Why Not Local?

Gender-based Violence, Women's Rights Organisations, and the Missed Opportunity of COVID-19

International Rescue Committee | November 2021

List of Acronyms

CBPFs	Country Based Pooled Funds
CERFs	Central Emergency Response Fund
ERC	Emergency Relief Coordinator
FTS	Financial Tracking Service
GBV	Gender-based violence
GBV AoR	Gender-based violence Area of Responsibility
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programming Cycle
HRP	Humanitarian Response Plan
IRC	International Rescue Committee
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UTI	Urinary tract infection
WGSS	Women and Girls Safe Spaces
WPE	Women's protection and empowerment
WRO	Women's rights organisations

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Written by Marcy Hersh, October 2021.

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Front cover: Portrait of Anastasie, an out-of-school girl in Cameroon who participates in Safe Healing and Learning Spaces (SHLS). *Njouliaminche Zedou/IRC*

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Executive Summary

The COVID-19 pandemic has taken a devastating toll on women and girls' safety in already complex humanitarian emergencies. Risk mitigation measures to prevent the spread of the virus, including lockdowns and restrictions of movement, made specific and serious disruptions in women and girls' lives. These factors also intensified operational challenges to delivering lifesaving gender-based violence (GBV) response services, which in complex humanitarian settings were already an arduous undertaking.

There was earnest expectation in the initial months of the pandemic that COVID-19 would serve as an accelerator to localisation, including increased direct funding to and increased power sharing with women's rights organisations (WROs). But in practice, although WROs took on additional implementation responsibilities during COVID-19, international donors and multilateral agencies have relied on their standard, top-down ways of funding[i]. WROs are insufficiently consulted in designing humanitarian interventions and receive small pockets of project-based funding that cannot sustain their organisations or essential interventions that protect women and girls in their communities.

International humanitarian funding for GBV interventions consistently fails to meet the levels service providers state is needed, even when advocates called for additional support during the COVID-19 lockdowns, which increased risk of GBV. At the time of writing this report, only 16.7% of global GBV funding requests have been met for 2021[ii]. Indeed, addressing GBV in humanitarian contexts continues to be severely underfunded and insufficiently prioritised.

This report provides new evidence and builds on previous policy research by the International Rescue Committee (IRC), which for years has called for urgent attention to women and girls' needs and priorities in humanitarian crises. Building from existing frameworks – including the Call to Action on Protection from GBV in Emergencies, the Generation Equality Forum, and the Grand Bargain – we call on humanitarian actors to fulfil their commitments and increase the prioritisation of GBV interventions in humanitarian crises.

Moreover, the report compels us to ask the question, "Why not local?". We must reform the system to achieve a more equitable distribution of power, including with feminist organisations and WROs, who are frontline responders providing lifesaving services to crisis-affected women and girls in their contexts. Decision-making power must be shared with WROs so they can play an active role in shaping policy and practice that affects them and their communities. Lastly, international organisations must ensure accountability measures are in place that will enable consistent tracking and measurement of funding for GBV interventions and WROs.

Kauvaumah writes on the board at her school in the Mayo Tsanaga province of Cameroon. *Njouliaminche Zedou/IRC*

Zara pictured with other parents during a Safe Healing and Learning Spaces session in Cameroon, targeted towards parents and caregivers. *Njouliaminche Zedou*

Recommendations

It is time to move from rhetoric to action, to prioritise and fund GBV interventions and support the women's rights organisations (WROs) that are working steadfastly to protect women and girls from GBV. In line with the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, the safety of women and girls, including the prevention of and response to GBV, should be regarded as lifesaving and an explicit priority in all crisis response. All humanitarian actors have an important role to play in ensuring that GBV interventions are a consistent aspect of humanitarian response, during the era of COVID-19, and always.

- During his tenure as Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC), Martin Griffiths must make women and girls – including in relation to preventing and responding to GBV – an explicit and top priority; this means ensuring the robust inclusion of GBV programming, risk mitigation and objectives across all UN OCHA-led processes and funding mechanisms.

- UN OCHA should mandate that Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) be informed by robust gender analysis, capturing not only women and girls' risk of GBV but also a mapping of the WROs operating in country that are part of or ready to engage in humanitarian action; additionally, WROs should be supported to participate in gender analyses, including through capacity sharing and financial support if and as necessary.

- International humanitarian organisations must fulfil their commitments to increase the number and quality of partnerships held with WROs, in all countries of operation, and this work must be built on principles of equitable power and resource sharing.

- Donors must provide more multi-year, flexible funding directly to WROs. Longer-term funding should help these organisations put in place more effective and strategic interventions; flexible funding should allow for WROs to cover their core expenses, including staffing and overhead costs.

- UN OCHA should mandate WRO representation at every level of the Humanitarian Programming Cycle (HPC), including as representatives on Central Emergency Response Fund (CERF) and Country Based Pooled Funds (CBPFs) Advisory Boards

- All international humanitarian actors must improve the utility of the Financial Tracking Service, to better enable funding for GBV prevention and response, including GBV mitigation across other sectors, to be systematically tracked and reported on.

- Donors must use their leverage with UN OCHA to increase multilateral funding allocations to GBV prevention and response, and strengthen the inclusion of WROs in decision-making processes.

Introduction

The IRC has conducted quantitative and qualitative research over the past few years to better understand the barriers and opportunities for GBV interventions in humanitarian crises. The 2019 IRC and VOICE's *Where Is the Money?*[iii] report conducted an extensive review of funding to address GBV in emergencies, drawing on a global survey, interviews with key humanitarians, and analysis of almost 3,000 individual humanitarian project sheets. The findings demonstrated that GBV remains an underfunded area of humanitarian response compared to other sectors, and funding requests do not match the scale of the problem[iv]. In 2020, during the height of the global COVID-19 pandemic, the IRC asked *What Happened?*[v] when GBV specialists and women's rights activists around the world raised the alarm that the pandemic and its ensuing movement restrictions would negatively impact the safety of women and girls. The report found that despite swift and coordinated international advocacy efforts, funding was neither sufficient nor proportionate to the resources dedicated to the overall pandemic response[vi].

Building on this, *Why Not Local?* surfaces evidence from those working on the front lines of GBV prevention and response programming at a time when the pandemic continues to impact humanitarian response. This report includes the voices of international and national humanitarian actors across three countries–Cameroon, South Sudan, and Yemen – where the IRC implements programming on women's protection and empowerment (WPE). IRC staff members, IRC partners, and UN personnel working to address GBV were targeted as key informants for this study. In interviews, key informants described working steadfastly to respond to GBV incidents before and during the COVID-19 pandemic, uncovering their successes, challenges, and aspirations to provide better protection to women and girls.

The report also shares the results of a quantitative analysis of funding received in each setting to understand what, if any progress has been made in funding for GBV interventions since the IRC's previous studies. It is clear from this evidence that humanitarian action needs to urgently learn from its past and find new ways of working that centre women, girls, and the women's rights organisations (WROs) that serve them. For the purpose of this report, the term "WROs" refer to organisations that work toward advancing gender equality and supporting the needs of women and girls, including through GBV interventions[vii].

The report is divided into four sections. First, it describes the ways that the COVID-19 pandemic increased GBV risks in Cameroon, South Sudan, and Yemen and strained service providers' ability to deliver timely lifesaving services. Second, it describes the challenges that WROs face in accessing funding and participating in humanitarian decision-making, which reflects missed opportunities for accelerating localisation during the COVID-19 pandemic. Third, it tracks and analyses the publicly available data on funding. Lastly, case studies of Cameroon, South Sudan, and Yemen provide a snapshot of GBV needs and interventions on the ground, shining a light on the need to prioritise GBV interventions and to meaningfully engage WROs in these efforts.

Text boxes throughout the report highlight innovative programming examples that were developed in response to complex operational environment that COVID-19 presented. Interviewees hope that these newfound ways of working will endure as the threat of COVID-19 hopefully recedes.

