



Safety First:

Time to deliver on commitments to women and girls in crisis

International Rescue Committee | November 2019

Acronyms

| | | | |
|---------------|--|--------|--|
| EAS\$ | Economic and Social Empowerment | OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| EMAP Practice | Engaging Men through Accountable Practice | RTAP | Real-time Accountability Partnership |
| FGM | Female genital mutilation | SBPB | State-building and peacebuilding |
| FTS | Financial Tracking Service | SDGs | Sustainable Development Goals |
| GBV | Gender-based violence | SRSR | Special Representative of the UN Secretary General |
| GBV AoR | GBV Area of Responsibility | UN | United Nations |
| HIV | Human immunodeficiency virus | UNFPA | United Nations Population Fund |
| HLPF | High-Level Political Forum | UNHCR | United Nations Refugee Agency |
| HRP | Humanitarian Response Plan | UNICEF | United Nations Children's Fund |
| HTF | Humanitarian Action Thematic Fund | UNSCR | UN Security Council Resolution |
| IASC | Inter-Agency Standing Committee | VAWG | Violence against women and girls |
| IDP | Internally displaced person | VNR | Voluntary National Review |
| IFRC | The International Federation of Red Cross and Red Crescent Societies | VPRU | Violence prevention and response unit |
| IPV | Inter-personal violence | WHO | World Health Organization |
| IRC | International Rescue Committee | WPE | Women's protection and empowerment |
| NGO | Non-governmental organisation | | |

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Front cover: Women participate in an event to launch a social marketing campaign against domestic violence sponsored by the IRC in Abidjan, Ivory Coast. *Heidi Chase/IRC*



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A South Sudanese girl participating in COMPASS activities at the IRC Women and Girls Safe Space in Bombassi Refugee Camp, Ethiopia poses with her mentor. *Meredith Hutchison/IRC*

Executive summary



Rachel HABYARIMANA in her house, hut, tent at Bulengo IDP (internal displaced people) camp. She is living her with her family after fleeing for violence in her home area. *Sven Tofinn/IRC*

Gender Based Violence (GBV) is a global epidemic. It takes many forms and is present in every society across the world. The universal root cause of GBV is gender inequality, or unequal power relationships between women and men. Present in the home, in communities and at work, GBV negatively impacts all spheres of life. It inhibits economic, social and political freedoms and stops women and girls from reaching their full potential.

Rates of violence against women and girls rise significantly during conflict and crisis. The IRC estimates that 14 million refugees and displaced women and girls were subjected to sexual violence in 2019. Women and girls forced to flee their homes because of wars, natural disasters and environmental degradation face a double disadvantage: their risk of violence increases both because of their gender and because they are uprooted from normal protective social support networks and public services.

Safety First

Forced to flee from their home, refugees and displaced women and girls are in desperate need of protection. Refugee camps often fail to offer the most basic precautions, such as putting locks on toilet doors, keeping male and female facilities apart and ensuring adequate lighting. This puts women and girls at risk of violence in places that should be havens of safety and sanctuary and prevents them from meeting their most basic daily needs, such as washing.

Despite the central importance of preventing and responding to GBV for women's and girls' survival in times of crisis, it is often seen as a second-tier priority during a humanitarian response. Women's and girls' safety is not prioritised and continues to be treated with less urgency than other sectors. Less than 0.2% of all global

humanitarian funding between 2016-2018 was allocated to GBV prevention and response.

GBV services are severely lacking in humanitarian responses. The IRC and a small proportion of other frontline agencies provide lifesaving services to support survivors of GBV, including post-rape care, counselling, case management and safe spaces for women and girls to access services without fear of violence or intimidation. Insufficient and irregular funding means that provision of GBV services is too often sporadic and piecemeal, denying many survivors the physical and psychological care they need.

Programmes to tackle the root causes of GBV and increase gender equality are even more neglected due to the preference for short-term interventions with 'quick wins' within humanitarian responses. However, the nature of crises is changing. As conflicts have become increasingly prolonged and climate-related shocks more frequent, many women and girls will be trapped in limbo for years, even decades. This requires a more coordinated approach between humanitarian, development and peacebuilding actors to prioritise and resource GBV and gender equality programmes before, during and after a crisis.

It is time to put safety first.

Sustainable Development Goals

For women and girls caught in crisis, basic survival is simply not good enough. The Sustainable Development Goals (SDGs), adopted by governments in 2015, provide a comprehensive framework for driving multi-year strategies to support access to basic services like health and education, and employment and leadership opportunities. Yet women and girls in crises that the IRC supports are often invisible in SDG action plans. This means that millions of women and girls in places like Afghanistan, Bangladesh, Iraq, Jordan, Kenya, Lebanon, Nigeria, South Sudan and Yemen are at risk of being left behind between now and 2030 when the goals are due to be achieved.

This report highlights some of the links between GBV and key SDGs to show where GBV prevention and response needs to be integrated across sectors to address the double disadvantage faced by women and girls in crisis. Reducing gender inequality – of which GBV is one of the most appalling manifestations – is integral to the achievement of the SDGs and the *Leave No One Behind* agenda. Women's equality and empowerment is therefore the focus of SDG 5 – 'Achieve gender equality and empower all women and girls' – and also reflected in the other 16 goals. In order to eliminate GBV and achieve SDG 5, the report advocates for a feminist approach to all of the SDGs that is inclusive of crisis populations.



