Implementation Strategy for the revised

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

Reducing risk, promoting resilience and aiding recovery

Global Protection Cluster
GBV Prevention and Response

IASC
Inter-Agency Standing Committee

Executive Summary

Background

For the past two years, UNICEF and UNFPA, on behalf of the Gender-Based Violence Area of Responsibility (GBV AoR), have been leading the revision of the Inter-Agency Standing Committee's *Guidelines for Integrating Gender-Based Violence in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery,* with the support and guidance of an inter-agency Task Team. Originally published in 2005, the revised and updated GBV Guidelines are an essential tool for humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies. The purpose of the Guidelines is to assist these actors in planning, implementing, coordinating and monitoring essential actions for the prevention and mitigation of gender-based violence (GBV) across all sectors of humanitarian response.

To support effective roll-out of the revised GBV Guidelines, a well-conceived, well-resourced, longer-term implementation plan is essential. Recognizing this need, the GBV Guidelines Task Team has developed a detailed Implementation Strategy. This Strategy – informed by experiences and lessons learned across many humanitarian sectors – has been designed to maximize levels of interest and awareness around the GBV Guidelines in order to promote their sustained, systematic and long-term uptake by humanitarian stakeholders.

Who the Strategy Is For

The primary audience for the GBV Guidelines is non-GBV-specialist stakeholders (both national and international) across all sectors of humanitarian response. By integrating the recommendations from the Guidelines into their response efforts, these stakeholders can significantly reduce risks of GBV for the populations they work with.

A global-level, inter-agency 'Reference Group'[1] has been established with the purpose of operationalizing the strategy and leading and supporting the long-term implementation of the revised Guidelines. The Reference Group effectively serves as custodian of this strategy. Beyond the Reference Group, the target audience for the Strategy is the GBV AoR core membership who represent the lead agencies responsible for addressing GBV in emergency contexts.

At country level, the strategy will rely heavily on the GBV coordination mechanism and the leading GBV agencies that form that mechanism (national and international). The agreement of these actors in the field to take the lead in supporting other humanitarian sectors to implement the GBV Guidance in addition to their targeted GBV activities will be a necessary condition of operationalizing the strategy.

What's Included in the Strategy

The Implementation Strategy is organized around **one primary goal:** *to ensure that humanitarian programming in all emergencies is designed and implemented – across all sectors, through all stages and by all stakeholders – in a manner that substantially reduces the risk, promotes resilience and supports lasting solutions to the problem of GBV.*

Two overarching **strategic priorities** – *inclusivity* and *adopting a supportive communications approach* – inform all relevant aspects of how the Strategy is operationalized. *Inclusivity*

* Membership of the Reference Group includes: UNICEF, UNFPA, American Refugee Committee, Care International, the U.S. Centers for Disease Control and Prevention, ChildFund, International Medical Corps, International Organization for Migration, International Rescue Committee, Norwegian Refugee Council, Oxfam, Refugees International, UNHCR and the Women's Refugee Commission.

means engaging all key GBV agencies and other humanitarian sectors/clusters in all aspects of the implementation process. *Adopting a supportive communications approach* means not being directive, but taking a partnership approach that prioritizes building relationships with key people and sectors. It means making materials and language for humanitarian actors highly accessible, emphasizing the benefits that come from addressing GBV through sector programming, and ensuring that the guidance is pragmatic.

The Strategy further details the main activities that will support sustained implementation of the GBV Guidelines. These activities are guided by the following **four objectives:**

1. *Humanitarian actors are aware of and support the GBV Guidelines, and management and leadership mechanisms for implementation are established globally*. This includes prioritizing the IASC endorsement of the Guidelines; disseminating them widely to maximize interest and awareness; establishing sustained leadership for their uptake and use; and engaging in advocacy with humanitarian leadership, sector lead agencies and humanitarian organizations.
2. *All humanitarian strategies and programming are planned, developed and implemented in accordance with the GBV Guidelines.* The GBV coordination mechanisms in target roll-out countries should lead and support implementation in-country, as well as ensure GBV experts are available to support roll-out. The Guidelines must be contextualized to different settings, and country-level trainings should be prioritized. Advocacy should also be undertaken, both globally and in-country, for the integration of the Guidelines throughout emergency preparedness and response assessments and plans.
3. *The GBV Guidelines are institutionalized and consistently used by donors, multilateral agencies,* NGOs and governments. Reference Group members, as the public 'face' of the Guidelines at the global level, must spearhead the use of the GBV Guidelines in their own agencies' global strategies and policies, and GBV AoR members more broadly must commit to the institutionalization of the Guidelines' recommendations. Humanitarian agencies should use the Guidelines to inform their funding proposal guidance, and key donors should adopt the Guidelines to inform their policies and funding criteria. Furthermore, governments should integrate the Guidelines' recommendations into their national policies and strategies for emergency preparedness and response.
4. *The extent of implementation of the GBV Guidelines across different humanitarian sectors is monitored and measured.* This requires first building an evidence base, and then monitoring and evaluating the implementation of the Guidelines to address (1) the process of implementation and (2) the results in terms of more effective prevention and mitigation of GBV risks across all sectors of humanitarian response.

In addition to outlining policies, strategies and methods for ensuring implementation of the revised Guidelines across all humanitarian response sectors, the Implementation Strategy contains 14 Annexes that provide a range of tools and information for supporting various aspects of roll-out and implementation, including but not limited to: checklists on roles and responsibilities in-country; implementation staff Terms of Reference; translation guidance; contextualization guidance; a template for the documentation of case studies; and evaluation guidance and criteria.

The overarching goal of the GBV Guidelines is to achieve system-wide change whereby GBV-sensitive approaches and programming are consistently implemented across all humanitarian sectors from the very outset of every emergency. This Implementation Strategy is essential in supporting this goal and ensuring its actualization. If humanitarian actors across all sectors – as well as donors, multilateral agencies and governments – make a commitment to implementing the GBV Guidelines in their work, we will greatly enhance the safety and well-being of those we serve.

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Acronyms

ALNAP	Active Learning Network for Accountability and Performance
CAAP	Commitments to Accountability to Affected Populations/People
CBO	community-based organization
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CP	Child Protection
CPMS	Child Protection Minimum Standards
DTM	Displacement Tracking Matric
GBV	Gender-based violence
GBV AoR	Gender-Based Violence Area of Responsibility
GenCap	Gender Capacity Project
GPC	Global Protection Cluster
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HoA	Head of Agency
HQ	headquarters
IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
IM	information management
INEE	Inter-Agency Network for Education in Emergencies
INGO	international non-governmental organization
IRC	International Rescue Committee
IRIN	Integrated Regional Information Networks (part of OCHA)
M&E	monitoring and evaluation
MHPSS	Mental Health and Psycho-Social Support
MIRA	Multi-cluster/sector Initial Rapid Assessment
NC	national consultant
NGO	Non-Governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OFDA	Office of United States Foreign Disaster Assistance
ProCap	Protection Capacity Project
PSEA	Protection from Sexual Exploitation and Abuse
RC/HC	resident coordinator/humanitarian coordinator
REGA	Regional Emergency GBV Advisor
RRT	Rapid Response Team
RTE	Real-time Evaluation
SAFE	Safe Access to Firewood and alternative Energy
TAG	Thematic Area Guides (short sector-specific GBV Guidelines)
TL	team leader
TM	team member
ToR	terms of reference
ToT	training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WRC	Women's Refugee Commission

I. Background

For the past two years, the Gender Based Violence Area of Responsibility (GBV AoR) has been revising the IASC *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* ('the GBV Guidelines'), originally published and endorsed by the IASC in 2005.[1] The overall goal of the GBV Guidelines is to support humanitarian actors to fulfil their responsibility to protect all those affected by crises, by:

1. Reducing risk of gender-based violence by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian response.
2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support.
3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

The purpose of the GBV Guidelines is to help non-GBV-specialist humanitarian actors and communities plan, implement, coordinate and monitor essential actions to prevent and mitigate GBV in settings affected by armed conflict and natural disasters.

This Implementation Strategy has been developed to promote sustained, systematic uptake of the GBV Guidelines by humanitarian stakeholders over the long term. It aims to catalyse system change with the result that all humanitarian programming is planned and implemented to reduce risk, promote resilience and create lasting solutions to the problem of GBV. Practical tools to support implementation are included as annexes to the Implementation Strategy and on the dedicated web pages of <www.gbvaor.net>.

To respond to emergencies at country level, GBV coordinating mechanisms are established in emergency settings, either as sub-clusters or as working groups.[2] GBV actors work closely with protection coordination mechanisms in all emergencies. Protection actors will support the implementation of these GBV Guidelines as part of the commitment of all humanitarian actors to mainstream protection (in line with the commitment to the centrality of protection for all humanitarian actors that was agreed by the IASC Principals in December 2013[3]).

This strategy has been informed by the experiences and lessons learned from implementing minimum standards or guidance from the following humanitarian sectors: Sphere Humanitarian Charter and Minimum Standards; the Minimum Standards for Education in Emergencies (INEE) and for Child Protection (CPMS); the IASC Guidelines on Mental Health and Psycho-Social Support in Emergency Settings (MHPSS Guidelines); Implementation of the Secretary General's Bulletin on the Protection from Sexual Exploitation and Abuse[4] (PSEA); The IASC Commitments to Accountability to Affected Populations/People (CAAP); Protection Mainstreaming; Safe Access to Firewood and alternative Energy (SAFE Guidelines) and gender-sensitive programming (specifically within the WASH sector).[5]

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1 The GBV AoR is one of four AoRs that function as part of the Global Protection Cluster (GPC), co-led by UNICEF and UNFPA.

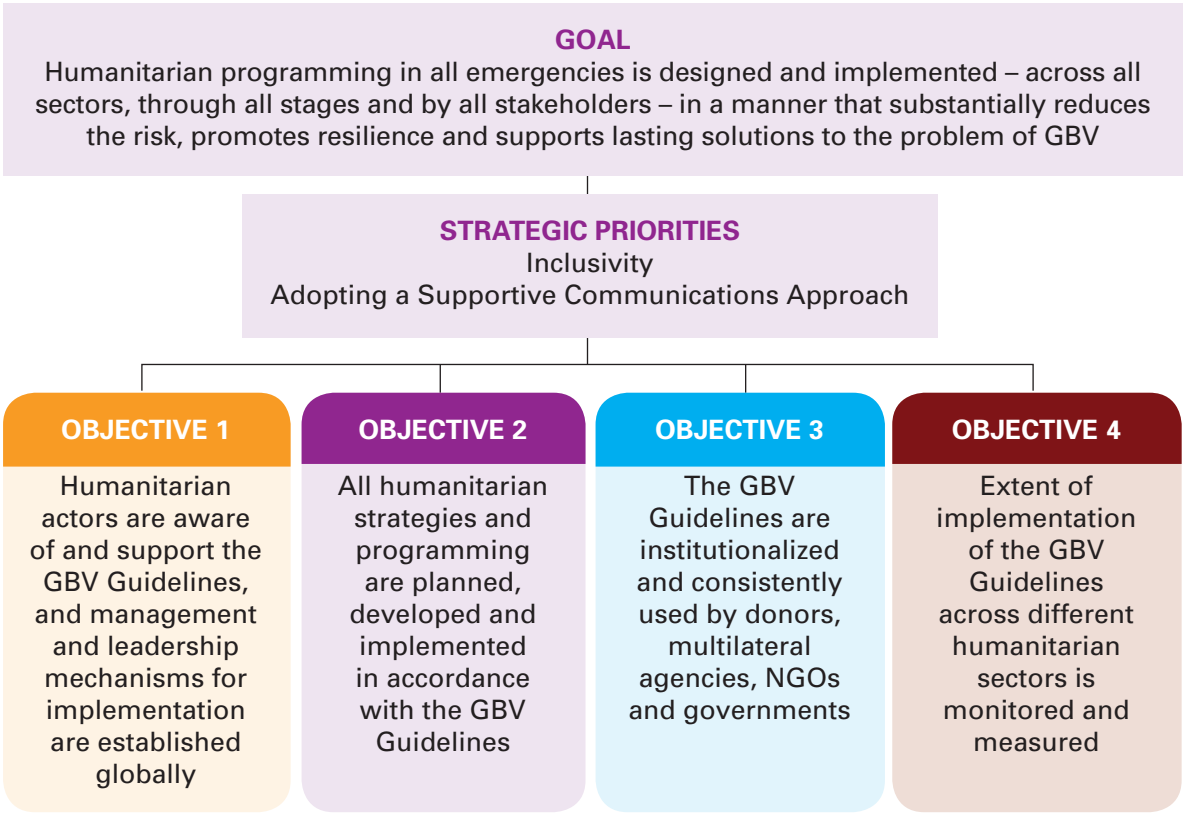
2 For the purpose of this strategy, 'GBV coordination mechanisms' is used as an inclusive term to cover GBV sub-clusters, GBV working groups and any other GBV coordination mechanisms in place in-country. In settings in which a Protection Cluster is activated, a GBV sub-cluster will usually be activated. Where no Protection Cluster is activated, another form of coordination mechanism is required.

3 'The Centrality of Protection in Humanitarian Action, Statement by the IASC Principals', 17 December 2013, <www.refworld.org/pdfid/52d7915e4.pdf>

4 ST/SGB/2003/13

5 This strategy has benefited greatly from the generosity of the other sectors, sharing their wisdom and tools, and draws heavily on the Implementation Strategy for the Child Protection Minimum Standards.

II. Goal, Strategic Priorities and Objectives of the Strategy



III. Target Audience

The primary audience for the GBV Guidelines is non-GBV-specialist stakeholders (national and international) across all sectors of humanitarian response who, by operationalizing the recommendations of the GBV Guidelines throughout their response, can significantly reduce risks for GBV within affected populations in the emergency response.

The primary target audience for this Implementation Strategy is the GBV AoR core membership as representatives of the lead GBV-in-emergency agencies. The strategy recommends the establishment of a dedicated global-level group ('Reference Group')[6] whose purpose is to lead and support the long-term implementation of the GBV Guidelines. Once this group is established, it will be the custodian of the strategy and lead on its operationalization.

At country level, the strategy relies heavily on the GBV coordination mechanism and the leading GBV agencies that form that mechanism (national and international). The agreement of these actors in the field to take the lead in supporting other humanitarian sectors to implement the GBV Guidelines will be a necessary condition of operationalizing the strategy.

The activities/recommendations in this strategy are not ranked in order of priority. All are important. However, the most critical activities (as identified by those sectors consulted on the recent implementation of humanitarian guidance and standards) are **highlighted in bold and underlined.**

[6] See below section 1.3.1.

IV. Strategic Priorities and Objectives

Strategic Priorities

The Implementation Strategy addresses both the approach and the activities supporting sustained implementation of the GBV Guidelines (i.e. the how and the what). The two overarching strategic priorities – (i) Inclusivity and (ii) Adopt a Supportive Communications Approach – inform all relevant aspects of the strategy operationalization (the how), while four strategy objectives address the main activities to support sustained implementation (the what).

(i) Inclusivity

The revision process for the GBV Guidelines has been highly inclusive.[7] Engaging all key GBV agencies and other humanitarian sectors and clusters throughout the implementation process is essential, including for the development of new tools associated with the GBV Guidelines and the processes by which agreement and endorsement are sought.

(ii) Adopt a Supportive Communications Approach

Adopting a supportive, rather than directive, communications tone for all materials and during the conduct of all meetings is a critical part of gaining initial interest and building sustained support. This means:

(ii) a Materials and language with humanitarian actors need to be highly accessible

- Use language that is familiar to the sector/specific actor being addressed. Use the target audience's terminology and examples, building on their experience and existing tools.
- Translate materials into the local language (ensuring that both the words and the cultural meanings of the terms convey the sense intended).
- Use as little GBV jargon as possible.
- Contextualize materials as far as possible for the setting and sector.
- Adapt indicators and data collection methods that are familiar to the sector to monitor the Guidelines' implementation.
- Adjust meeting/training length to the participants (e.g. short meetings for senior staff to respect their heavy workload).

[7] The revision process has included four rounds of global review by cluster partners, representatives of cross-cutting areas and other experts; two rounds of field missions with a total of 10 country visits; feedback from 66 countries and thousands of stakeholders. The Task Team overseeing the revision process was composed of 15 organizations with extensive experience in GBV programming in humanitarian settings.

(ii) b Take a partnership approach

- Emphasize the focus of the GBV Guidelines on supporting other thematic areas to **add value to their existing programmes** by integrating relevant recommendations on GBV prevention and risk mitigation and, for certain sectors,[8] response to the needs of survivors.
- Prioritize the building of relationships with key people/sector representatives.
- Approach meetings/trainings from a stance of partnership, collaboration and respect (e.g. How can we problem solve together to develop the most effective and sustainable plans/interventions for your sector within this context, and build on what you have already done?).
- Don't rush into trainings: Take time in initial meetings to understand and gauge levels of interest, difficulties faced and good practices already employed. Offer training when target people/sectors are already interested.
- GBV actors can take the opportunity to familiarize themselves with the activities of other thematic area interventions while promoting uptake of the GBV Guidelines' recommendations.

