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Funding a localised, women-led approach
to protection from Gender Based Violence:
What is the data telling us?

Acknowledgements

Elizabeth Fletcher-Wood

Humanitarian Research & Evaluation Consultant, Research & Evaluation Services Ltd

**www.research-evaluation-services.org
elizabeth@research-evaluation-services.org**

Roy Mutandwa

Independent Monitoring, Evaluation, Accountability & Learning (MEAL) Consultant

roymutandwa@gmail.com

Foreword

Disasters, protracted crises and conflicts disproportionately affect women[1], yet women and their organisations are significantly underrepresented in humanitarian response[2]. While the evidence shows that engaging with national actors is critical for successful humanitarian work, especially in gender equality and Gender Based Violence (GBV) as these programmes may challenge prevailing cultural norms[3], in fact local women's organisations receive a small fraction of the funding available. This severely curtails women's opportunities to lead protection work in communities or to actively engage with the system and influence decision-making or resource allocation.

ActionAid commissioned this research to review existing funding data on protection, and specifically GBV response, to determine the extent to which commitments and initiatives on GBV prevention and response, as well as localisation are being realised. Despite pledges and increased attention, there exists little data to evidence a shift in donor priorities to ensure that women and girls are not only protected, but are in the driving seat of change.

Emergencies can be a catalyst for transformational change in overcoming longstanding inequality, violence and discrimination towards women and girls. In order for this to happen, local responders, international agencies, and donors each have a role to play and need a seat at the table to decide on funding, modalities of operation, and capacity building efforts. The recommendations in this report take on board the existing challenges and limitations which currently act as obstacles to enable this shift to happen and seek to provide some ways forward for all actors alike.

Claire Grant

**Women's Protection Advisor
ActionAid International**

1. World Humanitarian Summit (2016) 'Women and Girls: Catalysing Action to Achieve Gender Equality'

2. ActionAid (2016) 'On the Frontline: Catalysing Women's Leadership in Humanitarian Action'

3. See "Call to Action on Protection from Gender-Based Violence in Emergencies: Roadmap 2016-2020" (2015), page 9. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/Call-to-Action-Roadmap.pdf

Contents

Figures

Boxes

Annexes

Annex A   Abbreviations

Annex B   Global humanitarian protection developments, platforms and milestones

Annex C   Key informants

Annex D   Definitions used in this report

Annex E   Overview of international humanitarian funding mechanisms

Annex F   Main donors/influencers in protection, child protection and prevention/response gender-based violence in emergencies

Annex G   Examples of commitments made through global platforms focusing on protection and GBV

Annex H   References and notes

1. Introduction

The Inter-Agency Standing Committee (IASC) defines protection as: "*... all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL))*"[1]. Over recent years, there have been several significant developments relating to humanitarian protection, mainly facilitated by international organisations and global platforms, including;

• In 2013 the Inter-Agency Standing Committee (IASC), the primary mechanism for interagency coordination of humanitarian assistance, endorsed protection as a key priority.

• In 2013 the Call to Action on Protection from Gender-Based Violence (GBV) in Emergencies was formally launched.

• In 2015 the IASC approved guidelines for 'Integrating GBV Interventions in Humanitarian Action'.

• In 2015 the ground-breaking Resolution 3 'Sexual and gender-based violence; Joint action on prevention and response' was adopted. This took place at the 32nd international conference of the International Federation of the Red Cross and Red Crescent Societies (IFRC).

• In 2016 the first World Humanitarian Summit was convened by the former UN Secretary General, Ban Ki-Moon.[2]

Against this background, ActionAid commissioned a baseline study in order to understand more about global protection funding and specifically GBV funding; it reviewed current data as well as gaps, investigating the extent to which current funding trends facilitate and support women-led, localised approaches to GBV mitigation and response. The study included a comprehensive review of existing reports and publications, as well as interviews with a range of key stakeholders in humanitarian protection. This report presents a summary of findings and recommendations based on the study.

The study highlights three key challenges in relation to protection funding:

1. **The protection cluster remains significantly underfunded in humanitarian response**, even more so for funding for GBV prevention and response, especially when compared to other cluster areas.

2. **Current funding tracking mechanisms do not provide a means to report and monitor how much funding is targeted for women and girls**[3]. Protection needs are diverse for a range of groups and individuals but women and girls, in particular, are disproportionately affected[4], and also play a key role in effective protection programming. There is a need for a variety of disaggregated data to inform donor planning as well as programming in the field which may require more detailed intersectional data.

3. **Localised GBV funding is still relatively small**, despite commitments such as those undertaken by key donors in the Grand Bargain to increase global humanitarian funding to local and national responders.[5] In 2017, local responding organisations such as community-based organisations, grassroots volunteer networks and small grassroots NGOs received just 0.4% of all humanitarian assistance funding[6]. Of this, there is inadequate information to deduce how much of it was received by women-led organisations.

Box 1: Research methodology

The research took a qualitative approach and included a comprehensive literature review of studies, reports, publications and online information portals. In addition, 14 key informant interviews were carried out by the research team with governmental donors, multi-lateral donors and implementing humanitarian organisations (INGOS, NGOs). These data collection approaches have enabled triangulation and verification of the data from different primary and secondary sources, as well as identification of trends to enable reliable findings. A series of recommendations have been developed to address the issues identified during the study. The key informant respondents participated voluntarily and did not receive any compensation. The full list of key informants can be seen in **Annex C**, with a list of definitions used in this report in **Annex D**.

2. Protection and GBV funding trends

i. Downward trends in protection funding for the period 2011-2018

UN-coordinated appeals are central to humanitarian response and provide a significant proportion of funding for international humanitarian assistance. Appeals include UNOCHA-managed country level appeals, as well as other appeals such as the 2017 Europe Situation – Regional Refugee and Migrant Response. In response to these appeals, UNOCHA coordinates two main types of pooled funding mechanisms, Country-Based Pooled Funds (CBPF) and the Central Emergency Response Fund (CERF). This information is tracked each year on the online platform, the UNOCHA Financial Tracking Service (UNOCHA FTS). This is the only mechanism currently available which tracks funding centrally. (See **Annexes E and F** for further details about funding mechanisms.)

UNOCHA FTS demonstrates a decline in overall funding across the clusters, with appeals funded at 72% in 2009 and 57% in 2018 for example. This downward trend puts a strain on funding across all humanitarian clusters, including protection[7][8][9]. In the period 2011-2018, protection funding was one of the lowest funded areas at 40% for most of it, compared to the average of 62% across all clusters.

Figure 1 presents percentage coverage of UN appeals which were funded by donors for the protection cluster in the period 2009-2018. It is evident that funding for protection follows a downward trend[10][11].