Regina ARUA in front of her house, hut, tent at Lac Vert IDP (internal displaced people) camp. She is living here with her children after fleeing for violence in her home area. *Sven Tofinn/IRC*



Toilets in a refugee camp in Northern Uganda. *IRC*

Understanding the problem

Today we understand more about the nature of GBV and its drivers. We know where the risks of violence are present – in the home as much as the community and within the very institutions that are supposed to protect women and girls, including the aid sector. Through research programmes such as What Works to End Violence and our presence in over 40 countries, the IRC is contributing to a growing body of evidence about the relationship between conflict, fragility and violence against women and girls. For example, a study from South Sudan has shown a direct correlation between local fighting and a rise in GBV perpetrated by armed groups.

Conflict and crises also lead to shrinking freedoms for women and girls and GBV increasing within communities. Violent conflict in Yemen, for example, has resulted in increasing rates of child marriage following the breakdown of normal social support networks. Over the long term, when women and girls are caught in long, protracted crises, economic strains facing the family can cause a rise in GBV. Many Syrian women in Jordan and Lebanon find themselves as heads of households or the sole breadwinner, which can increase their risk of violence from partners and family members.

Since the launch of the *Call to Action on Protection from GBV in Emergencies* in 2013 best practices and guidance for preventing and responding to GBV have become well established. Global resolutions to end all forms of violence against women and girls have been regularly reiterated by governments and international organisations, and multiple new initiatives have been created to mobilise greater resources and action towards ending GBV in emergencies. However, despite global commitments to end GBV and empower women, those working on the front line of GBV prevention and response continue to face an uphill battle with donors to match their rhetoric with funding and action to prevent and respond to GBV.

Safety First and the SDGs

Taking a ‘safety first’ approach to the SDGs means addressing the barriers that women and girls face to achieving those goals, which are rooted in gender inequality and further exacerbated by GBV. Yet the limited availability of resources for GBV programmes means investment in tackling the root causes of GBV is severely lacking. Global commitments to the SDG framework will continue to drive resources and joint action between government, UN agencies, civil society and the private sector for this final ‘decade of delivery’ between now and 2030. This provides an opportunity for greater policy coherence and increased resourcing to simultaneously tackle the drivers of GBV and strengthen long-term outcomes for crisis affected women and girls by putting safety first in the pursuit of the SDGs.

Women and girls in crisis are largely hidden in reporting on progress towards the SDGs. This must be addressed by including them in SDG action plans and reporting processes, alongside a firm commitment to putting women’s and girls’ safety first. This would ensure laws to mitigate forms of GBV like child marriage are inclusive of refugees and other displaced persons and that when freedoms are opened up – such as the right to work in protracted crises – any additional risks of GBV associated with women’s increased power and agency are addressed.

At national and sub-national levels, the needs of women and girls in crisis must be a central part of the planning processes which drives resources and prioritisation. Stronger leadership and greater collaboration between different actors are needed to ensure that GBV prevention and risk mitigation efforts are mainstreamed throughout all sectors. In order to guarantee the safety of women and girls in crisis, eliminate GBV and ultimately achieve the SDGs, all actors working across the humanitarian–peacebuilding–development ‘triple nexus’ need to work together to prioritise, fund and monitor GBV prevention

and response in emergencies, and to dismantle the patriarchal norms and structures that drive GBV everywhere. The SDGs provide an internationally agreed framework through which to galvanise collective action between governments, civil society and the private sector at local, national and global levels.

The IRC believes that business as usual will result in more women and girls in crisis being unnecessarily exposed to violence. Governments, donors and humanitarian actors must commit to put the safety of women and girls in crisis first to ensure that they are not left behind in Agenda 2030. At a minimum, this means fulfilling the vision of the Call to Action to improve the evidence, expertise, coordination and resourcing needed to reduce the risks of violence against women and girls in crisis settings. However, catalysing the long term safety and empowerment of women and girls will require a bigger step change that brings together those working in development and peacebuilding, including government ministries, the private sector, and crucially, women and girls themselves, who are striving for gender equality in their communities and wider societies.

This will not be simple: challenging established modes of working between aid agencies, and the funding channels that support them, will require leadership from the UN coordinating bodies and support from Member States. The changing nature of crisis requires us to change our established ways of working. In protracted crisis we cannot wait for the situation to stabilise to start thinking about how to strengthen gender equality and reach SDG 5. Rooting this reform within the UN Secretary General’s ambition for a ‘Decade of Delivery’ for the SDGs will both strengthen the accountability of governments to putting women and girls’ safety first, while also supporting the SDG commitment to leave no one behind. The time to act is now. Let’s make 2020 a transformative year for women and girls affected by conflict and crisis.



An outreach worker provides Education Session for Girls at a WPE centre in Phwe Yar Kone Muslim IDP camp in the outskirts of Sittwe, Rakhine state on May 3, 2017. *Kaung Htet/IRC*

16 ways to take action:

Put Safety First

1. **Triple funding levels** for GBV prevention and response in order to meet current funding request levels in humanitarian response plans.
2. **Provide safe spaces** for women and girls in every crisis intervention, and fully implement the newly updated package of GBV minimum standards.
3. **Fund GBV experts and coordination mechanisms** and include GBV in training for Resident Coordinators and wider humanitarian leadership, in line with commitments in the Call to Action Road Map.

