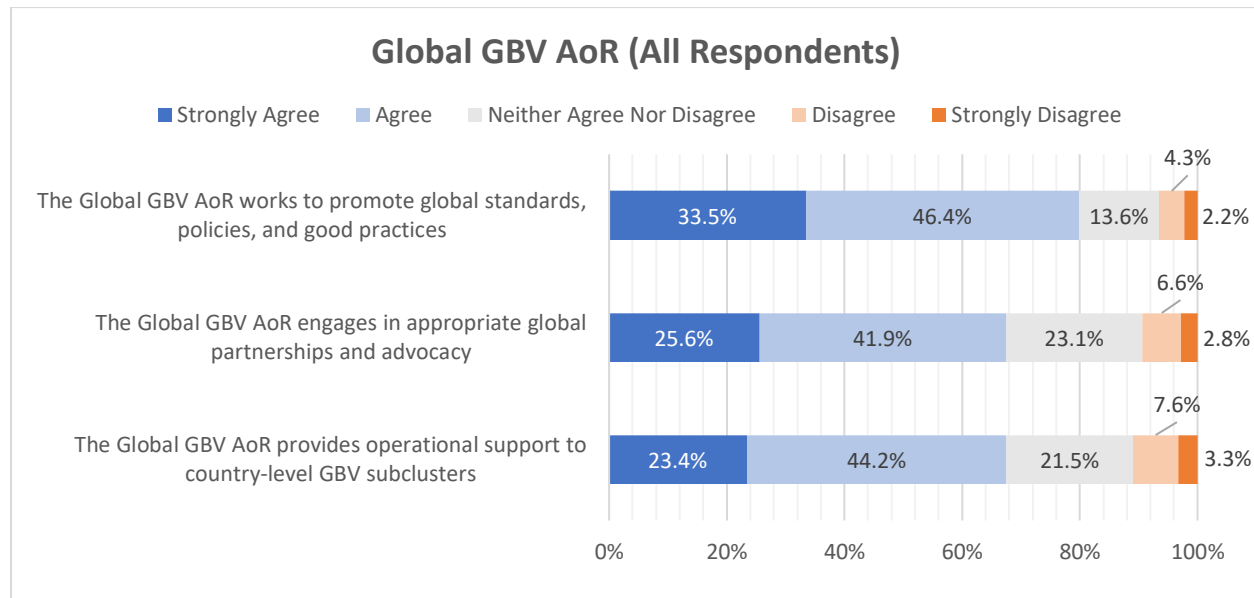
Disaggregated Results

Figures 20 and 21 (below) show broadly similar response for both global and country-level respondents and GBV AoR and non-GBV AoR respondents on the topic of the Global GBV AoR. National and sub-national respondents were slightly more likely to agree that the Global GBV AoR is engaging in activities to improve efforts to address GBV in all humanitarian action (with differences between the two groups of 3, 4, and 5 percentage points across the three subtopics, respectively). Of note, national/sub-national respondents were 11 percentage points more likely to strongly agree that the Global GBV AoR provides operational support to country-level GBV subclusters than their global/regional colleagues.

GBV AoR respondents were more likely to endorse statements around the Global GBV AoR's work to promote global standards, policies, and good practices and operational support to country-level subclusters, while non-GBV AoR respondents were more likely to endorse statements around appropriate global partnerships.

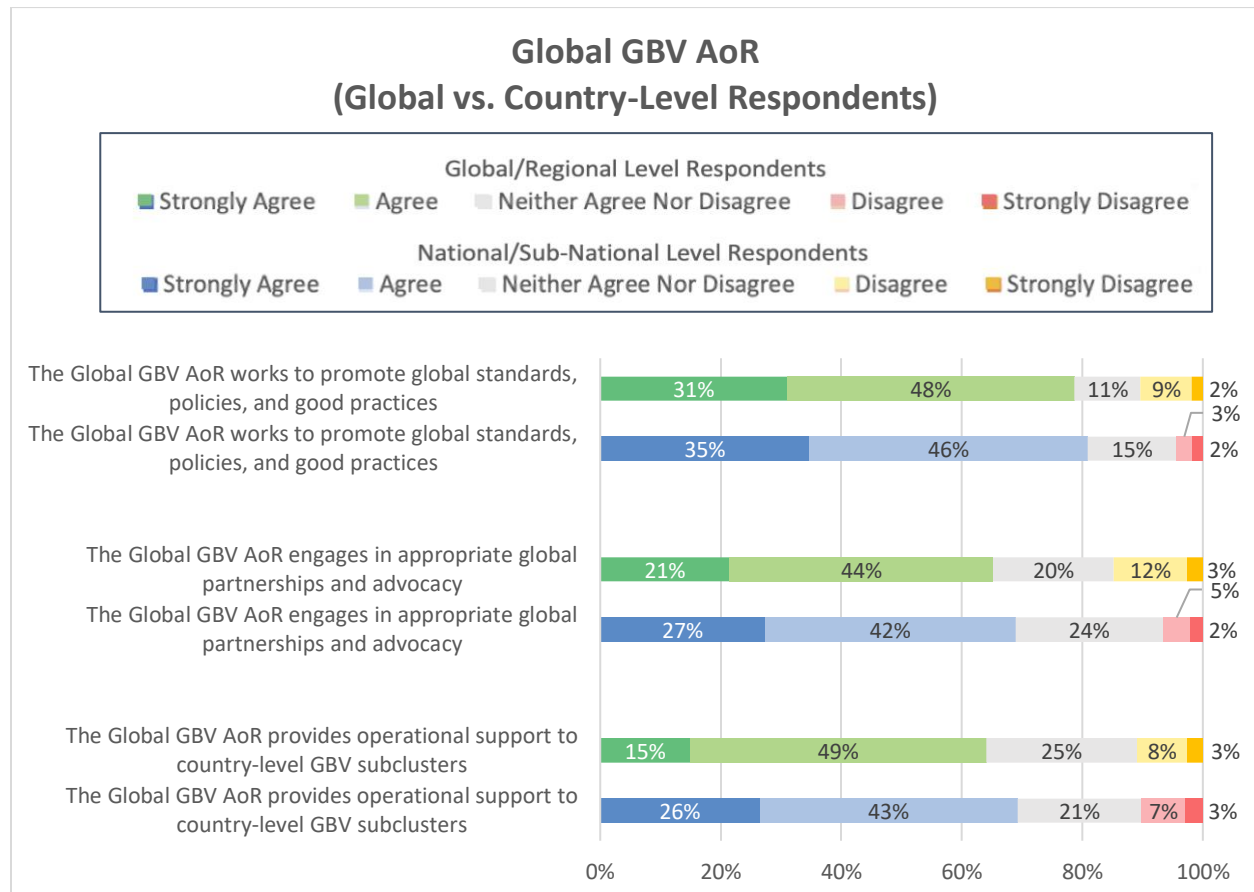**Figure 20.** Survey Results Regarding the Global GBV AoR Disaggregated by Level of Engagement.

Global GBV AoR
(Global vs. Country-Level Respondents)

Global/Regional Level Respondents
■ Strongly Agree   ■ Agree   ▪ Neither Agree Nor Disagree   ▪ Disagree   ■ Strongly Disagree

National/Sub-National Level Respondents
■ Strongly Agree   ■ Agree   ▪ Neither Agree Nor Disagree   ▪ Disagree   ■ Strongly Disagree

The Global GBV AoR works to promote global standards, policies, and good practices — 31% | 48% | 11% | 9% | 2%

The Global GBV AoR works to promote global standards, policies, and good practices — 35% | 46% | 15% | 3% | 2%

The Global GBV AoR engages in appropriate global partnerships and advocacy — 21% | 44% | 20% | 12% | 3%

The Global GBV AoR engages in appropriate global partnerships and advocacy — 27% | 42% | 24% | 5% | 2%

The Global GBV AoR provides operational support to country-level GBV subclusters — 15% | 49% | 25% | 8% | 3%

The Global GBV AoR provides operational support to country-level GBV subclusters — 26% | 43% | 21% | 7% | 3%

0%   20%   40%   60%   80%   100%

Figure 21. Survey Results Regarding the Global GBV AoR Disaggregated by Cluster.
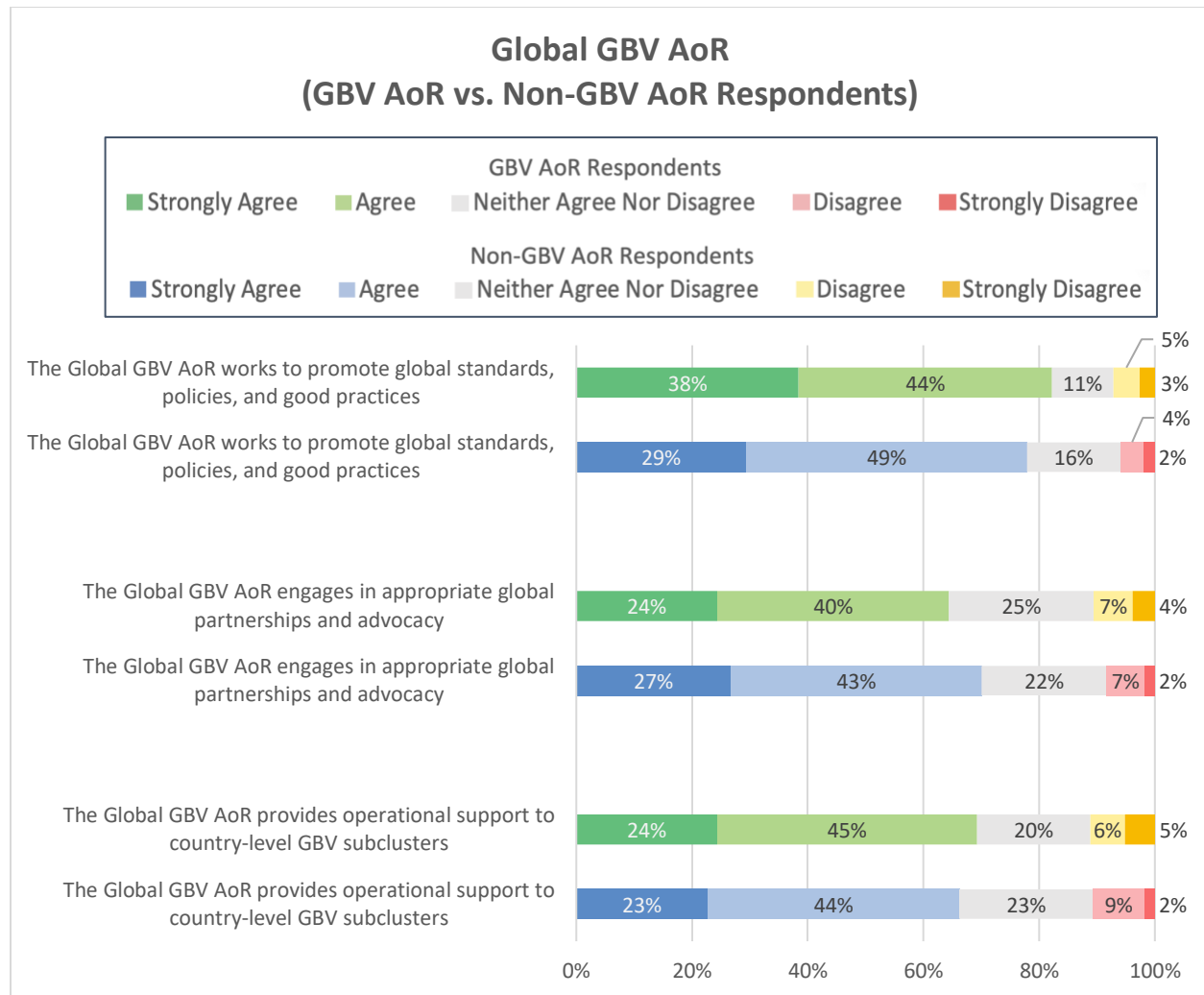
Research Question 3: Are country-level GBV subclusters engaging in responsibilities to facilitate humanitarian action to address GBV?