In 2015, UNOCHA FTS began tracking funding for gender-based violence (GBV) prevention/response programming as a separate sub-cluster area, reflecting changes in the humanitarian coordination system[12][13]. **Figure 2** presents percentage coverage of UN appeals that were funded by GBV prevention and response donors in the period 2015-2018. It also indicates low levels of funding, with the exception of funding levels achieved in 2017 when there was a spike in UN appeal funding (but total amount requested had increased dramatically for Syria, Yemen, Somalia and Nigeria at this time).[14]

Several key informants who contributed to this study held the view that the Call to Action and the World Humanitarian Summit generated greater

Figure 1: Percentage coverage of UN-coordinated appeals funded by donor organisations for the protection cluster
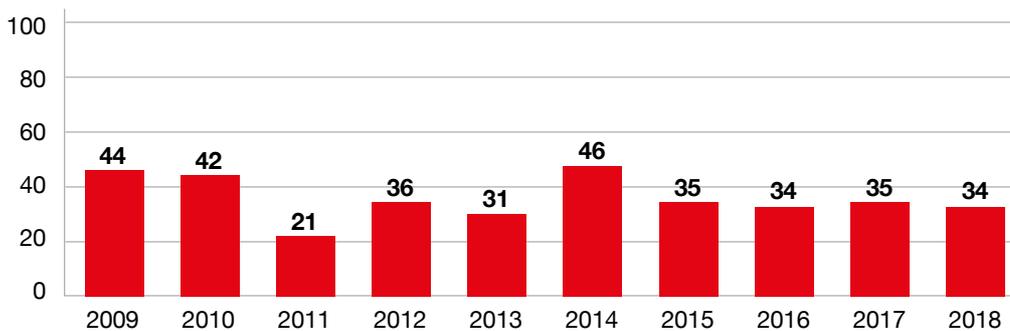
Source: UNOCHA Financial Tracking Service

Figure 2: Percentage coverage of UN-coordinated appeals funded by donor organisations for GBV
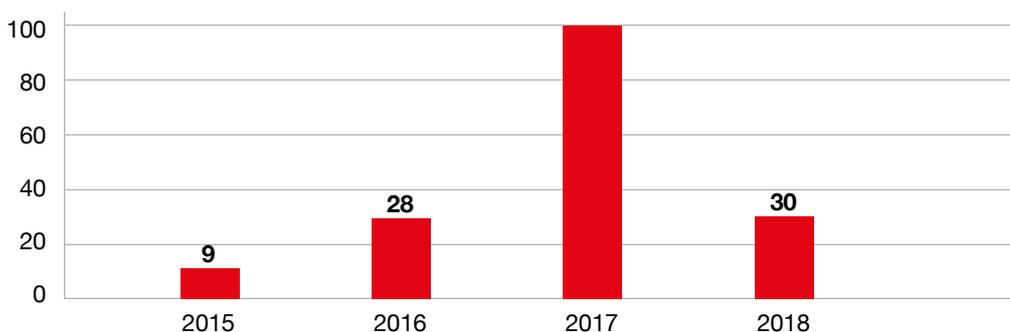
Source: UNOCHA Financial Tracking Service

interest and momentum in protection and related areas, especially regarding GBV and community-based protection (relating to the localisation of aid). Since these global platforms were launched, there has indeed been an increased commitment to protection and protection-related programming, as well as programming that specifically supports the needs of women and girls[15]. Some of these commitments are summarised in **Annex G**.

However a 2017 study, which consulted with Call to Action partners (including donors, international organisation, multilateral organisations and NGOs), found that reforms in GBV programming in emergencies have been insufficient to ensure that GBV is being systematically prevented. This study also found that reforms are not ensuring that survivors are getting adequate access to the life-saving services they need.[16] Overall, despite funding for GBV increasing over the last few years, it is not scaled to need. This is very concerning when protection crises dominate the humanitarian caseload and protection remains the most poorly funded activity[17]. One of the main impacts of this level of underfunding is a lack of sufficient human resources for protection[18], with protection being an area that requires specialist skills and sustained expertise for effective programming[19][20].

ii. Funding for GBV protection and response programmes supporting women and girls

Various commitments have been made through global protection platforms that specifically consider the needs of different groups such as women and girls (**see Box 2**). They recognise that crisis situations exacerbate the vulnerability of populations to protection risks[21] and that although GBV can affect both males and females, this risk disproportionately affect females[22].

However, despite this progress, it is challenging to find publicly available data that disaggregates funding for programmes supporting women and girls at the global level, as well as by specific regions and humanitarian crises. This makes it extremely difficult to hold donors and implementing organisations to account. Several factors contribute to this difficulty. One issue concerns the beneficiaries of protection programming. Although donors may have a gender policy in place and fund GBV programming, they want to be open to supporting men and boys too. They recognise that these groups are also subject

Box 2: Examples of commitments that specifically consider the needs of different groups such as women and girls

- Following the Call to Action, UK DFID launched the initiative 'Keep Her Safe: protecting girls and women in emergencies'.[23] UK DFID is also one the biggest financial contributors to the UN Trust Fund to End Violence Against Women, which provides funding for women-led organisations (with stipulations about what qualifies as women-led), along with other governmental donors[24].

- At the WHS, Germany and other governmental donors committed that by 2018 funding will only be allocated to actions that explicitly include a gender analysis with sex and age disaggregated data.

- In 2017, the Government of Canada launched their first Feminist International Assistance Policy. This is supported by a commitment of 15% of bilateral assistance across all action areas, including humanitarian action, to implementing initiatives dedicated to advancing gender equality and improving the quality of life for women and girls. This approach also means that all implementing partners must consult with women and involve them in needs assessments, decision-making, as well as in the implementation and monitoring and evaluation of projects[25].

- The IFRC Secretariat helped 54 National Societies integrate gender and diversity approaches in their emergency response activities through the practical application of the Minimum Standard Commitments to Gender and Diversity in Emergency Programming[26].

- The joint EU-UN Spotlight Initiative to eliminate all forms of violence against women and girls has been given an initial EU investment of €500 million[27].

to protection risks which may be overlooked, such as the risk of boys being taken as child soldiers and exposure to sexual violence[28]. However, as indicated earlier, females are extremely vulnerable in times of emergency[29], with GBV normally disproportionally affecting women and girls[30]. There is therefore an assumption that women and girls are prioritised by default but the reality does not evidence this[31][32].

"*Globally there is a movement to support women and girls - although it has not translated enough into the humanitarian world. There is not enough prioritisation - and the policy level is not translating sufficiently into funding – often policies are not actioned. For example, in the Rohingya crisis, there are huge needs for women and girls but this is underfunded. We also see cases where organisations might say they are doing VAWG response and then receive funding for this but then don't prioritise women and girls or do not have the skills. This risks putting women and girls in danger*" Protection and VAWG specialist, INGO. November 2018.

iii. Funding for GBV protection and response programmes that is accessible to national and local organisations (especially women-led organisations)

Local government authorities should be the main actor responsible for protection within a district or region. However, these authorities are sometimes unwilling or unable to guarantee the protection of their local population[33]. Affected communities play their part themselves and respond to protection needs within their neighbourhood. These community-led functions need to be recognised in funding streams. Important enabling factors for this include the Grand Bargain global target of at least 25% of international humanitarian funding channelled to national and local responders as directly as possible by 2020, as well as other commitments related to increasing multi-year and flexible financing to increase support for such organisations[34]. Many of the 59 signatories to the Grand Bargain (as of June 2018) have asserted that the localisation commitments are a high-level policy priority and are focused on tracking funding flows through the UNOCHA FTS[35].

