

REAL-TIME ACCOUNTABILITY PARTNERSHIP ACTION FRAMEWORK

Tackling gender-based violence in emergencies

The Real-Time Accountability Partnership (RTAP) seeks to translate humanitarian commitments into concrete actions that lead to results – improved funding, better coordination, and effective programming. To promote system-wide accountability for GBV prevention and response in emergencies, the RTAP has captured roles, responsibilities and actions related to leadership and prioritization of GBV in an Action Framework. This is a matrix of priority actions that fall within the responsibility of donors, humanitarian coordinators, humanitarian country teams, GBV coordination leads, agencies with responsibility to mainstream GBV, and entities with specialized GBV programming and expertise. Operationalizing the Action Framework requires individual agency/stakeholder institutionalization of RTAP commitments, and collaborative work as a partnership to promote high-level understanding and engagement in RTAP.

While RTAP will be rolled out, piloted and evaluated initially in Iraq and South Sudan in 2017/2018, any context affected by humanitarian crisis can implement RTAP. To do so, humanitarian leadership and stakeholders commit to activities in the Action Framework that build on the value-added of their agency to drive action, and inform strategy and planning.

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HOW TO USE THE FRAMEWORK

1 READING the RTAP Action Framework

The Action Framework addresses six categories of actors (donors, humanitarian coordinators, humanitarian country teams, GBV coordination leads, agencies with responsibility to mainstream GBV, and entities with specialized GBV programming and expertise) that are accountable for specific actions, with the ultimate goal of ensuring that GBV response and prevention are prioritized, integrated and coordinated in humanitarian assistance and protection. Depending on the actor, there are between 16 and 21 priority high-level actions per category in the Action Framework. It is important to note that the actions contained in the tool are not an exhaustive list but represent the most universal high-level actions, many of which require multiple categories of actors for their implementation.

2 CONTEXTUALIZING the RTAP Action Framework

The content of the Action Framework is based on existing international guidelines, best practice, and learning from the RTAP baseline assessment carried out in 2016. Some of the specific actions contained in the Action Framework may already be taking place, while others may need additional attention through support and coordination. The process of collectively identifying what must be sustained, strengthened, or better coordinated is at the core of contextualization. During the process of contextualization, humanitarian actors may identify actions within the Action Framework that are priorities, but will require concerted effort, high-level support and potentially funding.

3 APPLYING the RTAP Action Framework

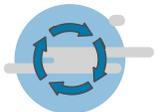
In any given context, those promoting the implementation of the RTAP Action Framework will need to consider:

- How to support stewardship of the partnership in country;
- How to rollout the Action Framework with a wide array of implicated stakeholders;
- Within rollout, how to support each stakeholder to reflect on what the Action Framework means within their own organization, depending on what roles they play in the humanitarian system and response;
- How to facilitate consultation with and participation of local government, local organizations and women's groups;
- And how to track progress on the Action Framework in order to contribute to context-specific and global learning.

The Global Steering Committee is eager to help humanitarian leadership and teams to think through the above considerations in a context-specific way, and to offer:

- Webinars to orient humanitarian actors on RTAP and the Action Framework;
- Tools and remote technical support to help contextualize the Action Framework;
- Shared learning from other implementation contexts.

DONORS



Preparedness

1. Identify implementation partners with sufficient technical capacity and human resources and/or rosters of GBV specialists to respond to an emergency, including local government, local organizations and women's groups.
2. Allocate resources to support GBV preparedness measures, e.g., training, pre-crisis contingency planning, pre-positioning of specialists and materials, development of rosters, etc.
3. Establish mechanisms for rapid allocation and disbursement of funding to support human resources, establishment of services, risk mitigation measures, and coordination mechanisms.
4. Allocate resources to strengthen emergency response capacity of local organizations and women's groups.



Needs Assessment

1. Allocate resources to support the deployment of GBV specialists to lead assessments.
2. Mandate inclusion of GBV risk/vulnerability assessments as part of funding proposal criteria.
3. Integrate GBV into Pooled Funds' strategies, selection criteria and funding decisions.



Strategic Response Planning

1. As general rule and where feasible, require that population data to be disaggregated by sex and age and other pertinent variables in indicators, targets, and benchmarks.
2. Require that all proposals for funding address how the action proposed will contribute to GBV risk mitigation, in line with the GBV Guidelines.