Primary Results

Note that the 21 questions about country-level GBV coordination were only asked to the subset of respondents who reported working at the national or sub-national levels. On average, more than 80 percent of these respondents agreed that the country-level GBV subclusters were meeting their core functions, improving attention and funding for the quality of GBV programs, and contributing to improved partnerships and localization. Less than 8 percent of respondents disagreed with statements that the GBV subcluster in their country was meeting the six core functions of country-level coordination, and less than 5 percent of respondents disagreed with statements reflecting country-level GBV subclusters improving attention to, funding for, and localization of GBV programs (see Figure 22).

Figure 22. Survey Results Regarding Country-Level GBV Subclusters (All Respondents).
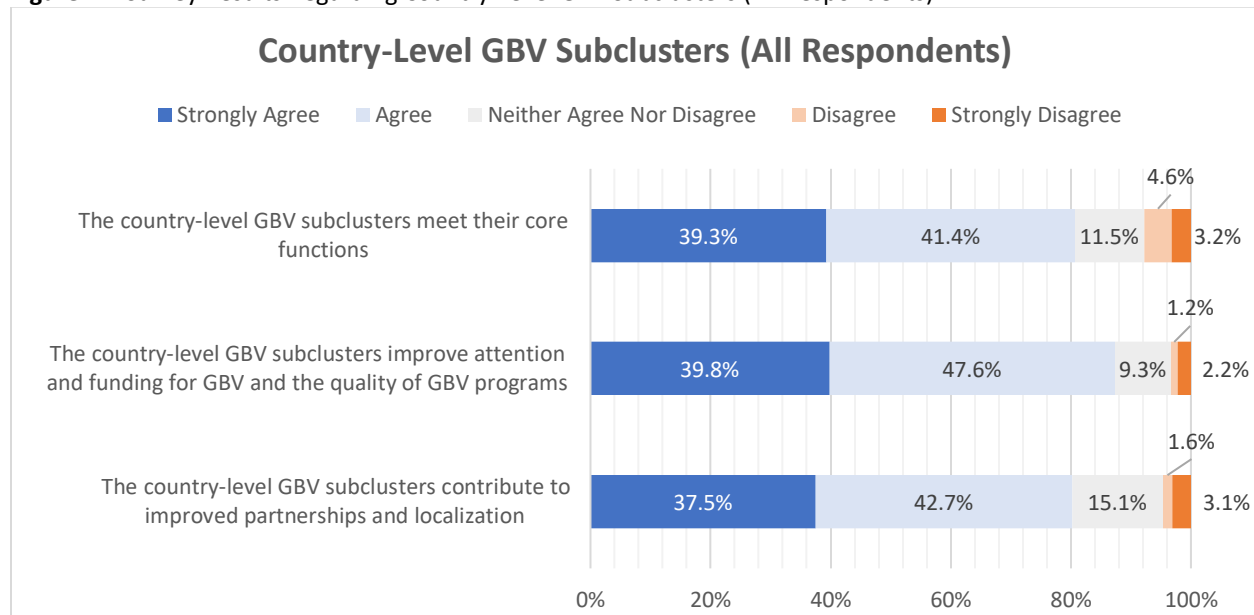
Disaggregated Results

Because questions regarding country-level GBV subclusters were only asked to respondents who reported working at the national or sub-national level, no global/country level comparison can be made. As shown in Figure 23 (below), GBV AoR respondents were slightly more likely to endorse statements surrounding efforts to improve attention and funding for GBV programs and improved localization while non-GBV AoR respondents were more likely to report that the subcluster was meeting their core functions.

Figure 23. Survey Results Regarding Country-Level GBV Subclusters Disaggregated by Cluster.

**Country-Level GBV Subclusters
(GBV AoR vs. Non-GBV AoR Respondents)**

GBV AoR Respondents
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

Non-GBV AoR Respondents
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The country-level GBV subclusters meet their core functions: 46% | 31% | 14% | 5% | 5%

The country-level GBV subclusters meet their core functions: 34% | 50% | 10% | 4% | 2%

The country-level GBV subclusters improve attention and funding for GBV and the quality of GBV programs: 52% | 37% | 7% | 1% | 3%

The country-level GBV subclusters improve attention and funding for GBV and the quality of GBV programs: 28% | 58% | 12% | 2% | 1%

The country-level GBV subclusters contribute to improved partnerships and localization: 49% | 33% | 15% | 3%

The country-level GBV subclusters contribute to improved partnerships and localization: 26% | 53% | 15% | 3% | 3%

Research Question 4: Has the placement of the GBV AoR within the broader GPC architecture contributed to, or presented any challenges, for GBV coordination outcomes and broader protection results?

Primary Results

Finally, the 12 questions asked under Review Question 4 provide information about the relationship between the GBV AoR and the Protection Cluster at the global and country levels. At the global level, on average, 54 percent of respondents agreed with a set of statements that there is an effective relationship between the Global GBV AoR and the Global Protection Cluster; 87 percent of respondents working at the national or sub-national level agreed with a

132

set of statements that there is an effective relationship between the country-level GBV subclusters and protection cluster (see Figure 24).[84]

Figure 24. Survey Results Regarding the Relationship between the GBV AoR and the Protection Cluster (All Respondents).
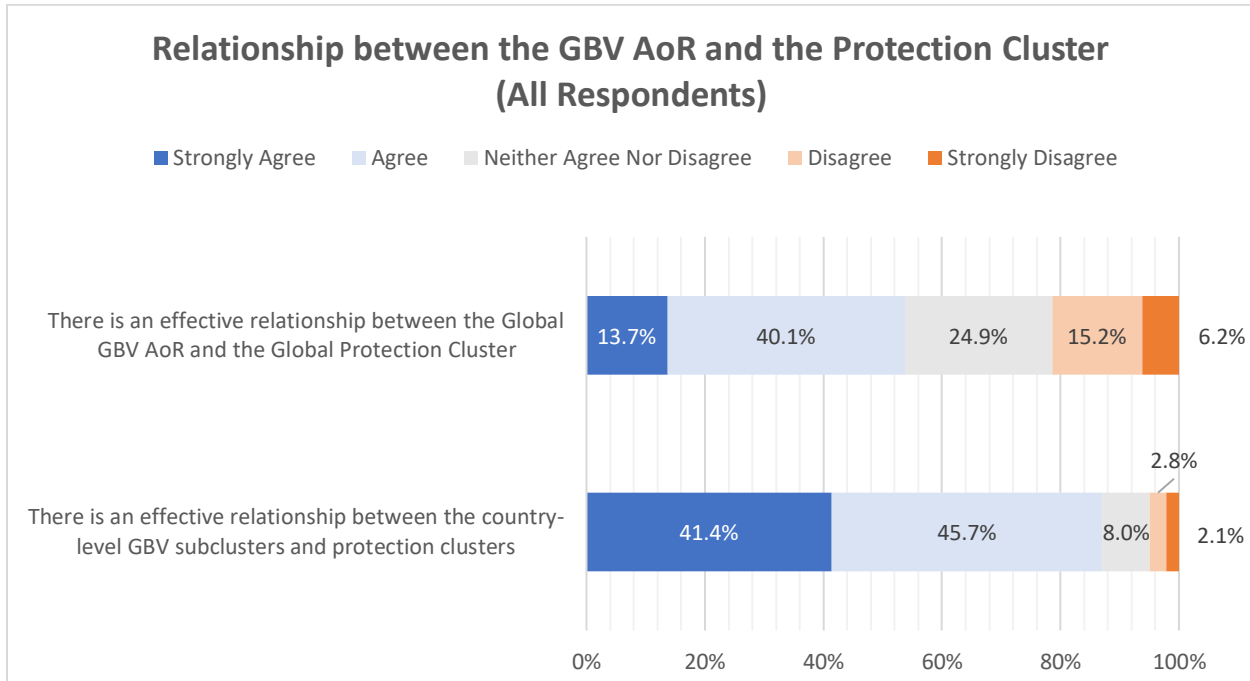

