

Commitments

13 November 2013

Please note that whilst some of these initiatives are fully funded, the majority require either partial or full funding. If you are interested in learning more about them or seeing a concept note do not hesitate to contact DFID and we can provide further information.

Being prepared: To ensure that the humanitarian community is better prepared when a crisis hits	
Pre-position materials	<ul style="list-style-type: none"> By 2015, 20 priority countries will be adequately stocked with post-rape treatment supplies (UNFPA) Pre-position and scale up dignity kits (UNICEF)
Incorporate VAWG preparedness into response/ contingency plans	<ul style="list-style-type: none"> Ensure VAWG is incorporated into cluster response plans (OCHA) By 2015, 20 priority countries will have contingency plans that address the specific needs of women and girls (UNFPA) Develop guidelines on planning and mass evacuations during natural disasters that include VAWG and human trafficking angle (IOM)
Support countries/ country offices	<ul style="list-style-type: none"> Provide advocacy support to country offices (OCHA) Identify criteria to specifically target 8 GBV high-risk countries and develop an integrated package of support (GBV AoR) Encourage National Society members to work with their national governments to discuss the creation of safer and more inclusive environments for women and girls during and after disasters (IFRC) Support country programmes in vulnerable settings in MISP emergency preparedness so that teams are trained and ready when crises hit (Marie Stopes International) Support for the ICRC's appeal, to ensure that the organisation is responding as effectively as possible to sexual violence. (United Kingdom) Support country offices to work with national partners within DRR frameworks on VAWG preparedness (UN Women)
Adapt internal systems to allow a more rapid response to VAWG in emergencies	<ul style="list-style-type: none"> Establish an internal emergency response fund that gives improved flexibility to protect children from and respond quickly to violence against children (such as sexual violence) in conflict-based emergencies (War Child UK) Mobilise the wider Save the Children movement's resources to make the elimination of VAWG a key pillar of the organisation's work (Save the Children) Integrate protection from VAWG as lifesaving assistance in the Rapid Response mechanism (Switzerland) Build on existing investments to respond quickly and effectively to VAWG from the onset of an emergency (Canada) Ensure the protection of women and girls in emergencies is prioritised in development and humanitarian policy commitments. The protection of women and girls in emergencies will be a key policy priority of the Irish Government's revised Humanitarian Policy and emerging policy on

	<p>fragility contexts (Ireland)</p> <ul style="list-style-type: none"> • Increase the core and non-core allocations to advance work that prevents and responds to GBV in humanitarian contexts (UNFPA)
Research	<ul style="list-style-type: none"> • Preparation of Disaster Risk Reduction and GBV Paper (GBV AoR)
Work with NGOs and local civil society	<ul style="list-style-type: none"> • Facilitate links with French NGOs to ensure good collaboration and sharing of knowledge across the humanitarian sector (Handicap International) • Work with civil society organizations and women's groups to prepare for and respond to sexual violence and basic reproductive health needs in emergencies (as outlined within the MISP) (WRC) • Train and support 25 grassroots civil society organisations over 2 years to ensure that there are local experts ready to respond to the next crisis (IRC)
<p>The Right People: To ensure that we have the people with the right experience and expertise on the ground</p>	
Recruit experts	<ul style="list-style-type: none"> • Create new posts, including 5 country specific protection officers, 6 senior protection officers & 1 HQ protection officer. Expanded capacity in MENAD region (UNHCR) • Additional human resource and capacity development, including 1 additional staff member at HQ; 6 in regional and 6 country offices. Investment in national capacity to address VAWG, surge capacity (UNICEF) • Additional human resources including 1 additional staff member at HQ and 1 each in Africa and East Mediterranean Regional Offices and increasing capacity by integrating SGBV into all relevant health trainings (e.g. mental health, emergency preparedness etc) (WHO) • Increase number and capacity of UNFPA staff by: creating a GBV stand-by roster; establishing a South-South mentorship programme; 20 new UNFPA staff on internal surge roster for GBV; 2 new external surge partners identified for provision of GBV-specific support; 5 SRH in emergencies experts; 4 new GBV in Emergencies advisor posts in Africa, the Middle East, and Asia; 4 new GBV-focused posts established at HQ or Geneva level; 3 existing posts repositioned to focus on GBV (UNFPA) • Scale up recruitments and secondments of GBV experts and protection advisors in Swiss Humanitarian Aid Unit (Switzerland) • Recruit a GBV Specialist and a Gender and Protection Advisor (CARE) • Recruit key staff to strengthen response to VAWG with special emphasis on developing and piloting age-appropriate interventions for girls and boys (Save the Children)
Expand emergency and surge deployment capacity	<ul style="list-style-type: none"> • Build a pool of gender and humanitarian action experts for emergency deployment (UN-Women) • Develop a section of the UNICEF global web roster specifically devoted to VAWG and map "Centres of Excellence" that can further provide skilled human resource capacity (UNICEF) • Establish a pool of GBV Coordinators and experts (including through mentorship and development of national capacities) ready to provide surge support in emergencies (GBV AoR) • Increase institutional capacity including emergency roster to include psychosocial experts trained on SGBV case management (IOM) • Explore the possibility of strengthening and expanding pool of