Resource Mobilization

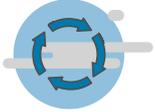
1. Earmark, increase and make flexible arrangements for GBV specific financial and human resources at the onset of a crisis. [\[Linked with PREP-DONORS: ACTION 3\]](#)
2. Maintain or increase dedicated GBV funding as emergency response evolves, responding to changing needs and humanitarian presence and capacity. [\[Linked with PREP-DONORS: ACTION 3\]](#).
3. In donor decision-making and resource mobilization fora, advocate with UN Member States and other donors for the prioritization of funding of GBV. [\[Linked with RESOURCES-GBV COORDINATION: ACTION 1\]](#)
4. Integrate GBV into Pooled Fund emergency funding decisions. [\[Linked with RESOURCES-HC: ACTION 1\]](#)
5. Maintain or increase GBV funding as required by SRP, responding to changing needs of GBV presence and capacity, and consider multi-year strategic funding for GBV as appropriate.



Implementing and Monitoring

1. As general rule and where feasible, require that population data to be disaggregated by sex and age and other pertinent variables in indicators, targets, and benchmarks.
2. Require implementing partners to meet a minimum of two GBV Guidelines essential actions per sector in project proposals.
3. Support the integration of GBV risk mitigation strategies into national and local development policies and plans, and allocate funding for sustainability of these measures.
4. Fund the establishment of GBV services regardless of the presence or absence of GBV data.
5. Advocate with national and local authorities for the revision and adoption of laws and policies (including customary laws and policies) that promote and protect the rights of women and girls.

HUMANITARIAN COORDINATORS



Preparedness

1. Advocate for and support the establishment of a functional GBV coordination mechanism within the HCT.
2. Meet regularly with and support the work of the GBV lead agency, sub-cluster and other stakeholders.
3. Include GBV concerns and priorities in advocacy efforts with key stakeholders, including Government counterparts and civil society.
4. Promote the implementation of the GBV Guidelines.
5. Include commitments to GBV prevention, mitigation and response in the HC-ERC Compact.
6. Enforce a 'no-tolerance' policy related to sexual exploitation and abuse committed by humanitarian actors, in line with Secretary-General's bulletin ST/SGB/2003/13.



Needs Assessment

1. Advocate for and support efforts to include GBV in all joint needs assessments and analysis; seek GBV specialist support where necessary.
2. Encourage agencies and cluster leads to integrate GBV in agency and cluster specific monitoring and assessment initiatives.
3. Advocate for actions to address GBV as lifesaving, even in the absence of data.
4. Meet directly with local organizations and women's groups to solicit their views and input on needs and response priorities.



Strategic Response Planning

1. Ensure that GBV gaps and risks identified in the HNO and needs assessments contribute to development of SRP/HRP strategic objectives. **[Linked with PREP-GBV SPECIALISTS: ACTION 1; and with PREP-GBV COORDINATION: ACTION 2]**
2. Ensure that the SRP/HRP includes actions outlined in the GBV Guidelines' essential actions and ensuring implementation sections.



Resource Mobilization

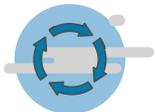
1. Promote inclusion of GBV needs in UN-led appeals (SRP, CERF, Pooled Funds, Flash) and organize specific donor advocacy platforms for GBV funds.
2. Advocate with donors, partners, others for resources to support GBV action as lifesaving and to address GBV funding shortfalls. **[Linked with RESOURCES-GBV COORDINATION: ACTION 3].**
3. Promote inclusion by all sectors of GBV Guidelines essential actions in the earliest drafts of CERF and flash appeals.



Implementing and Monitoring

1. Require implementation and monitoring of key, relevant actions from the GBV Guidelines within SRPs and country annual reports.
2. Advocate for women and girls' participation/ inclusion in planning, design, implementation, monitoring and evaluation of humanitarian interventions across all clusters/sectors.
3. Advocate for inclusion of GBV risk reduction strategies and allocation of funding for sustainability of these actions with national system counterparts.
4. Enforce a 'no-tolerance' policy related to sexual exploitation and abuse committed by humanitarian actors, in line with Secretary-General's bulletin ST/SGB/2003/13.

HUMANITARIAN COUNTRY TEAMS



Preparedness

1. Ensure establishment of a functional GBV coordination mechanism at national and sub-national level. **[Linked with PREP-GBV COORDINATION: ACTION 1]**
2. Include the lead GBV agency in the HCT.
3. Include GBV concerns and priorities in HCT strategies and work plans; where required, consider developing and endorsing a specific GBV action plan.
4. Ensure that GBV-related concerns, priorities and updates are regularly part of HCT meetings. **[Linked with PREP-HC: ACTION 3]**
5. Include GBV concerns in contingency and preparedness assessments, plans, training and tools.
6. Organize joint trainings on GBV, protection and gender for all HCT members.
7. Include commitments to GBV prevention, mitigation and response in the HCT Compact.



Needs Assessment

1. Include GBV specialists on assessment teams and in the design of assessment tools and methodologies.
2. Ensure all joint needs assessments fully disaggregate sex, gender and other relevant vulnerability factors.
3. Engage with GBV specialists to ensure that all data collection efforts include GBV related questions and indicators, either directly or by proxy.
4. Advocate for actions to address GBV as lifesaving, even in the absence of data.