[84] As for RQ3, global and regional level respondents were not asked about the relationship between the country-level GBV subclusters and protection clusters.
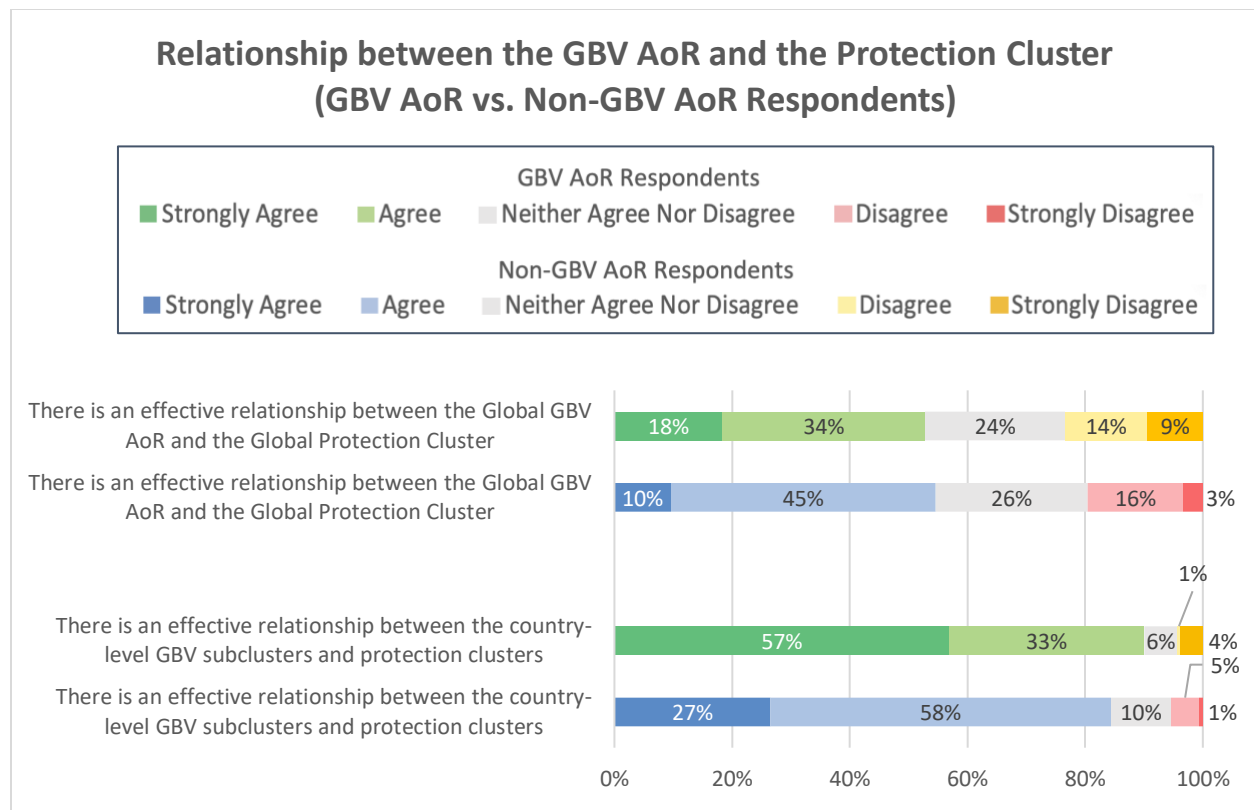
Disaggregated Results

As shown in Figure 25 below, global and regional respondents were far less likely to believe that there is an effective relationship between the Global GBV AoR and the Global Protection Cluster with an average of just 37 percent of respondents agreeing to a set of statements on this topic. The outlook is more positive among national and sub-national respondents, of whom 60 percent believe there is an effective relationship.

Figure 25. Survey Results Regarding the Relationship between the GBV AoR and the Protection Cluster Disaggregated by Level of Engagement.
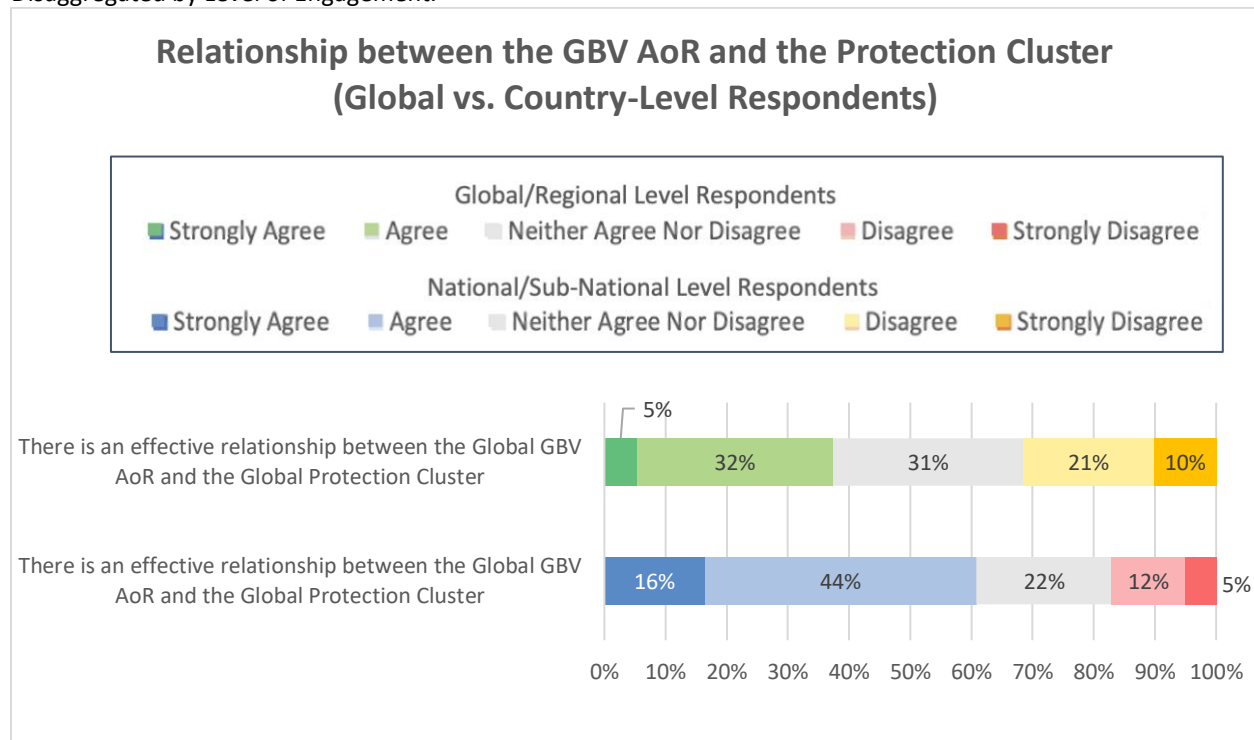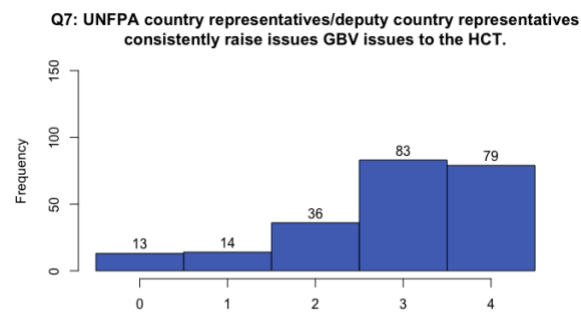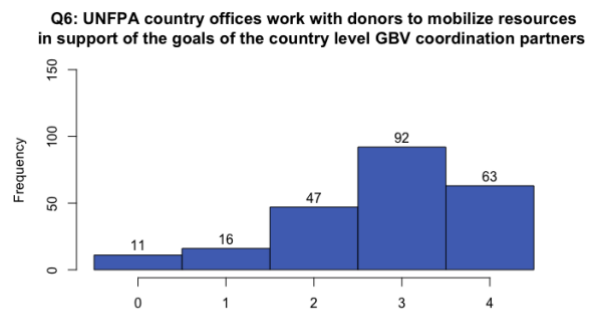
Interestingly, GBV AoR respondents also had a somewhat more positive view than non-GBV AoR respondents of the relationship between the GBV subcluster and the protection cluster at the country level, with 90 percent of AoR respondents agreeing or strongly agreeing with statements reflecting this view compared to 85 percent of non-AoR respondents (see Figure 26).

Figure 26. Survey Results Regarding the Relationship between the GBV AoR and the Protection Cluster Disaggregated by Cluster.
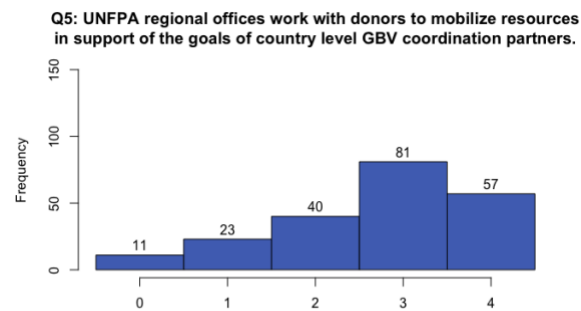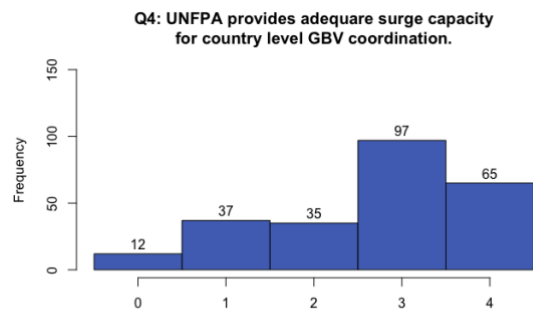

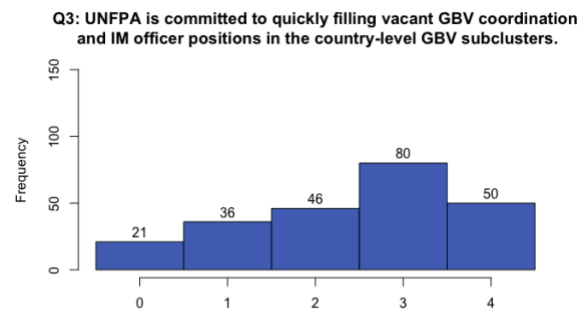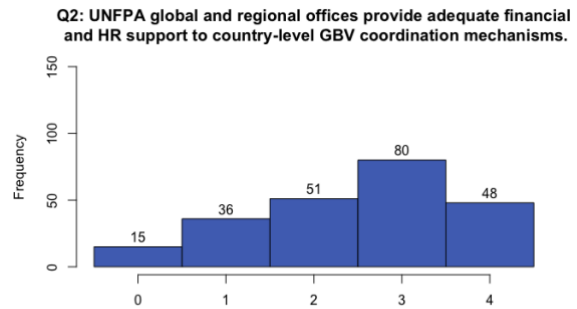**Relationship between the GBV AoR and the Protection Cluster (GBV AoR vs. Non-GBV AoR Respondents)**

Item-Level Survey Data

RQ1: UNFPA supports the Global GBV AoR

Q1: UNFPA uses its role on IASC to advocate for increased attention to GBV in emergencies.