	<p>protection and GBV experts (NRC)</p> <ul style="list-style-type: none"> • Explore further roster management support to provide immediate deployment in rapid onset unforeseen disasters and provide short-term mission in support of preparedness (NRC) • Strengthen technical expert surge capacity at the global and regional levels (United States) • Allocate specific human resources and technical specialist expertise in order to support effective humanitarian response to GBV in emergency and recovery contexts. This will involve proactive measures to deploy Gender, GBV and Protection Advisors through GenCap, in addition to a commitment to mainstream gender and GBV in all training for Irish Rapid Response deployees (Ireland) • Identify opportunities to build the pool of GBV experts that can be deployed rapidly, or take up permanent positions in key agencies. To include support for the development and roll-out of training courses and mentoring programmes (United Kingdom)
<p>Build internal knowledge and capacity to prevent and respond to VAWG, including through training</p>	<ul style="list-style-type: none"> • Increase institutional capacity to develop and implement post-crisis programmes for SGBV victims by creating a pool of expert staff (IOM) • Build capacity of camp management staff, national governments and civilians on VAWG (IOM) • Ensure 80% of all UNFPA staff have completed the Managing GBV in Emergencies E-learning course (UNFPA) • By 2015, train 4,500 sexual and reproductive health personnel on GBV in emergencies (UNFPA) • Update and pilot expanded modules on GBV & PSEA in WFP's protection mainstreaming training (WFP) • Develop a mandatory SGBV e-learning programme for all staff (UNHCR) • 5-year learning and capacity development strategy for coordination and programming (GBV AoR) • Review existing tools and learning opportunities and create defined core competencies (GBV AoR) • Organise and facilitate two new courses with the University of Ghent that include a significant proportion of UNFPA staff (UNFPA) • Enhance attention to the prevention of and response to VAWG in all relevant skills training and capacity building (IFRC) • Support for promising mentorship and training schemes (United States) • Train staff to ensure that WASH programmes contribute to the safety and empowerment of women and to the prevention of violence against women as well as other vulnerable people in all its forms (WaterAid) • Use existing networks to convene focused discussions with emergency directors of operational NGOs to share operational strategies and good practice for preventing and responding to VAWG in emergencies (IRC) • Train 27 emergency staff on Gender Mainstreaming across humanitarian assessments, design and monitoring and evaluation by April 2014 (CARE) • Train international staff (minimum 50) on implementation of the revised IASC GBV guidelines by mid-2014 (CARE) • Provide skills training for frontline health workers in sexual and reproductive health for use in emergency and humanitarian situations, including clinical care for survivors of sexual assault (Marie Stopes International) • Establish and maintain a community of practice to develop institutional capacity and ensure links with frontline partners to support country level SGBV response (Marie Stopes International)