A woman in Nyal, South Sudan, where the IRC provides primary and reproductive health care and protection services to displaced women. *Kellie Ryan/ IRC.*

The impacts of COVID-19 on women's protection and empowerment

As with all emergencies, COVID-19 increased GBV risks for women and girls. The COVID-19 risk mitigation measures, including lockdowns and restrictions of movement, made specific and serious disruptions in women and girls' lives. In line with global trends[viii] and previous reporting by the IRC[ix], GBV service providers interviewed across Cameroon, South Sudan, and Yemen all reported a surge in risks of multiple forms of GBV during the pandemic.

> *"COVID-19 came and compounded crises already happening in the region. High rates of GBV were felt at all levels: in homes, in markets, internally displaced persons' areas in (the) bush, and in the host community. Trust me. It's horrible."*
> **– GBV service provider**

It is worth noting that in these contexts, which were already humanitarian emergencies and complex operational settings prior to the pandemic, COVID-19 has further compounded the pre-existing challenging circumstances borne by women and girls. Some humanitarian actors interviewed, especially those working in Cameroon, noted that the increased risks of GBV in 2020 cannot be solely attributed to COVID-19. The risks noted below must be considered within the context of multiple, compounded, complex emergencies all taking place at once inside Cameroon, South Sudan, and Yemen, all of which have ripple effects on women and girls' safety and present an extremely challenging environment for service delivery.

Increased risks of multiple forms of GBV

Movement restrictions

Across all three contexts, GBV service providers described the COVID-19 lockdowns and restrictions on movement as leading to very intense and challenging dynamics within the home. Men were generally unable to leave the home to engage in livelihoods activities or socialise; women could not go to the Women and Girls Safe Spaces (WGSSs), which in some contexts are the only spaces outside the home where women are permitted to go and socialise. Where women were engaging in livelihoods activities these were often disrupted too. The social deprivation that men and women both experienced, while also having children home and not attending school, all served to exacerbate family tensions. GBV service providers noted these dynamics as contributing to increased risk of IPV[xi].

Key Terminology: Humanitarian Needs Overviews and Humanitarian Response Plans

- Humanitarian needs overviews (HNO) are produced to support the Humanitarian Country Team (HCT) in developing a shared understanding of the impact and evolution of a crisis and to inform response planning. The HNO presents a comprehensive analysis of the overall situation and associated needs. Its development is a shared responsibility among all humanitarian actors.

- The Humanitarian Response Plan (HRP) is prepared for a protracted or sudden onset emergency that requires international humanitarian assistance. The plan articulates the shared vision of how to respond to the assessed and expressed needs of the affected population. The development of a strategic response plan is a key step in the humanitarian programme cycle and is carried out only when the needs have been understood and analysed through the Humanitarian Needs Overview (HNO) or other joint needs assessment and analysis processes.[x]

With women's rights organisations, for women's rights organisations

Any efforts to address humanitarian crises and protect women and girls from GBV requires the full participation of WROs in the policies and practices that impact their lives and communities. Yet, all too often, WROs are not in positions of direct authority or influence in humanitarian decision-making, nor are they supported to collaborate with the decision-makers and leaders who are. Now, a growing movement is working to change this by calling for radical inclusion, feminist partnerships, and meaningful engagement.

Key terminology: GBV Sub-Cluster

A GBV Sub-Cluster is a coordination body that is active at the field level in humanitarian contexts and has six core functions to ensure the effective coordination of humanitarian response: Supporting service delivery; Informing strategic decision-making; Planning and strategy development; Monitoring and reporting; Advocacy, and Contingency planning/preparedness[xii].

Changing roles for women and girls

Gender norms around household roles and responsibilities temporarily changed in response to the COVID-19 lockdowns. In Yemen, for example, interviewees noted that many men felt stigma or emasculated by the regulations to wear a mask, in compliance with COVID-19 mitigation measures. As a result, they forced women to carry out household errands outside of the home in addition to their normal duties. These additional responsibilities strained women's already overloaded household obligations and contributed to tense intimate partner relationship dynamics. In South Sudan, GBV service providers noted that the increased focus on handwashing to reduce the spread of COVID-19 required additional water collection, a task borne by out-of-school girls. While collecting water, girls experienced increased risk of sexual assault[xiii].

Market closures and loss of livelihoods

To encourage social distancing and reduce the spread of COVID-19, many marketplaces across all three countries temporarily closed. Respondents reported that women and men's loss of livelihoods from agricultural activities and small, informal commerce decimated family savings. The lack of social safety nets in all three countries meant that families living hand-to-mouth before the pandemic found that basic needs were often out of reach. These intense hardships intensified women and girls' risk of violence and exploitation inside and outside of the home. GBV service providers shared in interviews that they understood there to be a significant increase in IPV, including rape, as well as sexual exploitation in exchange of food and other basic goods.

School Closures

The closure of schools to prevent the spread of COVID-19 in Cameroon, South Sudan, and Yemen directly contributed to increased risks of three often related experiences for girls: early and forced marriage, unplanned pregnancy, and permanent disruption of education. Interviewees in South Sudan highlighted the closure of schools as directly contributing to a tragic continuum of violence and loss of opportunities for girls. Financial hardships borne by families during COVID-19, combined with school closures, saw rates of early and forced marriage increase, as families resorted to marriage as a method to relieve financial strain through dowry payments.

The South Sudanese Ministry of Education conducted a study that evidenced concerning rates of adolescent pregnancy[xiv]. GBV service providers attribute this to the halted sexual and reproductive health (SRH) education and services that provide adolescents with information to increase capacity to know their bodies, stay healthy, and navigate successfully through myths and misinformation, learn about safe contraception methods and how to avoid unwanted pregnancy, sexually transmitted infections (STIs) and urinary tract infections (UTIs). Girls who become pregnant are unlikely to resume learning when schools reopen, and likely to experience forced marriage to the child's father. Indeed, similar concerns have been raised by UNFPA, who have estimated that as a result of the pandemic and school closures, there will be an additional 13 million more child marriages and 2 million more cases of female genital mutilation (FGM) over the next decade[xv].

Silver linings:

In Yemen, GBV specialists collaborated with the Ministry of Human Rights and the Ministry of Social Affairs and Labor to create improved hotlines for GBV survivors to access lifesaving services during the early days of the pandemic when in-person services were inaccessible. This led to deepening relationships with those Ministries, such that the GBV Sub Cluster is now leading powerful advocacy on national legislative change that aims to improve women's inheritance rights, greatly improving the prospect of legislative change.

In Cameroon, the pandemic forced GBV specialists to create innovative approaches in order to reach GBV survivors remotely, in local health points, and through mobile units. With the intensifying North-West and South-West conflict, these same remote service delivery systems, including embedding GBV services in local health points, will serve to ensure that GBV services can be maintained in the most complex operational environments.

Restrictions on GBV service provision during lockdown

In the initial months of the COVID-19 pandemic, the sentiment in Cameroon, South Sudan, and Yemen mirrored the panicked feelings around the globe. Some GBV service providers described activities temporarily suspending as they sought out new ways of working, in line with the COVID-19 movement restrictions, regulations on the size of gatherings, and the need for virus prevention and control measures.[xvi] Providing lifesaving services to GBV survivors was a challenge in all three contexts[xvii].

While survivors often need to access health services urgently to receive essential care after a GBV incident, in the initial months of the pandemic, GBV service providers noted that many survivors felt fearful of contracting COVID-19 in a health facility and therefore did not seek access to healthcare or treatment, a phenomenon that was observed in previous epidemics[xviii].

Silver lining:

In Yemen, GBV specialists piloted remote case management and psychosocial support to GBV survivors to compensate for the temporary closure of women's centres. While the threat of COVID-19 has receded for the moment, the current economic collapse in country disturbs clients' ability to pay for transportation to women's centres. The remote service delivery model is now being used again as a product of the circumstances.

Lastly, due to closed borders, many international staff were unable to travel to or remain in their duty stations to carry out programming. Representatives from national and local organisations noted in their interviews that because of the absence of international staff, a significant burden was placed on WROs to carry out programmatic activities and service delivery. WROs reported that this transfer of work and the burden of COVID-19-related risks was not met with any additional funding or support for WROs, which increased tensions between international and national humanitarian agencies. This is further explored in the next section of the report.