Q2: UNFPA advocates on behalf of the Global GBV AoR with other global partners.

Q3: UNFPA ensures adequate staffing of the Global GBV AoR.

Q4: UNFPA works to ensure that gaps in capacity of the Global GBV AoR are quickly addressed.

Q5: UNFPA provides sufficient financial resources to support the activities of the Global GBV AoR.

RQ1: UNFPA supports country-level GBV subclusters

Q1: UNFPA headquarters provides adequate technical support to country-level GBV coordination mechanisms.

Q2: UNFPA global and regional offices provide adequate financial and HR support to country-level GBV coordination mechanisms.

Q3: UNFPA is committed to quickly filling vacant GBV coordination and IM officer positions in the country-level GBV subclusters.

Q4: UNFPA provides adequare surge capacity for country level GBV coordination.

Q5: UNFPA regional offices work with donors to mobilize resources in support of the goals of country level GBV coordination partners.

Q6: UNFPA country offices work with donors to mobilize resources in support of the goals of the country level GBV coordination partners

Q7: UNFPA country representatives/deputy country representatives consistently raise issues GBV issues to the HCT.

RQ1: UNFPA has institutionalized the CLA role

Q1: UNFPA management staff at headquarters are knowledgeable about UNFPA's responsibilities for the coordination of GBV in emergencies.

Q2: UNFPA management staff at the regional level are knowledgeable about UNFPA's responsibilities for the coordination of GBV in emergencies.

Q3: UNFPA country representatives/deputy country representatives are knowledgeable about UNFPA s responsibilities for the coordination of GBV in emergencies.

Q4: UNFPA agency standards guidance and priority actions make it clear that GBV coordination is an integral part of UNFPA's mission.

Q5: UNFPA as a cluster lead agency allocates sufficient funding to GBV coordination relative to its other commitments.

Q6: UNFPA as a cluster lead agency understands its responsibilities as provider of last resort for the GBV AoR.

Q7: UNFPA as a cluster lead agency is prepared to meet its responsibilities as provider of last resort for the GBV AoR.

RQ2: The Global GBV AoR works to promote global standards, policies, and good practices

Q1: The Global GBV AoR works to identify learning gaps around GBV in emergencies.

Q2: The Global GBV AoR supports collaborative learning and capacity building initiatives for coordination on gender based violence in emergencies.

Q3: The Global GBV AoR has contributed to the development and dissemination of best practices for GBV prevention.

Q4: The Global GBV AoR has contributed to the development and dissemination of best practices for GBV response.

Q5: The Global GBV AoR has contributed to the development and dissemination of best practices for GBV risk mitigation.

Q6: The Global GBV AoR uses effective platforms to make relevant resources accessible to all stakeholders.

RQ2: The Global GBV AoR engages in appropriate global partnerships and advocacy

Q1: The Global GBV AoR has successfully advocated at the global level for greater inclusion of GBV programming in humanitarian response.

Q2: The Global GBV AoR has utilized global partnerships to increase attention to GBV in humanitarian response.
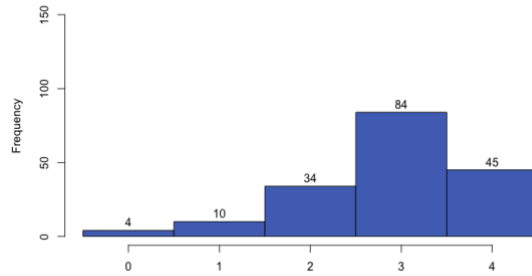
Q3: The Global GBV AoR has contributed to better tracking of funding for GBV programming in emergencies.
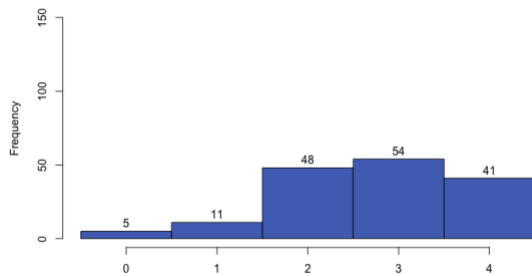
Q4: The Global GBV AoR has facilitated joint advocacy with donors to improve funding to GBV in emergencies.
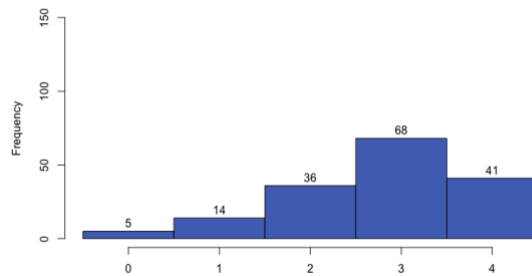
Q5: The Global GBV AoR has worked to increase funding for women-led and women's rights organizations.
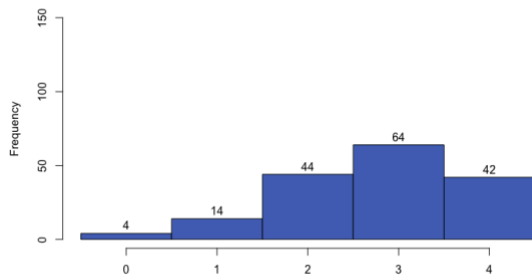
Q6: The Global GBV AoR coordination team effectively engages with other global clusters.
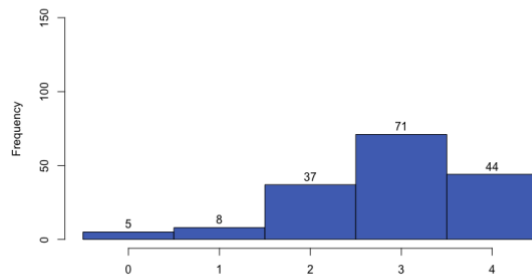
RQ2: The Global GBV AoR provides operational support to country-level GBV subclusters
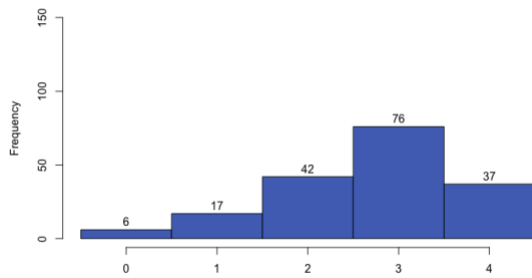
Q1: The Global GBV AoR helps country-level GBV subclusters deliver effectively and consistently on the core functions of coordination.
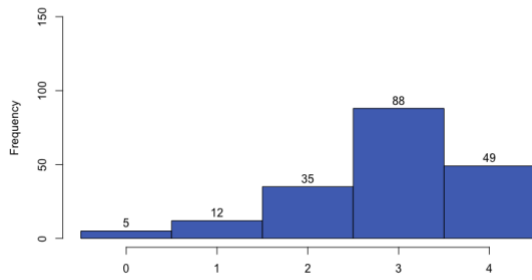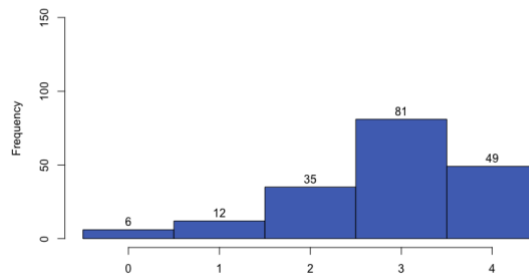

Q2: The Global GBV AoR helps country-level subclusters to support high quality, locally-led response.
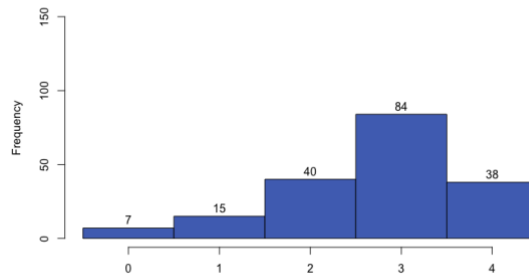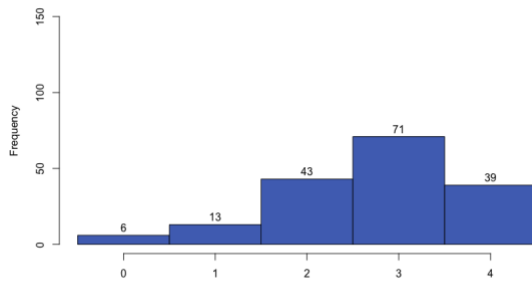