(ii) c Emphasize the benefits of integrating prevention and mitigation of GBV risk in other sector interventions

- Highlight how adopting GBV Guidelines' recommendations will strengthen existing programmes and contribute to greater effectiveness and sustainability.
- Demonstrate that integrating GBV Guidelines recommendations will not require significantly more resources (time or financial).
- Illustrate risks to populations of not adopting GBV Guidelines' recommendations (still with a positive focus on how to strengthen the sector response).
- Emphasize links between good practice in integrating prevention and risk mitigation of GBV across all thematic areas with additional possibilities for funding by donors who prioritize GBV.

(ii) d Ensure pragmatism of guidance

- Ensure that all materials acknowledge the significant time and resource constraints of working in crisis settings.
- Ensure practical orientation of all resources (what to do and how to do it).
- Prioritize contextualization of the GBV Guidelines in each emergency setting at different levels.[9]
- Focus on demystification of GBV.

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[8] Apart from those services provided by GBV specialist agencies, the Health, Protection, Education and Child Protection (CP) sectors' response will include services for GBV survivors. For all other sectors, the focus of the GBV Guidelines is on prevention and risk mitigation.

[9] See 2.2.1 for further discussion on contextualization.

OBJECTIVE 1

Humanitarian actors are aware of and support the GBV Guidelines and management, and leadership mechanisms for implementation are established globally

1.1 Prioritize the endorsement of the GBV Guidelines by the IASC and key member agencies and donors to establish the basis of system-wide support

- Ensure the finalized GBV Guidelines meet IASC criteria for endorsement as set out in the IASC Product Guidelines[10]
- Work towards IASC endorsement:
  - Task Team members liaise with key staff in their agencies (including their IASC Focal Point) to build understanding and support for the revised GBV Guidelines.
  - Present the near-final GBV Guidelines to a meeting of IASC Focal Points together with the business case for their revision and a discussion of how the process of revision has met IASC Product Guideline requirements.
  - Propose to the IASC Focal Points that the Working Group meet to discuss the revised GBV Guidelines, and – if they feel that the decision is non-controversial – endorsement can be given electronically.
- At the same time, engage with key donors to request their early endorsement/agreement to use the GBV Guidelines as a key resource for their own GBV programming and funding allocations.[11]

1.2 Disseminate the GBV Guidelines widely and use the launch events to maximize levels of interest and awareness

1.2.1 Make GBV Guidelines highly accessible through different formats and media

- Develop Thematic Area Guides (TAGs) to ensure that short, accessible and practical sector-specific guidance is easily available to field actors, ideally from the launch of the GBV Guidelines.
- Liaise with key actors from each sector to ensure that they own their TAG from the start, including having a forward copy for each TAG by the relevant global cluster lead agency (CLA).
- Disseminate the resources through USB keys, phone apps, hard copies, via the Internet, e-learning (for training) or CD-ROMs to facilitate access to the GBV Guidelines for field staff in a preferred and available medium.

1.2.2 Prepare for initial dissemination and launch

- Translate GBV Guidelines into French, Spanish and Arabic, ensuring translations reflect cultural concepts of terms used as well as direct language translation.

[10] IASC Product Guidelines, 2011

[11] See also actions under Objective 3 – institutionalization of the GBV Guidelines by different actors.

Establish translation groups to oversee the translation process and work with the professional translators and editors.[12]

- Print an agreed number of hard copies of GBV Guidelines for the first round of dissemination and develop USB keys of GBV Guidelines for free distribution.
- Prepare dedicated web pages for the GBV Guidelines on the <www.gbvaor.net> website and trail the launch and the main launch events on the website.
- Identify and liaise with potential networks for dissemination of the GBV Guidelines.[13]
- Prepare a launch pack for high-level and local launch events.
- Develop a communications package[14] on the GBV Guidelines.
- Prepare a 2-page brochure on the GBV Guidelines in English, French, Spanish and Arabic.
- Develop a 3–5 minute video and a photo gallery about GBV in emergencies and, for each of the sectors addressed in English, French, Spanish and Arabic, upload them on the GBV Guidelines web pages. Share sector videos with the relevant global Cluster Lead Agencies (CLAs).
- All GBV AoR agencies commit to support implementation of the GBV Guidelines among their partners as part of AoR membership, and to support the institutionalization of relevant recommendations from the GBV Guidelines within their own agencies.[15]

1.2.3 Identify target roll-out countries for implementation

- Identify 8–10 target roll-out countries for launch and implementation of GBV Guidelines.[16] (See Annex 1 for suggested selection criteria).
- Agree with GBV coordination mechanisms in target roll-out countries that they will lead in-country implementation of the GBV Guidelines.

1.2.4 Launch the GBV Guidelines at global, regional and national events

- Liaise with donors on which launches they will host or sponsor, and the most appropriate form of the launch event for their region/country (e.g. reception/high-level meeting, etc.).
- Liaise with regional IASC forums to ask if they will host launches (Bangkok, Dakar, Panama, etc.).
- Organize high-level launches backed by key donors for headquarters (Geneva and New York) and regional offices (Nairobi, Dakar, Bangkok and Amman initially).
- Provide key regional actors with information on launches and support local launches.[17]

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[12] Annex 6 discusses good practice for translation in more detail.

[13] These networks may include GBV AoR, IASC, ALNAP, Global Protection Cluster, Relief Web, <www.humanitarianresponse.info>, Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, IRIN, Humanitarian Policy Network, InterAction, IFRC, ICVA, regional humanitarian networks, and country and regional GBV coordination mechanisms and their member organizations, particularly operational NGOs and United Nations agencies.

[14] Including social media materials, communications tools for writing on the GBV Guidelines in blogs, journals, etc.

[15] See Annex 10 for suggestions on how to institutionalize the GBV Guidelines.

[16] Choosing the same pilot countries in which to launch the GBV Guidelines as the 8 pilot countries to be/already selected for concentrated support as part of the GBV AoR Workplan (2013–2015) makes sense.

[17] The decision on whether a formal launch will happen in each pilot country will be taken by the Reference Group in discussion with the local/regional GBV Coordination Mechanisms. Whatever is considered the most effective mechanism for promoting awareness of and ownership/uptake of the GBV Guidelines should be undertaken.

- Liaise with leading GBV agencies (UNFPA, UNICEF, IRC, WRC, etc.) to request them to host launches with Reference Group support.
- Keep web page updated with reports of the events (including press releases).

1.3 Establish mechanisms to provide sustained leadership for implementation and uptake of GBV Guidelines

1.3.1 Establish a dedicated global group with responsibility to lead and support implementation over the long term[18]

- Create a dedicated multi-agency group ('Reference Group') to spearhead the sustained implementation of the GBV Guidelines.
- The Reference Group will function as a stand-alone entity leading the implementation of the GBV Guidelines on behalf of the GBV community, with a support secretariat (see below).[19]
- The Reference Group will liaise closely with the GBV AoR coordination unit and keep the membership updated in the monthly telecoms of the AoR. Actions to implement the GBV Guidelines will complement work in emergency settings conducted by GBV AoR personnel (e.g. the Regional Emergency GBV Advisors – REGA and the Rapid Response Team – RRT).
- A detailed ToR for Reference Group members is included as Annex 2. In brief, the Reference Group is the primary 'owner' of this Implementation Strategy and has global lead responsibility for ensuring that it is operationalized. Members will:
  - act as information conduits and catalysts for GBV Guidelines training and implementation in their own agencies in all humanitarian sectors both at HQ and in the field.
  - be advocates for the GBV Guidelines in different forums.
  - lead the development of additional tools and resources as they are required.
  - lead on translation of materials into the main (United Nations) languages, and support other spontaneous translations into other languages.[20]
  - be the custodians of the knowledge repository.
  - mobilize resources for ongoing GBV Guidelines' development and implementation, including for new tools.

1.3.2 Establish an Implementation Support Team for the Reference Group

- Establish a GBV Guidelines Implementation Support Team with dedicated members to support the Reference Group and the field colleagues through the implementation process. It is envisaged that initially, the Implementation Support Team will comprise three full-time members, with more members being recruited if and as support needs increase (after the models of the INEE and Child Protection Minimum Standards). A detailed ToR for Implementation Support Team tasks is included as Annex 3.[21] In brief, Implementation Support Team members will:

[18] Establishing a multi-agency dedicated group to lead the sustained implementation of the Guidelines is one of the single most success criteria of effective long-term uptake of guidance according to the experience of other sectors.

[19] After the model of the INEE Secretariat and based on lessons learned by several of the other sectors consulted

[20] Annex 5 sets out detailed guidelines for translation good practice.

[21] The specific responsibilities of different team members will need to be disaggregated from this Implementation Support Team ToR when they are recruited.

- Support the Reference Group in all their functions as appropriate.
- Be the first point of contact for GBV colleagues in-country.
- Support training in-person or remotely for GBV colleagues in-country themselves and connect field colleagues with Reference Group members who can also support training in-country.
- Be responsible for global monitoring of both the implementation process itself (see Matrix 1 below for indicators) and the collation of field and case study experience, which will be uploaded to the dedicated GBV Guidelines web pages of <www.gbvaor.net>.
- Support the Reference Group with ongoing resource mobilization.

The Implementation Support Team will comprise a dedicated Information Management (IM) member who will be deployed to target roll-out countries to support humanitarian actors in other sectors in developing effective processes by which the indicators included in the GBV Guidelines technical areas sections can be integrated in the monitoring frameworks of all non-GBV-specialist clusters, and regularly monitored and reported. (See below section 4.2.1 and Annex 4.)

1.3.3 Identify GBV Guidelines 'champions' at all levels[22]

- At the earliest moment feasible, the Reference Group will identify and seek support of a very senior global champion or champions (at Head of global Agency level) with a personal commitment to integrating GBV into emergency response. These champions will be the figureheads for the GBV Guidelines and catalyse global-level implementation, leading by example, with high-level engagement for operationalization of the GBV Guidelines through agencies.
- The Reference Group will identify and engage with leaders and opinion leaders at HQ and in target roll-out countries at different levels (e.g. Emergency Directors, HCs, Heads of Agencies, Heads of OCHA offices, Cluster Coordinators, government officials, community leaders and local NGO and CBO staff) to identify champions at several levels who will personally engage and lead implementation within their spheres of influence.
- The Reference Group will provide support as necessary to the global champions.

1.4 Advocacy[23]

A focus on effective advocacy should be maintained over the long term and not just during the initial launch and roll-out of the revised GBV Guidelines. The recently developed Advocacy Handbook of the global GBV AoR includes specific guidance for the development, contextualization and implementation of an advocacy strategy for rolling out the GBV Guidelines. The Handbook is intended to be a living document; advocacy lessons from each experience should be incorporated into the Handbook and guide the ongoing implementation of the GBV Guidelines.

1.4.1 Overarching aim

- Ensure successful uptake of the GBV Guidelines by securing buy-in and ownership from the humanitarian leadership (HC and HCT), sector lead agencies, and within humanitarian organizations, as indicated by:

[22] Annex 6 clarifies the specifics of 'champion' roles at different levels and in different contexts.

[23] This section of the Implementation Strategy is taken from the GBV AoR Advocacy Handbook (2014), <http://gbvaor.net/wp-content/uploads/sites/3/2015/02/GBV-in-Emergencies_Advocacy-Handbook_final.pdf>.

- IASC agencies develop plans within their own agencies to integrate the GBV Guidelines into policies and practices. (Progress on this can be assessed by whether those plans have been developed and put into practice.)
- Global clusters integrate the GBV Guidelines into their policies and practice materials.
- HCs monitor implementation of GBV Guidelines using the recommended GBV Guidelines' indicators in humanitarian country plans and cluster activities.
- Donors require and monitor implementing partners' adherence to the GBV Guidelines in field programmes by integrating GBV Guidelines' indicators in M&E plans.

1.4.2 Helpful elements for messaging – global and field

What are the most persuasive, agreed-upon, inter-agency initiatives, tools, guides and other materials that can be referred to, e.g. commitments under the Transformative Agenda, CERF criteria and others?[24]

- Look at the guiding materials for the clusters/sectors themselves and find *their* language and examples to use for messages.[25]
- Content of messages for individual sectors should come from the GBV Guidelines themselves.
- Stick to accepted language, such as 'lifesaving' as per the CERF, rather than 'prioritizing', which is poorly understood and seems to be somewhat off-putting to others who believe they are also delivering assistance that should be prioritized.
- Materials and language with humanitarian actors need to be highly accessible (as set out in section iia of the Strategic Priorities above).

1.4.3 Messengers

- To the greatest extent possible, messengers should be those leaders/staff who have the greatest leverage or influence with the audiences to be reached. In other words, the AoR should not attempt to undertake this 'missionary' work itself but, rather, should take advantage of the cluster system and mechanisms so that, for example, Shelter experts speak to each other about the importance and utility of the GBV Guidelines, etc.

1.4.4 AoR capacity considerations

- The GBV AoR membership includes representatives of the agencies who have a key role in ensuring that the GBV Guidelines are rolled out effectively. The Reference Group and Implementation Support Team can support their engagement in reaching their own leadership by sharing experience and tools and understanding who is best positioned to do so.
- The GBV AoR Advocacy Task Team can, in principle, help monitor the roll-out from an advocacy perspective and contribute to the design of solutions to address barriers that may arise.

[24] See also the 'Opportunities' section in Part 1 and the 'Helpful Language for Messages' section in Part 2 of the Advocacy Handbook.
[25] See also 'Helpful Language for Messages' in Part 2 of the Advocacy Handbook.

1.4.5 Each country roll-out experience can inform the next

- As the roll-out is planned country by country, think strategically about who is best positioned to do the needed outreach with the key entities. For example, can OCHA convey to HCs how important this exercise is? Can the agency cluster leads do the same with their in-country colleagues? Can in-country activities be designed in such a way that the sectors themselves are leading the activity with the Reference Group and GBV agencies supporting?

1.4.6 Promote the GBV Guidelines at different forums

- The Protection Mainstreaming Task Force of the Global Protection Cluster has agreed that the GBV Guidelines will be introduced, and their content reinforced, during the roll-out of their Protection Mainstreaming guidance.
- Identify high-level events and conferences[26] at which members of the Reference Group and GBV AoR Coordination Unit can promote the GBV Guidelines.
- Target regional humanitarian networks to promote GBV Guidelines regionally.
- Liaise with OCHA and the Emergency Relief Coordinator's Office to determine the best opportunities to raise awareness with HCs and HCTs including in the HC and Deputy HC handbooks and trainings.
- Identify magazines or websites that would be interested in promoting the GBV Guidelines and write articles/blogs/updates.
- Identify academic institutions that run GBV-in-emergency related courses and promote the GBV Guidelines as course material, and through Reference Group members speaking at seminars.

1.4.7 Remember the donors

- Donors can be key allies for promoting the implementation of GBV standards and tools (and have provided funding for their development). Donor engagement in the GBV Guidelines' roll-out is a key point for advocacy. Here are some examples of concrete actions donors can take:
  - At headquarters, donors can contact their respective field leadership about the GBV Guidelines and communicate supportive messages.
  - Donors can strongly encourage/mandate the use of the indicators in the GBV Guidelines for project proposals and reporting by partners.
  - Donors can host or support various activities during the roll-out.

[26] The GBV AoR Advocacy Strategy recommends the development of a calendar of potential GBV-related and non-GBV-related events and contact organizers at which the GBV Guidelines can be introduced

OBJECTIVE 2

All humanitarian strategies and programming are planned, developed and implemented in accordance with the GBV Guidelines

2.1 GBV coordination mechanisms in target roll-out countries lead and support implementation in-country

2.1.1 GBV coordination mechanisms need to take the lead and provide practical expertise in-country

- In-country, GBV coordination mechanisms and the key GBV partners need to catalyse and lead implementation of the GBV Guidelines and act as the primary 'go-to' experts on GBV for all the non-GBV-specialist thematic areas.
- Protection Clusters (where activated) will provide support to the GBV sub-clusters to support implementation of the GBV Guidelines' recommendations across all sectors, and could take the lead where there is no GBV coordination mechanism.[27]
- Annex 7 provides a checklist of the main roles of GBV coordination mechanisms in-country to lead and support GBV Guidelines implementation. Specific activities are also included throughout the strategy as relevant to the objective.

2.2 Prioritize training at country level as a primary mechanism for building understanding and uptake of the GBV Guidelines

2.2.1 Contextualize roll-out/training materials for target roll-out countries

- Training materials for roll-out to different audiences have been developed and field tested during the revision process and will be on the dedicated GBV Guidelines web pages of <www.gbvaor.net> (including materials for introduction/trainings for HCs, Heads of Agencies/Humanitarian Country Team members, sector coordinators, agency programmers, government, local civil society and participants from different sectors).
- Key agencies that participate in the GBV coordination mechanism will lead on training in-country supported by the Reference Group.

2.2.2 GBV coordination mechanisms lead initial training and support follow-on training

- GBV coordination mechanisms in-country will lead in-country roll-out, including initial trainings with humanitarian stakeholders, in close partnership with those thematic area coordination mechanisms that are participating in the trainings (including government actors) to promote cross-sector ownership of the GBV Guidelines.
- Work towards a goal (within 2–3 years) of having most training on the GBV Guidelines conducted by sectors/agencies for their own staff, supported by a GBV expert in-country and, if necessary, with remote support from Implementation Support Team Members.