There are currently numerous initiatives and commitments in place by which national and local responders can directly access international humanitarian funding. Examples of some of these mechanisms are shown in **Box 3**.

However, despite this progress, the overall share of total humanitarian assistance provided that can be accessed directly by national and local responders is relatively very small. Although the funding for such organisations across all clusters has increased from 2% ($458 million USD) in 2016 to 2.9% in 2017 ($603 million USD), the percentage of total funding going directly to local responding organisations is around 0.4% (with around 2.5% going to national governments of countries affected by crisis)[36]. Also, although accountability mechanisms have been developed to assist with monitoring of this funding and to identify gaps, various challenges remain in terms of disaggregating and tracking such funding. It is therefore not possible to determine how much funding currently goes to women-led local actors.

These two issues are not mutually exclusive. Increased funding channelled directly to national and local organisations would be expected to increase disaggregation of such funding for two reasons. Firstly, such actors are likely to have the capacity to self-report their funding to the available tracking and accountability mechanisms. Secondly there is likely to be more interest from international actors in this tracking. Some key, interlinked challenges that relate to these two areas are outlined in the subsequent section.

Box 3: Examples of mechanisms by which national and local responders can directly access international humanitarian funding

- The UN-led Pooled Fund mechanisms enable national organisations (normally who are engaged in clusters) to directly access Pooled Funds[37].

- OFDA/USAID provides funding directly to international organisations in humanitarian contexts, generally comprising of UN agencies and INGOs. These international organisations can sub-grant to national and local responders[38].

- Government donors such as Sweden, the UK, Norway and Japan and the European Commission contribute to the UN Trust Fund to End Violence Against Women. This trust focuses on women and girls as the primary beneficiaries and provides support to the grantees, which includes national and local responders[39].

- Sweden committed to increasing the share of SIDA's humanitarian support which is channelled to local organisations and first responders, including through support to Country Based Pooled Funds.

- The IFRC Secretariat and ICRC, with support from Switzerland and the US, have created a new National Society Investment Alliance (NSIA) aimed at providing multi-year funding and support for capacity strengthening and organisational development by National Societies[40].

- WFP reported on its collaboration with the IFRC Secretariat on a multi-year capacity strengthening initiative for National Societies. Launched in 2017, the initiative is context-specific and aims to strengthen overall organisational capacities not only programme capacities[41].

- UN Women worked with 206 local women's organisations in 28 countries in 2017, providing funding, fundraising and advocacy support, capacity development and training and facilitating access to UN-led national coordination mechanisms[42].

- As part of their overall protection approach in programming, Oxfam has launched the 'Empowering local and national humanitarian actors (ELNHA)' project, focusing on women-led and women's rights organisations in Bangladesh and Uganda. This project was designed around commitments from the WHS and the Grand Bargain. It aims to put into practice localisation of aid (e.g. funding processes) and test various mechanisms around this for the sector[43].

- Various local NGOs have partnered with INGOs such as CARE International and Action Aid on advocacy to influence global gender and humanitarian policy processes, such as the WHS[44].

- In the DRC, the proportion of funding from the Common Humanitarian Fund going to national NGOs has steadily increased since 2006 reaching a rate of 21.4% in 2016[45].

- In Myanmar, the Humanitarian Response Fund increased direct funding to local NGOs by 50% in 2017, which resulted in 23% of its total funding going directly to national NGOs[46].

- The Humanitarian Country Team (HCT) in the Democratic Republic of Congo has assigned one seat for a local actor (and discussions are ongoing for a second). In Myanmar, there are 4 national NGO representatives on the HCT.

- In South Sudan, there has been an increase of national partners featured in the HRP and allocation of funding to NNGOs through the South Sudan Humanitarian Fund has considerably expanded over the past years from 7% in 2013 to 23% in 2017[47].

- Start Fund Bangladesh, is a Start network, DFID funded project that aims over the course of four years (2017-2021) to put more support and funding in the hands of national and local responders.

3. Challenges

i. Priorities of donors and other stakeholders

The **timing** of protection assistance provided during humanitarian crises is a factor in accounting for protection funding. Prevention of and response to GBV are still not comprehensively addressed and prioritised from the earliest stages of humanitarian operations[48]. Practice varies between different crises, with protection needs prioritised in some emergencies more than others.[49] Protection and protection-related funding therefore usually varies across stages of an emergency, with particular gaps during the first year. Other clusters are perceived to have a more tangible impact and are prioritised by different stakeholders and actors first. Protection is often more likely to be funded during the second year of an emergency, once needs are more readily recognised (and likely have increased due to poor attention from the outset of the emergency), with the funds then steadily reducing over time as needs dissipate or, more likely, as fatigue sets in[50 51].

The drive to do "more with less", or "**value-for-money**" principles, lead many organisations to design,and donors to fund, interventions that reach the largest possible target populations. Particular areas of protection and GBV programming, such as mainstreaming and awareness-raising activities, are likely to cover more ground and reach more people than other activities. Although these activities are necessary, this disproportionate favoured focus has consequences for specialised support services for survivors of GBV, for example, where catchment areas are in line with health service provision and direct beneficiaries are relatively few[52]. This is contributing to a neglect and shortage in GBV life-saving services and support.

"*Protection actors need to think about cost-efficiency. The challenge is demonstrating the life-saving impact of protection activities when compared to other sectors. It is challenging for actors...the metrics are different to other sectors. For example, it is unpredictable how many unaccompanied minors will be needing assistance in the next year.*" Key informant interview with Protection and Gender Expert, multi-lateral donor. November 2018.

ii. Capacity to meet donor requirements

Alongside the need for increased funding for programmes preventing and responding to GBV, is an increase in capacity of organisations to deliver effective programming. One major donor reported in the study that there were only about five humanitarian organisations in the world that they felt confident to fund for GBV programmes. They were aware however that these actors had a limit on the funding they could absorb. This finding is reflected in the study by IRC which found that funding was awarded to a small number of implementing partners for capacity building; the focus was largely on research projects or building UN capacity to respond to GBV. NGOs felt they were less able to access funds to build their capacity.[53] Key informants in our study expressed the view that strengthening the capacity of national and local organisations would increase the potential pool of actors able to deliver GBV prevention and response programmes and ensure localised, bottom up inputs and expertise[54 55 56].