Q3: The Global GBV AoR supports GBV preparedness to ensure countries are equipped to respond to rapid onset humanitarian crises.
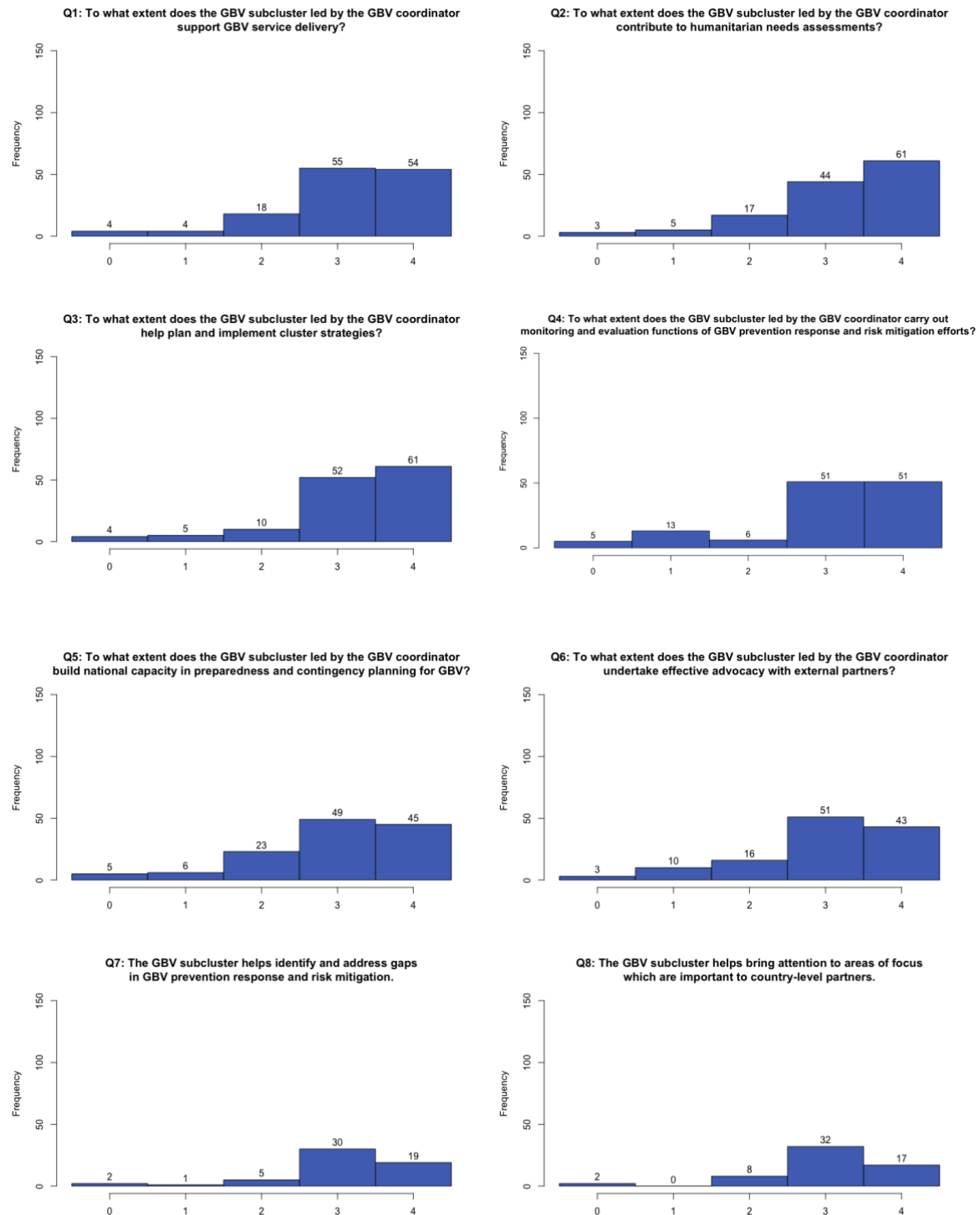

Q4: The Global GBV AoR provides appropriate training and capacity-building for GBV coordinators.
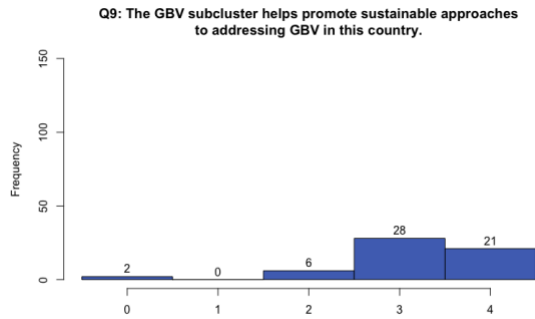

Q5: The Global GBV AoR has a good balance between support to country-level GBV coordination mechanisms and engagement with global processes and advocacy.
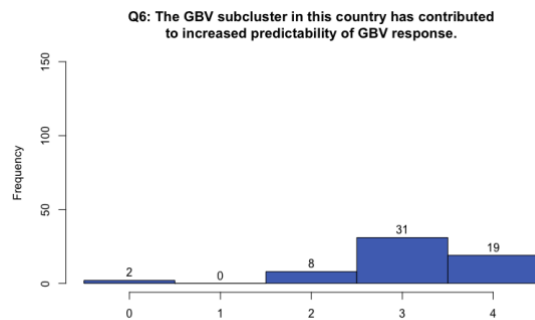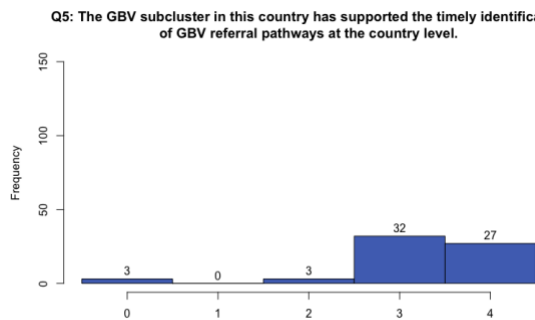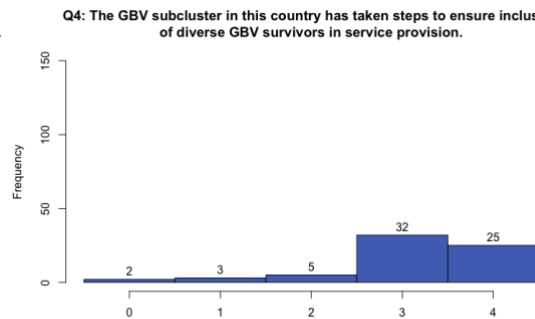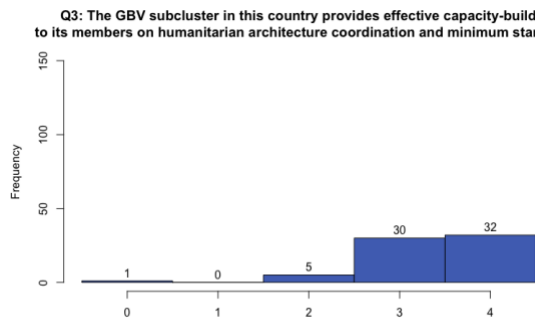
R3: The country-level GBV subclusters meet their core functions

Q1: To what extent does the GBV subcluster led by the GBV coordinator support GBV service delivery?

Q2: To what extent does the GBV subcluster led by the GBV coordinator contribute to humanitarian needs assessments?

Q3: To what extent does the GBV subcluster led by the GBV coordinator help plan and implement cluster strategies?

Q4: To what extent does the GBV subcluster led by the GBV coordinator carry out monitoring and evaluation functions of GBV prevention response and risk mitigation efforts?

Q5: To what extent does the GBV subcluster led by the GBV coordinator build national capacity in preparedness and contingency planning for GBV?

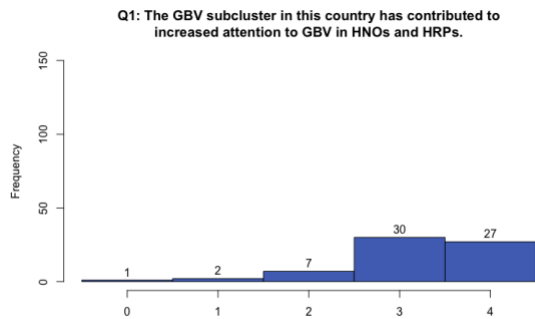Q6: To what extent does the GBV subcluster led by the GBV coordinator undertake effective advocacy with external partners?

Q7: The GBV subcluster helps identify and address gaps in GBV prevention response and risk mitigation.

Q8: The GBV subcluster helps bring attention to areas of focus which are important to country-level partners.

Q9: The GBV subcluster helps promote sustainable approaches to addressing GBV in this country.

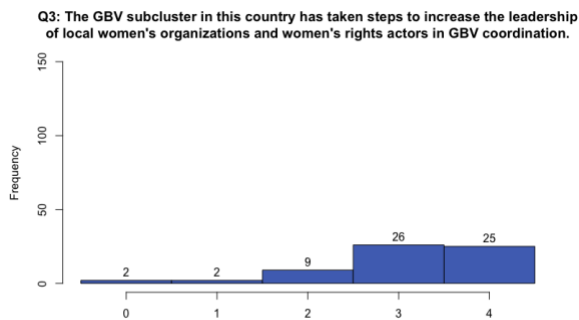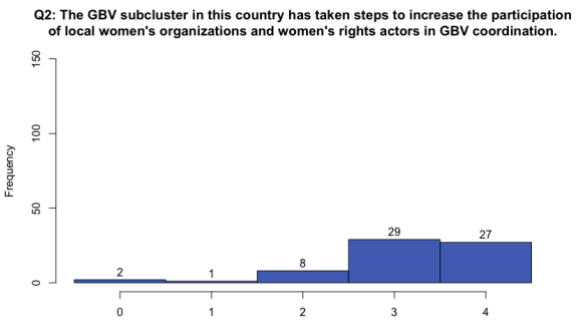## RQ3: The country-level GBV subclusters improve attention and funding for GBV and the quality of GBV programs

Q1: The GBV subcluster in this country has contributed to increased attention to GBV in HNOs and HRPs.

Q2: The GBV subcluster in this country effectively facilitates information sharing among subcluster members.

Q3: The GBV subcluster in this country provides effective capacity-building to its members on humanitarian architecture coordination and minimum standards.

Q4: The GBV subcluster in this country has taken steps to ensure inclusion of diverse GBV survivors in service provision.

Q5: The GBV subcluster in this country has supported the timely identification of GBV referral pathways at the country level.

Q6: The GBV subcluster in this country has contributed to increased predictability of GBV response.

Q7: Overall, the GBV subcluster in this country has contributed to improved GBV response.

Q8: Overall, the GBV subcluster in this country has contributed to improved GBV risk mitigation measures.

Q9: Overall, the GBV subcluster in this country has contributed to improved GBV prevention.

RQ3: The country-level GBV subclusters contribute to improved partnerships and localization

Q1: The GBV subcluster in this country has contributed to sustainable partnerships which prioritize investments towards addressing GBV.

Q2: The GBV subcluster in this country has taken steps to increase the participation of local women's organizations and women's rights actors in GBV coordination.