[27] The GPC is currently rolling out the Protection Mainstreaming. The revised GBV Guidelines is one of the five key references for Protection Mainstreaming, and uptake of the GBV Guidelines is one element of operationalizing Protection Mainstreaming.

2.2.3 Target participants for training who will champion further implementation

- Agree criteria to guide the selection of training participants in-country:
  - With the aim of identifying champions within different sectors and agencies at different levels who will lead the implementation of the GBV Guidelines within their sector/agency.
  - Include participants who will become a resource providing GBV capacity, which can be embedded in other sectors in-country to support implementation of guidance into sector programmes (e.g. women's rights and human rights group members).
- Seek agreement to train ProCap and GenCap and other technical advisors[28] globally.

2.2.4 Ensure that the training approach is aligned with a supportive communication approach

- Trainings should:
  - Build on programmes already in place, and use relevant tools developed by the thematic area being trained.
  - Be highly participatory and involve participants in formulating their own solutions.
  - Involve participants in envisioning what their programmes will look like when the GBV Guidelines are integrated throughout and develop action plans accordingly.
  - Encourage innovative methods of implementing the action plans developed during training.
  - Use materials translated into local languages as far as possible.

2.2.5 Build in follow-up for trainees

- As appropriate to the capacity and context, institute a system whereby participants commit to facilitating at least two trainings in their own organizations following their training (together with GBV experts to support trainings).
- Schedule follow-up trainings/regular meetings for past trainees that will include exchange of experience on challenges and opportunities encountered.
- Establish mechanisms to stay in touch with past trainees and provide support with tools/materials.[29]
- Encourage trainees to contribute to the overall knowledge base through documenting their experience to share on the knowledge hub (see below section 4.1.1 and Annex 12).

2.2.6 Establish an email Helpline to deal with queries on implementation of GBV Guidelines

- The Implementation Support Team will establish and manage a Helpline on issues relating to in-country implementation of the GBV Guidelines, by which email queries can be sent and answered, to support agencies, sectors and GBV coordination mechanisms leading and implementing the GBV Guidelines.[30]

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[28] E.g. Technical Advisors working on Reproductive Health, WASH, SAFE, etc.

[29] In-person is best but there could be a standardized SurveyMonkey as well

[30] The Helpline will use the model currently used by the Global Protection Cluster and the Child Protection Working Group Helplines. Annex 8 provides guidance on the nature and processes of the proposed Helpline.

- Identify 1–2 experts per topic (e.g. Reference Group members) on key issues of the GBV Guidelines available to respond to email queries from implementing agencies and coordination mechanisms.
- Questions and answers will be displayed on the dedicated GBV Guidelines' web pages for other stakeholders to reference.

2.3 Prioritize contextualization of GBV Guidelines

- GBV actors lead and support contextualization of GBV Guidelines in different settings and at different levels (national, regional, sub-regional, etc.) to ensure that GBV priorities for the particular settings are agreed and integrated across different thematic area programming. (Annex 9 sets out steps to contextualize the GBV Guidelines and TAGs.)
- Collate experience of target roll-out countries on contextualization and share on <www.gbvaor.net>.

2.4 GBV coordination mechanisms and key actors make available expert GBV capacity to support roll-out, implementation and technical assistance on the GBV Guidelines

- Use national and regional GBV expertise to support GBV Guidelines implementation, e.g. Regional Emergency GBV Advisors (REGA)[31] and national women's and human rights NGO members.
- Systematically capture experience of implementation in different settings to share on GBV Guidelines' web pages of <www.gbvaor.net>.

2.5 Advocate globally and in-country for integration of GBV Guidelines throughout emergency preparedness and response assessments and plans

- At global forums, Reference Group membership should advocate for inclusion of GBV Guidelines in country-level inter-cluster strategies and training materials of non-GBV-specialist sectors.
- In-country, GBV coordinator and CLA members advocate at all levels for relevant aspects of the GBV Guidelines to be included in MIRA, Strategic Statements, Strategic Response Plans and other Humanitarian Programme Cycle products, and in national plans.
- In-country, CLA members advocate for and support inclusion of programming to prevent and mitigate GBV risks across sector-specific plans in HCT and inter-cluster meetings and with Head of OCHA.
- Reference Team members advocate within their own agencies for implementation of GBV Guidelines in their own agency country response plans.

[31] REGA are regionally based GBV Capacity Development staff who could support trainings, contexualization processes and post-training follow-up with other technical areas, once they are trained on the GBV Guidelines.

OBJECTIVE 3

The GBV Guidelines are institutionalized and consistently used by donors, multilateral agencies, NGOs and governments

3.1 Reference Group members lead the operationalization of the GBV Guidelines' recommendations in their own agency global strategies and policies

- Reference Group members advocate for and lead operationalization of the GBV Guidelines within their own agency humanitarian strategies and policies, programming and monitoring tools, both at HQ and in-country.[32]
- Facilitate the participation of their member agency and support national-level implementation processes such as contextualization processes in-country.

3.2 GBV AoR members commit to institutionalization of the GBV Guidelines' recommendations

- GBV AoR membership requirements are revised to include a commitment to institutionalize the GBV Guidelines' recommendations through agency strategies, policies, guidance and programming across all sectors.

3.3 Work with humanitarian agencies to use GBV Guidelines to inform their funding proposal guidance

- Partner with agencies already addressing GBV in emergencies (in addition to those represented on the Reference Group) to use GBV Guidelines to inform their agency funding proposal guidance.
- Conduct orientation sessions with those agencies to discuss how to incorporate GBV Guidelines into their plans, policies, strategies and funding guidance.
- Request agency endorsement of the GBV Guidelines.

3.4 Work with key donors to adopt GBV Guidelines to inform their policies and funding criteria[33]

- Approach donor governments already championing GBV in emergencies to request their support to institutionalize the recommendations from relevant thematic sections of the GBV Guidelines across their organization.

[32] See Annex 10 for suggested steps for institutionalization of the GBV Guidelines in donor and multilateral organizations. The steps can also be used to develop a checklist to monitor institutionalization.

[33] See also Annex 10.

- Conduct orientation sessions with interested donors and government representatives to discuss how best to support programming that addresses prevention, risk mitigation and, for certain sectors,[34] response appropriate to each context and thematic area.
- Promote internal awareness of, and use of, the GBV Guidelines, ensuring that incoming and existing staff are aware of them and use them.
- Advocate for GBV expertise on funding allocation committees, inclusion of GBV Guidelines' recommendations in guidance for developing funding proposals and tracking of GBV spending within other thematic area projects.
- Use the GBV Guidelines to inform training for staff and surge networks deployed to emergencies for all functions (assessments, planning, programming, etc.).
- Include implementation and support of the GBV Guidelines in the Women, Peace and Security working groups.
- Advocate for regular inclusion of data assessing the degree to which relevant programming is in line with GBV Guidelines' recommendations as part of monitoring and reporting.
- Advocate for inclusion of programming to mitigate risks of GBV across all thematic areas as part of real time and other evaluations of emergency response.
- Champion the GBV Guidelines in external forums.

3.5 Work with governments[35] engaged in crisis preparedness and response to integrate GBV Guidelines' recommendations into national policies/ strategies for emergency preparedness and response[36]

- Support government engagement in contextualization of the GBV Guidelines across all sectors.
- Conduct orientation sessions with government counterparts (national and sub-national) to discuss how to incorporate GBV Guidelines' recommendations into emergency plans, policies and strategies across all sectors of their response.

[34] Health, Education, Protection and Child Protection

[35] The long-term sustainability of GBV Guidelines implementation will depend on the degree to which governments responding to emergencies integrate the recommendations into national and sub-national emergency policies and strategies and the outworking of these in practice, at all levels. Engagement with national counterparts is therefore a priority to support their awareness of, familiarity with and uptake of the GBV Guidelines' recommendations through all emergency sectors and mechanisms.

[36] Annex 11 provides suggested activities for government implementation of GBV Guidelines in different sector national response plans/ policies.

OBJECTIVE 4

Extent of implementation of the GBV Guidelines across different humanitarian sectors is monitored and measured

4.1 Build an evidence base

4.1.1 Establish a dedicated knowledge repository

- Establish dedicated web pages for the GBV Guidelines on the <www.gbvaor.net> website, to host a knowledge repository to provide easy access to the GBV Guidelines, all tools and collated case studies. Monitoring and evaluation results will also be uploaded on the web pages to build the evidence base for GBV in emergency programming across all sectors.[37]
- Liaise with all the global clusters and the IASC Secretariat and request that they also upload the GBV Guidelines to their own websites, or at a minimum the Thematic Area Guides (TAGs) for their sectors, with associated tools.
- Systematically collect evidence from other humanitarian sectors of how, *from their perspective,* incorporating measures to prevent/mitigate risk of GBV into their programmes has enhanced the quality, sustainability and/or results overall of their programmes.[38,39]
- Liaise with other thematic areas to collate monitoring data and evaluation results to demonstrate that integrating GBV Guidelines' recommendations adds value to existing programmes and does not entail significantly more time or financial input.
- Upload results of assessments and evaluations conducted across all sectors that demonstrate results of implementing recommendations from the GBV Guidelines.
- Keep web pages updated with news of GBV in emergency events, significant agreements and progress in different regions.
- Capture human-interest stories and quotes that can be used for advocacy/communications.

4.1.2 Resource systematic collection and management of knowledge relating to implementation

- Share case study template[40] with GBV colleagues and through trainings with other thematic area field colleagues, and promote the collection of experience of multi-sector implementation of the GBV Guidelines in different settings. Upload case studies on the dedicated web pages.
- Dedicate Implementation Support Team member time to collecting or supporting country partners in collecting case studies.

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[37] A potential model is the INEE toolkit, <http://toolkit.ineesite.org/overview_of_the_inee_toolkit>.

[38] E.g.: Brun, D. *Demystifying Gender: Lessons learned from the implementation of minimum commitments for gender programming in emergency WASH response – A case study from the DRC*, <http://washcluster.net/wp-content/uploads/sites/5/2014/06/IASC-Demystifying-Gender-WASH-Case-Study.pdf>

[39] One method of collecting the evidence/data in the following three points would be use of regular SurveyMonkey surveys.

[40] Annex 12

4.2 Monitoring and evaluation

Monitoring and evaluation[41] associated with the GBV Guidelines will address two separate, but related, foci:

1. The *process of implementation*, i.e. the roll-out activities globally and in-country and to what extent GBV Guidelines recommendations are taken up and implemented by non-GBV-specialist sectors in emergency settings; and

2. *Results in terms of more effective prevention and mitigation of GBV risks across all sectors of humanitarian response,* i.e. how effective have the GBV Guidelines been in catalysing crisis response in which humanitarian actors and communities coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response.

4.2.1 Dedicated information management capacity

- Recruit an IM team member for the first two years' roll-out of the GBV Guidelines as part of the Implementation Support Team, to provide remote and in-country support. A detailed ToR for this role is included as Annex 4. Key responsibilities/roles will include:
  - Leading the baseline study of selected sectors in designated roll-out countries (see below).
  - For all eight roll-out countries, provide remote and in-country support (deployments to four roll-out countries per year) to work with selected sectors to help them integrate indicators from the relevant sections of the GBV Guidelines into their own sector monitoring frameworks.
  - Support these sectors to monitor these indicators and collate results.
  - Share monitoring results with GBV colleagues in-country and with the Reference Group bi-annually.
  - Monitoring results from target roll-out countries will be shared through the dedicated <www.gbvaor.net> web pages to inform lessons learned for good practice more widely.

4.2.2 Establishing baselines

- Prior to the start of the GBV Guidelines' roll-out in designated target roll-out countries, conduct a baseline study of selected sectors (between 2–5 sectors in each of the 8 target roll-out countries) with the objective of understanding the pre-roll-out state of GBV programming by non-GBV-specialist sectors.
- The baselines will establish benchmarks[42] against which progress can be measured for both M&E foci.
- The IM team member will lead these baseline studies with consultant support.

[41] Effective project management involves systematic monitoring and evaluation. For GBV-related programming in emergencies, there is an added imperative to collect data on the effectiveness of integrating GBV risk mitigation and recovery actions in humanitarian response: to strengthen the evidence base for 'what works' in different sectors and different emergency settings.

[42] See Annex 4 for further details of the baseline surveys.

4.2.3 Monitoring

- **M&E Focus 1: Monitoring the implementation process:**
  - Reference Group remit (supported by the Implementation Support Team) includes regular monitoring and reporting (e.g. every six months) of the implementation process to ensure that the process remains on track in each setting, and to inform Reference Group decisions/actions on how to maintain momentum and achieve greatest levels of uptake for implementation.
  - Suggested implementation process indicators are provided below in Matrix 1. Additionally, some of the indicators provided in the different thematic areas of the GBV Guidelines that measure levels of uptake of GBV Guidelines' recommendations in response-wide and sector-specific strategies, plans, assessments and proposals will inform the implementation process.
- **M&E Focus 2: Monitoring effective prevention and mitigation of GBV risks across all sectors:**
  - Use of a range of relevant indicators that measure real or perceived reduction in GBV risks and mitigation occurring as a result of integrating GBV Guidelines recommendations, including:
    - relevant indicators included in each thematic area section of the GBV Guidelines.
    - OCHA-led cluster indicator repository.
  - Integrate relevant indicators from the GBV Guidelines into other monitoring systems being used in emergency settings, such as the Displacement Tracking Matrix (DTM)[43] developed by the Global CCCM cluster, and use the results of DTM monitoring as appropriate.

Matrix 1: Suggested Indicators to Measure Progress of GBV Guidelines Implementation

OBJECTIVES	OUTCOMES	OUTCOME INDICATORS	SOURCE OF DATA	FREQUENCY OF MONITORING
OBJECTIVE 1: Humanitarian actors are aware of and support the GBV Guidelines, and management and leadership mechanisms for implementation are established globally	Increase in awareness and understanding of the GBV Guidelines	# of HQ/regional/country based launches # of people attending launches/awareness-raising sessions	Launch records	Twice/year
		# of downloads of GBV Guidelines of field guides from web pages	Web page records	Twice/year

[43] DTM is a participatory tool to track and monitor the IDPs in camps or camp-like settlements. It tracks IDPs and monitors services, assistance, access and protection provided to them by various humanitarian actors. For a more detailed explanation of the DTM, see http://www.iom.int/files/live/sites/iom/files/What-We-Do/docs/DOE-Infosheet-DTM-v2-1.pdf

Matrix 1: Suggested Indicators to Measure Progress of GBV Guidelines Implementation (continued)

OBJECTIVES	OUTCOMES	OUTCOME INDICATORS	SOURCE OF DATA	FREQUENCY OF MONITORING
OBJECTIVE 2: All humanitarian strategies and programming are planned, developed and implemented in accordance with the GBV Guidelines	Increase in use of the GBV Guidelines in emergency settings across different thematic areas	# of single- or multi-cluster/ sector/government assessments incorporating at least one suggested question from the GBV Guidelines	Assessment tools and reports/ SurveyMonkey results	Twice/year or when assessments/surveys are conducted
		# requesting support from Helpline	Helpline records	Once/year
		% of active clusters/ sectors in each emergency setting with a GBV Focal Point	GBV coordination mechanism records	Twice/year
		# of clusters/sectors/ government agencies that have requested and received technical support from the GBV coordination mechanism (disaggregated by sector and geography)	GBV coordination mechanism records	Twice/year
	Enhanced capacity among non-GBV-specialist humanitarian sectors staff to plan and implement context-appropriate programming to mitigate risks of GBV as part of their response	# of contextualization exercises undertaken	GBV coordination mechanism	Once/year
		# of Strategic Statements and Strategic Response Plans including GBV Guidelines' recommendations	Strategic Statements and Strategic Response Plans	Once/year
		# of GBV risk mitigation strategies that have been implemented by non-GBV-specialist clusters/sectors/ government agencies (disaggregated by sector and geography)	Non-GBV-specialist sector & SRP monitoring/ evaluation reports/ SurveyMonkey results	Once/year
		% of active clusters/ sectors in-country that have participated in GBV Guidelines' trainings (disaggregated by sector/geography)	Cluster/sector meeting minutes, GBV coordination mechanism training records	Twice/year
		# of participants attending trainings (disaggregated by geography)	Training records	Twice/year
		% increase in participants' understanding of the GBV Guidelines as a result of training	Participant self-evaluations pre- and post-training	All trainings conducted

(continued)

Matrix 1: Suggested Indicators to Measure Progress of GBV Guidelines Implementation (continued)

OBJECTIVES	OUTCOMES	OUTCOME INDICATORS	SOURCE OF DATA	FREQUENCY OF MONITORING
OBJECTIVE 3: The GBV Guidelines are institutionalized and consistently used by donors, multilateral agencies, NGOs and governments	Donors, agencies, NGOs and government partners regularly use and advocate for use of the GBV Guidelines	# of donors institutionalizing GBV Guidelines approaches in their selection criteria for funding proposals	Donor funding criteria	Once/year
		# of government bodies (national and local government) integrating GBV Guidelines' recommendations into national policies/ strategies	Government policies/ strategies	Once/year
OBJECTIVE 4: Extent of implementation of the GBV Guidelines across different humanitarian sectors is monitored and measured	Monitoring and Evaluation findings show increasing uptake and impact of implementation of the GBV Guidelines	# or % of clusters/ sectors that have incorporated at least two relevant indicators recommended in GBV Guidelines in their regular monitoring processes	Cluster M&E Framework/ SurveyMonkey results	Once/year or when Cluster M&E Frameworks are developed
			Feedback on website	Once/year
		# of practitioners from different sectors reporting that using GBV Guidelines has enhanced their sector's programme	Evaluation reports	Once/year
		# of sector-specific evaluations reporting enhanced quality of programming because of integration of GBV Guideline recommendations		

- IM team member will support local GBV coordination mechanism IM staff to collate findings from the different monitoring frameworks/tools and share results and lessons learned on the dedicated GBV Guidelines website to inform other countries' IM systems.
- Monitoring results will inform ongoing implementation and can be used for donor and other reporting, and as source material for advocacy.
- Routinely share data collected with the HCT membership and other decision makers in-country and globally, to inform their reports and communications materials.
- Report results of monitoring on GBV Guidelines in the Annual Meeting of GBV AoR on an annual basis.