Silver lining:

In shifting GBV Sub Cluster meetings to online formats, interviewees in Cameroon noted that it is now possible to regularly engage international experts from the GBV Area of Responsibility (GBV AoR) and GBV Help Desk to join country-level meetings and provide technical support in a more regular and responsive way than prior to the pandemic.

Aisha and Na'aem during class, in a school in the Sahdah camp.

Missed opportunities to fund GBV programming

> *"We need to make a lot of noise when we are forgotten. We are fighting for our rights all the time. This isn't how it should be when the IASC GBV Guidelines (for Integrating GBV Interventions in Humanitarian Action) say GBV interventions are lifesaving."* **– GBV specialist**

Recent high-level efforts to increase awareness of the need to prioritise GBV interventions in every humanitarian emergency have succeeded in raising the profile of the challenge and improving global-level rhetoric. The Call to Action on Protection from GBV in Emergencies[xix], for example, is a multi-stakeholder initiative specifically aimed at driving increased accountability of the humanitarian system on its response to GBV. The UN Security Council has passed a suite of resolutions focused on ending sexual violence in conflict[xx]. The 2021 Generation Equality Forum dedicated an Action Coalition to GBV, focused on making and implementing commitments to address GBV while recognising and resourcing WROs and their expertise; specific actions to be taken within humanitarian contexts were agreed in the Global Acceleration Plan of this Action Coalition[xxi]. And as quoted in the GBV Minimum Standards, "All humanitarian personnel must assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening issue; and take actions regardless of the presence or absence of concrete "evidence"[xxii].

Despite the above efforts, GBV interventions are rarely undertaken from the earliest stages of emergencies. Moreover, there are insufficient mechanisms in place at the policy, funding, coordination, and implementation levels to ensure that GBV is comprehensively addressed and prioritised in every emergency to meet the needs of women and girls. The challenges to GBV service delivery during the COVID-19 pandemic occurred on top of the already existing challenge of ensuring that GBV prevention and response programming is sufficiently prioritised and resourced in humanitarian action.

> *"Let's look at the context in Cameroon…access to health services and clinical management of rape were already quite weak before there was COVID-19. In undeveloped areas in the extreme North and in the North-West South-West conflict zone, where persons are internally displaced, there already was only one health clinic for hundreds and hundreds of kilometres. And, because of nature of the conflict, many health points have shut down or the doctor has left. So this is clearly impacting the way we are responding to GBV, in addition to the challenges of COVID-19."* **– Humanitarian actor**

Silver lining:

In Yemen, prior to the pandemic, training of trainers and the cascading training of staff on GBV skills was conducted exclusively out of the country due to security concerns, and as such, accessibility was financially prohibitive. With the closing of borders due to the pandemic, humanitarian agencies and organisations created and pivoted to using an online learning platform. This has enabled ongoing capacity strengthening opportunities, coupled with cost savings, and could be taken forward even when meeting outside the country becomes feasible again.

Ongoing pressure to evidence GBV prevalence

GBV specialists interviewed noted that they consistently face pressure from colleagues in the humanitarian cluster system to provide an evidence base as proof that GBV is occurring at significant levels to necessitate humanitarian funding and programming. This is despite evidence that GBV increases with every humanitarian emergency and agreement in the GBV Minimum Standards[xxiii] that humanitarians should not wait for evidence of increased GBV to act to prevent violence. Due to stigma associated with GBV and risk of reprisal that women and girls face in most countries where humanitarian emergencies occur, any data gathering exercise on GBV – regardless of the social or cultural context – is impacted by inherent sensitivities around the subject, as well as the reluctance of those with power to expose the extent of violence. A lack of adherence to core ethical and safety guidelines in documenting GBV not only puts women and girls at greater risk of abuse, but also increases the likelihood of retaliation against humanitarian actors who are trying to help[xxiv].

As a result of this longstanding challenge within the cluster system and pressure to provide a continuously up-to-date evidence base, key informants noted that their ability to advocate for increased funding and prioritisation is limited and relies on their personal participation in inter-cluster coordinated activities. A GBV specialist reported that "people in the UN [sic. in this context] are not interested in GBV and don't see it as a priority." Another noted that if she ever misses a meeting of the inter-cluster coordination group, "GBV is swept under the carpet."

> *"There is an ignorance about GBV that it's inexpensive to provide response interventions. We find ourselves constantly justifying why GBV must be prioritised."*
> **– GBV specialist**

This dynamic contributes to lower levels of GBV funding, which is typically insufficient to meet the needs identified in the HRP or to sustain partnerships with WROs. This will be further explored in the subsequent sections.

Women's rights organisations are unsung heroes in humanitarian action

WROs are first responders, community leaders, and agents of change. Previous work by the IRC has demonstrated the importance of working in collaboration with and building a network of local WRO GBV actors[xxv]. When international respondents were asked in the interviews where they learn about the GBV-related needs in the country where they work, most of them across all three countries noted that WRO partners working directly in crisis-affected communities are the primary way that they learn about the challenges local women and girls face and their stated needs. With this information, international humanitarian actors design and plan their GBV interventions, of which small portions will be implemented by WROs. And yet, WROs are still overlooked and underfunded when it matters most. A review of the HNOs and HRPs for each country included in this study showed that there was not a single reference to the presence or capacity of WROs on the ground.

National and local organisations interviewed for this study noted that the only meaningful change they experienced during COVID-19 regarding localisation and the empowerment of WROs is that their international counterparts relied more heavily on them to lead field-based work and assume all the risk of COVID-19 transmission, while receiving no additional support or funding. According to some WRO representatives, this dynamic contributed to tensions between national and international actors.

> *"People talk about Grand Bargain and localisation, but localisation is a song."*
> **– WRO representative**

For WROs, implementing programs in the era of COVID-19 escalated the cost of implementation. Participating in cluster meetings, other coordination spaces, and even joining meetings with their partners suddenly required expensive data plans to meet international colleagues where they were, on Zoom. In addition, WROs needed to provide masks, hand sanitizer, and reserve larger meeting rooms to ensure social distancing to protect project participants. Many WROs interviewed affirmed that none of these additional costs were considered or covered by their international partners or donors[xxvi].

Bushra Abdo, former Reproductive Health Officer with the IRC in Yemen. *Mahmoud Fadel/IRC*

Missed opportunities to accelerate localisation during COVID-19

> *"The pandemic has revealed the (humanitarian system's) true colours. Local organisations got more funding before the pandemic, but now we cannot access funding. Most international staff sit abroad and coordinate activities in South Sudan while the practical work is done by national NGOs. International staff cannot come to office, but nationals come to the office, do all the activities, and report."* **– WRO representative**

The World Humanitarian Summit in 2016 recognised the need to give greater control and power to local actors that were already doing much of the aid work in humanitarian contexts and taking the brunt of the risk but were given neither credit nor direct funding to do so. This has always been especially true for WROs, whose contributions are less visible – recent data shows that women's organisations received a mere 0.2% of total bilateral aid[xxvii]. In a system driven by Global North actors, WROs working at the national and local levels have limited power to drive the changes they would like to see in their communities.

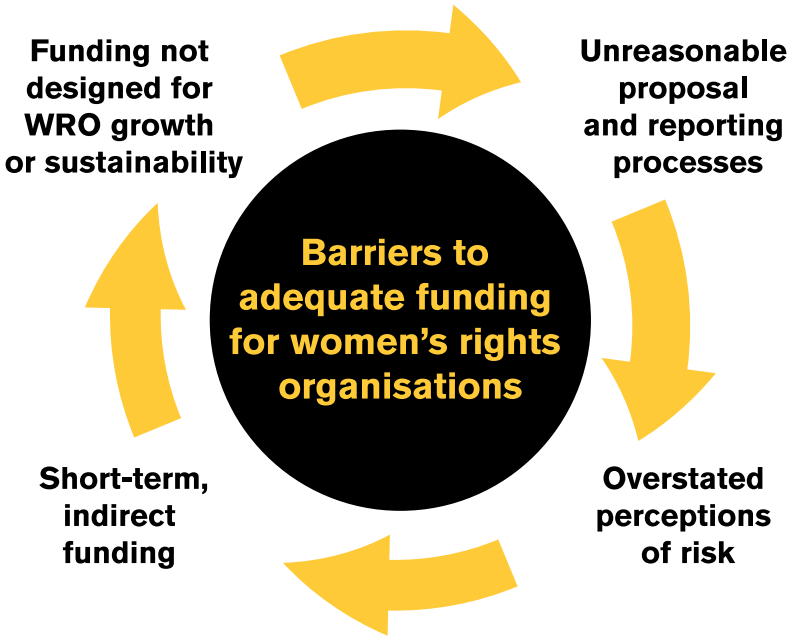
In the initial months of the pandemic, it seemed the border closures and new working arrangements offered the humanitarian community a chance to reshape the current multilateral system and make bottom-up progress on localisation, particularly shifting power and decision-making[xxviii]. This rhetoric is present at the highest levels of the UN; for instance, at a high-level UN General Assembly meeting in 2021, Filippo Grandi, the UNHCR High Commissioner, noted that COVID-19 has been a great accelerator of localisation[xxix]. Indeed, on the one hand, border closures and new working arrangements, with telecommuting and remote meetings, in some ways, sped up localisation, leaving programme implementation to be done by local actors. But on the other hand, eighteen months into the pandemic, it is now clear that the humanitarian system's top-down ways of working and allocation of resources to Global North actors remain stubbornly entrenched.