	<ul style="list-style-type: none"> • Launch an internal Knowledge Hub on the elimination of VAWG to build the knowledge base for effective programming (Oxfam) • Develop and implement an e-learning programme incorporating GBV training for all programme staff (Islamic Relief) • Develop new guidance on gender for humanitarian staff and develop and execute new training (Christian Aid) • By 2015, all country offices with GBV sub-clusters will have received targeted information and training on GBV IMS and other globally endorsed tools on VAWG (UN Women)
Support capacity building of partners	<ul style="list-style-type: none"> • Implement innovative, VAWG prevention pilot projects in two emergency settings, focusing on building capacity of CARE, national partners, national and community actors. Document and share learning (CARE) • Partner with national women's rights organisations, in 3 countries and build their capacity to deliver high-quality, gender-sensitive humanitarian responses (Oxfam) • Implement a global VAWG capacity building programme for 300 specialist and non-specialist staff (UN, NGOs, governments, national civil society) in three regional hubs (IRC) • Work with partners to ensure that the MISP is implemented in countries where MSI programmes and services can play an effective support role in humanitarian responses (Marie Stopes International) • Strengthen IPPF Member Association and other key providers' capacity to deliver SGBV services for women and girls in humanitarian situations (IPPF) • Partner with national NGOs and women's groups in four countries to strengthen local technical and organisational capacity to safely address VAWG, building on ARC's partnership toolkit (ARC) • Increase the number of IPPF Member Associations trained on MISP delivery in the first phase of a humanitarian crisis (IPPF)
The Right Programmes: To ensure that we have the right programmes from the start of an emergency	
Advocacy	<ul style="list-style-type: none"> • Roll-out an internal advocacy strategy to prioritise VAWG as lifesaving in emergencies (UNICEF) • Conduct vigorous advocacy to ensure that VAWG is a priority element of the Post-2015 framework (Save the Children) • Undertake assessment missions to 4 different emergencies in 2014 to assess the humanitarian prevention and response to VAWG. Follow up advocacy to improve coordination, programming, and mitigate risks of VAWG (Refugees International) • Undertake advocacy with governments to promote increased attention and action for SRH services in DRR and preparedness policies and programmes (IPPF) • Undertake advocacy to ensure that SGBV response includes key services and ensures there is a strong protection mechanism to mitigate violence against women and girls (IPPF) • Advocate for appropriate earmarked humanitarian funding to ensure MISP implementation during humanitarian responses (IPPF)
Mainstream and reduce the risks of VAWG	<ul style="list-style-type: none"> • In Chad, Ethiopia, Kenya and Uganda 210,000 persons of concern in camps and settlements will benefit from the installation of solar street lights and the distribution of fuel efficient stoves and solar lanterns (UNHCR)