Donors often commit to fund a small number of organisations offering a range of protection-related activities, including protection mainstreaming, rule of law, youth programming, disability inclusion, psychosocial support, child protection, GBV, etc. National and local organisations may rightfully conclude that their best chance of successful funding lies in covering as many of these areas of work as possible to achieve better value for money, which raises considerable concerns about appropriate levels of both organisational and operational expertise. Such implementing actors are often stretched in terms of human resources[57] and breadth of expertise to deliver in this way. In recent formal and informal discussions, GBV programme managers reported instances of donor representatives, particularly within UN agencies, requiring them to cover additional areas of protection, including child protection and protection monitoring, to receive funds. Donor representatives explain that they face pressure to cover multiple needs with limited funds[58] but this is at the risk of not achieving more targeted longer-term outcomes.

iii. Lack of institutionalisation of protection and gender

Another underlying cause of underinvestment in protection is that there is still work to be done to

institutionalise the responsibility for protection and gender at the level of implementing humanitarian actors, including donors and implementing organisations[59][60]. Although improvements have been indicated in the last few years, largely influenced by global protection platforms, there remains a need to move away from protection and GBV programmes focusing on a 'checklist' of services. Instead, key informants in this study noted the need for more robust and consistent gender and risk analysis to inform programming for example[61][62][63]. This includes recognising that underlying gender inequality, often seen as a longer-term development issue, can contribute to exacerbated protection risks during a humanitarian crisis. Gender inequality can permeate across communities and populations including attitudes towards women and their rights, from the household level to local law enforcement and justice systems. These cross-cutting areas need to form the basis for coordination amongst a range of actors working collectively on strategies to achieve longer term outcomes and more visionary/innovative programming. An absence of the latter hinders informed approaches and effective advocacy to donor organisations and other decision-makers (including internal advocacy within donor bodies to the key decision makers)[64][65][66].

"*We have a tough time promoting gender equality in humanitarian action. In terms of prevention of GBV - the importance of gender equality is an uphill fight (although this would save money). In the humanitarian community there is still a bias that promoting gender equality is seen as a development issue, not an emergency issue.*" Sana'a Qasmieh, Gender specialist, ARK consultancy, Jordan. November 2018.

iv. Barriers to longer-term funding to achieve more sustained outcomes for populations affected by crises

Following point iii above, actors do, in general, want to achieve longer term outcomes that are crucial for sustained protection programming but there are a number of barriers. For example, donors are often tied to relatively short funding timeframes and general underfunding (perhaps motivated by value-for-money approaches) which hinders the development of quality programming and longer-term strategies[67][68]. It can also be challenging to discuss GBV and associated issues such as gender inequality with government

stakeholders in some humanitarian contexts, making it difficult to institutionalise this within implementing organisations[69][70]. This may require advocacy to the relevant policy/decision-makers to lead from the front.

v. The nature of commitments made through global platforms

Several key informants from donor organisations and INGOs reported that the various protection and GBV-related commitments made through the Call to Action and the WHS tend to relate to policies, approaches and ways of working, without an associated financial commitment attached. That is not to say that financial pledges have not been made in relation to the Call to Action Commitments: Canada, Italy and Sweden have committed specifically to providing funding to GBV response programmes, as has DFID (see **Annex F** for details.)

Many of the protection-related commitments resulting from both of these global platforms are hard to quantify[71][72][73][74]. For example, an analysis by the Women's Refugee Commission[75] has found that although Road Map Outcome 5 of the Call to Action, which focuses on providing specialised GBV programmes, has the second highest number of commitments (65 out of 332 total commitments), only four of these focus on implementation of services and five on deploying GBV experts to emergencies. This is likely to have impacted on the availability of funding for GBV. For example, many NGOs have stepped up on research but the gaps in the implementation of programmes to respond to GBV remain large[76].

There are a number of factors which contribute to Call to Action Commitments not being linked to financial commitments. Firstly, as noted earlier, it can be challenging for donors to make longer term financial commitments. Two key informants from major governmental donors indicated that their budgets are set on an annual basis. However, it is difficult to determine how much protection funding can be specifically allocated to protection issues and GBV prevention and response efforts further than one year ahead[77][78].

Secondly, key informants highlighted that changes in governmental policies affecting humanitarian assistance impact funding commitments, as once such policies are announced, donors are effectively committed to a legal pledge they may

not be able to meet[79][80]. This is a critical issue that depends on advocacy within state donors and also underlines the importance of the level of value placed on the commitments made through the global platforms.

Thirdly, three major donors also noted that it is challenging for very large donors to make financial commitments in this area. The main reason given for this was that, despite some well-developed accountability mechanisms being in place such as the annual reports/progress reports published by the Call to Action and the WHS platforms[81][82], overall the various streams for funding and mechanisms available globally are not centralised. Inevitably funds are moved to different clusters as priorities and needs change[83][84]. Funds given by a donor to specific trusts may also be spent on protection in emergencies but intertwined with other types of programmes[85][86][87].

"Under the Call to Action, partners are asked to identify the action areas their commitments are intended to support and to measure them. A specific funding commitment is not required."
Key informant interview with Joan Timoney, Women's Refugee Commission. November 2018.

4. Opportunities and ways forward

i. Revisiting Localisation

Increased participation in clusters by national and local organisations, either as a member or in leadership role, is key to increasing direct access to decision-making and to funding through the UNOCHA-managed Pooled Funds. Although there has been an increase in the number of national actors regularly participating as members in the international coordination mechanisms at the country level, there is still work to be done[88]. In addition, the Call to Action has set a target that 50% of GBV sub-clusters should be led or co-led by a national actor. Although such leadership and co-leadership is being seen more increasingly at the sub-national levels, international actors are usually leading or co-leading the GBV sub-clusters at the national level[89 90].

National actors who are members of clusters do not tend to include smaller local organisations, such as grassroots-based NGOS, volunteer networks and community-based organisations[91]. Key informants from INGOs, national NGOs and governmental donors in this study noted that national and local organisations are still finding it challenging to access the humanitarian coordination mechanisms. They report a range of factors which hinder participation. These include not knowing the humanitarian system and the jargon used; language barriers; lack of resources to send staff to meetings (especially from rural areas); not having the appropriate staff roles to send to meetings (such as WASH advisors); and feeling generally overwhelmed, with clusters hosted and mainly attended by international organisations[92 93 94].

Further to this, although the localisation agenda has meant that more international operational humanitarian actors give funds to national and, to a lesser extent, local partners, several key informants noted that international actors receive a proportion of the funding. In effect this reduces the funding for national partners, including their ability to cover essential overheads[95 96 97 98]. However, at the same time, partnerships between international and national humanitarian organisations enable national organisations to access the coordination fora and offer capacity building and on the job mentoring[99 100]. Without such partnerships, some national organisations would not be able to gain any foothold in the international coordination system or visibility with donors. This may have a longer-term benefit in enabling them over time to directly access funding from donors and the Pooled Fund mechanisms[101 102 103].