Strategic Response Planning

1. Promote the SRP/HRP inclusion of actions that address GBV gaps and risks faced by women and girls, as identified in the HNO and needs assessments. **[Linked with PREP-GBV SPECIALISTS: ACTION 1; and with PREP-GBV COORDINATION: ACTION 2].**
2. Demand that all population data be disaggregated by sex and age and other pertinent variables in indicators, targets, and benchmarks. **[Linked with SRP-DONORS: ACTION 1].**
3. Ensure regular and dedicated space in humanitarian coordination fora to address GBV-related concerns, priorities and updates. **[Linked with PREP-HC: ACTION 4]**



Resource Mobilization

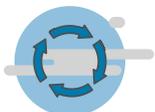
1. Advocate for dedicated resources for GBV with donors and other humanitarian stakeholders.
2. Require monitoring and tracking of sector specific funding requirements and contributions through the Financial Tracking Service (FTS) to determine shortfalls of GBV funding.
3. Promote inclusion by all sectors of GBV Guidelines essential actions in the earliest drafts of CERF and flash appeals.



Implementing and Monitoring

1. Ensure that GBV-related concerns, priorities and updates are regularly part of HCT meetings, updates, and advocacy or communication materials.
2. Reinforce implementation and coordination in line with the 'Ensuring Implementation' section of the GBV Guidelines.
3. Ensure that GBV is integrated into ongoing monitoring and analysis efforts to inform HCT discussion and decision-making.
4. Implement inter-agency SOPs on PSEA.

AGENCIES WITH RESPONSIBILITY TO MAINSTREAM GBV



Preparedness

1. Ensure that staff access and are familiar with the GBV Guidelines essential actions tables for their relevant sectors.

2. Include relevant GBV Guidelines essential actions into contingency plans and preparedness activities.

3. Task and support focal points to participate in the GBV Sub-Cluster to ensure flow of information on GBV-related needs, risks, available services, referral mechanisms, etc.



Needs Assessment

1. Identify GBV specialists to provide surge capacity and support all clusters/sectors to integrate the GBV Guidelines essential actions in the response.

2. Consult with GBV specialized agencies and local organizations and women's groups on development of assessment questions and methods aimed at identifying risks to women and girls.

3. Include relevant GBV Guidelines essential actions into assessment activities. **[Linked with ASSESSMENT-GBV SPECIALISTS: ACTION 1]**



Strategic Response Planning

1. Require that relevant, contextualized activities and indicators from the GBV Guidelines are integrated into cluster plans.

2. Ensure that GBV gaps and risks identified in the HNO and needs assessments inform cluster plans and contribute to development of SRP/HRP strategic objectives.

3. Apply program design criteria requiring that a minimum of one to two monitoring indicators from the relevant thematic area of the GBV Guidelines are included in individual cluster plans.

4. Integrate GBV risk mitigation, in line with relevant sections of the GBV Guidelines, into agency response plans and programming.



Resource Mobilization

1. Use results of sector-level gender and GBV analysis and information on GBV risks in determining funding priorities.

2. Develop multi-sector proposals to ensure a comprehensive approach to GBV response and prevention. **[Linked with RESOURCES-GBV SPECIALISTS: ACTION 2]**



Implementing and Monitoring

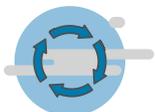
1. Develop and implement sector work plans with clear milestones that include essential actions and indicators from the GBV Guidelines..

2. Develop and implement agency policies, standards/guidelines, response plans and proposals to ensure that GBV prevention, mitigation and (as appropriate) response is integrated across programs.

3. Designate GBV focal points within each sector/cluster and ensure that GBV concerns from each cluster are raised for discussion at HCT and inter-cluster meetings.

4. Include regular reporting on GBV mainstreaming efforts in internal and external progress reports.

GBV COORDINATION LEADS



Preparedness

1. Advocate for and build consensus on the structure and terms of reference of a GBV coordination mechanism. **[Linked with PREP-HC: ACTION 1].**
2. Collect, compile and share existing information on GBV (eg. nature and scope, existing services and gaps) to inform contingency planning and preparedness.
3. Ensure that the GBV coordination mechanism(s) explicitly seek to engage local government, local organizations and women's groups, and facilitate their active participation at the table.
4. Task and support GBV focal points to participate in other cluster meetings to ensure flow of information on GBV-related needs, risks, available services, referral mechanisms, etc.
5. Disseminate the relevant Thematic Area Guides for the GBV Guidelines and ensure all agencies understand their role in preventing and responding to GBV.