	<ul style="list-style-type: none"> • The IASC Safe Access to Firewood and alternative Energy (SAFE) framework will be implemented at scale in at least two priority countries (UNICEF) • By 2015 20 priority countries have context-specific strategies for mainstreaming GBV-related actions throughout the humanitarian response (UNFPA) • Provide technical advice for the mainstreaming of disability in VAWG protection and response mechanisms (Handicap International) • Incorporate structured referral mechanisms within key humanitarian responses (Oxfam) • Ensure that organisational policies clearly mitigate against sexual exploitation and abuse (WaterAid) • Work in partnership with other agencies and implementers in the WASH and Protection Sectors to share and disseminate a toolkit to embed good practice on the prevention of violence in WASH programmes (WaterAid) • Promote implementation of GBV and Gender Mainstreaming best practices in the Shelter, WASH and Food Security clusters (CARE) • Support the mainstreaming of gender and efforts to combat violence against women and girls in the humanitarian programmes of the major Norwegian organisations, such as the Norwegian Refugee Council, the Norwegian Red Cross, Norwegian Church Aid and Save the Children Norway (Norway) • Develop and implement a new strategy for humanitarian protection with a strong GBV component (Christian Aid) • Ensure linkages between gender and GBV technical expertise/information via coordination of the IASC sub-working group on gender in humanitarian action (UN Women)
Innovative programming	<ul style="list-style-type: none"> • Develop a programming framework for mitigating adolescent girls' risk of GBV through economic strengthening programming in emergencies (UNICEF) • Raise awareness and build referral systems to SRHR services for adolescents (PLAN UK) • In bridging the divide between humanitarian, recovery and development work, move towards addressing transformational power relations including by addressing early forced marriage and FGM/C, sexual abuse and exploitation (PLAN UK) • VAWG integrated into health cluster and health system response strategies and the health cluster guidance note (WHO) • Pilot a Displacement Tracking Matrix to identify and refer VAWG survivors (IOM) • Establish 20 "Centres of Excellence" in priority, high-risk countries to act as repositories of current evidence and generators of new evidence; serve as training hubs; support operationalisation of critical research; and drive collaborative programming (UNFPA)
Scaling up	<ul style="list-style-type: none"> • Make dignity kits a standard item on the UNICEF supply list in 2014 (UNICEF) • Establish new joint programmes in 20 priority countries by 2015, coordinated through UNFPA-led sub-clusters (UNFPA) • Ensure that adequate sanitary materials are provided to all women and girls of reproductive age who receive UNHCR assistance (UNHCR) • Ensure that locally-customized dignity kits are available to women and girls in 20 priority countries by 2015 (UNFPA)

- Scale up programming on working with men and boys to end VAWG (UNFPA)
- Scale up an evidence-based, field-tested prevention programme (working with men and boys) on VAWG in humanitarian contexts (IRC)
- Ensure that the full MISIP, including clinical care for survivors of sexual violence, is implemented in all IMC-supported health interventions (International Medical Corps)
- Establish and strengthen support services, including women and girl-focused activities and case management services, for survivors of gender-based violence (International Medical Corps)
- Ensure that 60% of IPPF Member Associations provide access to screening, counselling and referrals on SGBV by 2015 (IPPF)
- Provide over 1.2 million sexual and gender-based violence services to women and girls (20% increase) by 2015 (IPPF)
- Strengthen partnerships with international and national organisations to ensure better co-ordination in the delivery of the MISIP, especially in the provision of services (both medical and psychosocial) for survivors (women and girls) of SGBV during humanitarian crises (IPPF)
- Support the Japan Platform (an international organisation for emergency humanitarian aid with tripartite cooperation among 40 NGOs, business community and the Japanese government) to implement programmes, which includes supporting vulnerable women/girls in emergencies (Japan)
- Improve the medical and psychological status of the survivors of sexual violence in the health zones of Kamonia and Luambo on the DRC/Angola border (Doctors of the World)
- Scale up MISIP implementation in five countries (CARE)
- Scale up multi-sector, client-centred assistance for survivors of GBV as well as learning and economic opportunities for women and girls (ARC)
- Implement evidence-informed, participatory prevention interventions that bolster supportive local protection mechanisms and engage whole communities to reduce the acceptability of VAWG (ARC)
- Prioritise child protection, and recognise the agency and capacities of adolescent girls and respond to their unique needs and vulnerabilities (PLAN UK)
- Address VAWG as a key issue in education and child friendly spaces and holistically in all child and community participation and engagement (PLAN UK)
- Scale up programmes on sexual violence in emergency-affected countries such as DRC, Lebanon, Jordan and Kenya (with Somali refugees), to improve outcomes for child survivors of sexual violence and demonstrate the importance of age- and gender-appropriate, child friendly response services (Save the Children)
- Provide reproductive health kits and other essential commodities, indirectly or directly, to respond to the immediate and ongoing sexual and reproductive health needs of survivors of SGBV (Marie Stopes International)
- Scale up the provision of comprehensive SRHR services, including clinical services, in countries most vulnerable to emergency and humanitarian crises by 50%, covering more than 10 million women, over the next 3 years (Marie Stopes International)
- Commit to ensuring that all programmes meet minimum SGBV standards by 2015 (Marie Stopes International)
- Explore opportunities to support provision of clinical services to women in emergency situations, for example in Syria (Marie Stopes International)