Make 2020 count

4. **Include refugees in global commitments for SDG 5** by incorporating them into Voluntary National Reviews (VNRs) at the High-Level Political Forum in July.
5. **Integrate GBV prevention and response into national SDG plans for the 'Decade of Delivery'**, recognising violence against women and girls as a key barrier to services, employment and full gender equality.
6. **Pledge support for gender equality at the Global Forum for Refugees** by aligning progress towards the Global Compact on Refugees to SDG indicators in order to drive long-term outcomes for refugees and address the drivers of GBV.
7. **Incorporate SDG 5 into all Women Peace and Security National Action Plans** to ensure that GBV does not prevent women and girls from assuming leadership roles in peace processes.

Deliver SDG 5 in crisis settings

8. **Develop an SDG 5 action plan for every humanitarian response**, reviewing the implications for funding and partnerships as part of OCHA's current revision of their Policy Instruction on Gender Equality.
9. **Develop guidance and best practice on nexus partnerships** that prioritise the prevention and response to GBV and promote gender equality, using SDG 5 alongside tools such as the GAM to evaluate the design and implementation of current nexus pilots.

Fund a feminist response

10. **Gender equality** – Donors should incentivise the increased focus on gender equality as a guiding principle for all humanitarian funding, through the use of guidance such as the Inter Agency Standing Committee's (IASC) Gender Equality and the Empowerment of Women and Girls Policy and Accountability Framework.
11. **Rapid response** – Funding mechanisms should enable funding to be allocated and dispersed to GBV prevention and response within hours of the onset or escalation of a crisis, to ensure lifesaving services are available for women and girls.
12. **Local solutions** – Donors should resource partnerships with local women-led organisations both in their capacity as first responders and as local agents of change, by addressing barriers within current funding models related to compliance and risk.
13. **Multi-year funding** – Donors should increase the amount of multi-year funding available for GBV and gender-equality programmes and ensure UN agencies that receive multi-year funding pass the majority of this on to implementing partners.
14. **Flexibility** – Funding mechanisms and strategic partnerships for GBV should have flexibility built into them to allow them to adapt to the evolving and changing needs of women and girls at different stages of a crisis and facilitate new ways of working across the nexus.
15. **Transparency and accountability** – To achieve a more accurate picture of how the humanitarian system is responding to GBV, donors, UN agencies and other humanitarian actors should continue improving reporting, tracking, and coding of investments in GBV.

Feminist UN Policy

16. **Launch a roadmap for Feminist UN Policy** at the Beijing+25 meeting in Paris that includes specific steps to accelerate nexus partnerships between different agencies and agendas at the UN in support of SDG 5 for crisis-affected populations.



South Sudanese Girl(s) participating in COMPASS activities at the IRC Women and Girls Safe Space in Bombassi Refugee Camp, Ethiopia. *Name Surname/IRC*

Introduction – GBV: Causes, consequences and solutions

What is Gender-Based Violence?

Gender-Based Violence (GBV) is an umbrella term for any harmful act of sexual, physical, psychological, mental, or emotional abuse that is perpetrated against a person's will and that is rooted in systemic inequality between males and females and socially ascribed gender differences.

GBV against women and girls takes many visible and invisible forms, including rape; sexual assault; sexual harassment; physical assault; forced marriage; denial of resources, opportunities or services; and psychological/emotional abuse. Female infanticide, neglect of female children, female genital mutilation (FGM), honour killings and dowry-related violence are all forms of GBV.

Intimate partner violence (IPV), or 'domestic violence', is one of the most prevalent types of male perpetrated violence against women and girls, including among crisis populations.¹ It refers to behaviour by a current or previous intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

GLOBAL ESTIMATES PUBLISHED BY WHO IN 2013 SUGGEST THAT ABOUT 1 IN 3 (35%) OF WOMEN GLOBALLY WILL EXPERIENCE SOME FORM OF PHYSICAL AND/OR SEXUAL VIOLENCE IN THEIR LIFETIME.³

Stigma, fear of reporting and lack of access to quality support and justice services for female survivors of violence means that GBV is under-reported in all parts of the world. Despite these barriers, evidence suggests that violence against women and girls occurs in very high levels.² Global estimates published by WHO in 2013 suggest that about 1 in 3 (35%) of women globally will experience some form of physical and/or sexual violence in their lifetime.³ The UN estimates that some 650 million girls and women around the world today have been married as children, and over 200 million girls and women in more than 30 countries have undergone FGM.⁴ Only 55% of women worldwide report that they feel safe walking home at night in the city or area where they live.⁵

Throughout this report, the term 'GBV' is used to describe violence against women and girls. GBV programming should support access to lifesaving support for male survivors of sexual violence but maintain a focus on meeting the needs of women and girls who are disproportionately affected by GBV.

THE UN ESTIMATES THAT SOME 650 MILLION GIRLS AND WOMEN AROUND THE WORLD TODAY HAVE BEEN MARRIED AS CHILDREN, AND OVER 200 MILLION GIRLS AND WOMEN IN MORE THAN 30 COUNTRIES HAVE UNDERGONE FGM.⁴

GBV increases following conflict and displacement

Conflict and displacement significantly increase levels of violence perpetuated against women and girls. It is estimated that around 1 in 5 refugee or displaced women have been subjected to sexual violence⁶, which would translate to over 14 million women worldwide at current levels of displacement.⁷

Crises by themselves do not cause GBV but accelerate many of the underlying drivers of violence against women and girls.⁸ Pre-existing gender inequalities can be exacerbated during a crisis as infrastructure, public services and social networks collapse.^{9,10} In places where the dominance of men over women is already condoned by custom or law, violence can increase in intensity and frequency as a crisis challenges the prevailing power dynamics within a population.