Barriers to women's rights organisations' access to funding

Following a global funding appeal to respond to COVID-19, local and national WROs still failed to receive funding[xxx]. Some WROs interviewed for this report noted that they received significantly less funding in 2020 and, in the same methods as usual, small pockets of funding for project implementation cascaded down from donors to international agencies and organisations, and finally on to local partners.

> *"Traditional donors would be smart to consider partnerships (with WROs) in every project they fund to an INGO, so there is always focus on local partnership."* **– GBV specialist**

Humanitarian funding is largely inaccessible for WROs[xxxi]. They navigate a multi-layered and opaque international system that cascades small portions of funding from international actors to WROs on time-bound projects without investing in their growth, leadership, or sustainability. WROs face a multitude of requirements[xxxii] that, too often, they cannot reasonably meet, and are dogged by over-stated perceptions of risk and corruption. This amounts to a vicious cycle that serves to maintain the status quo, with WROs unable to claim more power in humanitarian action.



Short-term, indirect funding

According to WROs and international humanitarian actors interviewed, current humanitarian practice forces WROs into a cycle of unpredictable, short-term, and project-based funding. WROs explained that they do not have direct access to donors and therefore can only access opportunities to serve as sub-grantees on specific and time-bound programs. Specifically, the most reliable funding that WROs access is cascaded down multiple tiers of humanitarian actors: first from donors, then to international agencies and organisations, and finally to WROs, who are left to implement short-term projects they did not necessarily play a role in designing and may not be relevant in the communities where WROs work. While advocacy towards direct funding to locally-led humanitarian action continues, as an interim measure, WROs interviewed described a desire for "consortium(s) with INGOs or UN agencies for technical support and financial systems support, which will enable them (WROs) to participate."

> *"It is impossible for WROs to penetrate (the system). They have no access to the donors directly, so partnerships with INGOs is the only way, through subgrants."* **– International humanitarian specialist**

Funding is not designed for WRO growth or sustainability

With only short term, project-based funding, it is extremely difficult for WROs to grow in ways that would make them more attractive to be direct recipients of international donor funding. WROs interviewed explained that dedicated, core funding to support a WRO's overhead, staff salary costs, capacity strengthening, and organisational sustainability is practically impossible to find. International humanitarian actors interviewed echoed this point. One explained: "We need affirmative action or a way for international donors to directly fund WROs."

> *"We need affirmative action or a way for international donors to directly fund WROs."* **– GBV specialist**

Unreasonable proposal and reporting requirements

WROs interviewed expressed frustration over their inability to access international funding opportunities through more direct means. They described how existing funding mechanisms and procedures place a heavy burden on WROs to develop time-consuming, complex proposals that require investments in field-based research, all with no guarantee of funding. This serves to hinder more meaningful, and potentially nimbler, direct partnerships between international donors and WROs. As one international humanitarian actor stated, "We must remove the barriers to entry, because it's impossible for WROs to penetrate."

> *"International organisations and UN agencies are trusted. Local organisations are not trusted. We lack visibility. A song of "capacity" has been sung that we do not have capacity to manage donor funding."* **– WRO representative**

Overstated perceptions of risk

According to many international organisations and WROs interviewed for this study, there is a perception among donors that funding local and national organisations directly is risky. One WRO leader bluntly admitted "local organisations here are not trusted. A song of 'capacity' has been sung that we do not have capacity to manage donor funding." Counterterrorism measures are noted by international actors across all three contexts interviewed for this study as a barrier to accessing funding, primarily affecting local organisations working in and serving populations in the politically complex emergencies included in this study. However, there continues to be little evidence to the widely held belief that local organisations operating in these contexts are more susceptible than international organisations to corruption or mismanagement of funds.

> *"'As local as possible, as international as necessary' is said but no one wants their own funding to be threatened."* **– WRO representative**

Silver lining:

In Cameroon, a GBV specialist described how even a small influx of funding can be transformative for WROs. They described a community based WRO that began work on a voluntary basis, supporting GBV survivors with accompaniment and psychosocial support. Last year, the WRO won an international prize that granted them some funding, which enabled them to build a proper headquarters and recruit qualified personnel. They are now a known organisation in the region working on GBV.

Measuring what you treasure

It is extremely challenging to account for WROs' funding received from international donors or the impact they make in the countries where they work, as they are not included in key humanitarian systems. HNOs and HRPs fail to consistently reference the presence or capacity of WROs on the ground – this misses an opportunity to reflect local capacity that can be harnessed in designing and implementing humanitarian interventions. International humanitarian actors interviewed in the study noted that no accounting has been done at national levels to track the number of national or local implementing partners in clusters who are WROs. This has the effect of rendering WRO participation largely invisible.

In UN OCHA's Financial Tracking System (FTS), there is, at present, no way to filter the funding figures to discern the collective amount of funding WROs have received in a specific humanitarian emergency or at the global level. One international humanitarian actor interviewed noted that in a recent meeting, FTS staff revealed that just 0.01% of humanitarian funding in Cameroon goes to local actors. And just a fraction of that will have gone to WROs, but the exact figure is not measured or tracked.

> *"Let us uphold the principles of partnership. Do not look down on national partners, think of them as equals."* **– WRO representative**

It is worth underscoring that this systematic overlooking of WROs in humanitarian action is despite the significant contributions that they make in humanitarian action and, specifically, in protecting women and girls from violence. In international high-level events, leaders consistently tout WROs' essential contributions to humanitarian action. At a UN General Assembly Event earlier this year, Mr. Flemming Moller Mortensen, Minister for Development Cooperation and Minister for Nordic Cooperation stated: "Local actors and women's organisations are uniquely positioned to respond to crises. They are the first to respond, putting their lives at risk. They have greater access to communities, based on the trust that they already have with the community[xxxiii]." It is time for funding levels to reflect this sentiment.

Athok resting from pumping water at the community water pump at her village in Aweil South State, South Sudan. *Charles Atiki Lomodong/IRC*

Where is the money?

> *"GBV programming in Yemen is comprehensive… to be established it requires long-term funding and a lot of work. We are working on creating the enabling environment for survivors, starting from service provision and referrals up to advocacy, changing the political environment, legislation, and more. But since I came to Yemen, I have not come across any long-term funding. When we say long-term funding, I mean a minimum of 2 years, hopefully more. We are receiving funding for 6 months."* **– GBV specialist**

Lack of adequate funding for GBV interventions

In 2019, the IRC and VOICE jointly released a report, *Where Is the Money?*[xxxiv] which described how GBV services accounted for just 0.12% of the $41.5 billion allocated for global humanitarian funding from 2016-2018. At that time, two-thirds of GBV requests went unfunded, even while research showed that requests are far from meeting needs[xxxv]. For this report, a quantitative analysis was completed of the funding requests and allocations for Cameroon, South Sudan, and Yemen for 2019, 2020, and 2021 with publicly available funding data from the FTS. The average funding allocation for GBV interventions in all three countries across the reporting period was just 0.27%. The full quantitative data findings by country are included in the next section's case studies.