Three key informants from major governmental donors said that they recognised the importance of directing funding to national and local organisations (including women-led). They reported that it was challenging to build direct relationships with national and local responders and gauge their experience due to their own size. They relied on international implementing humanitarian actors working directly with partners to broker this role. Donors also depended on international actors to strengthen capacity in such areas as financial management, reporting procedures, and the institutionalisation of protection and gender-focused approaches[104 105 106 107].

"*Some donors channel funding through INGOs and this is challenging because this increases the process, with some of the funding utilised by the INGO. Funding received by national actors in this way does not usually cover costs such as insurance cover for staff working in affected communities. If there is a security problem, the national NGO is then unlikely to be able to evacuate the staff, e.g. a light aircraft might be needed in certain countries.*" Key informant interview with Executive Director of a national NGO, South Sudan. November 2018.

The Grand Bargain commitment of multi-year financing support to national and local organisations may be challenging for some donors who receive little multi-year financing themselves, with budgets set on an annual basis[108]. However, annual funding negatively affects the ability of national humanitarian responders to plan ahead and to work over longer periods of time in order to make a real change in communities. There is a risk too that if funding stops after one year and the work is not complete that communities are left vulnerable[109].

A factor pushing the localisation agenda appears to be governments of countries affected by crisis preferring their own national NGOs to access funding and coordination fora and thereby limiting access of international organisations to response efforts. This is occurring in several humanitarian

contexts. This may provide an appropriate and sustainable way for international humanitarian actors to promote localisation efforts. An international presence remains crucial, however, in cases where governments are involved in violation and abuses of human rights and repression of civil society.

ii. Accountability mechanisms for funding directly accessed by national and local organisations

As indicated earlier, the UNOCHA FTS tracks funding in relation to protection and GBV. It reports funding that has been allocated to each humanitarian crisis, cluster and in relation to other variables. This data is provided by the agencies and organisations receiving the funding. However, it is challenging to capture all of the funding flows. The UNOCHA FTS is open to supporting national and local organisations in their reporting but, in general, such organisations may not yet be used to doing this[110]. In addition, disaggregation for women-led national and local organisations are not tracked through the UNOCHA FTS[111]. However, when funds do reach national and local organisations, they are often still male-led and not necessarily prioritising the rights of women and girls[112].

In response to this situation, Grand Bargain signatories (made up of Member States, UN agencies, INGOs, IFRC and OECD) have recently committed to publishing 'timely transparent harmonised and open high-quality data'[113]. Significant progress has been made in terms of signatories publicly reporting on their humanitarian activities and the funding, including funding for national and local organisations. The focus of this is a centralised system using the IATI standards[114] (which also automatically reports to the UNOCHA FTS[115]). However, it is challenging to harmonise this system, given that the signatories are made up of a range of organisation types with different internal processes and capacities for reporting. There is difficulty too in reporting activities and assessing collective progress in that different humanitarian actors have different baselines, with some international humanitarian organisations already working with national and local partners as their default approach[116]. In addition, some signatories still face challenges in implementing their political commitment to transparently report on the humanitarian funding[117].

5. Conclusion

The Call to Action for the Prevention of GBV in Emergencies has been instrumental in galvanising senior leaders in donor agencies, international organisations and NGOs, commanding high-level commitment from a diverse set of humanitarian leaders[118]. Thanks to the increased visibility of protection issues and GBV, Prime Ministers, Foreign Secretaries, heads of United Nations (UN) agencies and NGO leaders have frequently used the Call to Action platform to bring attention to the protection risks of GBV as a threat to disaster and conflicted-affected people, especially to women and girls[119].

Partners of the Call to Action highlight achievements in the areas of advocacy, awareness-raising, policy and senior level support and promote the Road Map in providing a robust framework for action[120]. The introduction of GBV as a sub-cluster in 2015 under the umbrella of protection has been a welcome development, seen as a direct result of advocacy within the Call to Action framework[121]. Several key informants who contributed to this study[122] [123] as well as other studies noted that the commitments have been a significant catalyst for donors and other actors:

"*If resources came through a Call to Action commitment, it often gave internal leverage to make exceptions to standard procedures in order to carve out positions on GBV.*" International Rescue Committee (2018) 'The Impact of the Call to Action on Protection from GBV in Emergencies'.

This study has identified three issues in relation to humanitarian funding for protection and prevention/response to GBV in emergencies. Although there are numerous examples of positive impacts, initiatives, commitments, there remains **significant underfunding in relation to protection and to the sub-cluster of GBV**, especially when compared to other humanitarian clusters. There are also gaps in information in areas that are especially important for the protection of women and girls in terms of disaggregated data not being available. This is particularly important in relation to funding for protection and GBV programmes that support women and girls and also for protection funding that can be directly accessed by national and local organisations.

The study has also identified some of the main obstacles and enabling factors to shifting the focus in these three areas. On the one hand, in terms of general underfunding for protection, an overall downward trend in global humanitarian funding is putting a strain on all sectors, including the protection related ones. Limited funding cycles that are guided by limited interpretations of value for money and prevent multi-year financing also impact negatively on the capacity of humanitarian actors to provide sustained support to women and girls needing protection. And the issue of a robust tracking system which would provide quality disaggregated data for forward planning and programming is a further obstacle to providing a clear, nuanced picture of needs and resources.

On the other hand, however, creative mechanisms can be employed to increase the participation of a wider range of actors capable and uniquely placed to deliver quality programmes. Engaging more national and local actors in national and sub-national coordination mechanisms, with a particular focus on women-led organisations, aligns with the commitments undertaken by the Call to Action partners. A localised women-led approach promoting the engagement and leadership of women and girls themselves in protection prevention and response depends on a shift on many fronts, including participation in all aspects of funding. The Call to Action Commitments are a great call to arms in the localisation agenda but must be shaped and informed with evidence and input by field-based actors and other local stakeholders to have legitimate and sustainable impact, as well as to build on momentum in terms of policies and funding. Creativity and relationship-building at the grassroots are also needed to enable national and local actors to participate with confidence in accessing protection funding.

6. Recommendations

1. Build the evidence base in relation to protection and GBV prevention/response programming

Evidence is needed across the whole humanitarian programme cycle to enable humanitarian actors to articulate to donors what they need from the earliest stages of humanitarian crises. Evidence highlighting protection risks as life threatening and demonstrating the benefits of minimising these risks across all sectors/areas of work, is vital in informing sound funding decisions,[124] strengthening global and national policy and improving collaboration. This includes communicating how underlying factors in communities and countries can be exacerbated in times of crisis and contribute to protection risks (such as gender inequality or lack of systems/political will to bring perpetrators to account). Call to Action and WHS members/partners should also ensure learning and evidence are used to inform protection and GBV prevention/response programming.