Q3: The GBV subcluster in this country has taken steps to increase the leadership of local women's organizations and women's rights actors in GBV coordination.
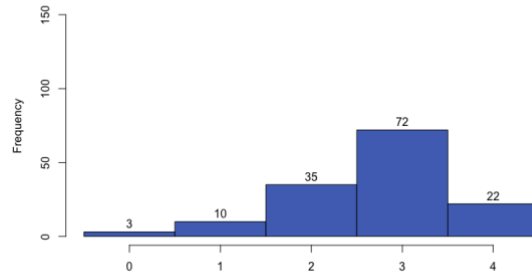
RQ4: There is an effective relationship between the Global GBV AoR and the Global Protection Cluster


Q1: The Global GBV AoR and the Global Protection Cluster effectively coordinate in the development of technical guidance global strategies and work plans.
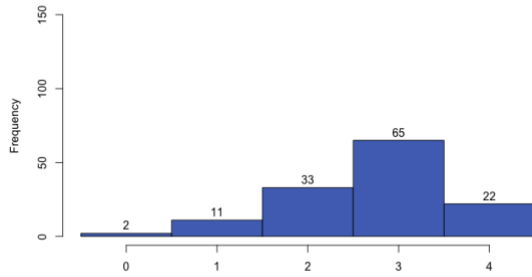
Q2: There is coherence between the guidance provided by the Global GBV AoR and the Global Protection Cluster.
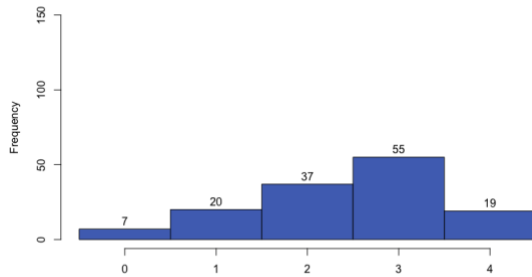
Q3: The Global Protection Cluster consistently advocates for increased attention to GBV issues in humanitarian action.
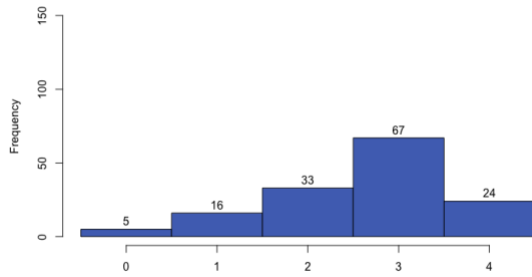
Q4: The current architecture of the Protection Cluster is well-suited to effectively coordinate GBV response in humanitarian settings.
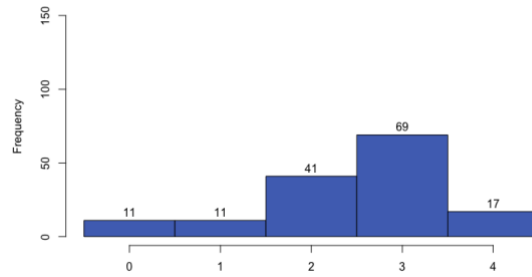
Q5: The current operations of the Protection Cluster support equal decision-making and authority between the Protection Cluster and the GBV AoR.
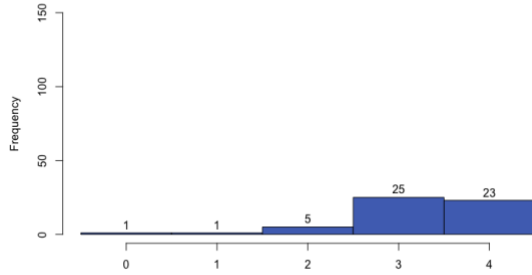
Q6: It would be better if the GBV AoR were more closely integrated into the Global Protection Cluster.
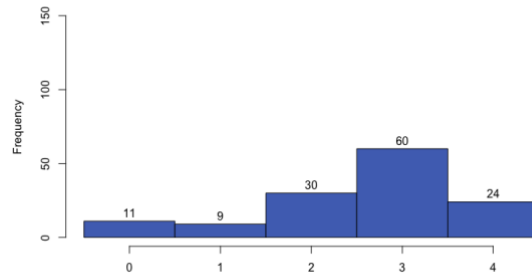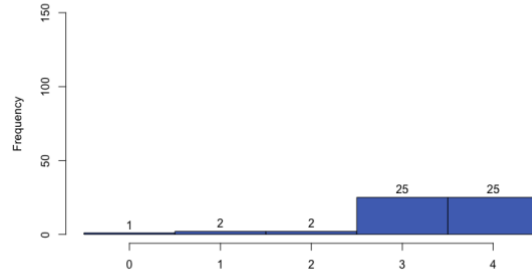
RQ4: There is an effective relationship between the country-level GBV subclusters and protection clusters

Q1: There is effective communication between the country-level GBV subcluster and the country-level protection cluster in this context.

Q2: The country-level protection cluster ensures that GBV is adequately represented in HNOs for this country.

Q3: The country-level protection cluster ensures that GBV is adequately represented in HRPs for this country.
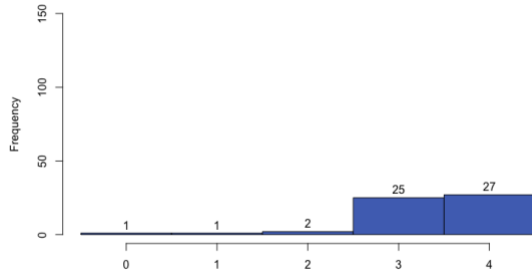
Q4: The Protection Cluster coordinator helps ensure that GBV issues are adequately represented in the decision making process of the HCT for this country.
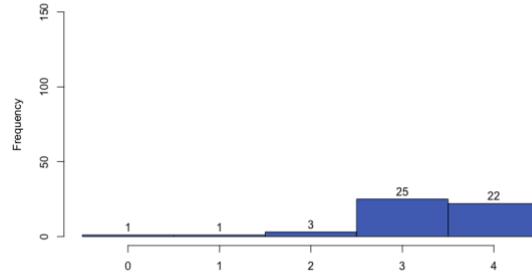
Q5: There is a clear division of responsibilities between GBV and protection actors working in this context.
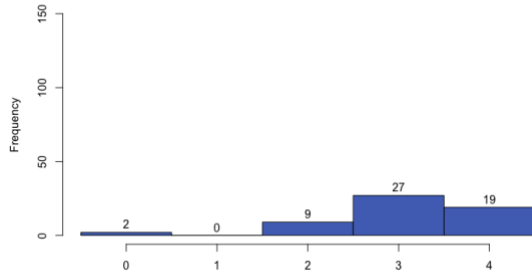
Q6: In practice, the GBV subcluster operates with equal decision-making and authority as the protection cluster in this country.
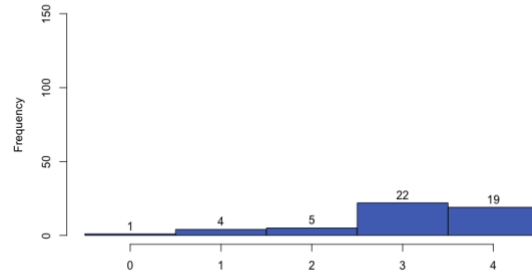
Annex VIII: Summary of GBV Funding Data

In the past five years, there has been significant progress towards increasing the accessibility and visibility of funding for GBV in emergencies. In 2021, the GBV AoR, the IRC, and the UK government led a GBV Funding Task Team intended to develop credible and concrete actions to increase and improve GBV funding and accountability.[85] These efforts built upon the IASC High-Level Roundtable on Addressing Funding Gaps in GBV Programming held in January 2021 and focused on addressing gaps in country-level humanitarian leadership and access to funds for WLOs/WROs.[86]

Additionally, the GBV AoR has contributed to better integration of GBV in HPC documents and has been widely recognized for its efforts to increase data fluency across the GBV sector. According to a discussion paper on GBV Accountability and Funding Gaps, "Since 2019, the GBV AoR has put in place regional GBV data and analysis experts to support GBV sub-clusters with the Humanitarian Programme Cycle (HPC). The increased data expertise, in addition to the ongoing support of the senior Regional GBViE Advisors and Coordination Specialists, have provided *invaluable, ongoing support to GBV sub-clusters*" (emphasis added).[87]

These efforts, as well as those across the humanitarian system, have contributed to increased funding for GBV, as measured by OCHA's FTS. As shown in Figures 27 and 28 below, GBV funding has increased in both absolute and relative terms over the period 2017 to 2022.

Figure 27. Total GBViE Funding (2017-2022).

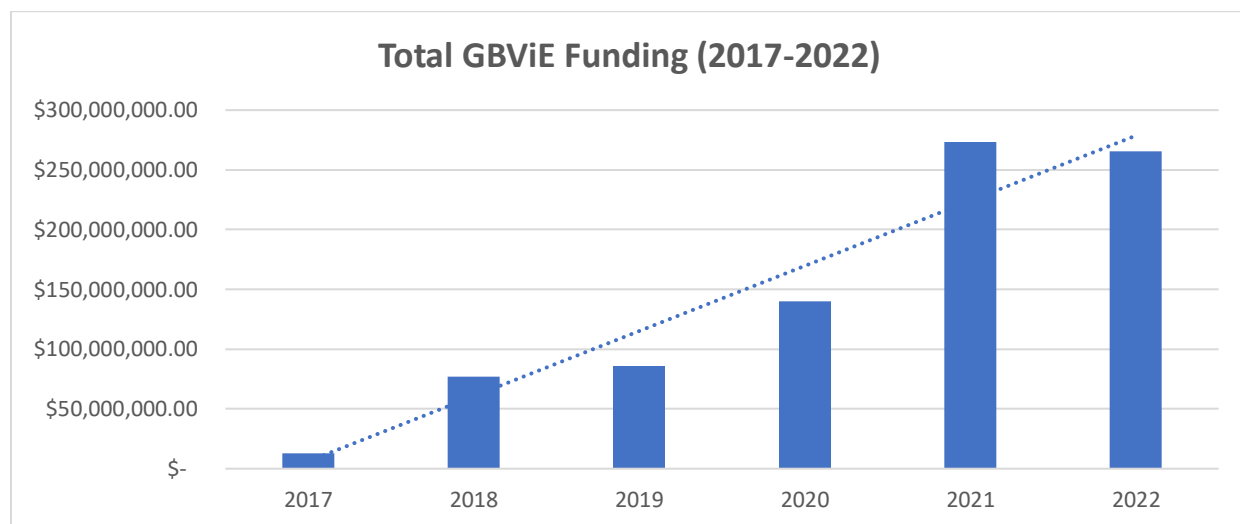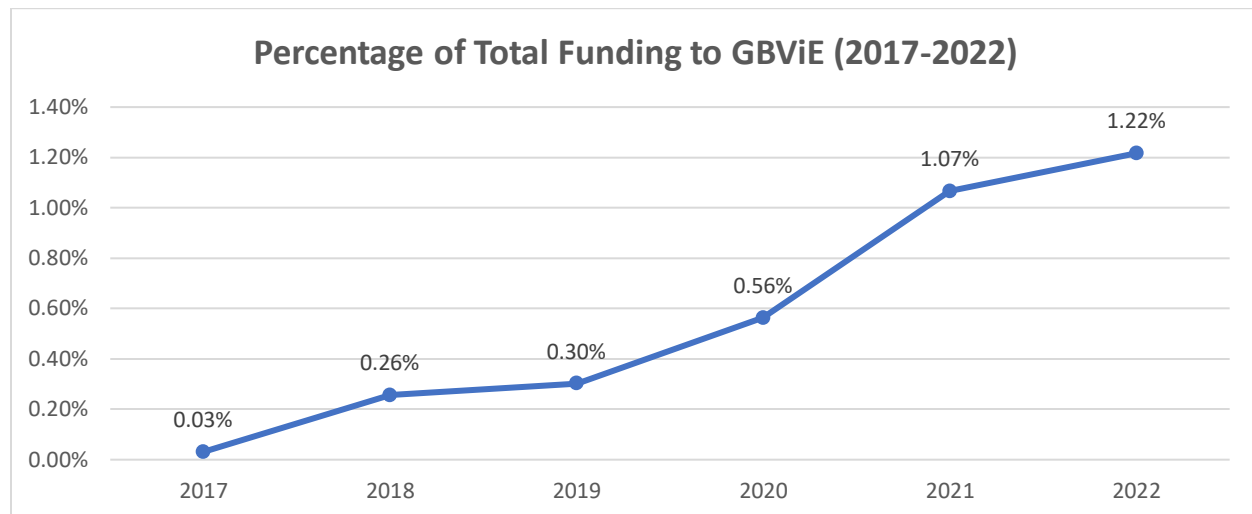**Figure 28.** Percentage of Total Humanitarian Funding to GBViE (2017-2021).