4.2.4 Evaluation

- Evaluation of the Implementation Process:
  - Reference Group will commission and oversee a series of independent Real Time Evaluations (RTEs) during 2015 (one) and 2016 (two). RTEs, conducted in the early years of the implementation process, will focus primarily on how effective the roll-out processes are in target roll-out countries, to inform the implementation process in real time and to enable the Reference Group to make any necessary changes. If evidence of changes in prevention and mitigation of GBV is available, RTEs will also note these. An RTE ToR template is included as Annex 13. The ToR template should be customized to the setting/emergency to be evaluated.
- Evaluation of the extent to which the GBV Guidelines have achieved their stated purpose: "to assist humanitarian actors and communities affected by armed conflict, natural disasters, and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) across all sectors of humanitarian response":[44]
  - Five years after the initial launch, the Reference Group will commission an independent evaluation of the contribution of the GBV Guidelines to more effective prevention and mitigation of GBV across all sectors of humanitarian response. ToRs will be developed at the time of the evaluation to clarify the number of countries being evaluated and the scope and detailed objectives of the evaluation. While the primary focus will be on the extent to which the GBV Guidelines have met their purpose, a consideration (drawing on the monitoring and RTE findings) on how differences in roll-out processes in different emergency settings has impacted this purpose will be included to inform future roll-outs.[45]
  - Draw on other evaluations of GBV integration across humanitarian responses, including the two evaluations being conducted in pilot countries as part of the OFDA Real Time Accountability Partnership.
  - Ensure that evaluations and reviews of programming by non-GBV-specialist sectors include an assessment of the degree of implementation of the GBV Guidelines and with what results (see Annex 14 for suggested questions for inclusion in evaluation ToRs).
  - Use baselines and results of regular monitoring to inform all evaluations.

[44] GBV Guidelines Introduction, first paragraph

[45] As it is envisioned that this version of the GBV Guidelines will be in circulation for about 10 years, this element of the evaluation of effectiveness can inform ongoing decisions of the Reference Group on the most effective ways to continue the implementation of the Guidelines.

V. Resource Implications of the Strategy

The strategy outlines the priority actions to catalyse the ongoing implementation of the GBV Guidelines across humanitarian programming. While many of the activities in the Implementation Strategy can be started without raising additional resources, other recommendations have long-term resource implications that will necessitate financial commitments from donors and lead agencies. Building on the experience of those sectors that have implemented guidance/standards for humanitarian programming, this resourcing is necessary both in monetary funding and through support in kind – e.g. through providing dedicated staff time by members of the Reference Group or in-country member agencies of the GBV coordination mechanisms.

A detailed Funding Proposal has been prepared for those activities that will require additional financial resources to accompany this Implementation Strategy.

VI. Time Frame

The overarching goal of the GBV Guidelines is system-wide change to achieve implementation of GBV-sensitive approaches and programming across all humanitarian planning and response. While this strategy details priorities and activities for the first 2–3 years, there is a need for at least a decade-long commitment from GBV actors globally, including commitment of dedicated capacity and representation on the Reference Group and to resource the Implementation Support Team.

ANNEX 1

CRITERIA FOR SELECTION OF TARGET ROLL-OUT COUNTRIES

The Implementation Strategy calls for the selection of target roll-out countries in which the GBV Guidelines will be rolled out initially with additional support. The specific number of target roll-out countries will be for the Reference Group to decide, but the Implementation Strategy suggests eight countries, to overlap with those selected as part of support to high-risk countries as part of the GBV AoR Workplan 2013–2015 (output 1.3).

Desired results of working with target roll-out countries:

(i) To achieve wide awareness and uptake of the GBV Guidelines' recommendations across all sectors of the emergency response in-country.

(ii) To identify and support champions for the GBV Guidelines at different levels, in different sectors and among international and national responders, to promote uptake of the GBV Guidelines.

(iii) For different sectors to own their own response strategies that address GBV risk prevention and mitigation and promote these among their peers.

(iv) To learn what works in different settings so that the GBV AoR can delineate working strategies for field teams to use as they roll out the new GBV Guidelines in the coming years.

(v) To build a body of evidence of integrating programming that addresses GBV risk prevention, mitigation and – for those non-GBV-specialist sectors with responsibility to provide services for GBV survivors[46] – response to inform future programming and interventions.

(vi) To put in place the first steps towards programming that integrates GBV prevention, mitigation and – for those non-GBV-specialist sectors with responsibility to provide services for GBV survivors – response, being accepted as an integral element of quality emergency response across all sectors.

Selection criteria:

1. Countries at medium to high risk of recurring emergencies (conflict and natural disasters), or countries experiencing protracted emergencies.

2. An HC who is already sympathetic to, and prepared to lead on, stressing the importance of integrating the prevention and mitigation of GBV risk across the humanitarian response.

3. Functioning GBV sub-cluster/coordination mechanism at national and field levels strong enough (either the coordinator or key member agencies) to lead on in-country orientation and training of the GBV Guidelines with support from the global Reference Group.

[46] Health, Protection, Education and Child Protection

4. Ideally secondary and primary data that permit the establishment of a baseline of integrating GBV elements across all sectors' response, so that progress in terms of addressing GBV appropriately can be measured against the baseline over time.

5. A well-functioning DTM as part of the CCCM cluster.

6. Presence of functioning clusters/coordination mechanisms in — at a minimum — Health, Protection, Education, WASH, Shelter and CCCM.

7. Strong national leadership/interest in GBV programming and coordination.

8. Geographic and cultural spread (minimum of one country in each of Latin America & Caribbean, Asia Pacific, Middle East and North Africa, East Africa, West Africa) including some countries that are part of a regional emergency (e.g. Sahel, Horn of Africa, Syria crisis).

9. Range of emergency types — sudden onset/protracted; conflict/disaster; food security/flooding/earthquake, etc.

ANNEX 2

REFERENCE GROUP TERMS OF REFERENCE

Background

The Gender-Based Violence Area of Responsibility (GBV AoR) is one of four AoRs within the Global Protection Cluster (GPC). As part of their mandate to provide guidance on prevention of and response to gender-based violence (GBV) in emergencies, the GBV AoR has revised and updated the 2005 IASC *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* (the 'GBV Guidelines'). The revised GBV Guidelines will be finalized in 2015. The overall goal of the revised GBV Guidelines is to support humanitarian stakeholders (international and national actors across all humanitarian sectors) to fulfil their responsibility to protect all those affected by crises, by:

1. Reducing risk of GBV by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian response.
2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support.
3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

To promote sustained, systematic uptake of the GBV Guidelines by humanitarian stakeholders, a detailed Implementation Strategy has been developed. This strategy aims to catalyse system change with the result that all humanitarian programming is planned and implemented to prevent and mitigate risks of GBV, and – for those non-GBV-specialist sectors with responsibility to provide services for GBV survivors[47] – to respond effectively to the needs of GBV survivors.

An inter-agency Task Team (c. 15 agencies + independent consultants) has overseen the revision process. As the focus shifts to implementation, and based on the experience of other humanitarian sectors that have developed and implemented minimum standards or guidance, the Task Team has been replaced by a global-level Reference Group to lead the initial roll-out and operationalize the Implementation Strategy.

While liaising closely with the GBV AoR coordination unit, the Reference Group is not a Task Team of the GBV AoR, but a separate group leading the implementation of the GBV Guidelines on behalf of the GBV community. The Reference Group will be supported by a dedicated Implementation Support Team.

This ToR covers the first three years of the GBV Guidelines' implementation, but it is envisaged that the Reference Group and the process of implementation will continue over the long term and will need resourcing (human and financial) over a period of perhaps 10 years.

[47] Health, Protection, Education and Child Protection

Reference Group Purpose

The Reference Group is an action-oriented group overseeing and leading, at global level, the effective implementation of the GBV Guidelines. The objectives of the Reference Group include:

1. Leading the process of rolling out the GBV Guidelines and facilitating ongoing integration of the core principles into all sectors of emergency response.
2. Effective, ongoing advocacy for the GBV Guidelines and implementation of the recommendations.
3. Mobilizing resources for ongoing GBV Guidelines' implementation.
4. Leading development of associated tools and sharing these with relevant actors in the field.
5. Encouraging individual agencies to institutionalize the GBV Guidelines.
6. Promoting and supporting ongoing capacity development to enable effective use of the GBV Guidelines and related tools.
7. Collating and sharing experiences of the GBV Guidelines' implementation among humanitarian actors.
8. Facilitating language translations, printing and disseminating the GBV Guidelines in various media.
9. Monitoring and evaluating the use and impact of the GBV Guidelines.

The Reference Group will be co-led by one of the Global Co-Lead Agencies of the GBV AoR[48] and one NGO partner. Each co-chair will dedicate 25 per cent of her or his time to the GBV Guidelines implementation.[49]

Reference Group Membership

The Reference Group membership is made up principally of those agencies that have been members of the GBV Guidelines revision Task Team. Ideally, each agency will have a primary representative (usually the GBV Focal Point) who functions as the regular representative, and a second representative (who may be from another humanitarian sector) who follows the work of the Reference Group and can step in if the key person is unavailable. The Reference Group should include 1–2 members who are also members of the Advocacy Task Team, or who perform an advocacy role within their own organization. Reference Group members need to be appropriately positioned within their organization to meet the roles and responsibilities of the Reference Group, regarding influencing decision makers and colleagues within their own agencies. As there is considerable overlap between the membership of the Task Team, which oversaw the revision of the GBV Guidelines, and the Reference Group, continuity of process and institutional memory of the revision process will be assured.

[48] UNICEF and UNFPA

[49] This recommendation is based on the model of the CPWG and their very successful ongoing roll-out of the Child Protection Minimum Standards (CPMS). The CPMS co-chairs of the Implementation Task Team are 50 per cent dedicated to the roll-out, and are available to support in-country training events as well as leading the Implementation Task Team.

Structure of the GBV Guidelines Implementation and Operationalization Process

REFERENCE GROUP
1 primary representative from each agency wishing to be part of the Reference Group
(supported by an informed second from each agency)

2 Co-Chairs (with 25 per cent of their time dedicated to this role)
1 representative from a Global Co-Lead + 1 from an NGO member
manages the process, drives consensus and implements decisions

Advisory Group
GBV AoR Coordinators, donors, experts
invited to participate in Reference Group meetings to advise on specific issues or during consultancy contracts (e.g. to provide input on the development of tools, or future revision of the GBV Guidelines)

GBV AoR wider listserv membership
including GBV AoR in emergency practitioners, academics and others within the GBV in emergency field, for wider feedback and information sharing

In addition, an Advisory Group consisting of Country GBV Coordinators, donors, individual consultants and experts can be called upon to join Reference Group meetings as the Reference Group deems necessary, to advise on specific issues or to develop additional tools and resources.

All members of the open GBV AoR listserv will be updated periodically on implementation progress. Implementation of the GBV Guidelines will complement work in emergency settings conducted by GBV AoR personnel (e.g. the Regional Emergency GBV Advisors [REGA] and the Rapid Response Team [RRT]).

Duties and Responsibilities of the Reference Group

General:

- Be responsible for keeping their respective agencies and partners informed, and be channels to provide agency input into the implementation of the GBV Guidelines and any tools/resources that may be developed over the coming years.
- Participate in a monthly telecom and one face-to-face meeting per year to contribute to the planning and monitoring of all inter-agency work related to the dissemination, implementation and evolution of the GBV Guidelines.
- Liaise with GBV AoR Task Teams on issues of common interest.

Dissemination:

- Ensure widespread dissemination of the soft or hard copy of the GBV Guidelines within their respective agencies and key partners
- Liaise with humanitarian staff within their agency and partners (e.g. humanitarian advisors/officers, and relevant sector leads) to ensure that they are aware of the GBV Guidelines and participate in training or (at a minimum) have sufficient knowledge to contribute to internal capacity building.

- Ensure their agency promotes the awareness and use of the GBV Guidelines with local partners and communities, as well as with international partners and humanitarians in other sectors.
- Be advocates and champions for the GBV Guidelines in different forums (see section 1.4 above).

Implementation:

- Take ownership and catalyse operationalization of the GBV Guidelines' Implementation Strategy, roll-out plans and major GBV Guidelines communication and advocacy messages.
- Contribute to the reviews and approval process of the translations of the GBV Guidelines, in accordance with in-house language capacity.
- Facilitate the participation of their member agencies in regional- and national-level launches of the GBV Guidelines and provide technical, logistical or financial support to national GBV coordinating mechanisms to plan and implement launches, according to local needs and resources.
- Facilitate the participation of their member agency and support national-level implementation processes such as contextualization processes in-country.
- Facilitate the participation of their agency staff in inter-agency trainings and training of trainers (ToT). Negotiate the allocation of staff time to conduct further trainings (with GBV expert support).
- Lead/support the development of GBV Guidelines related inter-agency tools over time.
- Ensure GBV risk reduction, prevention and response principles, standards and measurements are incorporated/fed into relevant agency-specific tools, formats, policy and strategy documents.
- Function as members of the Helpline established to field email queries on GBV Guidelines' implementation (i.e. be designated Focal Points for queries relating to specific areas of expertise).
- Lead and support (within their agencies and key partners) systematic collection of case studies/lessons learned to be shared on the dedicated <www.gbvaor.net> web pages for the GBV Guidelines.
- Report back to the Reference Group on progress against operationalization monitoring tools in their agencies and key partners (as one mechanism of peer accountability).

Evaluation

- Initiate, design and manage evaluations assessing the effectiveness of GBV Guidelines' uptake across all sectors of humanitarian response to prevent and mitigate GBV risk.

ANNEX 3

IMPLEMENTATION SUPPORT TEAM MEMBER ROLES AND RESPONSIBILITIES[50]

Background

The Gender-Based Violence Area of Responsibility (GBV AoR) is one of four AoRs within the Global Protection Cluster (GPC). As part of their mandate to provide guidance on prevention of and response to gender-based violence (GBV) in emergencies, the GBV AoR has revised and updated the 2005 IASC *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* (the 'GBV Guidelines'). The revised GBV Guidelines will be finalized in 2015. The overall goal of the revised GBV Guidelines is to support humanitarian stakeholders (international and national actors across all humanitarian sectors) to fulfil their responsibility to protect all those affected by crises, by:

1. Reducing risk of gender-based violence by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian response.

2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support.

3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

To promote sustained, systematic uptake of the GBV Guidelines by humanitarian stakeholders over the long term, a detailed Implementation Strategy has been developed. The strategy aims to catalyse system change in order that all humanitarian programming is planned and implemented to prevent and mitigate risks of GBV, and – for those non-GBV-specialist sectors with responsibility to provide services for GBV survivors[51] – to respond effectively to the needs of GBV survivors.

An inter-agency Task Team (c. 15 agencies + independent consultants) has overseen the revision process. As the focus shifts to implementation, and based on the experience of other humanitarian sectors that have developed and implemented minimum standards or guidance for humanitarian response, the Task Team has been replaced by a global-level Reference Group to lead the initial roll-out and operationalize the Implementation Strategy.

To support the Reference Group, a dedicated Implementation Support Team is being established.[52] It is envisaged that initially, the Implementation Support Team will comprise 3 full-time members, with more members being recruited if and as support needs and capacities increase.[53]

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[50] Specific roles of different staff members to be disaggregated from the whole when the staff are recruited.

[51] Health, Protection, Education and Child Protection

[52] It has been demonstrated by other sectors implementing programme standards and guidance for emergency response that, to function effectively and achieve the stated objectives of implementing and operationalizing the guidelines/standards, the Reference Group needs dedicated support by 2–3 full-time staff members. These could be recruited/hosted by one of the Group Lead Agencies, or by one of the GBV AoR member agencies as part of their in-kind support.

[53] The Information Management (IM) team member (see detailed ToR in Annex 4) could be based in a United Nations agency, NGO, or home-based.