2. Create mechanisms in humanitarian coordination to promote the participation of national and local actors

Although more national organisations are participating in clusters than before, a number of barriers prevent the majority of national and local actors from 'being at the table.' Mechanisms which encourage participation include: Establishing geographically localised coordination structures that are more physically accessible for national and local organisations; linking with existing local structures; inviting national and local organisations to lead specific task forces or workshops; establishing working partnerships between international and national or local organisations on programmes, as opposed to the national/local NGO being an implementing partner; building national and local capacity in how the humanitarian coordination system works. This approach requires financial investment on the part of donors in favour of national and local actors,

reflecting the commitments of the Grand Bargain.

3. Promote a community-based protection (CBP) approach in protection and GBV prevention/response programming

A CBP approach acknowledges that many protection problems pre-exist a humanitarian emergency and may be exacerbated by it[125]. External inputs alone cannot achieve sustained improvements in the lives of persons of concern[126]. CBP is a continuous process and includes the aim of engaging national and local organisations embedded within affected communities in order to understand the context. Caution is needed when engaging in a CBP approach, recognising possible repercussions within communities of sharing knowledge and awareness of GBV, (e. g. because people may discuss human rights violations).

4. Improve donor funding tracking mechanisms

Work is needed in improving funding tracking mechanisms, as current systems are not adequately collecting or analysing accurate or sufficient disaggregated data. This includes working with the UNOCHA FTS and other mechanisms to advocate for changes to improve the quality of the data being collected as well as extend training and support to a range of actors to collect and report on it.

5. Promote longer-term and multi-year funding cycles

Longer-term and multi-year funding cycles on the part of donors, as laid out in the Grand Bargain, would bring positive benefits to GBV protection and response programming which require sustained approaches with women and girls. For example, the Swedish International Development Agency (SIDA) is undertaking a significant internal process to direct funding to become more outcome orientated.

6. Focus assistance on addressing capacity gaps of different actors

There is a perception that funds going directly to national humanitarian organisations can be a risk in terms of insufficient capacity and experience in implementing donor financial processes and in delivering quality programmes. However, donors should consider that many of these organisations have had decades of capacity building. They might still have specific capacity gaps, for example, in relation to GBV case management or in financial reporting or they may need assistance in understanding how the humanitarian coordination system works and how to fulfil leadership roles. (NB. UNOCHA provides this training for national organisations receiving pooled funds). An important shift would be viewing such capacity building as a proactive and good investment – not a signal to not work with an organisation.

7. Set quotas for funding of national and local organisations through intermediaries

Many donors have limitations on their funding, meaning that working through international intermediaries is necessary. Where funds cannot be channelled to local actors directly at the current time, donors should set quotas to encourage these intermediaries to work with and support local actors through capacity building or funding in partnership. Prioritising funding for this approach also enables national and local organisations to absorb further funding in the future.

8. Promote the participation of women-led organisations in protection and GBV prevention/response programming

Donors need to be more committed to shifting power to women-led organisations, especially for protection and prevention/response to GBV programming. Donors could adapt their funding mechanisms and put in place policies to encourage and support international implementing organisations to partner with or directly fund women-led national and local humanitarian actors. This funding and support should be measured.

Annex A: Abbreviations

CERF	Central Emergency Response Fund
CPBF	Country Based Pooled Fund
CIDA	Canadian International Development Agency
DAC	Development Assistance Committee
DANIDA	Danish International Development Agency
UK DFID	United Kingdom Department for International Development
ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
ERF	Emergency Response Fund
EU	European Union
FINNIDA	Finnish International Development Agency
GBV	Gender-Based Violence
GBV AoR	Gender-Based Violence Area of Responsibility
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IATI	International Aid Transparency Initiative
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHL	International Humanitarian Law
INGO	International Non-Governmental Organisation
KII	Key informant interview
OECD	Organisation for Economic Cooperation and Development
OFDA	Office of U.S. Foreign Disaster Assistance
MENA	Middle East and North Africa
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
SDC	Swiss Development Corporation
SIDA	Swedish International Development Cooperation Agency
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOCHA FTS	UNOCHA Financial Tracking Service
USAID	United States Agency for International Development
VAWG	Violence Against Women and Girls
WHS	World Humanitarian Summit

Annex B: Global humanitarian protection developments, platforms and milestones

2013 The Inter Agency Standing Committee (IASC), the primary mechanism for interagency coordination of humanitarian assistance, endorsed protection as a key priority:

The IASC issued a 'Statement on the Centrality of Protection in Humanitarian Action'. This stated that all humanitarian actors have a responsibility to place protection at the centre of humanitarian action. As part of preparedness efforts, immediate and life-saving activities and throughout the duration of a crisis and beyond, it is thus incumbent on Humanitarian Coordinators, Humanitarian Country Teams and clusters to ensure that "protection of all persons affected and at-risk informs humanitarian decision-making and response, including engagement with States and non-State parties to conflict." The IASC has committed to a system-wide and comprehensive response to conflict and disasters. This response is driven by the needs and perspectives of affected persons, with protection at its core[127].

2013 The Call to Action on Protection from Gender-Based Violence (GBV) in Emergencies was formally launched:

The Call to Action was launched by the United Kingdom and Sweden, which aimed to fundamentally transform the way GBV is addressed in humanitarian operations and foster accountability, via the collective action of numerous partners; governmental, international organisations and NGOs. It aims to ensure that every humanitarian effort, from the earliest phases of a crisis, includes the policies, systems and mechanisms to mitigate GBV risks and to provide safe and comprehensive services for those affected by GBV. In 2014, the United States took on the leadership of the Call to Action and supported the development of the Call to Action Road Map, covering a five-year period. This is the operational framework for the initiative, established to ensure that pledges are translated into concrete and targeted actions[128 129]. Since then oversight and coordination of the Call to Action has been carried out by the European Union, being handed over most recently to the Government of Canada. The Call to Action for Prevention saw various commitments, designed to be supported the collective action of international organisations, non-governmental organisations (NGOs) and governmental organisations[130 131]. These have been designed to be met through three pathways of action; internal institutional policies, inter-agency systems and implementation. The commitments were relation to;

- Establishing GBV services that are available to anyone affected by GBV and available from the onset of an emergency.

- Actions to reduce and mitigate GBV from the earliest stage of an emergency.

- Mainstreaming gender equality and the empowerment of women and girls throughout humanitarian action.

In general, for the Call to Action partners that already had strong policy frameworks on GBV in place, including donors such as the US and Sweden, or NGOs such as Oxfam and ActionAid, the strength of the Call to Action was to see alignment of their own internal policies with that of the wider humanitarian community. For these partners, the Call to Action helped move conversations within their sector from justifying why preventing and responding to GBV was important to how to do this work.