ONLY 55% OF WOMEN WORLDWIDE REPORT THAT THEY FEEL SAFE WALKING HOME AT NIGHT IN THE CITY OR AREA WHERE THEY LIVE.⁵

In all emergencies, stress and trauma resulting from experiences of crisis, compounded with economic pressures and frustrations caused by reduced mobility can lead to an increase in violence against women and girls. During a conflict the use of violence can become normalised and sexual violence is commonly used as a tactic of war. Research conducted in South Sudan found that women and girls who were directly exposed to an incident of armed conflict or were displaced were two to three times more likely to experience IPV.¹¹ Similarly, in Afghanistan and the Democratic Republic of Congo, women and girls who had experienced conflict-related trauma were up to ten times more likely to have experienced IPV.^{12,13}

GBV services are lifesaving, not optional

GBV is a violation of human rights and there is a moral imperative to stop all forms of violence against women and girls everywhere. Violence has a devastating and long-lasting impact on women and girl survivors, their families and communities. The impacts on women and girls include physical injuries, psychological and emotional trauma, and even death. Additionally, rape can result in unwanted pregnancies, pregnancy and birth-related complications, and sexually transmitted infections including HIV. The impact of GBV on other areas of social and economic development is discussed further in Chapter 1.

WHEN A WOMAN IS RAPED, SHE HAS:

- **72 HOURS** TO ACCESS CARE AND PREVENT THE POTENTIAL TRANSMISSION OF HIV
- **120 HOURS** TO PREVENT UNWANTED PREGNANCY
- **A FEW HOURS** TO ENSURE THAT LIFE-THREATENING INJURIES DO NOT BECOME FATAL

Despite the serious and life-threatening nature of GBV it is often seen as second tier priority during a humanitarian response. Women's and girls' safety is not prioritised and continues to be treated with less urgency than other sectors. There is growing recognition among humanitarian agencies that GBV prevention and response should be part of an immediate package of lifesaving services provided from the onset of an emergency.¹⁴ However, as this report will highlight, comprehensive GBV services are still not being established quickly for crisis populations, leaving women and girls to face severe physical and psychological consequences that damage their chances of recovery, resilience and even their survival.¹⁵



IRC Safe Space in Colombia. *Andres Brenner/IRC*



CASE STUDY: STANDING UP TO VIOLENCE

Until recently, Hanan's life was marked by violent incident after violent incident. That's why she decided to tell her story: "I'm writing a book now, because I want to encourage other women who experience violence to seek help. I want to use my personal story to tell them how important it is to stand up for yourself, to be strong," says the 38-year old.

Hanan grew up in Dara'a, Syria, and her childhood was not a happy one. From an early age, her father beat her. "I always dreamt of becoming a midwife" she says. "But my parents made me leave school after ninth grade, after which I was working from home - sewing and handicrafts - until I got married aged twenty."

Things didn't improve much for Hanan in her new home. Her husband was emotionally and physically abusive. He often swore, shouted at her, called her names and sometimes he also hit her. She felt neglected and isolated, but with three children, she had nowhere to go. Five years into the violent war that has been ravaging Syria since 2011, the lack of food and water and fear for their children's lives left Hanan and her family with no choice but to flee their hometown.

Like thousands of other Syrians fleeing violence and destruction, they got stuck for months in a makeshift camp in no man's land between Jordan and Syria. During this time, the family lived in a small tent amidst the rocky desert, exposed to one of the harshest climates on earth, without enough food and water and no access to medical care. Hanan almost lost her youngest son, Hussam, five months old at the time. "The experience left my children traumatised," she says.

Hanan, her children and husband finally reached safety when they crossed into Jordan. At Azraq refugee camp, some 50 kilometres from the Syrian border and currently home to over 40,000 Syrian refugees, they were taken to Village Five, a fenced-in section of the camp.

Village Five hosts many of the camp's more recent refugees, and there are strict limitations on their ability to move around the camp's common areas. Unable to find a way to escape the violence and harassment at home and in the camp, Hanan sealed herself off from the outside world. She wouldn't leave the caravan or talk to anyone for nine months until she met Dina. Dina, an energetic young woman, is an IRC Counsellor working in Azraq camp with the Women's Protection and Empowerment programme. In individual sessions, Hanan and Dina worked on self-confidence, coping skills and decision-making exercises.

With Dina's help, Hanan also developed her safety plan – a personalised, practical plan that helps her identify ways to remain safe at home and outside, to report abuse, and how she can take legal action. For Hanan, this was an important step to finally take control over her life and safety. "What I learned from Dina took all the sadness out of my heart and soul," she says. "You empowered me and strengthened my personality and taught me how to stand up for myself."

The root causes of GBV

The root cause of GBV is gender inequality, or unequal power between women and men. Patriarchal structures and norms exist in all parts of the world and mean that women and girls are often held in subordinate positions of power that affect every aspect of their personal and public lives, including their freedom of movement, decision making in the household, participation in political processes, access and control over resources and services, and even control over their own bodies.