Their roles will encompass:

- Supporting the Reference Group in all their functions as appropriate, including with ongoing resource mobilization.
- Being the first point of contact for GBV colleagues in-country.
- Providing training support in-person or remotely for GBV colleagues in-country and connecting field colleagues with Reference Group members who can also support in-country training.
- Being responsible for global monitoring of the implementation process itself (see Matrix 1 of the Implementation Strategy for indicators).
- Collating field and case study experience and uploading to the dedicated web pages of the <www.gbvaor.net> website.

Support to the Reference Group

- Supporting the Reference Group to fulfil the detailed launch and ongoing implementation activities set out in the Implementation Strategy including:
- Preparing for and achieving IASC and donor endorsement.
- Preparing for initial dissemination and launch, including support to prepare launch materials.
- Liaising with roll-out countries for implementation.
- Supporting global, regional and national launches as appropriate.
- Supporting ongoing advocacy work of the Reference Group.
- Organizing logistics and providing all support to facilitate smooth running of the Reference Group regular meetings (virtual and face to face), writing up and circulating minutes/report of meetings.
- Day-to-day management of the dedicated web pages for the GBV Guidelines (based on the model of the INEE website (<www.ineesite.org/en/minimum-standards> and <http://toolkit.ineesite.org/overview_of_the_inee_toolkit>); keeping web pages updated including loading resources, tools and case studies in different emergency contexts/countries).
- Facilitating multi-agency/sector development of tools led by the Reference Group as they are required.
- Supporting the development, implementation and analysis of an online survey (e.g. SurveyMonkey) to monitor use of the GBV Guidelines and to inform ongoing needs.
- Monitoring the uptake of GBV Guidelines through requests for GBV Guidelines and downloads/views on web pages.
- Supporting the Reference Group with the finalization of the design and management of real time and other evaluations to assess the effectiveness of uptake of GBV Guidelines' recommendations in contributing to the prevention and mitigation of GBV risk.
- Supporting the Reference Group with ongoing resource mobilization for GBV Guidelines implementation.

First Point of Contact for GBV Colleagues in the Field

- Soliciting requests for assistance from field colleagues and either responding or directing enquiries to the appropriate channels for response.
- Liaising with the Reference Group on requests from selected roll-out countries for dedicated IM or training support.
- Managing the Helpline (see Annex 8).
- Ensuring that the dedicated web pages are kept updated with tools and case studies developed in-country.
- Collating relevant results of evaluations conducted by other thematic areas that include assessment of the effectiveness of integrating GBV Guidelines recommendations into their response.

Provide Training Support In-Country

- Engage with pilot roll-out countries in their preparation for introduction and training on the revised GBV Guidelines to different stakeholders, to ensure they are aware of and can make best use of the training materials provided.
- Assist with contextualization of the training materials for the particular setting.
- Provide practical advice on setting up trainings for different target groups.
- In-person support to GBV coordination mechanisms for initial roll-out trainings (in line with capacity needs in different pilot countries), ideally not to lead them, but to be present and provide support or refer training requests to Reference Group members who can also provide this support.
- Develop and support conduct training of regional trainers (ToT), to scale up regional GBV expertise on the GBV Guidelines. (NB: Once REGAs are recruited in all regions, they can contribute considerably to supporting subsequent country-level trainings as required.[54])
- Support post-training evaluations of training conducted and what needs adjusting for future trainings.
- Follow up on commitments made during trainings by different clusters/thematic areas.
- Collate different country-based lessons learned on conducting the trainings to share on the dedicated web page for the revised GBV Guidelines.
- Function as Helpline experts on training issues and other areas of expertise.

Qualifications and Experience

- Advanced university degree or equivalent in gender studies, social anthropology, law and women's rights, sociology, public health or other field related to GBV in emergency programming.
- Three years of professional experience, including in the field, in the area of GBV and gender equality, women's empowerment and protection with international agencies.

[54] Where GBV coordination mechanism actors are still strengthening their skills or do not have the time capacities to conduct trainings with all clusters/thematic areas represented

- Familiarity with the revised GBV Guidelines and GBV coordination mechanisms at field levels. Ideally also familiarity with the working of the GBV AoR at global level.
- Field experience leading programming to prevent and respond to GBV in emergencies.
- Understanding of non-GBV-specialist areas of humanitarian action and how GBV Guidelines' recommendations should be integrated into their programming.
- Strong track record of productive engagement with non-GBV humanitarian sectors.
- Experience of relating with the range of humanitarian stakeholders from HC to community level.
- Ability to contextualize training and communicate training clearly for different audiences.
- Understanding of the IASC systems and protocols, as well as humanitarian architecture and current debates relating to GBV.
- Project management experience.
- Experience of information management and website management.
- Experience of working in multi-cultural environments and of culturally sensitive programming.
- Fluency in English with working knowledge of another official United Nations language desirable.

ANNEX 4

INFORMATION MANAGEMENT IMPLEMENTATION SUPPORT TEAM MEMBER

Background

The Gender-Based Violence Area of Responsibility (GBV AoR) is one of four AoRs that are part of the Global Protection Cluster (GPC). As part of their mandate to provide guidance on prevention of and response to gender-based violence (GBV) in emergencies, the GBV AoR has revised and updated the 2005 IASC *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* (the 'GBV Guidelines'). The revised GBV Guidelines will be finalized in 2015. The overall goal of the revised GBV Guidelines is to support humanitarian stakeholders (international and national actors across all humanitarian sectors) to fulfil their responsibility to protect all those affected by crises, by:

1. Reducing risk of gender-based violence by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian response.
2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support.
3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

To promote sustained, systematic uptake of the GBV Guidelines by humanitarian stakeholders over the long term, a detailed Implementation Strategy has been developed. The strategy aims to catalyse system change in order that all humanitarian programming is planned and implemented to prevent and mitigate risks of GBV, and – for those non-GBV-specialist sectors with responsibility to provide services for GBV survivors[55] – to respond effectively to the needs of GBV survivors.

An inter-agency Task Team (c. 15 agencies + independent consultants) has overseen the revision process. As the focus shifts to implementation, and based on the experience of other humanitarian sectors that have developed and implemented minimum standards or guidance for humanitarian response, the Task Team has been replaced by a global-level Reference Group to lead the initial roll-out and operationalize the Implementation Strategy.

Purpose

Two-year position to assist with assessing the extent to which sector programmes achieve the recommendations in the revised GBV Guidelines for selected sectors in three to four roll-out countries. The staff member will be responsible for leading baseline studies in designated sectors of the selected countries, and for providing technical assistance to the

[55] Health, Protection, Education and Child Protection

agreed sectors to prepare/contextualize the relevant GBV Guidelines' indicators for the sectors and field contexts; integrate the indicators into their monitoring frameworks; and support the collection, analysis and reporting of the data generated by those indicators. She or he will identify lessons learned and best practices to contribute to wider knowledge base for monitoring and evaluating the sector responsibilities laid out in the GBV Guidelines. Engagement with field colleagues will involve both field missions and remote support.

Roles/Responsibilities

1. Baseline studies

Lead, with consultant support, baseline studies in 2–5 designated sectors[56] of 3–4 roll-out countries before the roll-out of the GBV Guidelines in those countries, to establish how far non-GBV-specialist sectors are integrating programme elements that prevent and mitigate GBV in their response. Benchmarks will be developed for each sector in each country to inform the roll-out of the GBV Guidelines and against which progress can be measured.

For the designated sectors, baselines will be established for:

- the presence and appropriateness of current GBV programming within the sector response.
- the level of achievement of select GBV-related outcomes as outlined in existing sector action plans.
- timeliness of the activities.
- effectiveness of coordination on GBV.
- sustainability of current GBV programming.

A consultant will work with the Implementation Support Team Information Management (IM) team member over a four-to-five-month period to draft the baseline inception report, develop and test data collection tools, collect and analyse findings and draft a final report. The baseline will use primary and secondary data collection by using an online self-administered questionnaire, record review and in-depth interviews.

2. Support for monitoring frameworks and regular monitoring

- In collaboration with in-country sector partners:
- Review existing data collection methods across the selected sectors.
- Identify various methods to integrate indicators from the GBV Guidelines into other sector monitoring frameworks.
- Support the drafting of indicator reference sheets and preliminary tools for data collection (if needed).
- Lead sectoral trainings of in-country staff from selected sectors on data collection, analysis and reporting (if needed).
- Provide support for the GBV coordination mechanisms in-country to assist sectors with ongoing monitoring and evaluation of GBV Guidelines' indicators.

[56] The designated sectors in each of the pilot countries will be selected together with the global cluster lead agencies, to ensure that they are sectors that are already functioning effectively in the particular setting, and that the country-level cluster is prepared to work with the GBV actors to establish such a baseline. Initial discussions have already taken place with some global cluster leads to identify possible clusters/countries.

- Compile sector reports to share with the local GBV coordination group and other relevant actors.
- Identify, with the GBV coordination group, opportunities to institutionalize the collection of GBV Guideline indicators across all humanitarian sectors at the field and the global levels.
- Collect and write up lessons learned on experience of working with each selected sector, draft brief guidance on how indicators were collected per sector, and develop case studies to facilitate future integration of Guideline indicators after the roll-out.

The IM team member will be a member of the Implementation Support Team.

Qualifications and Experience

- Advanced university degree or equivalent in gender studies, social anthropology, law and women's rights, sociology, public health or other field related to GBV in emergency programming.
- Technical proficiency in designing information processes for the collection, analysis and reporting of data in humanitarian programs.
- Minimum of five years of humanitarian or related work experience in information management in natural disasters and conflict-affected countries.
- Experience in supporting monitoring and evaluation of humanitarian programmes at the country level.
- Experience of working across multiple humanitarian sectors.
- Understanding of the basic activities that non-GBV-specialist sectors should undertake to prevent, mitigate and respond to GBV in emergencies.
- Demonstrated understanding of the basic safety and ethical principles around GBV data management.
- Ability to work with NGO, government and international organizations.
- Excellent analytical, communication, writing and editorial skills in English. Proficiency in an additional official United Nations language is preferable.
- Preference for those with specific experience of monitoring and evaluating GBV-related programmes.

ANNEX 5

TRANSLATION GUIDANCE FOR GBV GUIDELINES[57]

1. General Information

Please inform the GBV Guidelines Reference Group of the translation you are planning to carry out, so that the Reference Group can share the information more widely and provide you with support. Please note that the Reference Group has no financial means to support your translation and production activities.

The GBV Guidelines to be translated are the 2015 edition. Training materials, based on those associated with the 2015 version of the GBV Guidelines, can also be translated.

2. Translation Requirements

(i) Identify and use a professional translator, preferably someone who is familiar with humanitarian work and ideally someone who is also knowledgeable about GBV in emergencies programming.

(ii) **IMPORTANT: Establish a translation working group from the outset.** Before you start translating, get a group of mother-tongue humanitarians from different agencies working in the country/language to agree on terminology, key terms and concepts as well as on the translation process. It is critical that the sense of the concepts used in the GBV Guidelines is translated accurately as well as the words. This is particularly important if the language is spoken in different countries and with different dialects. Ideally, the group would appoint a contact person for the translator (see 'Useful Practices', below). It is this working group who will do the final sign off (approval of the final text).

(iii) Work with the GBV coordination group in the language area, representatives of which should be included in the working group.

(iv) Identify and use a professional editor/proofreader other than the translator.

Production: Design and Layout[58]

The GBV Guidelines Reference Group requests that they receive a final PDF version of the translated GBV Guidelines and any translated materials to upload on the GBV Guidelines web pages of the <www.gbvaor.net> website.

(i) The Reference Group Implementation Support Team will send you the files you need for layout. You should not modify the front or back covers (outside and inside) of the GBV Guidelines more than necessary for your specific needs.

(ii) Please remember to adapt the back cover and the copyright page (p X of the 2015 GBV Guidelines edition) to reflect both the source of the new document and the authorship of the original. The following points in particular need to be considered:

[57] Adapted from the Sphere Project Translation GBV Guidelines

[58] Note: These translation GBV Guidelines do not cover actual production and publishing issues, which vary from country to country. The Reference Group/Implementation Support Team may be able to help on this depending on past experience of the members in the country concerned.

- The authorship of the GBV Guidelines must be acknowledged. Please make sure that inside the publication (on the copyright page) a note is made to acknowledge the original publication, using the following format:

  "This <language> edition of <title> is published by <publisher> of <address> in 20XX. This is a translation from the <original language> edition of <title>, first published in 2015 under the ISBN <insert original ISBN> (if relevant).

- Indication of the contact details of the Reference Group is recommended.
- A disclaimer needs to be included on the copyright page, stating: "These GBV Guidelines were independently translated by the following GBV Coordination Unit/ Agencies . . ."
- Contact details of the producer and distributor of the new publication should be included.

ANNEX 6

GUIDANCE ON GBV GUIDELINES 'CHAMPION' ROLE AT DIFFERENT LEVELS

Global Champion Role Includes:

- Being a personal and corporate advocate consistently for the GBV Guidelines in IASC meetings and other high-level forums to promote awareness of the GBV Guidelines and buy-in for their systematic use across humanitarian preparedness and response.
- Leading by example in designation of senior staff in global champion's agency to lead on institutionalization of the GBV Guidelines within their agency.
- Chairing inter-agency meetings on the GBV Guidelines operationalization personally, to demonstrate real commitment to their uptake and use.
- Ensuring that the GBV Guidelines are operationalized in their own agency as far as possible across all relevant humanitarian technical sectors in sector plans, strategies, M&E tools and protocols.
- Being personally committed to supporting the prevention and mitigation of GBV risk in line with GBV Guidelines' recommendations integrated at all levels of humanitarian preparedness and response.

Senior Champion In-Country (HC/Head of OCHA/Head of CLA) Role Includes:

- Consistent advocacy with the HCT and other senior decision makers in-country for inclusion of the GBV Guidelines' recommendations at all stages of humanitarian preparedness, planning and – as a lifesaving intervention – from the earliest stages of the response.
- Advocating (requirement for the HC) for the inclusion of the GBV Guidelines' recommendations throughout the humanitarian programme cycle (e.g. contingency plans, the Strategic Statement, initial and cluster needs assessments, Cluster Strategies, Strategic Response Plans, response-wide monitoring frameworks and any evaluations/reviews conducted of the response).
- Support translation of GBV Guidelines into additional languages as relevant in their setting.
- Support contextualization of the GBV Guidelines, through the GBV coordination mechanism.
- Be aware of the specifics of the GBV (types of GBV and at-risk populations) in the particular setting.
- Ensure inclusion of the GBV Guidelines' recommendations in-country in needs assessments, agency plans, strategies, project proposals and M&E plans (for Heads of Agencies).
- Advocate for the use of the relevant GBV Guidelines' recommendations in funding criteria with donors and for pooled funds.
- (For HoA) Facilitate staff training on the GBV Guidelines and ongoing implementation of learning.

Programme Level Champions Role (GBV Programmers) Includes:

- Familiarity with detailed recommendations in the GBV Guidelines, training materials and other resources for relevant sectors.
- Support trainings conducted by other sectors on the GBV Guidelines to provide specialist GBV input.
- Provide practical GBV expertise to enable the inclusion of the GBV Guidelines recommendations' in different sector plans, strategies and programming by being embedded in different sectors.
- Support translation of GBV Guidelines and tools as appropriate to the setting.
- Support contextualization of the GBV Guidelines at different levels.
- Be a consistent advocate for use of the GBV Guidelines with peer programmers in other sectors, ensuring that their advocacy supports practical and realistic use of the GBV Guidelines' recommendations to enhance and strengthen other sectors' programming to reduce GBV risk.
- Advocate for operationalization of the GBV Guidelines' recommendations in own agency throughout programming cycles.
- Support other sectors' monitoring of the effect of implementing GBV Guidelines' recommendations in their response.
- Liaise with other sectors conducting reviews/evaluations of their response to include GBV questions and analyse the effectiveness of inclusion of Guidelines' recommendations in their programmes.
- Support GBV coordination mechanism to collect case studies and lessons learned to share on the GBV Guidelines web pages of <www.gbvaor.net>.

ANNEX 7

CHECKLIST OF MAIN ROLES FOR GBV COORDINATION MECHANISMS AND LEAD GBV AGENCIES IN-COUNTRY TO LEAD GBV GUIDELINES IMPLEMENTATION IN TARGET ROLL-OUT COUNTRIES

Background

The overall goal of the GBV Guidelines is to support humanitarian stakeholders (across all humanitarian sectors, including international and national actors) to fulfil their responsibility to protect all those affected by crises, by:

1. Reducing risk of gender-based violence by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian response.
2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support.
3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

While the responsibility to integrate GBV risk mitigation is carried by all humanitarian actors and the Reference Group takes the global lead for the implementation of the GBV Guidelines, in practice at country level, the lead will need to be taken by the GBV Coordination Mechanism[59] and key member agencies. GBV actors on the ground will be the 'go-to' people who will serve as experts to raise awareness of, to advise, support and take the lead (as necessary in each context) on ensuring that GBV prevention and response is appropriately promoted across each sector in line with the GBV Guidelines. Proactive engagement of the GBV coordinator and lead GBV agencies with key humanitarian actors (the HC, HCT and cluster/coordination leads as well as key national actors) in each setting will be an important success factor contributing to uptake and systematic use of the GBV Guidelines. The Reference Group will support in-country coordination mechanisms through their agency colleagues on the ground and with resources and tools, and the Implementation Support Team will be the first point of contact with field colleagues to support them in their leadership role.