2015 The IACS approved guidelines for 'Integrating GBV Interventions in Humanitarian Action':

This is a practical tool tested for humanitarians and provides step-by-step guidance on reducing and mitigating GBV risks. These guidelines have also been a resource for the Call to Action Road Map[132].

2015 Resolution 3 'Sexual and gender-based violence; Joint action on prevention and response' was adopted:

This took place at the 32nd international

conference of the International Federation of the Red Cross and Red Crescent Societies (IFRC)[133].

2016 The first World Humanitarian Summit was convened by the former UN Secretary General, Ban Ki-Moon:

Held in Istanbul, its aim was to generate commitments and broad base support to reduce suffering and deliver better for people caught in humanitarian crisis - and to demonstrate support for a new Agenda for Humanity[134]. It brought together 9,000 participants representing 180 Member States, including 55 Heads of State and Government, hundreds of civil society and non-governmental organisations, and partners including the private sector and academia. The summit saw more than 3140 individual and joint commitments collected relating to several core areas including enhanced compliance and accountability to international law, new approaches to forced displacement and to achieve gender equality. Significantly, the WHS also saw commitments in the frame of the Grand Bargain and localisation of aid, which aims to diversify the resource base and increase cost-efficiency, as well as to reinforce (not replace) national and local systems[135]. In addition, continued support to the Call to Action was an EU commitment at the summit. The Platform for Action, Commitments and Transformation was created to host these commitments and as a hub to track progress and change beyond the WHS[136].

Annex C: Key informants

14 interviews were conducted with key informants from a range of stakeholders in humanitarian programming and donorship related to protection, child protection and the prevention of gender-based violence.

Organisation type	Name of organisation	Name/role
Governmental/state donor	OFDA/USAID	Senior Humanitarian Protection/ GBV Advisor
	Bureau of Population, Refugees and Migration, US Department of State	Protection/Gender Equality Specialist
	Government/state donor	Protection Specialist
International organisation	Multi-lateral donor	Protection and Gender Thematic Expert
UN Agency	UNOCHA	Amani Salah, Head of Humanitarian Financing Unit
International NGO	Women's Refugee Commission	Joan Timoney, Senior Director of Advocacy and External Relations
	Oxfam	Richard Nunn, Regional Protection Advisor for East Africa
	Oxfam	Petra Righetti, Global Programme Manager of Empowering Local and National Humanitarian Actors (ELNHA) project
	INTERACTION	Jenny McAvoy, Director of Protection, Humanitarian Policy & Practice Team
	ActionAid	Protection and VAWG Specialist
	International Rescue Committee	Protection Specialist
	INGO	Protection Advisor
National NGO	NGO based in South Sudan	Executive Director
Other	ARK Consulting, Jordan	Sana'a Qasmieh, Gender Specialist

Annex D: Definitions used in this report

Gender-based violence (GBV)

Gender-based violence (GBV) is a term used to describe any harmful act that is perpetrated against a person's will, and that is based on socially ascribed differences between males and females. While men and boys can be victims/survivors of some types of GBV (particularly sexual violence) around the world, GBV has a greater impact on women and girls. Examples of GBV throughout the lifecycle include (but are not limited to): sex-selective abortion, differential access to food and services, sexual exploitation and abuse, including trafficking, child marriage, female genital mutilation/cutting, sexual harassment, dowry/bride price abuse, honour killing, female infanticide, domestic or intimate partner violence, deprivation of inheritance or property and elder abuse[137]. Whilst GBV can widespread in times of peace, in times of crisis GBV may become more extreme. In armed conflict, one form of GBV, sexual violence, can become so widespread and systematic that it is considered a method of war and can escalate into a crime against humanity, a war crime or an act of genocide[138]. Within the Global Protection Cluster, this area is facilitated by UNICEF and UNFPA[139].

National and local responding organisations

For the purpose of the study, national and local responding organisations were defined as follows:

- They are located in national/local governance; i.e. HQ in the same country of operation.

- They may include NGOs, CSOs, CBOs, women's networks and farming cooperatives and local government organisations.

- The definition does not include an affiliate office of an international organisation.

- They are national and local responders that are not headquartered in an OECD/DAC donor country, as outlined in the Charter for Change[140].

- Where they are a local responding organisation, they are more likely to be focused in a specific geographic area within the country (e.g. within a district or county) and engaged with a relatively small number of issues compared to national responders.

Protection

Programming in the framework of international legal instruments where the monitoring of violations of international humanitarian and human rights law is used as a tool to confront those responsible in an effort to cause change. For example, violation of rights, community-based protection, gender-based violence services, safety, security, legalities of abuse, judicial programmes and governance[141], notwithstanding that the primary responsibility for protecting civilians from abuses lies with the state (FN). This includes civilians in host communities, internally displaced people and refugees.

Violence against women and girls (VAWG)

VAWG relates specifically to females, as compared to gender-based violence which can include females and males. VAWG can take several forms included domestic and family violence, sexual and gender-based violence, harmful practices, femicide, trafficking of human beings and sexual economic exploitation (labour)[142].

Annex E: Overview of international humanitarian funding mechanisms

Governments provide the majority of funding for humanitarian crises, accounting for approximately 74% of total donations[143]. In the context of humanitarian donorship, governments are divided into two groups; those who are members of the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD DAC), and those who are not. The DAC is comprised of around 30 countries and bodies (including the European Union) that have the most significant aid programmes and who apply the official DAC funding reporting mechanisms[144]. OECD DAC governments contributed around $19 billion USD for international humanitarian assistance in 2016[145].

In terms of international humanitarian coordination, under the leadership of the Humanitarian Coordinator (the most senior UN official in a country experiencing a humanitarian emergency), the **Humanitarian Programme Cycle (HPC)** is implemented in countries facing protracted and sudden-onset emergencies. The HPC is part of the Transformative Agenda that strives to improve accountability to affected populations, by ensuring the delivery of assistance is a result of effective and timely planning. The HPC is composed of a coordinated series of six actions that help the Humanitarian Country Team (HCT) prepare for, manage and deliver humanitarian response[146]:

1. Emergency preparedness and response (ERP) focusing on risk analysis, monitoring and preparedness actions

2. Need assessments and analysis, with a multi-cluster focus supported by the MIRA joint assessment tool, alternatively the Humanitarian Needs Overview (HNO) may be utilised in protected crises

3. Strategic response planning, led by the HCT, which guides the collective response, resulting in a Humanitarian Response Plan (HRP) including cluster response plans. A flash appeal may be needed at this stage in sudden onset crises, usually prior to the release of the HRP.

4. Resource mobilisation focusing on fundraising for the response, this could include the Pooled Funding mechanisms. Under the HPC there are two components of resource mobilisation; firstly UNOCHA managed pooled funds (more information about the pooled funds is provided below. Secondly, financial tracking by the UNOCHA Financial Tracking Service, which tracks funding needs and international contributions. The UNOCHA FTS tracks total reported funding (everything reported to FTS by public and private donors, UN agencies UN funds, NGOs and others – but excluding a government's expenditure on crises within its own borders). The FTS also tracks humanitarian response plans and appeals (funding that is specifically reported or that can be specifically mapped against funding requirements stated in HRPs).