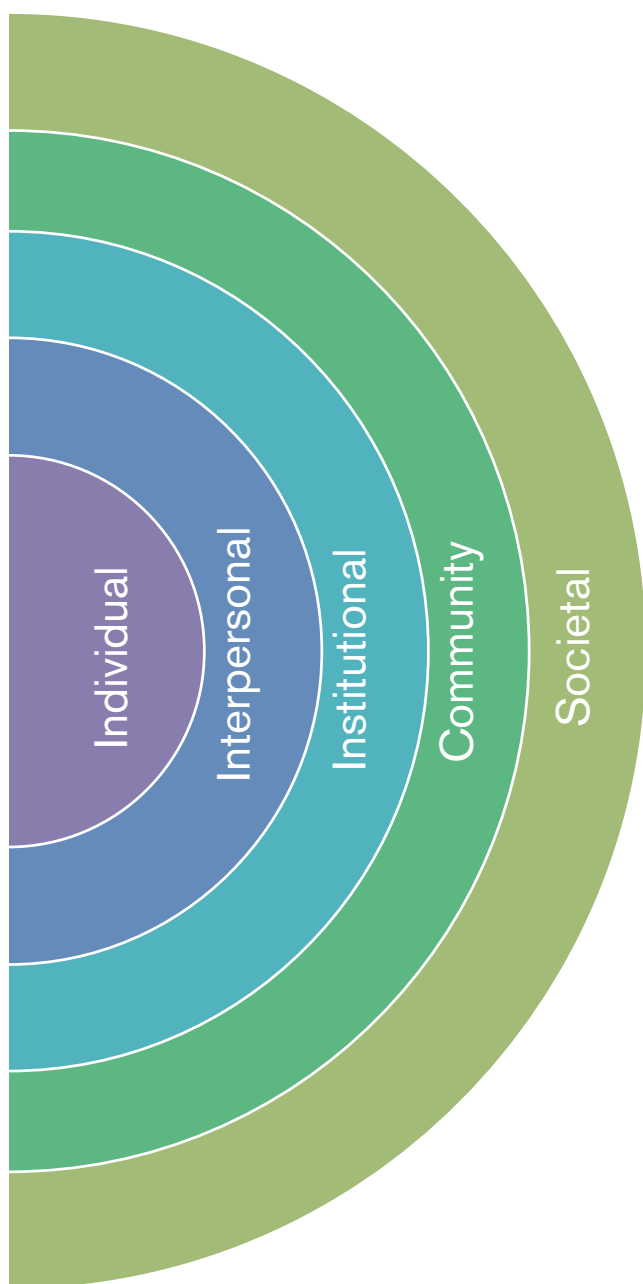
The drivers of conflict, crisis and GBV overlap, creating a vicious cycle. Discriminatory practices such as child and forced marriage increase when families are pushed further into poverty and protections systems are eroded.¹⁶ Displacement and the breakdown of services often require women and girls to walk distances for food, water and fuel, increasing their risk of rape and sexual assault.^{17,18} Challenges to livelihood opportunities and the legal status of refugees can also force women and girls to engage in forms of work such as domestic servitude and expose them to multiple forms of violence and exploitation.¹⁹

As part of the *What Works to Prevent Violence Against Women and Girls programme*²⁰, a socio-ecological model has been developed to highlight the many intersecting risk factors for GBV in conflict and humanitarian settings that exist at an individual, interpersonal, institutional, community and societal level (see Figure 1). The model combines root causes of GBV such as social and cultural norms that foster inequality between men and women, with individual level contributing factors that may increase the vulnerability of a woman or girl to GBV or increase the probability of a man perpetrating GBV.

Understanding the root causes and multiple drivers of GBV strengthens the ability of agencies working in crisis contexts to design more effective GBV prevention and response interventions that reduce women’s and girls’ exposure to violence and support their dignity and resilience over the long term.



Attendees of an Adolescent Girl’s Safe Space in a government-run IDP camp listen to IRC Adolescent Girls Assistant Juliana Umaru explain methods on how they can protect themselves against sexual assault while living in the IDP camp. *Andrew Oberstadt/IRC*

Figure 1: A socio-ecological model of potential root causes & risk factors for GBV

Individual (Women/Girls or Men/Boys)

- Age, religious identity and ethnicity
- LGBTI and disability status
- Education level
- Lack of employment or engagement in livelihoods
- Alcohol and drug abuse
- Displacement from home community
- Separation from family/support structures
- Experiences in armed groups as combatants or abductees
- Integration experience of former combatants/abductees
- Acceptance of VAWG
- Experiences of VAWG in childhood

Interpersonal

- Increased stresses on the household including increased poverty, displacement, etc
- Increased controlling behaviours
- Unequal decision making and division of labour
- Men's perception of their lack of ability to fulfil traditional masculine roles
- Choice in marriage/partner
- Re-integration of combatants into the household

Institutional

- Armed actors using rape as a weapon of war
- Forced enlistment and use of girls as soldiers or in other roles associated with armed groups
- SEA by private and public sector entities
- Exclusion of female representation in security forces, armies, peace negotiations
- Lack of response services for survivors
- Suppressed independent civil society
- VAWG not addressed in peace agreements
- State-building processes exclude governance mechanisms for addressing gender inequality and VAWG

Community

- Ongoing intra- and inter-communal violence
- Explicit targeting of women and girls for rape and killing to reduce reproductive capacity or de-humanize opposition groups
- Acceptance of discriminatory gender roles
- Lack of economic opportunities due to instability
- Normalization of violence and continued acts of rape, etc.
- Stigma against re-integration of former combatants or abductees
- Increase in female headed households

Societal

- Unequal gender dynamics
- Patriarchal norms and practices that discriminate against women
- Culture of impunity
- Lack of rule of law
- Poverty
- Emphasis on hyper masculinities as facets of warfare

Box 1: The need for a feminist approach

Women and girls will continue to experience violence and face challenges in accessing a range of services until the unequal power relations between genders are transformed and patriarchal structures that discriminate against women and girls are dismantled everywhere.