In the time since *Where Is the Money?* and the increased risks to women and girls with the COVID-19 pandemic, little to no lasting progress has been made[xxxvi]. In some of the countries studied, there was a small increase in funding in 2020, associated with COVID-19, but requirements were still not met and, importantly, according to interviews the impact of the slightly increased funding was not felt on the ground due to how COVID-19 increased other costs. At the time of writing this report 2021 funding figures have returned to their previous abysmal levels. At the time of writing this report, only 16.7% of global GBV funding requests have been met[xxxvii].

> *"Just give me what I asked for!"* **– GBV specialist**

Funding allocation to GBV interventions as percentage of total humanitarian funding

	Cameroon	South Sudan	Yemen
2019	0.13%	0.17%	0.02%
2020	0.087%	1.13%	0.29%
2021	0*	0.60%	0.18%

(Source: Financial Tracking Service, August 2021).

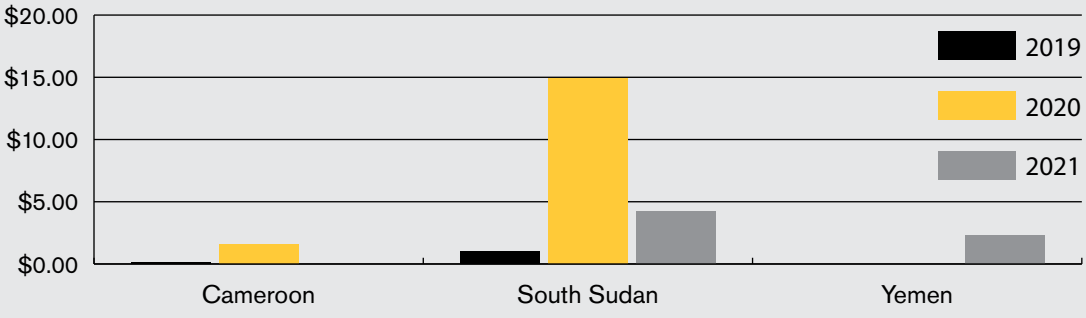
**IRC staff in Cameroon flagged challenges with the publicly available data, noting that during the 2020 and 2021 financial year, the IRC spent $883,773 and $1,134,043, respectively, on women's protection and empowerment programming. See the methodology and limitations section for additional information.*

In analysing the number of women and girls in need of GBV interventions in the three countries, as identified in the HRPs for 2021, on average GBV survivors would have been allocated just $2.15 each. The chart below demonstrates specific funding figures for each country profiled[xxxviii].

The average amount of funding that has been allocated for supporting a GBV survivor in 2021, across the three contexts, is just $2.15.**

**Note that this allocation also covers activities and services which support women and girls at risk of GBV in humanitarian settings.

Amount Spent on GBV Services per Person Targeted (USD)



(Source: Financial Tracking Service, August 2021. Data is unavailable for Cameroon in 2019 and 2021, and Yemen in 2019 and 2020)

As noted in the chart and graph above, 2020 GBV funding figures did increase in South Sudan and Yemen. Still, the funding targets set in the HRP were not met. In South Sudan, the GBV funding received accounted for 41% of what was requested, in Cameroon, just 10% was received of what was requested in 2020[xxxix]. These figures are consistent from the findings of "Where's the Money?" One GBV specialist there pleaded "Just give me what I asked for!"

According to key informants, despite the increase in funding in 2020 in South Sudan and Yemen, virtually no impact was felt on the ground. GBV specialists explained that this is because risks of GBV increased, while ways of working needed to change to account for COVID-19 infection prevention and control measures, both of which lead to increased operating costs. Taken together, with the analysis in the previous sections, it is clear that the humanitarian system still does not properly prioritise or fund GBV interventions in emergencies.

Lastly, and of critical importance, many humanitarian actors interviewed admitted that the publicly available data presents notable limitations, since numerous partners do not systematically contribute to the FTS reporting process. International actors in Cameroon, in particular, noted that they knew the publicly available funding data does not reflect the full picture of available funding in the country. The lack of consistent reporting across the humanitarian sector means the GBV funding figures are unreliable and the visibility of GBV activities within the coding system varies widely, creating challenges for comparability across contexts and over years. To combat this lack of reliable data, the Global Protection Cluster launched an initiative this year to collect and represent the funding received by each Protection Cluster globally more accurately. It is hoped that through this new mechanism, GBV funding can be understood and analysed more reliably.

Case in point: The importance of setting GBV interventions as a priority

As a result of diligent advocacy, GBV specialists were pleased when former Emergency Relief Coordinator (ERC), Mark Lowcock, made protection from GBV one of his "strategic steers".[xl] Respondents in South Sudan noted that the effect of this prioritisation trickled down to Humanitarian Coordinators (HCs), which led to more prominent inclusion of GBV in HRPs during Lowcock's tenure. The HRP is a highly influential document that sways donor investment and therefore, this increased visibility of GBV is very meaningful. In South Sudan, for example, a COVID-19 addendum to the 2020 HRP included a dedicated section "Spotlight on Women and Girls[xli]," which highlighted the context of women and girls' risk of GBV prior to the pandemic and the appropriate concerns regarding the risks that COVID-19 would add. GBV specialists in South Sudan who were interviewed for this study attributed the ERC's strategic steer on GBV and the HC's prioritisation of the issue in South Sudan's HRP addendum section to a slightly improved funding picture in 2020. Another GBV specialist in South Sudan noted that in 2019, the HC announced that the South Sudan Humanitarian Fund would dedicate $2 million exclusively to fund GBV interventions. According to this specialist, this helped ensure a base of GBV funding was available and allowed WROs to be supported in their lifesaving interventions.

Limitations of Country Based Pooled Funds in funding GBV interventions and WROs

Key Terminology: Country-based Pooled Funds (CBPFs)

CBPFs allow donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts. This enables humanitarian actors in emergency settings to deliver timely assistance. CBPFs are managed by UN OCHA under the leadership of the HC and in close consultation with the humanitarian community[xlii].

Of the countries included in this study, only South Sudan and Yemen have CPBFs available to support humanitarian action. In South Sudan in 2020, out of 106 total projects, 15% focused on specialised GBV interventions.[xliii] As noted above, the HC in South Sudan has been proactive in ensuring GBV funding is available through this funding mechanism. Of those 106 projects, 41% were led by national NGOs, but it is not reported how many are WROs.[xliv] In Yemen in 2020, of 62 total projects, only 2% focused on specialised GBV interventions.[xlv] Of the 62 projects, 30% were implemented by national NGOs.[xlvi] Again, there is no publicly available data on whether any of those actors are WROs.

It is noteworthy that CBPFs were never mentioned by WROs in either South Sudan or Yemen as a viable or dependable funding source for their programming. When a WRO leader in South Sudan explained CBPFs, they noted that "the lion's share goes to UN agencies and INGOs. They will never miss (in having their program proposals funded)." This data demonstrates that while there is potential for improvement, and CBPFs have been touted as a promising solution to funding WROs, the CBPF is not yet a fully optimised funding source and not yet easily accessed by GBV service providers including WROs.

Country Case Studies

CAMEROON

Context

Cameroon is a lower middle-income country in West Africa that is affected by three separate complex humanitarian crises. The armed conflict between non-state armed groups and security forces in Nigeria has spilled over to Niger, Chad, and Cameroon. Suicide attacks and raids using explosive devices in the Far North have displaced over 400,000 people to date and left over 1.2 million people in need of assistance.[xlvii] People fleeing the conflict are hosted in over 70 sites or in communities where basic amenities are lacking and jobs, water and agricultural land are scarce.[xlviii] Displaced women and girls in this context are at increased risk of forced marriage, child labour, and human trafficking.

The armed conflict in neighbouring Central African Republic (CAR) continues to drive population movements into Cameroon's East, Adamoua and North regions, where over 332,594 CAR refugees are currently registered with UNHCR as of September 2021, most of whom have arrived in Cameroon between 2003-2014.[xlix] Vulnerable refugees are forced to rely on negative coping strategies to survive, exposing them in turn to protection risks.