Needs Assessment

1. Where required, lead GBV-specific assessments to help inform the HNO, SRP/HRP, and other planning and advocacy efforts.
2. Advocate with the Protection Cluster and UNFPA globally and nationally to ensure that the GBV sub-cluster is fully functional and sufficiently resourced at national and sub-national levels.
3. Raise awareness that lack of GBV data does not mean lack of incidence, and that establishment of services should be a priority.



Strategic Response Planning

1. Ensure GBV is highlighted as a priority concern and area for action in preliminary response plans, SRPs/HRPs, and associated funding requests.
2. In partnership with GBV specialists, local government, local organizations and women's groups, develop and regularly update key messages related to GBV risks and needs in the specific context to share with HC, HCT and others. **[Linked with SRP-GBV SPECIALISTS: ACTION 2].**
3. Liaise with local government, local organizations and women's groups to ensure their meaningful participation in the development of SRPs/HRPs.



Resource Mobilization

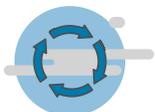
1. Ensure inclusion of GBV needs in all relevant humanitarian funding processes (CAP, CERF, Flash and other appeals, etc.) and humanitarian action plans. **[Linked with RESOURCES-HC: ACTIONS 1-3].**
2. Regularly track and identify GBV funding shortfalls and resource needs and advocate with donors and the HCT to fill gaps. **[Linked with RESOURCES-GBV SPECIALISTS: ACTION 3].**
3. Highlight GBV coordination resource needs (financial and human) to the Protection Cluster, HCT and UNFPA.



Implementing and Monitoring

1. Act as the provider of last resort for GBV response and prevention.
2. Ensure the establishment and coordination of referral pathways, with supporting SOPs, to support GBV survivors' safe access to multisectoral services.
3. Monitor funding levels for GBV interventions (including support to other clusters as needed) and consolidate reports.
4. Designate GBV focal points within other sectors/clusters and ensure that GBV concerns from across clusters are raised for discussion at HCT and inter-cluster meetings.
5. Carry out informed advocacy about the needs and priorities of women and girls in local and international fora.

ENTITIES WITH SPECIALIZED GBV PROGRAMMING AND EXPERTISE



Preparedness

1. Collect, compile and share existing information on GBV (eg. nature and scope, existing services and gaps) to inform contingency planning and preparedness.
2. Maintain a roster of GBV specialists to provide surge capacity and support emergency response.
3. Establish partnerships and preparedness plans that include, and are informed, by local government, local organizations and women's groups. **[Linked with PREP-DONORS: ACTION 4].**
4. Reinforce the capacity of relevant actors, including local organizations and women's groups, to prevent and respond to GBV. **[Linked with PREP-DONORS: ACTION 4].**
5. Advocate with the HC/HCT and clusters/sectors for the inclusion of relevant GBV Guidelines essential actions into contingency plans and preparedness activities.
6. Raise awareness that lack of GBV data does not mean lack of incidence, and that establishment of services should be a priority.



Needs Assessment

1. Where required, lead GBV-specific assessments to help inform the HNO, SRP/HRP, and other planning and advocacy efforts.
2. Advocate with the HC/HCT and clusters/sectors for the inclusion of relevant GBV Guidelines essential actions into assessment activities.
3. Participate in multisectoral initial rapid assessments by joining assessment teams, contributing to the development of tools and questions, etc., to ensure attention to GBV and to reinforce ethical data collection practices. **[Linked with ASSESSMENT-HC: ACTION 1; and with ASSESSMENT-HCT: ACTION 1].**
4. Raise awareness that lack of GBV data does not mean lack of incidence, and that establishment of services should be a priority.



Strategic Response Planning

1. Include work in partnership with local organizations and women's groups in agency-specific planning.
2. Advocate for the SRP/HRP inclusion of actions that address GBV gaps and risks faced by women and girls, as identified in the HNO and in relevant assessments.
3. Highlight GBV response priorities, including those informed by local organizations and women's groups, in all meetings with humanitarian donors and decision-makers.



Resource Mobilization

1. Develop proposals that ensure a comprehensive approach to GBV response and prevention. **[Linked with RESOURCES-MAINSTREAMERS: ACTION 2].**
2. Advocate for GBV resources based on the scale of GBV risks, needs, and priorities at country, regional and global levels.
3. Support the GBV coordination mechanism to track and identify GBV funding shortfalls and resource needs to inform high-level advocacy.



Implementing and Monitoring

1. Prioritize the establishment of GBV services to meet identified needs and ensure access to GBV survivors.
2. Regularly update a context-specific understanding of GBV risks, service coverage, and priorities for action, and share information with the GBV coordination mechanism.
3. Carry out informed advocacy about the needs and priorities of women and girls in bilateral meetings, interagency fora, and other opportunities to meet with key decision makers, from emergency outset through duration.
4. Include regular reporting on GBV prevention and response services for survivors in internal and external progress reports.