A system-wide feminist approach to humanitarianism, peacebuilding and development is essential for understanding and disassembling the underlying systems of power, especially gender inequality that produce, reinforce and perpetuate GBV.²¹ Efforts to advance gender equality are too often piecemeal rather than being mainstreamed in a comprehensive way.

A growing number of humanitarian actors are championing the concept of a ‘feminist humanitarian system’²², which would prioritise the central importance of unequal power relationships between men and boys, and women and girls, when designing interventions for crisis-affected populations. Interventions would automatically seek to overcome and mitigate the impact of discriminatory barriers, which prevent women and girls from accessing lifesaving services or resilience-

building activities. More than this, a feminist approach should actively support the economic, social and political empowerment of women and girls. Such a feminist approach will not only contribute towards the elimination of GBV but also increase the effectiveness of investments in other sectors.

The IRC recognises the need for a feminist approach in all aspects of its work. In 2019, the IRC’s President and CEO, David Miliband, committed to tackle inequalities of power both through its programmes and within the IRC’s organisational structures, stating that:

“We cannot be a truly successful humanitarian organisation, defined by the outcomes achieved by and for our beneficiaries, until we are a feminist organisation.”²³



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Women and girls face intersecting forms of discrimination

The IRC works to ensure that GBV prevention and response efforts are deliberately centred on women and girls due to the structural and systemic gender inequality that leads to their documented higher risk of GBV, higher levels of discrimination, and their lack of safe and equitable access to humanitarian assistance.²⁴

Diverse women and girls are at increased risk of violence due to the intersection of gender inequality with other axes of oppression including racism, ageism, classism, homophobia and transphobia, and prejudice based on disability, ethnicity or religion, as well as increasing risk based on their geographic location and refugee status. For example, girls and young women with disabilities experience up to 10 times more GBV than those without disability.²⁵ Effective GBV responses should therefore mitigate the multiple and intersecting forms of

discrimination faced by women and girls which increase their risk of GBV and may present barriers to them accessing support services.

The needs of adolescent girls, for example, have been largely overlooked in humanitarian interventions, as they are not being adequately met by either child protection services or services targeting adult women.²⁶ Adolescent girls are among the most marginalised populations in the world and are at risk of multiple forms of violence. They therefore require dedicated age appropriate services, such as life skills and mentoring, delivered in safe spaces, in order to support their development during this defining stage of their lives. The IRC's *Girl Shine* programme is an example of a girl-driven GBV programme that focuses on the unique needs of adolescent girls in humanitarian situations (see Box 2).

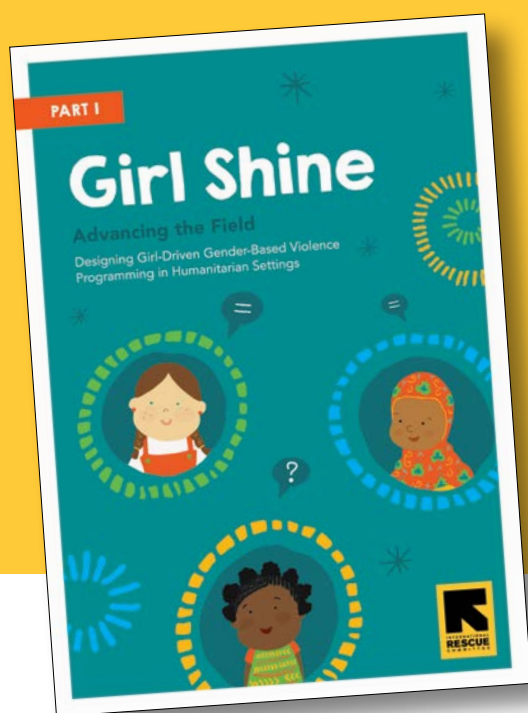
Box 2: Girl Shine

***Girl Shine* is a programme model and resource package developed by the IRC – with support from the Novo Foundation and US Bureau for Population, Refugees and Migration – that seeks to support, protect, and empower adolescent girls in humanitarian settings.**

Girl Shine has been designed in collaboration with adolescent girls to reduce the heightened risks of violence they face in humanitarian settings by providing skills and knowledge to identify types of GBV and seek support services if they experience or are at risk of GBV. *Girl Shine* aims to build the social support networks of girls to ensure they have someone they can turn to if they experience or are threatened by violence.

The programme model is made up of 5 components:

1. Girl-only safe spaces – Trusted environments within women's safe spaces where girls can engage with each other and access information, support and services.
2. Life skills curriculum groups – Allow girls to learn key skills that contribute towards prevention, mitigation, and response to GBV.
3. Young female mentors and facilitators – Older adolescents and young women from the community act as mentors and expand the safety network for girls within the community.
4. Female and male caregiver engagement – Caregivers are informed about the *Girl Shine* Programme and have an option to engage in parallel curriculums. This helps to ensure that girls are not put at greater risk for participating in the programme, and that their new skills and knowledge will be supported and reinforced in their homes.
5. Community outreach – Communities are engaged before the programme begins to build trust, knowledge and acceptance of girls' participation in the programme.