In the North-West and South-West regions, where a socio-political crisis has developed, armed groups are fighting for the independence of the country's two English-speaking regions and forced displacements outside of the regions are occurring. Clashes between military and separatist forces have intensified insecurity, leaving over 1.1 million people internally displaced[l]. Targeted killings, forced recruitment, arbitrary arrests, explosives, sexual violence, and exploitation leave people unprotected and has decimated roads, markets, health centres, and schools.[li] Humanitarian access in the conflict is highly challenged.

Despite the intensity of these crises, Cameroon is largely considered a forgotten crisis and humanitarian assistance and much needed resources are not available at scale. The Global Protection Cluster warns that if these challenges are not addressed in a comprehensive way, the security, political and humanitarian repercussions will be catastrophic[lii]. Many humanitarian actors in Cameroon noted during their interviews that the challenges in the country speak to the need for better linkages with development actors, with mechanisms to build local structures and systems in a sustainable manner, while simultaneously providing lifesaving assistance to displaced persons and those suffering on the frontlines of the crises.

Challenges for GBV Interventions

The combination of the two crises described above, along with COVID-19, have increased risks of GBV for women and girls. Local and international humanitarian actors described the significant issues of IPV, sexual assault, child, early and forced marriage, and trafficking as the top threats women and girls experience. Service delivery to provide lifesaving assistance is strained by the operational challenges that the crises present, as well as severe under-funding. As one GBV specialist in Cameroon noted, "We need to improve the way funding is used… We hope to see a strategic level exercise annually to demonstrate how commitments on GBV are met and hold organisations accountable."

The table and graph below present the HRP funding requested and received from 2019 through 2021. At the time of writing, no funding has been reported for GBV interventions for 2021, although it is important to note that actors in Cameroon flagged that the publicly available data on funding does not reflect the full picture of funding to address GBV in the country.

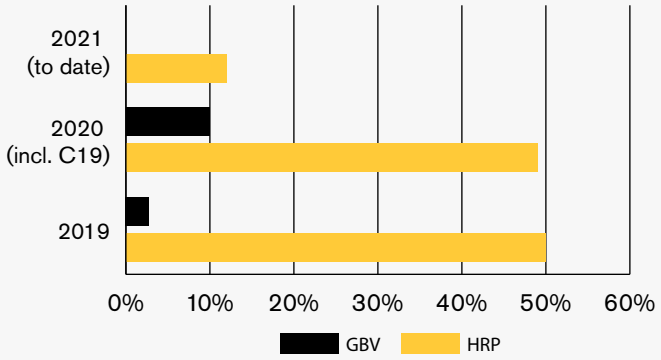
Cameroon	HRP requested amount	GBV requested amount	HRP received	GBV received	GBV Funding Gap	Reported allocation to GBV as a % of total funding
2019	$299 million	$7.3 million	$149 million	$201,632	97.24%	0.13%
2020 (incl. C19 HRP)	$391 million	$17.4 million	$193 million	$1.68 million	90.35%	0.087%
2021 (as of Aug. 2021)	$362 million	$17.5 million	$44 million	$0*	100%	0

(Source: Financial Tracking Service, August 2021).

**IRC staff in Cameroon flagged challenges with the publicly available data, noting that during the 2020 and 2021 financial year, the IRC spent $883,773 and $1,134,043, respectively, on women's protection and empowerment programming. See the methodology and limitations section for additional information.*

Funding received for GBV and HRP as compared with initial requests

Cameroon



(Source: Financial Tracking Service, August 2021. Data not available for 2021)

Engaging women's rights organisations

While WROs are present in the relevant coordination forums, humanitarian actors interviewed expressed that these groups are not always well capacitated to meaningfully engage in decision-making processes. National and international humanitarian actors called for an increase in the voices of women and girls in the whole process. Local and national organisations interviewed expressed a desire for additional training and support to better understand the importance of the HRP and enhance their ability to be involved in decision-making processes. One GBV specialist suggested that there could be a strategic indicator added to the HRP on women's involvement in the annual process that could be monitored for accountability and analysing progress.

SOUTH SUDAN

Context

South Sudan remains one of the poorest and most undeveloped countries in the world. A new unity government that took office in early 2020 faces the challenge of leading the country's recovery from civil conflict amid unrelenting violence, an economic crisis, a risk of famine, and the COVID-19 pandemic in one of the world's weakest health systems.

There is a severe shortage of health care services and professionals. Medical facilities are under-equipped and unhygienic. Since many South Sudanese do not have access to clean water, deadly diseases such as malaria continue to spread. COVID-19 threatens to exacerbate the country's health crisis. Women and girls are particularly affected by the crisis, many facing violence, abuse and exploitation daily.

Challenges for GBV Interventions

As noted above, COVID-19 has increased GBV risks, due to the restrictions of movement, loss of livelihoods, and closure of schools. At the same time, response services were harder to maintain because access to survivors was so challenging. Service providers described needing to reduce the number of women and girls coming to WGSSs, which led to many women and girls falling through the cracks. There is low technology access and use in South Sudan, which made remote services like hotlines not a viable adaptation, especially outside of the capital.

Of the three countries studied, South Sudan receives the highest percentage of GBV funding, though the amount is still significantly below the amount GBV service providers requested. As one GBV specialist noted, "I still don't feel specialised GBV programming is being prioritised enough. We (the South Sudan GBV Sub Cluster) requested $29 million, and we got $9 million."

> *"I still don't feel specialised GBV programming is being prioritised enough. We (the South Sudan GBV Sub Cluster) requested $29 million, and we got $9 million."* **– GBV specialist**

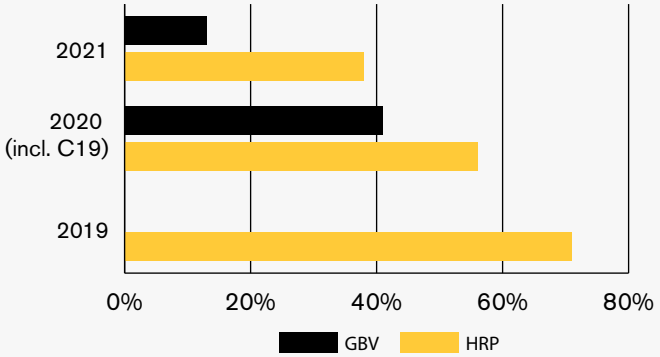
As referenced earlier in the section on CBPFs, in 2019, the HC announced that the South Sudan Humanitarian Fund would dedicate $2 million to GBV interventions. According to a GBV specialist, this really helped ensure a base of GBV funding was available and allowed WROs to be supported.

South Sudan	HRP requested amount	GBV requested amount	HRP received	GBV received	GBV Funding Gap	Reported allocation to GBV as a % of total funding
2019	$1.5 billion	Not available	$1.069 billion	$1.8 million	Not available	0.17%
2020 (incl. C19 HRP)	$1.9 billion	$29 million	$1.061 billion	$12.02 million	59%	1.13%
2021 (as of Aug. 2021)	$1.68 billion	$30 million	$642 million	$3.85 million	87%	0.60%

(Source: Financial Tracking Service, August 2021)

Funding received for GBV and HRP as compared with initial requests

South Sudan



(Source: Financial Tracking Service, August 2021. Data not available for 2019)[liii]

Engaging women's rights organisations

The challenges of tracking and increasing the quantity of funding to WROs highlights the insufficient prioritisation of GBV in humanitarian response. One GBV specialist noted that "when we receive some resources for GBV (interventions), we don't have enough to be able to partner with and build capacity of local WROs. Traditional donors would be smart to consider partnerships (with WROs) in every project they fund to an INGO so there is always focus on local partnership." WROs in South Sudan interviewed expressed a similar sentiment and added that to be stronger, WROs "should be in a consortium with INGOs or UN agencies for technical support and financial systems support, which will enable them to participate."