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[85] *Gender-Based Violence Financing Recommendations Report*. n.d. Document unavailable online.

[86] ibid

[87] Call to Action on Protection from GBV in Emergencies. 2022. *Strengthening Accountability for An Appropriate Humanitarian Response to Gender-Based Violence and Addressing Funding Gaps Discussion Paper*. Document unavailable online.

Percentage of Total Funding to GBViE (2017-2022)

However, despite these improvements, GBV still makes up only a small percentage of total humanitarian funding and is less well funded compared other sectors. **In 2021, the overall Global Humanitarian Overview (GHO) was 53 percent funded while GBV received only 28.5 percent of required funds; in 2022, the GHO was 57.6 percent funded but GBV received only 20 percent of required funds.[88]**

The gap in funding for GBV not only affects programming but also the quality of GBV coordination. As noted in the same discussion paper mentioned above, despite significant investments by UNFPA, coordination structures in some contexts lack consistent resources (human and financial, including NGO co-chairing capacities and GBV information management expertise) to ensure GBV coordinators and their teams can successfully advocate for GBV programming within responses.[89] This assertion from the secondary data is also reflected in the survey data, which shows significantly less endorsement of UNFPA's funding and staffing of GBV coordination positions, as well as in many key informant interviews at the global, regional, and country levels and remains a significant area of improvement for UNFPA as cluster lead agency.

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[88] OCHA FTS. (n.d.). Accessed May 29, 2023; data on funding gaps is not available prior to 2020 because the breakdown of financial requirements by Protection AoRs, including GBV, was not included in response plans.

[89] Call to Action on Protection from GBV in Emergencies. 2022. *Strengthening Accountability for An Appropriate Humanitarian Response to Gender-Based Violence and Addressing Funding Gaps Discussion Paper*. Document unavailable online.

Annex IX: Desk Review Bibliography

GBV AoR Global Documentation

Call to Action

- Gender-Based Violence AoR. 2017. *GBV AoR Call to Action Commitments 2018-2020*. Document unavailable online.
- Gender-Based Violence AoR. 2019. *GBV AoR Progress Report 2019*. Document unavailable online.
- Gender-Based Violence AoR. 2020. *GBV AoR Call to Action Commitments 2021-2025*. Document unavailable online.
- Gender-Based Violence AoR. 2020. *GBV AoR Progress Report 2020*. https://www.calltoactiongbv.com/_files/ugd/dd7a71_0fac58201f604047b6ce8238ba2c02c8.pdf
- Gender-Based Violence AoR. 2021. *GBV AoR Progress Report 2021*.
- International Rescue Committee. 2017. *The Impact of the Call to Action on Protection from Gender-Based Violence in Emergencies.* http://gbvresponders.org/wp-content/uploads/2017/07/The-Impact-of-the-CTA-on-protection-from-GBV-in-emergencies-FULL-WEB.pdf?utm_content=buffer6f300&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer
- Women's Refugee Commission & Gender-Based Violence AoR. 2019. *Call to Action on Protection from Gender-Based Violence in Emergencies: Guide to Developing a Field-Level Road Map*. https://mcusercontent.com/716e51821045377fabd064202/files/0f51fbb1-a39a-4726-ad80-e4bfdc3919a9/CTA_Road_Map_Tool_Kit_2019_ENG.pdf
- Women's Refugee Committee & Gender-Based Violence AoR. n.d. *Call to Action on Protection from Gender-Based Violence in Emergencies, Road Map 2020 – 2025*. https://www.iom.int/sites/g/files/tmzbdl486/files/documents/CTA-on-Protection-from-GBV-in-Emergencies-Roadmap-2021-2025-EN.pdf

Financial Analysis

- OCHA. 2023. *OCHA Financial Tracking Services.* https://fts.unocha.org/

GBV AoR Annual Retreats

- Gender-Based Violence AoR. 2018. *Conference Report – GBV AoR Sessions at the GPC Global Protection Conference.* Document unavailable online.
- Gender-Based Violence AoR. 2019. *GPC Conference and GBV AoR Retreat in Bangkok.* Document unavailable online
- Gender-Based Violence AoR. 2020. *GPC/GBV AoR Annual Retreat 2020 Concept Note.* Document unavailable online
- Gender-Based Violence AoR. 2021. *GBV AoR Annual Retreat 2021 Concept Note.* Document unavailable online

- Gender-Based Violence AoR. 2022. *GBV AoR Annual Retreat 2022*. Document unavailable online

GBV AoR Annual Surveys
- Gender-Based Violence AoR. 2018. *GBV AoR Baseline Survey 2018*. Document unavailable online
- Gender-Based Violence - AoR. 2019. *2019 Annual Survey Results*. Document unavailable online.
- Gender-Based Violence AoR. 2020. *2020 Annual Survey Results*. Document unavailable online.
- Gender-Based Violence AoR. 2021. *2021 Annual Survey Results*. Document unavailable online.

GBV AoR Strategy
- Gender-Based Violence AoR. 2017. *Gender-Based Violence Area of Responsibility Strategy 2018-2020*. *https://gbvaor.net/sites/default/files/2019-07/GBV%20AoR%20Strategy%202018-2020%20P3.pdf*
- Gender-Based Violence AoR. 2020. *Gender-Based Violence Area of Responsibility Strategy 2021-2025*. *https://gbvaor.net/sites/default/files/2021-11/GBV%20AoR%20Strategy%202021-2025.pdf*
- Gender-Based Violence AoR. n.d. *GBV AoR and REGA Mechanism Program Logic*. Document unavailable online

GBV AoR Financing
- *Background Note on Tracking GBV Requirements and Funding: High-Level Roundtable on Addressing Funding Gaps in Gender-based Violence Programming.* 2021. Document unavailable online
- Call to Action on Protection from GBV in Emergencies. 2022. *Strengthening Accountability for An Appropriate Humanitarian Response to Gender-Based Violence and Addressing Funding Gaps Discussion Paper*. Document unavailable online
- Call to Action on Protection from GBV in Emergencies. 2022. *GBV Prioritization and Funding – Call to Action Technical Meeting: Laying out our assumptions, challenging our recommendations, clarifying our solutions.* Document unavailable online
- *Gender-Based Violence Financing Recommendations Report.* n.d. Document unavailable online
- *Internal Questionnaire - GBV Funding.* 2022. Document unavailable online.

REGA Annual Reports
- Gender-Based Violence AoR. 2020. *Annual Report GBV AoR Regional Support Teams*. Document unavailable online
- NORCAP & Gender-Based Violence AoR. 2020. *REGA Mechanism Annual Report*. Document unavailable online

- NORCAP & Gender-Based Violence AoR. 2021. *Annual Report GBV AoR Regional Support Teams*. *https://gbvaor.net/sites/default/files/2021-10/J18092%20-%20REGA%20and%20the%20GBV%20AoR%20Documents%20Amends%20Annual%20Report%202020_LR2%20%281%29.pdf*

GBV Country-level Documentation

Country-Level GBV AoR
- Gender-Based Violence AoR – Whole of Syria. 2021. *Voices of Syria 2021, Assessment Findings from the Humanitarian Needs Overview. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices_2021_-_final_180521_eng.pdf*
- United Nations Population Fund. 2020. *Humanitarian Action 2021 Overview – Asia and the Pacific.* https://www.unfpa.org/resources/asia-and-pacific-humanitarian-action-2021-overview
- United Nations Population Fund. 2020. *Humanitarian Action 2021 Overview – East and Southern* Africa. https://www.unfpa.org/resources/east-and-southern-africa-humanitarian-action-2021-overview
- United Nations Population Fund. 2020. *Humanitarian Action 2021 Overview – Eastern Europe and Central Asia.* https://www.unfpa.org/resources/eastern-europe-and-central-asia-humanitarian-action-2021-overview
- United Nations Population Fund. 2020. *Humanitarian Action 2021 Overview – Latin America and the Caribbean.* https://www.unfpa.org/resources/latin-america-and-caribbean-humanitarian-action-2021-overview
- United Nations Population Fund. 2020. *Humanitarian Action 2021 Overview – West and Central Africa*. https://www.unfpa.org/resources/west-and-central-africa-humanitarian-action-2021-overview
- United Nations Population Fund. *Humanitarian Action 2021 Overview – Arab States.* https://www.unfpa.org/resources/arab-states-humanitarian-action-2021-overview

UNFPA Agency Documents

UNFPA Humanitarian Action Overviews
- UNFPA. 2022. *Humanitarian Action 2022 Overview.* https://www.unfpa.org/sites/default/files/pub-pdf/HAO-2022PDF%20Report_Dec9.pdf
- UNFPA. 2023. *Humanitarian Action 2023 Overview.* https://www.unfpa.org/modules/custom/unfpa_global_hao/assets/2023/pdf/Humanitarian_Action_2023_Overview_UNFPA.pdf
- UNFPA. 2019. *Humanitarian Action 2019 Overview.* https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_HumanitAction_2019_PDF_Online_Version_16_Jan_2019.pdf