How the IRC is responding to GBV

The IRC prioritises the needs of women and girls across all its programming in acute and protracted crises spanning more than 40 countries around the world. The bedrock of the IRC's approach to GBV is the provision of essential health, GBV case management and psychosocial support services to women and girl survivors of violence – particularly adolescent girls and those in hard to reach communities – through safe spaces and mobile outreach teams. The IRC's Violence, Prevention and Response Unit (VPRU) implements holistic survivor-centred programmes that prevent and respond to violence against women and girls. Our GBV Emergency Response model ensures women and girls have access to appropriate GBV services and face reduced risks as soon as a crisis occurs.

The IRC also tackles the root causes of violence against women and girls by working with local community groups and institutions to challenge negative attitudes and behaviours and support women and girls to realise their potential, free from violence. This includes engaging men in preventing GBV through social change programmes such as Engaging Men through Accountable Practice (EMAP) and Raising Voices' SASA community mobilisation approach.²⁷

Women's Protection and Empowerment (WPE) programmes help to restore the dignity of survivors and

create social and economic opportunities for women and girls that can empower them throughout their lives. GBV is integrated into the IRC's Sexual and Reproductive Health Services, Livelihood and Education programmes to mitigate the risks of GBV and help girls and young women to have greater control over their futures. Innovative models such as EA\$E (Economic and Social Empowerment)²⁸ give women more access to financial resources through participation in Village Savings and Loan Associations (VSLAs) and business skills training, while also providing opportunities to create more equitable and safe gender dynamics within their households through gender discussion groups with their partners.

In addition to direct service provision, the IRC also builds the capacity of other service providers to deliver a comprehensive multisectoral response to GBV and gender equality. The IRC works in partnership with regional feminist networks, national women's rights organisations, local and community-based groups, and activists to foster a transformative and inclusive women's movement. Moreover, through collection of systematic and consistent incident data, we are able to document patterns in the types of violence survivors report, enabling service providers to better target their outreach and skills.



Adolescent girls in an IRC Safe Space in Juba, South Sudan. *Sophia Jones/IRC*

We know what to do

In addition to widespread agreement about the urgent need to tackle violence against women and girls and to prioritise GBV in humanitarian responses, there is also growing consensus around what an effective response to GBV in emergencies should look like (see Box 3). All signatories to the *Call to Action on Protection from GBV in Emergencies* – the multi-stakeholder initiative established in 2013 to accelerate the response to GBV in emergencies – have agreed that every humanitarian effort should mitigate GBV risks from the earliest phases of a crisis; provide safe and comprehensive services for those affected by GBV; and mainstream gender equality and the empowerment of women and girls throughout humanitarian action.²⁹ GBV Guidelines have been developed by the Inter-Agency Standing Committee (IASC) to provide humanitarian actors with guidance for preventing and mitigating risks of GBV.³⁰ To complement these guidelines, a set of 16 Inter-Agency GBV Minimum Standards have recently been developed which outline best practices in core GBV intervention areas for humanitarian crises.³¹

Below: Reproductive health kits distribution in Nzulu camp for women who don't have access to birth or maternal health resources. These kits help pregnant women for safe delivery. *IRC*

Box 3: What should emergency GBV responses include?

-  **Health care, including post-rape care**
-  **Individual case management, including counselling and follow-up**
-  **Safe spaces and psychosocial activities**
-  **Community outreach and awareness**
-  **Establishment of referral pathways**
-  **Cross-sector coordination**
-  **Risk reduction for women and girls**
-  **Experts on the ground to assess and establish services**
-  **Advocacy for women and girls**





Above: The IRC's Gender Equality unit in Yemen holds weekly sessions at IRC-supported Helal Health Center in Sana'a, Yemen, where they discuss issues of gender, protection, child protection and health and nutrition with women who seek care at the clinic for themselves and their children. *Kellie Ryan/IRC*

What needs to change?

Despite growing evidence on the scale and impact of GBV against women and girls, understanding of its root causes and consensus on how to prevent and respond to GBV in crisis contexts, not enough is being done to prioritise the safety of women and girls in these settings. As the rest of this report will show, the rhetoric around ending GBV is a far cry from the reality experienced by women and girls' in refugee camps and other displacement settings.

The next two chapters outline the challenges and opportunities for better integrating GBV across the SDGs, while chapter 3 unpacks the current blockages to increased funding for GBV prevention and response, and the impact this is having on programmes and partnerships. The final chapter looks the current lack of leadership on this issue and makes recommendations to strengthen accountability on GBV commitments, as part of a the SDG commitment to Leave No One Behind. To make this possible donors must as a first step increase the levels of funding and expertise for GBV prevention and response in support of effective, evidence based interventions that keep women and girls safe, and integrate safety and gender equality across other sectors.