YEMEN

Context

Yemen has been engaged in a complex armed conflict since 2015 and it is estimated that over 100,000 people have been killed since early 2016, including 18,500 civilians killed by airstrikes[liv]. 3.9 million have been uprooted because of this conflict and violations of international law have been commonplace, with civilians bearing the brunt[lv]. Even before the current crisis, Yemen's malnutrition rate ranked as one of the world's worst, and more than half of its population lacked access to drinking water[lvi]. In 2020 and 2021, the food security situation deteriorated significantly as a result of the conflict and COVID-19. 16 million people will face hunger this year, at a time when limited humanitarian funding means food aid has been reduced. Despite ongoing efforts by international community to negotiate an end to the conflict, violence continues and humanitarian access to reach those most in need remains highly constrained. These trends are exacerbated by the drastic underfunding of the response.

Challenges for GBV Interventions

One of the greatest challenges for GBV interventions that humanitarian actors reflected in interviews is the government authorities' censorship and rejection of public discussion of GBV. This makes it extremely challenging to deliver lifesaving services. Compounding these issues, key informants also noted that some UN actors still need convincing that GBV interventions are essential and lifesaving.

> *"Restrictions of female staff movement compromises the quality of everything we do."* – **International humanitarian expert**

Another key challenge in some areas, particularly in certain governorates in the north of the country, is the restrictions on female humanitarian staff movement without male accompaniment. This regulation makes it difficult for female humanitarian workers access female recipients of aid in a society that is largely gender segregated, particularly for services which require confidentiality. This clearly presents a serious challenge to service delivery and essentially excludes women from humanitarian response efforts. As one humanitarian actor reflected, "restrictions of female staff movement compromises quality of everything we do."

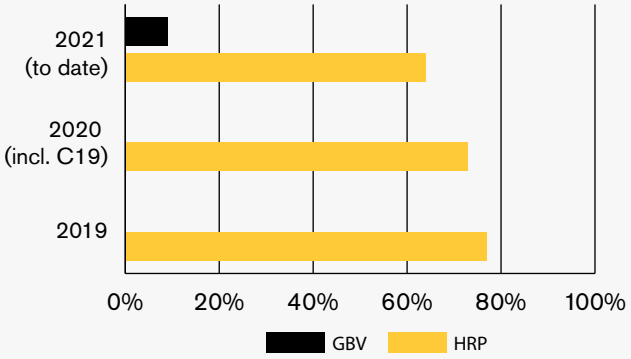
Yemen	HRP requested amount	GBV requested amount	HRP received	GBV received	GBV Funding Gap	Reported allocation to GBV as a % of total funding
2019	$4.2 billion	Not available	$3.24 billion	$574,977	Not available	0.02%
2020 (incl. C19 HRP)	2.41 billion	Not available	$1.75 billion	$5.07 million	Not available	0.29%
2021 (as of Aug. 2021)	$3.85 billion	$46.7 million	$2.47 billion	$4.36 million	91%	0.18%

(Source: Financial Tracking Service, August 2021)

A client receives medicines from a pharmacist in the Mobile Health Team, Yemen. *Husam Ahmed/IRC*

Funding received for GBV and HRP as compared with initial requests

Yemen



(Source: Financial Tracking Service, August 2021. Data not available for 2019 and 2020)[lvii]

Engaging women's rights organisations

Humanitarian actors described multiple layers of complex barriers to access donor funding that are essentially impossible for WROs to penetrate. First, because small, community based WROs do not have past experience managing large grants, and they therefore do not have the accounting and financial management systems in place to satisfy donor requirements. WROs also lack experience in writing proposals or reporting in a way that satisfies donor requirements. Most would indeed struggle to manage large grants, so there needs to be a training and capacity sharing element built into any shift to direct WRO funding. This is a real loss for GBV service delivery, as many WROs are doing invaluable work on ground and previous work by the IRC has demonstrated the importance of working in collaboration with and building a network of local WRO GBV actors[lviii]. One GBV specialist noted that even if a WRO "just needs $20,000 to do basic things, like case management, it is not possible, (as the regulations required by donors) would be same as if we were giving them $1 million."

Second, the humanitarian working language in Yemen is English, while the primary language in country is Arabic. Most clusters coordination meetings and key documents, including those about humanitarian funding, are in English. This renders many humanitarian spaces and information on funding opportunities challenging to access for most local WROs who often need to dedicate additional resources like hiring a translator or recruiting English-speaking staff.

Third, international humanitarian actors in Yemen inadequately consult with WROs in designing humanitarian interventions and setting strategies that are based on local realities. Humanitarian actors in Yemen described feeling that programs are designed by international experts in Europe or the United States, who lack knowledge of the local context. International humanitarian actors interviewed called for improved consultation with WROs during the program design phase to produce more meaningful partnerships and more effective interventions.

Conclusion

The COVID-19 pandemic has continued to impact the lives of women and girls, increasing their risk of multiple forms of GBV. While there have been programmatic innovations, including an increase in remote services, there are ongoing challenges to service delivery for GBV interventions.

When the pandemic began, so too did rhetoric that it posed great potential for accelerating localisation. Although national and local organisations – including WROs – have taken on additional programme implementation responsibilities, this report shows that there were not accompanying shifts in decision-making power or funding allocations. WROs do not have direct access to donors, and they experience multiple barriers to growth, including short-term, indirect funding cascaded down from multiple levels; funding which is not designed to encourage their sustainability; unreasonable proposal and reporting requirements; and unfounded perceptions of risk.

In the backdrop to this, quantitative data demonstrates that although there were some increases in funding allocations to GBV interventions during COVID-19 in two of the countries studied, such increases in funding were not felt on the ground by those interviewed. Moreover, any increase in funding during 2020 has since fallen, and GBV interventions remain severely underfunded.

A number of existing commitments – including the Call to Action on Protection from GBV in Emergencies and the Generation Equality Forum – have called for increased attention to GBV and increased support to feminist organisations, including WROs. This report importantly asks the question, "Why not local?" Addressing GBV in the era of COVID-19 demonstrates the need for an immediate increase in international funding and a more equitable distribution of power to WROs, who are providing lifesaving services to crisis-affected women and girls.

An IRC-supported farmer walks in her field near Yida, South Sudan. *Peter Biro/IRC*

Methodology and limitations

The findings and recommendations presented in this report are based on mixed methods data collection conducted in August and September 2021. First a literature review was conducted, covering recent relevant reporting on GBV funding streams and the meaningful engagement of WROs in humanitarian action, as well as the Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) in each country from 2019, 2020, and 2021. Quantitative data collection in August then relied on UN OCHA's Financial Tracking Service (FTS), which is a centralised source of data and information on humanitarian funding flows, as well as data on CBPFs. To count funding to GBV, humanitarian funding was disaggregated by sector, and funding to GBV within the Protection Sector was counted.

Key informant interviews were conducted remotely with key stakeholders in each country, including representatives from WROs, international NGOs, and UN agencies, and government entities; 20 interviews were conducted in total across the three countries. Twenty-five percent of the those interviewed are senior staff at national or local organisations addressing GBV or represent a national government ministry. The remainder represent a range of country-based international and national humanitarian professionals in a range of roles and organisations. Interpretation was used to support interviews conducted in French. It is worth noting that the study captures data from a relatively small sample size of just three countries.

Publicly available data from FTS currently provides a snapshot of reported funding flows to GBV prevention and response. However, there are limitations around this data. FTS is being updated throughout the year, so there may have been updates between the time when data was collected for this report (August 2021) and when the report was published (November 2021). It is also important to note that reported figures are unlikely to represent the full picture of funding allocated for GBV programming due to challenges of appropriate tagging and tracking GBV activities[lix]. For example, other sectors, such as Nutrition, Health and WASH sometimes include a GBV indicator in their funding proposals, but often do not code this expenditure as GBV when reporting back to donors. Therefore, current financial reporting mechanisms often fail to capture the full extent of funded GBV interventions. This means that FTS fails to represent funding for GBV risk mitigation activities, which is an essential element to improving the safety of women and girls in the delivery of humanitarian aid. Nevertheless, IRC's previous research on this subject indicates that while actual funding levels for GBV may be higher than what is currently reported, it is unlikely that there would be hugely significant differences in the final numbers if it were possible to consistently disaggregate GBV from these other sectors.[lx]