- UNFPA. 2020. *Humanitarian Action 2020 Overview.* https://www.unfpa.org/sites/default/files/pub-pdf/HAO_2020_publication_Lo_Res_10_Feb.pdf
- UNFPA. 2021. *Humanitarian Action 2021 Overview.* https://www.unfpa.org/sites/default/files/pub-pdf/PAGES-UNFPA_HAO2021_Report_Updated_6_Dec.pdf

UNFPA Annual Reports
- United Nations Population Funding. 2021. *Delivering in a Pandemic, Annual Report 2020. https://www.unfpa.org/sites/default/files/pub-pdf/English_AR2020_print-brochure.pdf*
- United Nations Population Fund. 2020. *UNFPA in 2019, Global Highlights. https://www.unfpa.org/modules/custom/unfpa_global_annual_reports/docs/GLOBAL-web-v6.04.2-.pdf*
- United Nations Population Fund. 2022. *Delivering on the Transformative Results, UNFPA Annual Report 2021. https://www.unfpa.org/sites/default/files/pub-pdf/EN_AR2021.pdf*

UNFPA Strategy
- UNFPA. 2017. *The UNFPA strategic plan, 2018-2021.* https://www.unfpa.org/modules/custom/unfpa_global_strategic_plan/docs/18-044_UNFPA-SP2018-EN_2018-03-12-1244.pdf
- UNFPA. 2021. *The UNFPA strategic plan, 2022-2025.* https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf
- UNFPA. 2021. *Mapping UNFPA Leadership on Ending Gender-Based Violence: Getting to Zero*. https://www.unfpa.org/modules/custom/unfpa_global_gbv/assets/pdf/Report_GBV_Gender%20Mappping_final.pdf

IASC Cluster Guidance and other relevant IASC policy documents
- Inter-Agency Standing Committee. 2006. *Using the Cluster Approach to Strengthen Humanitarian Response*. https://interagencystandingcommittee.org/system/files/2021-03/Guidance%20Note%20on%20Using%20the%20Cluster%20Approach%20to%20Strengthen%20Humanitarian%20Response.pdf
- IASC. 2010. *Handbook for RCs and HCs on Emergency Preparedness and Response*
- Inter-Agency Standing Committee Working Group. 2015. *Cluster Coordination At Country Level.* Inter-Agency Standing Group. https://interagencystandingcommittee.org/system/files/2020-11/Reference%20Module%20for%20Cluster%20Coordination%20at%20Country%20Level%20%28revised%20July%202015%29.pdf
- IASC. 2015. *Introduction to Humanitarian Action - A Brief Guide for Resident Coordinators*

- IASC. 2017. *Standard Terms of Reference, Humanitarian Country Teams*. https://interagencystandingcommittee.org/system/files/hct_tors.pdf

Protection Cluster and other Protection Documents

Protection Documents
- Global Cluster Coordination Group. 2010. *Operational Guidance – Generic Terms of Reference for Cluster Coordinators at the Country Level*. https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20Operational%20Guidance%20ToR%20Cluster%20Coordinators.pdf
- Global Protection Cluster. 2015. *How field based protection clusters and sub-clusters work together: Q&A* https://www.globalprotectioncluster.org/old/_assets/files/tools_and_guidance/qanda-on-field-protection-clusters-and-sub-clusters-en.pdf
- Global Protection Cluster. 2020. *Protection in a Climate of Change, Strategic Framework 2020 – 2024. https://www.cpaor.net/sites/default/files/2020-04/GPC-Strategic-Framework.pdf*
- Global Protection Cluster. 2020. *The Centrality of Protection in Humanitarian Action Review. https://www.globalprotectioncluster.org/sites/default/files/2022-02/gpc-2020-cop-review_final_final.pdf*
- Global Protection Cluster. 2021. *Protection Analytical Framework. https://www.globalprotectioncluster.org/sites/default/files/2023-01/paf_an-introduction.pdf*
- Global Protection Cluster. 2022. *Nexus Approaches in Humanitarian Settings – A Guidance Note for the Protection Cluster. https://www.globalprotectioncluster.org/sites/default/files/2023-01/unhcr_-_nexus_approaches_in_humanitarian_settings_-_a_guidance_note_for_the_protection_clusters.pdf*
- HERE-Geneva. 2021. *Overview of System-Related Humanitarian Coordination Recommendations and Commitments. https://here-geneva.org/wp-content/uploads/2022/03/5_HERE_FutureHumCoord_MappingRecommendations_Dec2021.pdf*
- OCHA's protection benchmarks for HCs to deliver on the centrality of protection
- *The GBV Accountability Framework*. 2021. Inter-Agency Standing Committee. *https://interagencystandingcommittee.org/system/files/2021-05/Gender-Based%20Violence%20Accountability%20Framework%20.pdf*

Other

GBV Strategic Approaches

- COFEM. 2017. Eclipsed: When a broad protection agenda obscures the needs of women and girls. *Feminist Perspectives on Addressing Violence Against Women and Girls Series, 5.* Coalition of Feminists for Social Change. https://cofemsocialchange.org/learning-advocacy-tools/cofem-svri-paper-video-series/paper-5/
- Martin, S. 2014. *Core Competencies for GBV Specialists*. Gender-Based Violence Area of Responsibility Learning Task Team. *https://gbvaor.net/sites/default/files/2019-07/Core%20Competencies%20for%20GBV%20Specialists%20-%20GBV%20AoR%2C%202014.pdf*

HPC Analysis
- *G*ender-Based Violence AoR. 2021. *Analysis of Gender-Based Violence GBV in 2021 Humanitarian Needs Overviews and Humanitarian Response Plans.* https://gbvaor.net/node/1169

Interviewee-Shared Documents
- G, Davies & M, Bowden. *HPG briefing note – Leadership of protection in the humanitarian sector.* 2020. Humanitarian Policy Group & ODI. https://odi.org/en/publications/leadership-of-protection-in-the-humanitarian-sector/
- HERE-Geneva. 2020. *Formative Evaluation of UNICEF's Role as Cluster Lead Co-Lead Agency CLARE II - INCEPTION REPORT. https://www.unicef.org/evaluation/reports#/detail/18527/evaluation-of-unicefs-cluster-lead-agency-role-clare-ii*
- Call to Action. (2021). *Women-led Organizations' Proposed Road Map to Implement the Call to Action in the MENA Region.* Document unavailable online
- UNFPA. 2023. *UNFPA Executive Board Orientation.* Document unavailable online
- UNICEF. 2022. *Evaluation Management Response Document. https://evaluationreports.unicef.org/GetMRPdf?documentID=18527*
- UNICEF. *Formative evaluation of UNICEF's role as Cluster lead Co-lead Agency Revised May 2020 .* 2020. https://www.unicef.org/evaluation/reports#/detail/18527/evaluation-of-unicefs-cluster-lead-agency-role-clare-ii
- United Nations Economic and Social Council. 2022. *Management response to the evaluation of the UNICEF role as cluster lead/co-lead agency. https://www.unicef.org/evaluation/reports#/detail/18527/evaluation-of-unicefs-cluster-lead-agency-role-clare-ii*

Key Developed Resources
- Gender-Based Violence AoR. *Handbook for Coordinating Gender-based Violence in Emergencies.* 2019. *https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/handbook-for-coordinating-gender-based-violence-interventions-in-emergencies/Handbook_for_Coordinating_GBV_in_Emergencies_fin.01.pdf*

- Gender-Based Violence AoR. *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.* 2019. UNFPA. *https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf*

Related Reviews and Documentation
- IMC World Wide. 2018 *Evaluation of UNFPA's Humanitarian Capacity – Inception Presentation.* Document unavailable online
- J. Cocking, G. Davies, N. Finney, D. Lilly, J. McGoldrick, & A. Spencer. *Independent review of the implementation of the IASC Protection Policy.* Humanitarian Policy Group. https://interagencystandingcommittee.org/system/files/2022-05/Independent%20review%20of%20the%20implementation%20of%20the%20IASC%20Protection%20Policy.pdf
- Norwegian Refugee Council. 2022. *Norwegian Refugee Council Consultancy Tender.* *https://www.nrc.no/globalassets/pdf/tenders/geneva/independent-review-of-the-humanitarian-response-to-internal-displacement/220706_rfq_iasc-review_vf.docx*
- UNFPA Evaluation Office. 2019. *Evaluation of the UNFPA capacity in humanitarian action 2012 – 2019 .* UNFPA. https://www.unfpa.org/evaluation-unfpa-capacity-humanitarian-action-2012-2019
- UNFPA Evaluation Office. 2019. *Evaluation of the UNFPA capacity in humanitarian action 2012 – 2019 Brief.* UNFPA. https://www.unfpa.org/sites/default/files/admin-resource/Final_Digital_Brief.pdf
- UNFPA. 2020. *UNFPA Management Response to Evaluation of UNFPA Capacity in Humanitarian Action 2012 – 2019 .* https://www.unfpa.org/sites/default/files/ManagementResponse_6.pdf
- UNICEF. 2022. Formative Evaluation of UNICEF's Role as a Cluster Lead Agency (CLARE II). Geneva. https://evaluationreports.unicef.org/GetDocument?fileID=22654
- UNHCR. 2017. Evaluation of UNHCR's Leadership of the Protection Cluster and Field Protection Clusters. Geneva. https://www.unhcr.org/5a5dcd2f7.pdf
- IASC Humanitarian Evaluation on Gender Equality and Empowerment of Women and Girls. 2020. https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations/inter-agency-humanitarian-evaluation-iahe-gender-equality-and-empowerment-women-and-girls-geewg-2020.

Reports on Oslo Conference Commitments
- Fairbanks, S. 2022 . *2021 Collective Progress Report: Oslo commitments on ending sexual and gender-based violence in humanitarian crises.* Humanitarian Outcomes. https://www.humanitarianoutcomes.org/sites/default/files/publications/2021_oslo_sgbv_commitments_collective_progress_report_0.pdf
- Humanitarian Outcomes. 2020. *2020 Collective Progress Report: Oslo commitments on ending sexual and gender-based violence in humanitarian crises.* https://www.humanitarianoutcomes.org/sites/default/files/publications/oslo_sgbv_commitments_2020_collective_progress_report.pdf