	<ul style="list-style-type: none"> • Work to ensure that the MISIP for Reproductive Health available throughout all UN humanitarian response (Norway) • Increase funding for projects in Lebanon and Jordan to assist vulnerable families where girls may be at risk of early and forced marriage (United Kingdom) • Provide funding for support to survivors of violence within Syria, and those at risk of sexual violence, sexual exploitation and domestic violence (United Kingdom) • Increase support for IRC's GBV/psychosocial care for Syrian refugees (ECHO)
Strengthen rapid response	<ul style="list-style-type: none"> • Deploy a protection specialist with experience assessing the needs of women and girls in emergencies in the earliest stages of every emergency response operation (IMC) • Deploy SGBV investigative expertise to every international Commission of Inquiry (UN Women)
Promote women's participation in programming and accountability	<ul style="list-style-type: none"> • Promote women's participation and empowerment particularly through cash and WASH programmes (Oxfam) • Pilot complaints and feedback mechanisms to respond to GBV concerns related to WFP's programmes, including PSEA (WFP) • Address VAWG in Kurdistan-Iraq through community-based initiatives increasing women's and girls' voice (NRC)
Assessments and evaluations	<ul style="list-style-type: none"> • Ensure that protection of women and girls in emergencies is part of the appraisal criteria for all recipients of Irish Aid humanitarian funding (Ireland) • Include VAWG as a key issue in robust gender sensitive needs assessments following the onset of emergencies, and in resilience capacity building (PLAN UK) • Ensure that all humanitarian evaluations assess gender equality, women's rights and prevention and response to GBV (Oxfam) • Adapt guidance and checklists for needs assessment and planning of humanitarian assistance to integrate GBV (OCHA)
Increase funding	<ul style="list-style-type: none"> • Commit to increases in funding response to GBV and encourage partners to prioritise pursuing funding for GBV programming (United States) • Support the ICRC special appeal on sexual and gender based violence (Norway) • Progressively increase funding to the protection of women and girls in emergency and recovery contexts over the coming three years. Ireland will allocate specific financial resources to ensure that gender, and sexual- and gender-based violence issues are addressed in every humanitarian operation, either those funded directly through civil society humanitarian partners or through wider pooled funding mechanisms to which Ireland is a contributor (Ireland) • Commit to employ ODA in excess of US\$3 billion over the next three years for implementing the PM's initiative, "Toward a Society in which All Women Shine", including support to women in the area of peace and security (Japan)
Accountability	<ul style="list-style-type: none"> • In partnership with other donors and stakeholders, identify clear expectations of key actors throughout the humanitarian system to ensure prevention and response of GBV is addressed from the early phases of an emergency (United States) • Promote and enforce the Code of Conduct for humanitarian personnel