5. Implementation and monitoring

6. Operational review and evaluation.

UNOCHA-managed Pooled Funds are flexible funding mechanisms supporting humanitarian action. Contributions to Pooled Funds reached $1.3 billion USD in 2017. They allow Governments and private donors to pool their contributions into common, unearmarked funds to deliver life-saving assistance to people who need it most. Such mechanisms also enable new donor countries to provide support even if they lack the capacity to administer or monitor humanitarian financing themselves. Just five countries and donors provided 63% of all financial resources to the Pooled Funds in 2018 (USA, European Commission, UK, Germany and the European Commission/EU facility for refugees in Turkey)[147].

There are two main types of pooled funds as follows:[148] [149] [150]

- **Country-based Pooled Funds (CBPF)** These cover crises in specific countries, allowing donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts. CBPF are established when a new emergency occurs or when an existing crisis deteriorates. Funding is provided to NGOs and UN/International Organisation for Migration (IOM) agencies. They are managed by UNOCHA under the leadership of the Humanitarian Coordinator and in close consultation with the humanitarian community

through the coordination/cluster systems. The Common Humanitarian Fund (CHF) is example of a CBPF.

- **Central Emergency Response Fund (CERF)**
This can cover emergencies anywhere in the world, designed to quickly provide quickly accessible funds at the onset of a humanitarian crisis (Rapid Response Grants), as well as critical support for poorly funded, essential humanitarian response operations (Underfunded Emergencies Grants). Funding is allocated to UN agencies and the IOM. In turn, these organisations can pass on funding to NGOs on the ground (in 2016, UNICEF and UNHCR were the largest providers of CERF sub-grants to government, INGOs, national NGOs and the IFRC).

Emergency Response Funds (ERF)
These funds were first made available in 1997 to provide rapidly available funds for unforeseen humanitarian needs. Funds are made available to UN agencies and NGOs. The size of the funded projects are generally smaller than Pooled Funds, with grants amounting to $100,000 - $700,000 USD[151]. ERFs can also be known as Humanitarian Response Funds.

Several organisations, such as the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières and OFDA/USAID fund their societies/partner directly and do not work within the Pooled Fund process. Also, to preserve independence, Inter-Agency Standing Committee (IASC) policy excludes affected country governments from presenting their own humanitarian funding needs directly in HRPs[152].

In addition to these main funding mechanisms, there are numerous other trusts/initiatives/pots of funding that donors may contribute to for humanitarian assistance (this could be in addition to the UNOCHA managed Pooled Funds). Some of these are highlighted in Boxes 2, 3 and 4 throughout this report.

Annex F: Main donors/influencers in protection, child protection and prevention/response gender-based violence in emergencies

Governmental agencies:

- Global Affairs Canada

- Norwegian Agency for Development Cooperation (NORAD)

- Swiss Development Corporation (SDC)

- US government and the Office of U.S. Foreign Disaster Assistance (OFDA) within USAID

- United Kingdom Department for International Development (UK DFID)

- Government of Sweden (SIDA)

- Finnish International Development Agency (FINNIDA)

- Danish International Development Agency (DANIDA)

- Government of Germany

- Governments of countries that are affected by crises, who are influential in country-level Humanitarian Response Plans.

United Nations:

- UNCHR, UNICEF (especially for women and girls)

- UNFPA (GBV and reproductive health)

- UN Women

International organisations and coordinating bodies:

- Global Protection Cluster (GPC)

- Inter-Agency Standing Committee (IASC)

- European Union (EU)

- ECHO (especially protection programmes supporting women and girls)[153]

- International Committee of the Red Cross and Red Crescent Societies (IFRC)

NGOs (particularly in terms of influence of programme policy, programming work and advocacy):

- Oxfam

- International Rescue Committee

- ActionAid

- Norwegian Refugee Council

- Save the Children

- CARE

- Danish Refugee Council

- Mercy Corps

- World Vision

- Plan International

Other institutions and platforms

Research carried out by academic institutions, often in partnership with UN agencies or NGOs, is becoming more influential in terms of evidenced-based humanitarian programming and policy[154] [155] [156]. News and social media influence public attitudes in supporting people affected by crises, which may then impact policy around support to humanitarian assistance[157] [158].

Annex G: Examples of commitments made through global platforms focusing on protection and GBV

Box 4: Examples of commitments and actions made by donors and implementing actors to support a gender sensitive approach in protection funding and programming

- The UN Population Fund (UNFPA) included an explicit focus on GBV programming in emergencies within its 2014–2017 Strategic Plan[1].

- In 2014, the GBV Area of Responsibility (AoR), co-led at the time by the UN Children's Fund (UNICEF) and UNFPA, outlined a set of core competencies[1] (e.g. skills, knowledge and abilities of staff) that they considered necessary for effective GBV prevention and response programming and for inter-agency GBV coordination in humanitarian contexts.

- In general, for the Call to Action partners that already had strong policy frameworks on GBV in place, including donors such as the US and Sweden, or NGOs such as Oxfam and ActionAid, the strength of the Call to Action was to see alignment of their own internal policies with that of the wider humanitarian community. For these partners, the Call to Action helped move conversations within their sector from justifying why preventing and responding to GBV was important to how to do this work.

- In 2017, the EU allocated almost €22 million in humanitarian aid for the prevention of and response to sexual and gender-based violence worldwide.

- In 2017, the Government of Canada launched their first Feminist International Assistance Policy. This is supported by a commitment of 15% of bilateral assistance across all action areas, including humanitarian action, to implementing initiatives dedicated to advancing gender equality and improving the quality of life for women and girls. This approach also means that all implementing partners must consult with women and involve them in needs assessments, decision making, as well as in the implementation and monitoring and evaluation of projects[1].

- In 2017, the UK's Preventing Sexual Violence Initiative (PSVI) Team visited Bangladesh, including Dhaka and Cox's Bazar, with the UN Secretary General's Special Representative on Sexual Violence in Conflict, Pramila Patten, to conduct a needs assessment. The purpose was look at the extent of reported incidents of sexual violence, services being provided, identify gaps and make recommendations for the UK Government.

- For the European Civil Protection and Humanitarian Aid Operations (ECHO) the Call to Action commitments supported an inclusion both of humanitarian settings and GBV in crises in the 2015 European Union (EU) Gender Action Plan 2016–2020[159]. Because of this inclusion, the EU will report for the first time on the number of EU-funded humanitarian actions that respond to GBV, as well as the number of EU member states and partner countries that sign up to the Call to Action. These are vital accountability mechanisms to ensure a focus on fulfilling Call to Action commitments for many years to come.

Annex H: References and notes

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