[59] 'GBV Coordination Mechanism' is used here as an umbrella term including GBV sub-clusters, working groups or other coordination mechanisms at country level.

GBV Coordination Mechanism and Key GBV Agencies In-Country Leadership/ Engagement Will Include:

1. In-country dissemination/awareness-raising on the GBV Guidelines

- Engage with/organize the launch of the GBV Guidelines in your country/region.
- Use all opportunities (meetings with key national[60] and international actors, communications tools) to introduce the GBV Guidelines in-country.
- Engage with other clusters/sectors to build relationships with the goal of supporting integration of GBV into their response.
- Work closely with the Protection Cluster, which will be a strong supporter in the implementation of the GBV Guidelines.
- Engage and build relationships with donors around use of the GBV Guidelines as part of their local funding criteria.
- Advocate with likely partner groups (e.g. women's rights groups, human rights groups) for them to disseminate the messages and recommendations of the GBV Guidelines.
- Adopt a supportive communications approach (see section IViia of the Implementation Strategy).
- Develop a limited number of clear advocacy messages for circulation on the incidence and nature of GBV in the context.

2. Implementation

- Key GBV agencies in each setting need to implement, in-country, recommendations of the GBV Guidelines that have been included in their corporate humanitarian strategies/ policies/plans (when developing context-specific contingency and response plans, protection strategies, etc.).
- Including implementation activities in the coordination mechanism workplan provides a structure and monitoring mechanisms to catalyse implementation.
- As relevant, support translation process into local languages (see Annex 5).
- Identify local champions among international and national humanitarian actors at different levels who can influence the uptake and use of the GBV Guidelines.
- Identify potential surge capacity (e.g. local and regional women's and human rights groups who are likely champions) and include them in early trainings on the GBV Guidelines.
- Lead/facilitate contextualization of the GBV Guidelines in-country with GBV coordination mechanism members and representatives of other humanitarian sectors, ensuring that the focus is setting-specific and relevant.
- Lead/facilitate training on the GBV Guidelines with different sectors to provide practical support on their implementation of relevant actions to prevent and mitigate GBV risk.[61]

[60] It is really important in the implementation of the GBV Guidelines to proactively include national agencies (NGOs, government actors, etc.). Their buy-in and support is critical to effective GBV response at national and sub-national levels and they need to be included in all activities of GBV Guidelines' implementation.

[61] Training should include introduction to local laws and policies relating to GBV in different thematic areas.

- Identify first responders in-country (military, civil protection, national Red Cross/ Red Crescent, etc.) in addition to humanitarian sectors, who would benefit from GBV Guidelines training and engage with them.
- Be the local experts to support different sectors' implementation of the Action Plans developed during training.
- Advocate with the HC/HCT to ensure that all cluster proposals include a small budget line to support training on the revised GBV Guidelines.
- Be aware of the timing for forthcoming policy/strategy and funding opportunities and target these for awareness-raising and advocacy among potential partners and champions.
- Support local GBV experts who are embedded in other sectors to advise on how, practically, to include risk mitigation and prevention elements into their programmes.
- Discuss with local donor representatives how to incorporate elements of the GBV Guidelines into their plans, policies, strategies and funding allocation criteria.

3. Monitoring, evaluation and learning

- Support baseline studies by sharing primary and secondary data for roll-out countries in which they are conducted.
- Promote integration of GBV Guidelines' thematic area indicators in other sector monitoring frameworks and foster sharing of the monitoring results.
- Work closely with the IM staff member in those countries where they are deployed.
- Liaise with the CCCM/DTM mechanism to ensure that GBV indicators are included in the data they are monitoring. Work with DTM data collection to monitor GBV indicators regularly.
- Monitor uptake of the GBV Guidelines on progress of the Implementation process in-country.
- Engage with relevant national and international agencies/ministries to share results and learn from their monitoring of the integration of GBV risk-mitigation into response programming.
- Using case study templates, collect good practice/case studies of implementation of the GBV Guidelines into other thematic area responses and share these in-country with all thematic areas, donors, HCT, etc., and with the Reference Group to be uploaded on the dedicated web pages.
- Share any tools/training materials developed locally to implement the GBV Guidelines with the Reference Group for uploading on the dedicated web page.
- Advocate with non-GBV-specialist sectors or agencies undertaking evaluations of the humanitarian response to assess the effectiveness of integrating GBV Guidelines' recommendations into their response to prevent and mitigate GBV risk.[62]
- Support dedicated evaluations assessing the effectiveness of the GBV Guidelines to prevent, mitigate and respond to incidence of GBV across all thematic areas as requested by the Reference Group.

[62] See Annex 14 for suggested questions to be included in non-GBV-specialist evaluations.

Suggested timeline and key activities for GBV Guidelines' launch and introduction in-country

Target audience/ participants	Meeting/activity purpose	Time	Key tools
Key humanitarian actors: national and local government ministries, HC/RC, Head of OCHA, HCT membership (especially Cluster Lead Agencies), Cluster Coordinators, GBV coordination mechanism membership, local donor representatives	General **awareness-raising** at humanitarian meetings (HCT, with government, donors, inter-agency meetings, etc.) about the forthcoming launch of the GBV Guidelines, any key dates	• Pre GBV Guidelines launch in the region/ country • As soon as the GBV Guidelines have been launched globally these meetings should start	• Launch materials (posters, videos, 1-page introduction, etc.)
GBV coordination mechanism	**Familiarize membership** with the contents of the GBV Guidelines so they can be champions Develop a **timeline/action plan to roll out the GBV Guidelines** to key humanitarian personnel in your emergency setting, reflecting capacity available within the GBV coordination mechanism, and drawing on global/ regional capacity as it is available	As soon as GBV Guidelines have been finalized and are being rolled out globally	• Comprehensive GBV Guidelines • Advocacy materials • 1-page introduction
GBV coordination mechanism	**Engage in regional and country launches** as capacity allows Advise on locally relevant and appropriate launch materials and key invitees for the launch meetings	Half-day events	• Launch materials • Videos, apps, GBV Guidelines hard copies • TAGs
Meeting with HC + HCT (including donor representatives)	**Introduce the GBV Guidelines;** disseminate copies of the comprehensive GBV Guidelines and thematic area–specific GBV Guidelines; request their comprehensive and proactive support for GBV Guidelines implementation across all sectors and for the engagement of their staff; request their support for the country launch (if this is planned); ensure that GBV is regularly discussed/reported in situation reports, funding proposals, response-wide information and assessments	• 30 minutes • As soon as possible after regional launch in your region	• HC/HCT introduction PowerPoint • Comprehensive GBV Guidelines • TAGs • 1-page introduction
Meeting with key national and local government officials	**Introduce the GBV Guidelines;** disseminate copies of the comprehensive GBV Guidelines and thematic area–specific GBV Guidelines; request their comprehensive and proactive support for GBV Guidelines' implementation across all sectors and for the engagement of their staff; request their support for the country launch (if this is planned)	• 30 minutes • As soon as possible after regional launch in your region	• HC introduction PowerPoint • Comprehensive GBV Guidelines • TAGs • 1-page introduction

Suggested timeline and key activities for GBV Guidelines' launch and introduction in-country (continued)

Target audience/ participants	Meeting/activity purpose	Time	Key tools
Local GBV-aware capacity who could act as additional capacity to support the GBV Guidelines' roll-out (REGA, women's rights and human rights group membership, etc.)	**Trainings (including Training of Trainers)/introduction to the GBV Guidelines** to build in-country surge capacity to act as GBV experts Include potential champions and experts – e.g. gender rights and human rights organization membership; gender advisors of international and national NGOs, etc. to build a body of GBV expertise who can support all thematic areas integration of GBV Guidelines into their response	1–2 days per training	• Training materials for in-depth sector-specific training adapted for the context • Comprehensive GBV Guidelines • TAGs
Workshop with Cluster/ Sector Coordinators together	More **detailed introduction of the GBV Guidelines to the cluster leads** to raise awareness of the criticality of GBV issues to all sector responses; encourage their support for engagement in a more detailed thematic area–specific training by cluster membership; start the process of contexualization within the emergency setting; encourage them to become GBV champions within their thematic area	Half-day to 1 day	• Cluster Leads introduction PowerPoint • Comprehensive GBV Guidelines • TAGs • 1-page introduction • Details of planned thematic area–specific training • Implementation Support Team providing remote support
Workshop with one (ideally, maybe 2–3) thematic area partner	**In-depth training** on GBV Guidelines; criticality of GBV sensitive responses; building awareness of their sector-appropriate responses to GBV incidence as well as how to design programmes in light of GBV Guidelines' recommendations to reduce GBV risks To start developing an action plan for each thematic area for integrating GBV sensitivity into all aspects of their response	3 days (2 days minimum)	• Training materials contextualized for the thematic area and country • Comprehensive GBV Guidelines (a few copies for reference) • TAGs (enough for all participants to have one to take back for colleagues) • Thematic area–specific materials and existing tools • Implementation Support Team providing remote support and materials

Suggested timeline and key activities for GBV Guidelines' launch and introduction in-country (continued)

Target audience/ participants	Meeting/activity purpose	Time	Key tools
Repeat training workshop above with all thematic areas, including national actors as participants as far as possible			
Multi-sector representatives (national and international) at different levels	**Contextualization of GBV Guidelines recommendations** to make them relevant to the context – specifics of risks, prevalence, types, vulnerable populations, etc. within the particular setting To highlight GBV Guidelines' recommendations for each thematic area that are pertinent in the context To develop a locally specific version of the GBV Guidelines' recommendations for all thematic areas	• 1 day workshop • 1 day finalizing the contextualized GBV Guidelines recommendations for each thematic area	• Annex 9: Steps to contextualize GBV Guidelines • TAGs
Working with thematic areas interested to have translated materials (as demanded by setting/ actors)	**Translation of GBV Guidelines and TAGs** to increase accessibility of the Guidelines for local implementing partners and government officials		• Annex 5
HC, OCHA HoA, CLA, Cluster Coordinators	**Ensure GBV expertise informs all elements of HPC** – GBV coordination mechanism partners provide capacity to inform response-wide and thematic area assessments, reporting, programming including M&E GBV coordination mechanism should validate assessment tools; data collection mechanisms, etc.	Ongoing	• Collect case studies to inform other emergency settings on good practice/results of this support (Annex 12)
All thematic areas integrating the GBV Guidelines' recommendations	**Provision of GBV expertise/capacity** to support other thematic areas integrating GBV recommendations into the assessments, proposals, programming, M&E, etc. and to ensure that risks and responses to GBV are highlighted in Strategic Response Plans	Ongoing	• Collect case studies (Annex 12) and share with in-country partners and globally to build body of knowledge on practically implementing the GBV Guidelines' recommendations across all sectors of humanitarian response
HC, HCT, donors, etc.	**Regular reporting on GBV** as part of HCT and inter-cluster meetings; in sitreps and reports; advocacy materials, etc.	Ongoing	• Indicators for programming included in GBV Guidelines • Indicators for implementation progress in Implementation Strategy • Other indicator matrices (e.g. OCHA, CERF, etc.)
Actors as indicated in monitoring matrices	**Regular data collection and reporting** as part of monitoring and to inform reporting, communication materials, advocacy, donor proposals, etc.	Ongoing	

ANNEX 8

HELPLINE INTRODUCTION (TO BE HOSTED THROUGH GBV GUIDELINES' WEB PAGES)[63]

Purpose

The GBV coordination mechanisms in the field will spearhead the operationalization/implementation of the GBV Guidelines in their areas of emergency. However, for issues on which additional expertise/help is needed, an email Helpline has been established, hosted by the GBV AoR website, to assist with the practical issues of how best to operationalize the GBV Guidelines on queries that cannot be answered locally.

What Topics Are Covered by the Helpline?

Through the Helpline, email queries can be sent and answered quickly on both process and content issues. The list of topics below is not exhaustive, so please contact us if you have a query related to operationalizing the GBV Guidelines even if you do not see your issue on the list.

CONTENT THEMES

- Supporting sectors to integrate the relevant GBV Guidelines into the different elements of the HPC
- Monitoring and Evaluation of GBV Guidelines recommendations
- Support specific to each of the named sectors:
  - CCCM
  - Child Protection
  - Education
  - Food Security and Agriculture
  - Health
  - Housing, Land and Property
  - Humanitarian Mine Action
  - Livelihoods
  - Nutrition
  - Protection
  - Shelter, Settlement and Recovery
  - WASH
  - Support Sector[s]

IMPLEMENTATION THEMES

- Launching/rolling out the GBV Guidelines
- Introducing the GBV Guidelines to different audiences/key actors
- Translating the GBV Guidelines of associated tools/materials into local languages
- Conducting contextualization workshops
- Leading and supporting training on the GBV Guidelines
- Leading and supporting follow-up sessions to GBV Guidelines trainings
- Embedding programme-level champions into other sectors to support their operationalization of the GBV Guidelines
- Working with champions at senior levels to promote the integration of the GBV Guidelines through all sectors of the response planning and implementation
- Collecting lessons learned/case studies

[63] Adapted from the introduction to the GPC Help Desk at <www.globalprotectioncluster.org/en/field-support/gpc-help-desk.html>

What Kind of Support Is Available?

Experts can provide immediate advice on particular issues or situations faced in the field. They can offer simple, practical advice, based on the experience of implementing the GBV Guidelines in other emergencies, and can cite examples of good practice. They may also refer people to existing GBV Guidelines, tools and publications.

Experts are drawn from the GBV Guidelines Reference Group, the Implementation Support Team members and the REGA. Some of these experts (REGA) will be regionally based and therefore will be able to develop/collate regionally specific expertise to support colleagues in their regions. Queries to the helpline will be directed to the relevant experts, who will respond directly to the initiator of the queries.

All queries will be responded to initially within 24–48 hours.

Who Can Send Queries to the Helpline?

The Helpline is available to GBV Coordination Mechanisms and to other clusters, sectors and agencies and national NGOs or government bodies implementing GBV Guidelines' recommendations. It is not available for individuals to send their queries.

How to Access the Expertise

Given that GBV coordination mechanisms are leading the implementation of the GBV Guidelines in each setting, please direct your query to the national/sub-national GBV coordination mechanism first, and *if they are unable to help or additional information is required*, please send an email to the helpline, cc'ing the GBV coordination mechanism in country. Requests will be channelled to the most appropriate organizations and experts.

Requests should be sent either by using the Helpline Request Form *(create the link)* or via email to helpline@gbvaor.net.

Please note that your question may be used to develop a generic Frequently Asked Questions (FAQ) web page. Users of this facility may also be contacted to assess their satisfaction with the service provided.

ANNEX 9

STEPS TO CONTEXTUALIZE THE GBV GUIDELINES AND FIELD GUIDES

The GBV Guidelines are most effective when they are contextualized to each individual setting. Since every context is different, recommended actions for each sector in the GBV Guidelines may need to be adapted to the specific local situation. Context, including available resources and the stage of the emergency, must be considered in determining locally acceptable contextualized actions. Contextualization can be done at national, regional and sub-regional levels.

The contextualization process is one process through which the recommendations contained in the GBV Guidelines section 'Assessment, Analysis and Strategic Planning' for each of the sectors is addressed.

Objectives of Contextualization

(i) To identify and agree the specific types of GBV and levels of incidence of the different types that are prevalent in the particular context. These will include both traditional cultural practices and specific responses to the emergency.

(ii) To identify available services and resources to respond to GBV in place in the context.

(iii) In the long term it is hoped that a local NGO, civil society organization or government department will take the ownership of the local product and integrate the GBV Guidelines into national strategies, policies and action plans.

NB: Information on types and levels of GBV will inform the specifics of how different sectors modify their own programming in the particular emergency. Information on services/ resources available will serve both to inform sector staff referral of survivors to appropriate services, and also to support the wider national response.

Leadership

The contextualization process will be conducted jointly by the GBV Coordination Mechanism representatives (Coordinator or other representative) and representatives of other key sector(s). In most cases, it is anticipated that the GBV AoR Coordination Mechanism will take the lead, in partnership with other sectors. However, in settings where the process is initiated by other sector(s), the GBV Coordination Mechanism should support them.

Steps to Contextualize the GBV Guidelines

- Identify sectors within your context that are interested in cooperating in the contextualization process.
- Host an orientation to the GBV Guidelines for those sectors that have not attended an orientation or a training previously. Invite representatives of all relevant sectors including from local agencies and relevant government ministries. Use the GBV Guidelines translated

into the local language if available. During this orientation, some participants may become interested in contributing to the contextualization process.

- Set up a working group of representatives from sectors involved (ideally, including some of those who attended the orientations). Select a chairperson to oversee the entire contextualization process, and organize sector-specific groups to discuss and agree sector-specific contextualization.
- In the working group, using primary and secondary sources as well as participant knowledge, discuss and agree the nature and type of GBV and which population groups appear to be targets of GBV in the context.
- In sector-specific groups, agree the prioritization of recommended actions in the GBV Guidelines with relation to the context.
- Once the GBV Guidelines have been contextualized, combine them into a compiled document.[64]
- Host one or more forums where the contextualized GBV Guidelines are presented to practitioners and stakeholders for each sector in your setting.