Endnotes

i. Feminist Humanitarian Network. 2021. Women's Humanitarian Voices: COVID-19 Through a Feminist Lens, A Global Report. https://www.feministhumanitariannetwork.org/covid-report

ii. https://fts.unocha.org/global-clusters/13/summary/2021

iii. International Rescue Committee and VOICE. 2019. Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls. https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf

iv. International Rescue Committee and VOICE. 2019. Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls. https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf

v. International Rescue Committee. 2020. What Happened? How the Humanitarian Response to COVID-19 Failed to Protect Women and Girls. https://gbvresponders.org/wp-content/uploads/2020/10/IRC_WPE-COVID-Report_V6-002.pdf

vi. International Rescue Committee. 2020. What Happened? How the Humanitarian Response to COVID-19 Failed to Protect Women and Girls. https://gbvresponders.org/wp-content/uploads/2020/10/IRC_WPE-COVID-Report_V6-002.pdf

vii. The Grand Bargain Localisation Workstream defines WROs as organisations that self-identify as a women's organisation with primary focus on advancing gender equality, women's empowerment and human rights; or (2) an organisation that has, as part of its mission statement, the advancement of women/girls' interests and rights; or (3) an organisation that has as part of its mission statement or objectives, to challenge and transform gender inequalities, unequal power relations and promoting positive social norms.

viii. UN Women. The Shadow Pandemic: Violence against women during COVID-19. https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-COVID-19-response/violence-against-women-during-COVID-19

ix. International Rescue Committee. 2020. What Happened? How the Humanitarian Response to COVID-19 Failed to Protect Women and Girls. https://gbvresponders.org/wp-content/uploads/2020/10/IRC_WPE-COVID-Report_V6-002.pdf

x. OCHA. Humanitarian Response Info. https://www.humanitarianresponse.info/en

xi. This was also a finding in IRC's previous report: International Rescue Committee. 2020. What Happened? How the Humanitarian Response to COVID-19 Failed to Protect Women and Girls. https://gbvresponders.org/wp-content/uploads/2020/10/IRC_WPE-COVID-Report_V6-002.pdf

xii. GBV AoR. What we do. https://gbvaor.net/what-we-do#coordination-field

xiii. This was also a finding in IRC's previous report: International Rescue Committee. 2020. What Happened? How the Humanitarian Response to COVID-19 Failed to Protect Women and Girls. https://gbvresponders.org/wp-content/uploads/2020/10/IRC_WPE-COVID-Report_V6-002.pdf

xiv. South Sudan Ministry of Education study described by multiple interviewees and reported on by Radio Tamazuj. July 28, 2020. https://radiotamazuj.org/en/news/article/COVID-19-eastern-equatoria-says-schoolgirl-pregnancies-increasing-due-to-lockdown

xv. UNFPA. Child marriage, female genital mutilation urgent priorities as pandemic threatens progress. https://www.unfpa.org/news/child-marriage-female-genital-mutilation-urgent-priorities-pandemic-threatens-progress

xvi. Note that many of the temporary solutions put in place by GBV service providers during this time have been identified as positive practices that should continue even when the pandemic threats recede. These "silver linings" are disbursed in text boxes throughout the report.

xvii. WGSSs, for example, could no longer operate in some locations, or, in others, needed to significantly reduce the number of women accessing the space at once. Alternative service delivery methods, including hotlines, were sometimes successful, though GBV service providers noted that in some resource poor settings, women lack access to phones, data plans, or other technology required to be able to access hotlines and other remote services. Confidentiality is also very challenging for service providers to maintain when working from home, and survivors cannot always find safe places to use a phone or have private conversations.

xviii. International Rescue Committee. 2020. Not All That Bleeds is Ebola. https://www.rescue.org/report/not-all-bleeds-ebola-how-drc-outbreak-impacts-reproductive-health

xix. Call to Action on Protection from Gender-based Violence in Emergencies. https://www.calltoactiongbv.com/

xx. Including UN Security Council Resolutions 1820, 1888, 1960, 2106, 2331, 2467

xxi. Generation Equality Forum. https://forum.generationequality.org/sites/default/files/2021-03/GBV_FINAL_VISUAL_EN.pdf

xxii. UNFPA. GBV Minimum Standards. ://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf

xxiii. Ibid.

xxiv. UNFPA. The Role of Data in Addressing Violence against Women and Girls. https://unfpa.org/sites/default/files/resource-pdf/finalUNFPA_CSW_Book_20130221_Data.pdf

xxv. IRC. 2021. Building Local Thinking Global Learning Brief, p. 8.

xxvi. This is despite the fact that GBV actors called attention to exactly these types of barriers from early in the pandemic. See: https://www.rescue.org/sites/default/files/document/4981/essentialsofgbvduringandafterCOVID-19625vfupdated629.pdf

xxvii. UN Security Council. 2020. Women, peace and security Report of the Secretary General. https://undocs.org/en/S/2020/946 Additionally, WROs, as a distinct category of local actors, are not counted in cluster coordination mechanisms and the funding they collectively receive cannot be accounted for in UNOCHA's Financial Tracking System. This will be further described below.

xxviii. Alexander, Jessica. COVID-19 changed the world. Can it change aid, too? The New Humanitarian. July 16, 2020. https://www.thenewhumanitarian.org/special-report/2020/07/16/Rethinking-humanitarianism-will-coronavirus-change-aid

xxix. Refers to remarks made at the UN General Assembly side-event "Localizing GBV Prevention and Response in the Context of Forced Displacement in Humanitarian Crises". September 23, 2021.

xxx. Feminist Humanitarian Network. 2021. Women's Humanitarian Voices: COVID-19 Through a Feminist Lens, A Global Report. https://www.feministhumanitariannetwork.org/COVID-report

xxxi. ActionAid UK. 2021. Bargaining for Better: Bringing a Feminist Lens to the Grand Bargain 2.0. https://actionaid.org/publications/2021/bargaining-better-bringing-feminist-lens-grand-bargain-20

xxxii. Including complex and burdensome proposal processes and extensive reporting requirements

xxxiii. Refers to remarks made at the UN General Assembly side event "Localizing GBV Prevention and Response in the Context of Forced Displacement in Humanitarian Crises". September 23, 2021.

xxxiv. International Rescue Committee and VOICE. 2019. Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls. https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf

xxxv. Ibid.

xxxvi. The study looked at funding figures in 2019, 2020, and 2021. There was a small increase in GBV funding in South Sudan and Yemen is 2020, perhaps as a result of COVID-19, but the amount received was still miniscule and failed to meet the amounts requested by massive margins.

xxxvii. Protection - Gender-based violence 2021. https://fts.unocha.org/global-clusters/13/summary/2021

xxxviii. Data for Yemen in 2019 and 2020 is missing, as HRPs were not completed for those years. As a result, the allocation of GBV funding per survivor cannot be calculated.

xxxix. All funding figures analysed from UN OCHA FTS. Note that data detailing GBV funding in unavailable for Yemen in 2020.

xl. UN CERF. 2019. Note on the Advisory Group Meeting of the CEntral Emergency Response Fund. https://cerf.un.org/sites/default/files/resources/Recommendations%20and%20Conclusions%20CERF%20AG%20Meeting%20June%202019%20FINAL.pdf

xli. South Sudan 2020 Humanitarian Response Plan. COVID-19 Addendum. June 2020.

xlii. OCHA. Country Based Pooled Funds. https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf

xliii. United Nations CPBF Allocations Overview. https://cbpf.data.unocha.org/allocations-overview.html

xliv. Ibid.

xlv. Ibid.

xlvi. Ibid.

xlvii. Chemaly, William. June 2021. The Fierce Urgency of Now: Ensuring that people are protected, and no one is left behind in Cameroon. The Global Protection Cluster.

xlviii. Ibid.

xlix. Operational Data Portal. Refugee Situations: Cameroon. https://data2.unhcr.org/en/country/cmr

l. Ibid.

li. Ibid.

lii. Ibid.

liii. South Sudan's GBV 2019 funding figure is embedded within Protection Cluster so cannot be calculated/included

liv. IRC. Yemen. https://www.rescue.org/country/yemen

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lvi. Ibid.

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lviii. IRC. 2021. Building Local Thinking Global Learning Brief, p. 8.

lix. This was well documented in: International Rescue Committee and VOICE. Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls. June 2019. https://www.rescue.org/sites/default/files/document/3854/whereisthemoneyfinalfinal.pdf

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