	<p>(Switzerland)</p> <ul style="list-style-type: none"> • Prioritise the protection of women and girls with multilateral and non-governmental partners (Canada) • Produce an NGO report that provides critical feedback on interagency tools, resources and initiatives for preventing and responding to VAWG (InterAction) • Initiate a dialogue with InterAction members on how internal structures and processes are established, implemented, and monitored to support programming for VAWG. Commit to set in motion increased accountability of InterAction members (InterAction) • Strengthen accountability and dialogue with multilateral partners (Switzerland) • Address VAWG as a mandatory point in policy dialogues with all major humanitarian organisations (Norway)
Preventing Sexual Exploitation and Abuse (PSEA)	<ul style="list-style-type: none"> • Strengthen SEA prevention and response (United States) • Roll out the NRC Education Guidelines for the Prevention and Response to Sexual Exploitation and Abuse (SEA) in all NRC education programmes (NRC) • Recruit a PSEA specialist position. We commit to seeking funding to work with other agencies in implementing the standards and identifying learning and best practice in their roll-out (CARE) • Lead an initiative to establish inter-agency community-based complaints mechanisms in three diverse humanitarian settings, in cooperation with UNHCR (IOM)
<p>The Right Tools and Mechanisms: To ensure the humanitarian community has the right tools and guidelines in place</p>	
Update technical guidance	<ul style="list-style-type: none"> • Ensure that technical guidance and training on clinical management of rape is evidence-based and up to date (WHO) • Develop a minimum of four new/revised guidelines or tools addressing GBV in humanitarian contexts (UNFPA) • Lead the revision of the IASC GBV Guidelines and the GBV Coordination Handbook on behalf of the GBV AoR. In 2014-2015, roll out the Guidelines and promote adherence in 12 key countries (UNICEF) • Integrate Gender Mainstreaming and the revised IASC GBV in Emergencies Guidelines across global CARE Emergency Protocols by 2015 following a thorough review of current emergency protocols to ensure appropriate revision (CARE)
Develop new tools/guidance	<ul style="list-style-type: none"> • Develop a tool for tracking which projects supported by pooled funds contain a GBV prevention or response component (OCHA) • Develop assessment tools and methodologies with Columbia University (UNHCR) • Develop GBV Specific Monitoring and Assessment Tools (GBV AoR) • Develop specific cross-sectoral operational guidance for addressing VAWG in emergencies and improve guidance and procedures around post-sexual assault kits (UNICEF) • Develop standards and guidelines for responding to VAWG in the context of programming (WFP, UN Women) • Develop guidelines of data protection that will cover the principles of confidentiality and consent when managing data for GBV survivors (WFP)

	<ul style="list-style-type: none"> • Develop and pilot referral mechanisms for cases of VAWG survivors. (WFP) • Develop a programme checklist that will include quality indicators for consideration of safety and dignity issues for women and girls in programme design (WFP) • Commit to protection of children with disabilities in emergencies and develop guidance notes that will be developed to inform policy and programmes (Handicap International with Save the Children) • Develop multi-sector good practice guidance for preventing and responding to Gender Based Violence (GBV) in Category III Emergencies and Fragile contexts. Develop and implement this model to support capacity building (World Vision) • Develop a framework and timeline for GBV prevention and response activities that must be prioritised and put in place from the onset of emergencies (United States) • Support the development of guidelines and training materials to ensure actors at all levels have the skills and competencies to uphold their responsibilities at the early phases of an emergency (United States) • Upgrade humanitarian M&E guidelines to more explicitly incorporate gender (Christian Aid) • Develop a national action plan regarding women, peace and security, in cooperation with people working at the grass-roots level (Japan) • Develop internal technical guidance on GBV in emergencies and conflict-related sexual violence (UN Women)
Develop new international frameworks	<ul style="list-style-type: none"> • Submit a draft resolution at UN CSW 2014 on women in natural disasters to follow up the previous resolution on the same theme. (Japan)
GBV IMS	<ul style="list-style-type: none"> • Scale up GBVIMS implementation in more countries (UNHCR, UNFPA and UNICEF)
Revise mechanisms	<ul style="list-style-type: none"> • Raise and channel fund for conflict and post conflict settings through a special window of the UN Trust Fund to End Violence Against Women (UN Women) • Ensure the ERC-HC compacts for 2014 include explicit reference to VAWG (OCHA) • Systematically incorporate the issue of VAWG into all aspects of programme design and implementation including in situational analyses; appeal planning; and monitoring of results in 20 priority emergency-affected countries (UNICEF) • Ensure that all new humanitarian response programmes are informed by an assessment of risks of VAWG by March 2014 (United Kingdom)
Research and Innovation: To ensure that research and innovation is building the evidence base on what works.	
Create good practice products	<ul style="list-style-type: none"> • Produce a minimum of 10 good practice products on engaging men and boys by 2015 (UNFPA) • Develop evidence-based psychological interventions for the mental health consequences of VAWG in hard-to-reach populations (WHO) • Target support to civil society partners to conduct research, promote operational guidance and develop good practice in GBV (Ireland) • Share gender- and human rights-related training materials and contribute to the review of the UN Analytical Inventory of best practices