The initial steps (presenting the main elements of the GBV Guidelines, agreeing the nature and levels of GBV incidents affecting different groups of people, etc.) of contextualizing the GBV Guidelines in one setting can be done multi-sectorally. Following this, each sector will need to work, with support from the GBV coordination mechanisms, on the specifics of which elements of the GBV Guidelines are relevant to reduce risk of GBV within their own response.

[64] It should be noted that while the original version of the GBV Guidelines is an IASC document, contextualized GBV Guidelines are not IASC products.

ANNEX 10

GUIDANCE ON HOW TO INSTITUTIONALIZE THE GBV GUIDELINES FOR GOVERNMENT AND MULTILATERAL DONORS, INTERNATIONAL AND NATIONAL HUMANITARIAN AGENCIES

The purpose of the IASC GBV Guidelines for Humanitarian Response (the 'GBV Guidelines') is to help non-specialist GBV humanitarian actors across all sectors plan, implement, coordinate and monitor essential actions to prevent and mitigate GBV in crisis settings. It is hoped that donors who are supportive of the GBV Guidelines will make full use of them in their own work and in their operational partnerships.

The actions suggested in this annex are offered for consideration by donors and humanitarian agencies as they decide what steps to take in order to incorporate the essence of the GBV Guidelines into those in-house processes where they can most enhance and facilitate the work.

A full copy of the GBV Guidelines and associated tools and resources is available on <www.gbvaor.net>.

Internal Promotion and Use of the GBV Guidelines

1. Create an internal GBV Guidelines implementation working group that includes Focal Points from each sector. This group will drive and monitor the institutionalization process, and Focal Points will serve as internal resource people on the GBV Guidelines. Suggested Focal Point roles include:

    a. gather and share information on how the GBV Guidelines are used by the different sectors.

    b. act as a liaison between the organization and the global Reference Group.

    c. identify training and institutionalization opportunities relating to the GBV Guidelines.

    d. support country-based and programme staff to incorporate the GBV Guidelines in their work.

2. Adopt the GBV Guidelines as a framework to assist staff across departments/sectors as they explore the various mechanisms for working together on GBV prevention and response.

3. Consider 'launching' the GBV Guidelines internally as well as hosting launches at regional and national levels. Use communications (bulletins, emails and noticeboards), including contacting different departments such as finance. Include a short discussion on the GBV Guidelines in team meetings or staff retreats. Ensure everyone who needs a copy has one, and that each team has extra copies for new members or consultants.

4. Brief all new staff on the GBV Guidelines during orientation. Include GBV Guidelines materials in all relevant staff training packages.

5. Refer to the GBV Guidelines to ensure GBV is always included in regular planning cycles for emergency response, such as country-level contingency plans.

6. Incorporate the GBV Guidelines recommendations and inclusion of GBV expertise on funding allocation panels into internal guidance on how to assess and prioritize projects for funding, including preparedness and disaster risk-reduction projects.

Use the GBV Guidelines with Partners to Enhance Programming and Accountability

1. Funding proposal guidance will recommend that partner proposals need to indicate in concrete terms how they are integrating the GBV Guidelines' recommendations in their response in a practical way; this will enable donors to look for the tangible, practical and contextualized aspects of GBV Guidelines uptake and implementation in funding applications and reporting as important criteria for funding/support. This adherence could be made a condition of funding approval.

2. Track percentage of funding for programming addressing GBV prevention, risk mitigation and – for those sectors with responsibility to provide services for GBV survivors[65] – response, as appropriate, for all thematic areas as one part of regular reporting.

3. Include a budget line for GBV Guidelines dissemination and trainings for staff, surge network partners and implementation partners (in all relevant thematic areas) to build their knowledge of the GBV Guidelines and how implementation will strengthen their emergency response.

4. Use the effective implementation of the GBV Guidelines' recommendations as one criterion for project assessment and monitoring, and in real time and other humanitarian evaluations conducted.

5. Match policy statements with institutional mechanisms to ensure that funding is available to enable implementing partners to operationalize the activities set out in the GBV Guidelines, or otherwise ensure that mechanisms supporting the GBV Guidelines' recommendations are in place when different ways of working, rather than additional funding, is what is required to operationalize recommendations.

6. Compare internal guidelines and government standards with the GBV Guidelines, and identify areas of convergence and divergence for collective attention.

7. Focal Points could advocate in-house for integration of GBV Guidelines recommendations in non-GBV thematic area proposals to be a criterion for continuity of funding to be agreed.

8. Include a GBV Focal Point in funding proposal reviews.

9. Sponsor GBV contextualization and training at country level.

10. Based on your experience, give input to the Reference Group to inform tools development or any future revisions of the GBV Guidelines.

[65] Health, Protection, Education and Child Protection

Champion the GBV Guidelines Externally

1. Refer to the GBV Guidelines in relevant meetings and initiatives involving donors and other decision makers – including any ongoing processes such as Good Humanitarian Donorship, Executive Board meetings, regular discussion or decision-making groups and donor forums. Where appropriate, share your lessons learned on using the GBV Guidelines content.
2. Initiate or support launches of the GBV Guidelines for the humanitarian community at regional and national levels. Where there are in-house sectoral experts, they could host donor-led sector-specific events for implementing partners.
3. Use the GBV Guidelines in dialogue with relevant ministries to promote and provide examples of emergency preparedness planning in the sector.
4. Upload the GBV Guidelines to the organization's intranet as a resource.
5. Highlight examples of good practice in public events, such as during leadership speeches or on social media.

ANNEX 11

CHECKLIST FOR GOVERNMENT IMPLEMENTATION OF GBV GUIDELINES IN DIFFERENT SECTOR NATIONAL RESPONSE PLANS/POLICIES

The long-term sustainability of GBV Guidelines implementation will depend on the degree to which governments at all levels integrate the recommendations into national and sub-national emergency policies and strategies and the outworking of these in practice. Highlighting the existence and relevance of the GBV Guidelines in meetings with national government counterparts is therefore a priority for all humanitarian actors to promote their awareness of, familiarity with and uptake of the GBV Guidelines recommendations through all emergency thematic areas and mechanisms.

Where government representatives lead or are members of the GBV coordination mechanism, these individuals could serve as champions within their departments/ministries for the GBV Guidelines.

The activities below are offered for consideration by national government decision makers and international humanitarian actors engaging with their national counterparts to support incorporation of the essence of the GBV Guidelines into internal processes where they can most enhance and facilitate the work.

Promotion and Use of the GBV Guidelines within Government Bodies with Responsibility for Emergency Preparedness and Response

1. For international actors, introduce and refer to the GBV Guidelines in meetings with national counterparts in all ministries and at mechanisms at local government level that have responsibility for emergency preparedness and response, ensuring that government staff have copies of the GBV Guidelines and know how to access them and related tools (either online, or hard copy as appropriate).

2. Within national and local government bodies that are involved in humanitarian response,[66] appoint GBV Guidelines Focal Points[67] to drive and monitor awareness and uptake of GBV Guidelines' recommendations. Once trained, these Focal Points could serve as internal resource people on the GBV Guidelines. Suggested roles for the Focal Points include:

   a. Ensure that their colleagues are aware of GBV Guidelines' trainings that are being conducted and promote their attendance on these trainings.

   b. Collate and share information on how the GBV Guidelines are used within their areas of responsibility.

   c. Act as a liaison between the government body and the global Reference Group.

[66] All government bodies, not just those responsible for gender/protection

[67] Focal Points should be senior enough to advocate effectively for the GBV Guidelines uptake and would act as national government champions for the GBV Guidelines.

3. Use all opportunities to promote awareness of the contents of the GBV Guidelines, e.g.:
   a. Use communications (bulletins, emails, noticeboards) to inform colleagues on how to access the GBV Guidelines.
   b. Include discussions on the GBV Guidelines in team meetings or staff retreats.
   c. Ensure everyone who needs a copy has one, and that teams have extra copies for new staff.
4. Brief all new staff on the GBV Guidelines during orientation.
5. Include GBV Guidelines materials in all relevant staff training packages.
6. Internal human resource policies should reflect good practice on GBV prevention and response.

Incorporate GBV Guidelines Recommendations into National and Local Government Policies/Strategies for Emergency Preparedness and Response

1. Refer to the GBV Guidelines to ensure GBV is always included in regular planning cycles for emergency response, such as national contingency plans.
2. Refer to the GBV Guidelines to inform national policies and strategies for all thematic areas of emergency preparedness and response.
3. Budget for GBV Guidelines' dissemination and trainings for staff and partners (all relevant sectors) to build their knowledge of the GBV Guidelines and how implementation will strengthen the emergency response.

Use the GBV Guidelines to Enhance Programming and Accountability

1. Sponsor and engage with GBV contextualization and training at country level for all humanitarian actors.
2. Use the GBV Guidelines to inform project development and implementation.
3. Use the GBV Guidelines to inform assessment, monitoring and evaluation of projects.
4. Include reporting on prevalence and response to GBV in all thematic areas as part of regular reporting on implementation of national plans, strategies and policies.

Champion the GBV Guidelines Externally

6. Refer to the GBV Guidelines in relevant meetings and initiatives with other government bodies and meetings with the national and international humanitarian community at regional and national levels. Where appropriate, share your lessons learned on using the GBV Guidelines content.
7. Upload the GBV Guidelines to the ministry's intranet in the resource database or knowledge management section.
8. Highlight examples of good practice in internal communications and externally in public events, including on social media.

ANNEX 12

GBV GUIDELINES FOR HUMANITARIAN RESPONSE: CASE STUDY TEMPLATE

The GBV in emergencies community encourages practitioners to submit case studies highlighting the use of the GBV Guidelines in emergency preparedness, contingency planning, programming, policymaking and implementation, etc. This template is designed to guide development of a case study. Case studies strengthen the evidence base on the use and impact of the GBV Guidelines around the world and are used by humanitarian actors for trainings, advocacy, awareness-raising, programme development and implementation, etc.

Name: _____

Position: _____

Phone: _____

Email: _____

Organization: _____

Location: _____

Background and Context

In 300 words or less, please describe the context of the case study, including:

- The country, region and sector.
- The problem, the population affected and the response.
- Other stakeholders involved (e.g. national authorities, local authorities, communities and international actors).

Application

In 400 words or less, please describe how the GBV Guidelines were applied, noting specific standards and key actions that were addressed (visit <www.gbvaor.net>).

Challenges

In 300 words or less, please describe any challenges you faced in meeting your objectives. Discuss how these challenges were addressed and the resulting outcome. How did the GBV Guidelines help?

Outcomes

In 400 words or less, please describe the results of this effort. Include lessons learned, outcomes and effective practices resulting from the application of the GBV Guidelines.

Human Interest and Good Quotes

Please write out any specific statements or phrases (quotes) or anecdotes from your experience of implementation the GBV Guidelines' recommendations that indicate positive outcomes or impressions, especially from non-GBV actors.

ANNEX 13

REAL TIME EVALUATION TERMS OF REFERENCE TEMPLATE

Real time evaluation of the effectiveness of the guidelines for integrating gender-based violence interventions in humanitarian action

Terms of reference template

Introduction: What Is a Real Time Evaluation?

A Real Time Evaluation (RTE) is an evaluation carried out during the implementation stages of a humanitarian operation, which feeds back findings for immediate use by the stakeholders, at both field and global level. Real Time Evaluations can be conducted during sudden-onset disasters or protracted crises undergoing a phase of rapid deterioration of escalating violence. Real Time Evaluations differ from other evaluations in their speed, coverage, methods and outputs.[68]

The purpose is to enable an external viewpoint to feed into decision making in real time and influence the ongoing process of implementation. Real Time Evaluations are therefore *formative* and forward-looking, with the objective of improving the effectiveness and quality of the ongoing process being evaluated. They can also include a *summative* component, reviewing plans and performance to date, in order to provide impartial evidence on how the process has been conducted in the settings being evaluated.

Real Time Evaluation methodology is typically inclusive, with the RTE evaluation team facilitating real time discussions with implementers. This provides the opportunity for reflection by those who are deeply involved in the process, to take stock and see if what they are doing is resulting in the desired responses in their setting, and if not, what differences of action or emphasis could bring about the desired results. Much of the benefit is therefore in the facilitated exchanges themselves, with the final report being a summary of what has been discussed and agreed at field level.

Background

(i) Guidelines Revision Process and Development of the Implementation Strategy

Between 2012 and early 2015, the Gender-Based Violence Area of Responsibility (GBV AoR)[69] oversaw a comprehensive revision of the 2005 IASC *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* (the 'GBV Guidelines'). The overall goal of the GBV Guidelines is to support international and national humanitarian actors across all humanitarian sectors to fulfil their responsibility to protect all those affected by crisis by:

1. Reducing risk of gender-based violence by implementing GBV prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian response.

[68] It is therefore important for RTE team leaders to have experience of RTEs rather than just 'normal' evaluations.

[69] The GBV AoR is one of four AoRs that are part of the Global Protection Cluster. The GBV AoR is co-led by UNICEF and UNFPA at global level.

2. Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at greatest risk of GBV to access care and support.

3. Aiding recovery of communities and societies by supporting local and national capacity to create lasting solutions to the problem of GBV.

As a result of a broad initial consultation, the focus of the GBV Guidelines is the mainstreaming of GBV prevention and risk mitigation actions across all other humanitarian sectors.

To promote sustained, systematic uptake of the GBV Guidelines by humanitarian stakeholders over the long term, a detailed Implementation Strategy was developed on behalf of the inter-agency GBV Guidelines revision Task Team during 2014. This strategy aims to catalyse system change with the result that all humanitarian programming is planned and implemented to prevent, mitigate and – for those sectors with responsibility to provide services for GBV survivors[70] – response to GBV. Implementation is seen as a long-term[71] process given the ambition of the GBV Guidelines to influence the entire humanitarian community.

The implementation process is being overseen by an inter-agency Reference Group[72] at global level, with GBV coordination mechanisms (coordinators and key partners in each country) spearheading the implementation in the emergency settings in which they are present. The Reference Group is co-chaired by one of the global co-leads of the GBV AoR and one NGO representative, both of whom dedicate 25 per cent of their time to this role. An Implementation Support Team, initially comprising three full-time members including a full time information management (IM) specialist, support the Reference Group with all aspects of the outworking of the implementation process.[73]

In addition to supporting effective roll-out and uptake across all sectors and by all senior decision makers in emergency settings, the Implementation Strategy provides recommendations for the institutionalization of the GBV Guidelines' recommendations by donors, multinational agencies, international non-government agencies (INGOs), governments in emergency countries and local humanitarian actors. The Reference Group members therefore function as 'champions' for the GBV Guidelines, and promote the lead/institutionalization of the GBV Guidelines in their own agencies as well as taking every opportunity to raise awareness and promote their use in different global forums.

(ii) Monitoring and Evaluation of the Revised GBV Guidelines

Monitoring and evaluation are a key part of the Implementation Strategy and of the GBV Guidelines themselves, addressing two separate, but related, foci:

1. The *process of implementation*, i.e. the roll-out activities globally and in-country and to what extent GBV Guidelines recommendations are taken up and implemented by non-GBV-specialist sectors in emergency settings; and

2. *Results in terms of more effective prevention and mitigation of GBV risks across all sectors of humanitarian response,* i.e. how effective have the GBV Guidelines been in catalysing

[70] Health, Protection, Education and Child Protection

[71] It is envisaged that this version of the GBV Guidelines will be in use for c. 10 years.

[72] The revision process was overseen by an inter-agency Task Team made up of 15+ agencies that have expertise in GBV in emergencies. The process was highly consultative, with surveys (to which thousands of responses were received), field missions (10 missions in all at different stages of the revision) and four global reviews. All sectors were consulted on the recommendations drafted for their sector. The Task Team has been replaced by the Reference Group to lead and oversee the implementation process.

[73] ToRs for the Reference Group, the Implementation Support Team and the IM Team Member are included as Annexes 2, 3 and 4 respectively in the Implementation Strategy, which can be found on the GBV Guidelines' web pages of <www.gbvaor.net>.

crisis response in which humanitarian actors and communities coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response.

To support monitoring of the implementation process (M&E Focus 1) a set of indicators is included in Matrix 1 of the Implementation Strategy relating to the roll-out and operationalization process per se. These are monitored, for the most part, by the Implementation Support Team, with twice-yearly reports made to the Reference Group and donors funding the implementation. In addition, some of the indicators included in the Thematic Area sections of the GBV Guidelines that measure whether the GBV Guidelines' recommendations are included in response-wide and sector-specific strategies, plans, assessments and proposals will inform findings on how well the GBV Guidelines are being received and utilized in different settings.

Indicators to measure to what extent the GBV Guidelines have resulted in humanitarian response that prioritizes prevention and mitigation of GBV risk across all sectors (M&E Focus 2) are also included in the thematic area sections of the GBV Guidelines.

Given the time frame in which the RTE is being conducted (i.e. relatively soon after the launch of the GBV Guidelines), the RTE will focus on assessing how successfully the *implementation process* is being conducted, globally and in-country, in terms of the levels of acceptance and uptake by all sectors and senior decision makers in the country being evaluated.

Baselines have been set prior to the GBV Guidelines' roll-out for designated sectors in selected roll-out countries. Where they have been conducted, the benchmarks identified during the baseline studies are those against which the RTE will assess progress.

RTE Objective and Purpose

The RTE objective is to evaluate levels of acceptance and uptake of the GBV Guidelines globally and in X country (to be decided) by non-GBV-specialist sectors and by senior national and international humanitarian decision makers (government ministers, humanitarian coordinators, humanitarian country team members/Heads of Agencies and donors).

As well as considering the results in-country, the RTE will assess the degree to which national and international agencies, donors and governments that are engaged in this emergency response have institutionalized the GBV Guidelines' recommendations and how this is being reflected in their approaches to humanitarian response.

The purpose of conducting the RTEs is to provide both a summative and a formative snapshot of the implementation of the GBV Guidelines in *country X and sectors A, B*, C, assessing the effectiveness of the process to date while collating lessons learned to inform the process going forward. The primary audiences of the RTE are:

(i) The global Reference Group.

(ii) The GBV Coordination Mechanism (coordinator and leading partner agencies that are leading on implementation of the GBV Guidelines in-country).

(iii) HC/HCT who are the senior decision makers in-country with ultimate responsibility to ensure that the risks related to GBV are prevented and mitigated and that the needs of survivors are appropriately responded to through provision of services.

Based on the in-country discussions and findings, the independent consultants conducting the RTE will develop practical and actionable recommendations to facilitate operational improvements to strengthen the process and inform Reference Group decisions and the implementation process in-country. The lessons learned and identification of good practice will be shared with other countries that are rolling out the GBV Guidelines via the <www.gbvaor.net> website. In subsequent RTEs (after the first one has been conducted), the extent to which the lessons learned/good practice from the early RTEs is being drawn upon (as appropriate to the setting) can also be considered.

Scope

Each RTE will focus on *one emergency setting/country*, and the *selected sectors* within that setting that have engaged with the GBV Guidelines implementation process.[74]

Given the focus of the RTE on gathering experience and good practice, these targeted sectors and countries will be the focus of the early RTEs (one in 2015 and two in 2016) to gather an initial body of experience and lessons learned that can be shared with, and inform, subsequent roll-outs in other settings.

The time frame for each evaluation will be from the launch of the GBV Guidelines in their region and in their setting until the time that the RTE is conducted.

Methodology

The applied methods for the RTE will be participatory and include mixed methods. The evaluations will be conducted by a team of independent consultants. The evaluation will include analysis of various sources of information including document reviews, field visits and interviews with key stakeholders (affected population, United Nations, INGOs, donors, governments) and through triangulation of data. While maintaining independence, the evaluation will seek the views of all parties. Evaluation teams will serve as facilitators, encouraging and assisting field personnel, individually and collectively, to look critically at the implementation processes and find creative solutions to any challenges encountered. This engagement of stakeholders will build their ownership of the RTE and its findings and recommendations. Seeking views of the affected populations promotes accountability. At the same time, it is essential that the RTE be rigorous and evidence-based. The employment of mixed methods to triangulate qualitative and quantitative data will ensure that findings are objective and reflect the reality on the ground.

A half-day workshop will be conducted with key stakeholders in-country before the RTE team leaves, to present the key findings and proposed recommendations and solicit initial feedback from in-country actors. The report will be prepared in the light of the workshop discussions, although the findings and recommendations should reflect the opinions of the independent evaluators. Real Time Evaluation reports will be uploaded on the dedicated pages of the <www.gbvaor.net> website, and disseminated to the emergency setting being evaluated (translated into the local working language). The Reference Group should prepare a management response to the RTE recommendations indicating how they will address them.

[74] 8–10 pilot countries have been selected by the Reference Group for the initial roll-out of the GBV Guidelines, and in 3–4 of those countries per year, specific sectors are selected for targeted support by the IM staff member. The RTE will focus on these countries/sectors.

Safe and ethical practice regarding the collection and storage and use of GBV data will be followed in relation to interviews conducted, and data collected and used. Confidentiality and safety of the respondent and evaluation team will be prioritized, as appropriate to the nature of the question and the emergency setting.

Evaluation Questions

The questions below represent provisional areas of enquiry that will need to be refined by the Evaluation Team in the inception phase of the evaluation process for each RTE, ensuring a manageable number of areas of enquiry. Specific questions will need to be tailored to the context, the nature and the phase of the emergency being evaluated and the time period since the roll-out of the GBV Guidelines.

GBV Guidelines' adoption: To what extent have the GBV Guidelines been adopted during the roll-out in *country/emergency setting X*?

- What launch events took place for this region/country/emergency setting?
- To what extent have senior decision makers (HC, HCT, HoA, government ministers) engaged with, and led the implementation process in-country (e.g. engagement in roll-out activities; championing the GBV Guidelines in different forums)?
- Have the GBV Guidelines been contextualized for this setting? To what extent are the (contextualized) GBV Guidelines' recommendations reflected in sector/cluster, CLA and/or INGO plans, policies, strategies and response activities, including fundraising?
- Has GBV been highlighted as a lifesaving intervention in all relevant response communications since the roll-out by senior and programme level actors (in sitreps, reports, advocacy materials)?
- Is GBV a regular item on the HCT meeting agenda?
- How many training events with different sectors/clusters been led in-country by the GBV coordination mechanism? Are there visible results from these events in terms of reflection of GBV Guidelines recommendations in agency and sector plans, strategies, project documents, etc.?
- Have regional or countrywide training of trainers (ToT) been conducted? Have these ToT contributed to a pool of local or regional expertise that can be drawn on to support other clusters with the operationalization of the GBV Guidelines' recommendations throughout the HPC? Have sector coordination groups/clusters been able to make use of existing or recently trained local/regional GBV expertise (if it is available) to develop assessments, project proposals, etc.?
- Have sector-specific indicators been incorporated into non-GBV-specialist sector monitoring frameworks, and are they regularly monitored/reported? How many sectors are being supported by the IM staff member to integrate GBV-specific indicators into their own monitoring frameworks, and are data being regularly monitored and reported?
- Are requests for support (through the helpline, through direct requests to the Reference Group/ Implementation Support Team for training assistance – technical or financial resources, for IM support, etc.) being received from this emergency setting? What support has been provided, either in-person or remotely, to this setting? Has financial support been requested/provided from the Reference Group to support these in-country activities?

- Do operational partners across sectors in this context regularly refer to/adapt/use GBV Guidelines and associated tools on the <www.gbvaor.net> website?
- Are case studies of experience and lessons learned being collected and uploaded on the country and <www.gbvaor.net> website for reference by other parties?
- Have any non-GBV-specific sector evaluations been conducted since the roll-out? Do they include assessments of the type and level of GBV risks and measures to prevent or mitigate these risks as part of the evaluation?

How and to what degree have the GBV Guidelines' recommendations been implemented as planned by other sectors in a way that prevents and mitigates risks of GBV?

- How have sector assessments included GBV-specific questions? How have assessments included female participation?
- How has the affected population been consulted on GBV risk factors in specific sites? Describe the participation by age and sex. To what degree have any findings/information resulting from these consultations been incorporated into programme design and implementation?
- How have sectors consulted with each other to address GBV risk-reduction activities?
- Which response-wide scenario documents, assessments, plans, strategies, resource mobilization proposals or reports highlight the nature and extent of GBV and how the response will address this?
- If there are sectors that are *not* integrating GBV Guidelines recommendations into their programme planning and implementation, what is the reason? What additional tools, support, advocacy, etc. are needed to facilitate such integration?
- What programming activities are being provided by non-GBV sectors that reflect implementation of the GBV Guidelines' recommendations? How effective have these been in minimizing risks and responding to threats of GBV?
- Which sectors have included GBV referral information in their community outreach activities? Do staff have knowledge of standards for confidential sharing of GBV reports?
- What is the level of awareness of GBV among the affected communities and national and international humanitarian response actors, and how does this compare to awareness levels prior to roll-out of the Guidelines?
- Has there been any change in the levels of GBV being reported to GBV service providers since the roll-out of the GBV Guidelines? If so, what changes? To which at-risk groups? Can these be linked to the implementation of the recommendations?[75]
- Do those groups who have been at most risk of GBV report any perception of enhanced safety as a result of these interventions?

If these data are available when the RTE is being conducted, relating to M&E Focus 2:

- For those sectors integrating the GBV Guidelines' recommendations in their programme planning and implementation, how has this changed their response activities, and with what results for GBV at-risk groups?

[75] It should be noted that raising awareness of risks of GBV and providing services for survivors can often result in a rise in levels of reporting of GBV incidents. This should be factored into any analysis of this question.

Level of institutionalization: To what extent have national and international agencies, donors and governments institutionalized the GBV Guidelines' recommendations, and how has this affected the emergency response?

- Are the GBV Guidelines' recommendations reflected in government plans, resource mobilization activities, response strategies and/or programming at national and local level? If so, how and with what results?
- Does donor guidance reflect a requirement for proposals to indicate how the GBV Guidelines' recommendations are practically integrated into non-GBV-specialist sector funding documents?
- Have levels of funding for GBV-related interventions as part of non-GBV-specialist sector programmes risen since the roll-out of the GBV Guidelines? Is there any evidence that these have contributed to more effective prevention and mitigation of GBV?
- Do human resource policies, inductions and staff training material include reference to the GBV Guidelines' recommendations? Are these policies routinely reflected in practice?
- Are the GBV Guidelines and relevant tools uploaded on government, agency and donor websites and referred to regularly?
- To what extent is GBV highlighted in donor, implementing agency and/or government reporting on the emergency as a key protection issue?
- What percentage of staff in different agencies/donors/government ministries have participated in a training on the GBV Guidelines?

RTE Management

The Reference Group, supported by the Implementation Support Team, will commission and oversee the RTE. One member of the Implementation Support Team should be the Focal Point for the evaluation team and provide day-to-day management of the evaluation process. One member of the Reference Group should attend the in-country workshop to reflect the Reference Group views and hear those of the in-country participants.

Establishing one Advisory Group for the whole series of RTEs on the GBV Guidelines, with an inter-agency and cross-sectoral membership, should strengthen the relevance, accuracy, comparability and credibility of the RTEs. The main responsibility of the Advisory Group will be to review and comment on the evaluation outputs (finalized ToR, inception report, reports of emerging findings and draft report). Having this Advisory Group oversee the series of RTEs will also provide consistency to the whole process.

Ideally, the support of senior humanitarian decision makers in the country[76] to be evaluated will be gained before the RTE mission takes place.[77]

[76] HC/HCT/CLA HoA and the support of the GBV coordination mechanism coordinator and key partners in-country. While the RTE cannot depend on decision makers in-country initiating them, it will be difficult to conduct an RTE without their support. Therefore the Reference Group will need to be proactive in obtaining support for the RTE from the HCT, HC and the GBV coordination mechanism partners in-country. An emphasis on the learning focus of the RTE will be important to gain this support.

[77] Plans to conduct a series of RTEs and other M&E tools/processes (e.g. the baseline survey and ongoing monitoring) should be discussed with senior in-country decision makers at the time of the GBV Guidelines' roll-out. Some in-country staff in the middle of a humanitarian response, especially in the early days of a sudden onset crisis, feel that they 'haven't got time' for evaluations. However, by working with them from the roll-out, and focusing on the real time learning benefits of the RTE, their support can be solicited. The conduct of the RTE cannot be dependent on the agreement of in-country staff, however.

Evaluation Outputs

Main outputs by the evaluation team are:

1. A finalized inception report, contextualized for the setting to be evaluated.
2. PowerPoint presentation of key findings and recommendations for the half-day, in-country workshop.
3. Draft RTE report outlining clear, evidence-based findings, conclusions and practical, actionable recommendations, with a clear Executive Summary, reflecting the workshop discussion, for consideration by the Advisory Group and Reference Group.
4. A final RTE report of no more than 10,000 words (plus Annexes) with a clear Executive Summary of no more than 1,500 words. This will reflect responses to the comments of the Advisory and Reference Groups.

Evaluation Team

An external, independent team will be contracted to conduct either each RTE, or several RTEs as the Reference Group decides. This will include:

- A senior team leader (TL) with extensive humanitarian evaluation experience, including of conducting RTEs.
- 1 international team member (TM) with experience of conducting GBV programming in emergencies and also with humanitarian evaluation experience. The team member will lead on the documentary review and participate throughout the rest of the RTE.
- 1 national consultant (NC) familiar with participatory methods and techniques to promote consultations with affected population.[78]

The team leader will work throughout the evaluation, finalizing the ToR in agreement with the Advisory Group and the Reference Group; lead on drafting the Inception Report; oversee the work of the other consultant evaluators; travel to the field mission; oversee data collection and analysis and be the primary author of the evaluation report. The Team Leader will also lead the half-day workshop. Other consultants will contribute to the data collection, field mission and report writing.

[78] A different national consultant will be recruited for each mission country visited for the RTE.

Provisional Budget (per RTE)

Activity	Lead person	No of days	Total cost $
Documentary review	TM	4	2,000
Initial briefings and interviews with Reference Group and Implementation Support Team and key stakeholders at global level (days to include 2 days' travel each for TL and TM)	TL TM	4 4	2,400 2,000
Finalization of inception report in consultation with Reference Group and Advisory Group	TL[79]	3	1,800
Country missions (5 days in-country for each team member) supported for logistics and travel in-country by GBV coordination mechanism CLA or key GBV partner agencies + 2 days travel for the TL and TM to get to and return from the mission country	TL TM NC	7 7 5	4,200 3,500 2,450
Air flights, DSA and TA[80]	TL, TM, NC		21,500
Logistics costs in-country (in-country transport, workshop costs)[81]	Team and CO		1,500
Cost for Reference Group member to travel to mission country to attend workshop[82]	RG		5,000
Preparation of draft report	TL TM NC	5 2 1	3,000 1,000 350
Finalization of the report (integrating Advisory Group and Reference Group comments)	TL TM	2 1	1,200 500
Miscellaneous costs (e.g. telecommunications)			500
TOTAL		45	52,900

Provisional Time Frame

Each RTE will take a total of 45 person days over the course of a 5–6 week period.

[79] Assuming a daily rate of $600/day for the TL; $500/day for the TM; and $350 for the NC

[80] Assuming $10,000 per mission for each of the TL and TM and $1,500 for the NC

[81] Assuming $1,500 per mission country

[82] Assuming 3 days per country mission – 2 days for transport and 1 day for the workshop, travel and DSA at a cost of $5,000 per RTE

ANNEX 14

POSSIBLE QUESTIONS TO EVALUATE IMPLEMENTATION OF THE GBV GUIDELINES RECOMMENDATIONS

Evaluation criteria as per the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee Guidelines on Evaluation will consider humanitarian response from the perspectives of:

- Relevance
- Effectiveness
- Efficiency
- Impact
- Sustainability

Implementing programming that addresses GBV prevention, risk mitigation and response into other sector responses in line with GBV Guidelines recommendations could contribute to real progress towards four of these criteria (relevance, effectiveness, impact and sustainability). Using opportunities to include questions or areas of enquiry into ToR for evaluations being conducted by other sectors can inform the levels of their implementation of the GBV Guidelines and to what extent this has helped them strengthen their programming using existing entry points.

Possible evaluation questions (to be contextualized and adjusted per sector[83]):

Relevance

1. In what ways has the integration of programming that addresses GBV prevention, risk mitigation and response as outlined in the GBV Guidelines contributed to the increased relevance of the X sector response to risks of different types of GBV encountered by different groups of beneficiaries? (Type and incidence of risks identified through assessments or other data sources.)

Effectiveness

1. How has including women and other 'at-risk' groups in the planning and implementation of programming influenced the programming approach or design of programmes in a way that has materially reduced risk of GBV in this context?
2. In the views of different 'at-risk' groups, community leaders and other stakeholders, what have been the most effective interventions implemented by the X sector in reducing risks of GBV?
3. How effective have the complaints mechanisms been in soliciting the views of different members of the target populations? And with what results to the X sector response (e.g. changes to the approach taken as a result of information gained through the mechanism)?

[83] Referred here as the 'X' sector – meaning any of the humanitarian sectors (Health, Shelter, Child Protection, etc.). These questions can be adapted for use by any sector.

Impact

1. In what ways has the X sector response contributed to changing norms/cultural attitudes to counter context-specific types of GBV as part of their overall response?

2. Compared with other emergencies, how has adopting recommendations of the GBV Guidelines enhanced the longer-term impact of the X sector response in this emergency?

Sustainability

1. In which ways has the integration of programming that addresses GBV prevention, risk mitigation and response by the X sector in this emergency response made a difference to the approach adopted by national counterparts in the same sector?

2. What agency-specific or sector-wide mechanisms (e.g. agreed approaches or standards of programming; gender composition of teams, etc.) have been developed by the X sector that will be incorporated into the sector's responses in other emergencies to address GBV risks?