	in Combatting Sexual Violence in Conflict (ECHO)
Develop innovative programming	<ul style="list-style-type: none"> • Pilot an innovative Graduation Model livelihood programme to build the self-reliance of refugees, targeting women and girls at risk of violence (UNHCR) • Pilot a 3-year programme on Social Norms and Community-based Care in Humanitarian Settings to develop 'good practice' approaches to building positive social norms that promote respect for women and girls, and help prevent sexual violence as an inevitable aspect of conflict (UNICEF) • Ensure that 20 priority countries have demonstrated and documented their efforts to scale up programmes that address the needs of adolescent girls (UNFPA) • Develop innovative referral mechanisms using effective technology (Oxfam) • Identify and test new strategies to ensure women and girls participate in the design of broader relief efforts throughout the programme cycle (United States) • Implement new, innovative programmes to promote the safety, prevention of and response to violence against adolescent girls in the DRC, Pakistan and Ethiopia (IRC) • Pilot an innovative masculinity programme where the church proactively engages men and boys in the prevention of VAWG (Tearfund) • Support the IRC's work with adolescent girls in DRC, Pakistan and Ethiopia and build the evidence base on what works to prevent violence against girls in humanitarian contexts (United Kingdom) • Support innovative approaches e.g. UNHCR's 'light years ahead' project and work on child, early and forced marriage (Canada)
Develop new research initiatives	<ul style="list-style-type: none"> • Contribute to identification of gaps and best practice in relation to GBV including: GBV in natural disasters (SG's report for 2014); a global study on the implementation of women, peace and security; multicountry study on impact of gender-responsive programming on humanitarian outcomes; global learning initiative on VAWG in conflict, postconflict and transitional settings (UN Women) • Develop and pilot a research toolkit that describes processes for safe and ethical research on survivors of sexual violence and children born of sexual violence in conflict (UNICEF) • Develop a research agenda on VAWG in humanitarian settings, including on barriers to access and use of services, building on the existing research agenda for sexual violence (WHO) • Research the risks of GBV of adolescent girls displaced in urban environments. Generate learning, tools and recommendations for how to prevent and respond to displaced adolescent girls' GBV risks in urban environments (WRC) • Undertake participatory research around the effectiveness of the MISP to build evidence and ensure that it becomes a standard priority intervention during the onset of humanitarian crises (IPPF) • Research on the linkages between VAWG and security of tenure in humanitarian/displacement settings and promote the key recommendations within the humanitarian and donor community (NRC) • Assess why existing resources, guidelines and standards that support the identification and mitigation of GBV are not widely and consistently used (United States) • Contribute to robust protection analysis to support VAWG prevention and response as part of protection strategies and overall humanitarian response through the Results-Based Protection initiative led by

	<p>InterAction (InterAction)</p> <ul style="list-style-type: none"> • Undertake qualitative research on domestic violence in three countries (Iraq, Kenya, and South Sudan) (IRC)
Share information	<ul style="list-style-type: none"> • Ensure that the GBV AoR functions as a repository of new/ongoing research and best practice (GBV AoR) • Launch a web-based module on GBV programmes in conflict, post-conflict, and emergency settings (UN-Women) • Build the evidence base for what works in GBV prevention and response and share best practice (United States) • Share knowledge through InterAction GBV Learning Events (InterAction) • Share lessons and evidence from MSI programmes responding to and managing the consequences of SGBV with key policy and programme partners (Marie Stopes International)