To fulfil the vision of the *Call to Action*, the IRC is calling upon donors and humanitarian organisations to:

- 1. Triple funding** levels for GBV prevention and response in order to meet current funding request levels in humanitarian response plans.
- 2. Provide safe spaces** for women and girls in every crisis intervention, and fully implement the newly updated package of GBV minimum standards.
- 3. Fund GBV experts and coordination mechanisms** and include GBV in training for Resident Coordinators and wider humanitarian leadership, in line with commitments in the *Call to Action Road Map*

Chapter 1 – The safety of women and girls in crisis is essential to achieve the Sustainable Development Goals

Freedom from violence is essential for women and girls to live full and healthy lives. GBV stops women's and girls' immediate needs from being met and prevents them from reaching their potential. Since violence affects every aspect of women's and girls' wellbeing, agency and self-actualisation, all sectors of development and humanitarian action are negatively impacted by GBV. Yet progress towards integrating GBV into other sectors (apart from health) has been slow, resulting in GBV continuing to impede the ability of women and girls to access a range of essential services, to secure a livelihood, and to participate fully in society.

By adopting the Sustainable Development Goals (SDGs), governments have set out not just to meet the urgent development needs of affected populations by 2030, but also to reduce people's risk of and vulnerability to natural and man-made disasters. In this way, the SDGs provide a comprehensive framework for development, humanitarian and peacebuilding actors to contribute to a common vision of a world in which no one is left behind.³² Reducing gender inequality – of which GBV is one of the most appalling manifestations – is integral to the achievement of the SDGs and *Leave No One Behind* agenda. Women's equality and empowerment is therefore the focus of SDG 5 and also reflected in the other 16 goals.³³

Fragile and conflict-affected states are the most off-track to achieve the SDGs and perform worst in rankings on women's wellbeing.^{34,35} Women and girls in crisis populations – particularly adolescents and women and girls experiencing other intersecting forms of discrimination – are at greatest risk of being left behind. They face multiple barriers to reaching the SDGs due to gender discrimination, which are then compounded by living in countries that are less able to protect them or provide adequate services. Women and girls in humanitarian emergencies are also the least visible. Refugees, internally displaced persons and other women and girls caught in crises are not routinely included in countries' SDG progress reports, national surveys or national development plans.³⁶ The SDGs cannot be achieved unless they are achieved for women and girls in crisis so governments, donors, international organisations and non-government organisations must all find new and better ways to prioritise and meet their needs.

GBV is undermining the achievement of the SDGs

The physical and psychological effects of GBV weaken women's and girls' ability to respond, adapt and recover from poverty, crises or conflicts. The impacts of GBV, coupled with safety concerns about potential violence in the home and community impede the ability of women and girls to access education and healthcare, or to find safe and decent work.

GBV disempowers women and girls from participating in decision-making and from taking leadership roles in emergency prevention and response, peacebuilding, and development.³⁷ By limiting women's and girls' contributions to the social and economic development of their family and society, GBV leads to a cycle of disadvantage for future generations. Deprivation resulting from GBV has an even wider impact on the economic growth of whole nations. In some countries, violence against women and girls is estimated to cost countries up to 3.7% of their GDP due to lost productivity.³⁸

The failure to prevent and respond to GBV directly hampers the achievement of specific GBV targets within SDG 5 '*Achieve gender equality and empower all women and girls*'³⁹, but also undermines the attainment of other SDGs for women and girls, particularly women and girls in crisis (see Figure 2).

Figure 2: Sustainable Development Goals that cannot be achieved for all until GBV is eliminated



The following four examples highlight just some of the ways in which GBV undermines the achievement of the SDGs and why we need a comprehensive multi-sector response to GBV that address its root causes.



SDG 3: Ensure healthy lives and promote wellbeing for all at all ages

The link between GBV and health outcomes is well understood. GBV can cause physical injuries that lead to both acute and chronic pain, illness and disability. Violence also has been linked to mental health disorders such as depression, substance abuse, anxiety and post-traumatic stress disorder.⁴⁰ Physical and psychological violence can be used as a way to control women's and girls' autonomy and ability to make decisions about their healthcare, including sexual and reproductive healthcare such as family planning.

Abuse and coercion around women's and girls' sexuality and reproductive health undermine the achievement of SDG 3 targets such as universal access to sexual and reproductive health-care services; reducing maternal mortality; and ending preventable deaths. GBV can have wide-ranging and long-lasting impacts such as unwanted pregnancies, complications from unsafe abortion, complications from childbirth and sexually transmitted infections, including HIV. In fact, in some regions, women and girls who have been physically or sexually abused are 50 per cent more likely to acquire HIV.⁴¹ Women and girls who have been forced into child, early or forced marriage have children earlier and more frequently, with girls facing higher risks of death in childbirth and particular vulnerability to pregnancy-related injuries such as obstetric fistula.⁴² The impacts of GBV on health can be intergenerational as well. For instance, women and girls who have been physically or sexually abused are more likely to have a low-birth-weight baby.⁴³

Given the inextricable link between the health and safety of women's bodies, health care interventions are often used as an entry point for GBV response services and identifying women and girls at risk of violence. Delivering health and GBV case management services together also can help to reduce stigma associated with accessing standalone GBV services. In many contexts, such as Northern Nigeria and Yemen, the IRC delivers GBV services alongside reproductive health teams through mobile health units in order to reach displaced communities with reduced access to public health systems.

To improve women's and girls' health and wellbeing, and achieve universal health coverage, refugees, IDPs and other women and girls in crisis must be able to access timely care and support for GBV-related physical and mental health conditions. Much more needs to be done to comprehensively integrate GBV into both emergency health responses and to strengthen national health systems to meet the needs of GBV survivors. Humanitarian health actors need to include clinical care for GBV survivors within their first response primary health care approach, and establish supply chains for post exposure prophylaxis for HIV and STIs and emergency contraception as part of essential medical lists.⁴⁴ Health care workers in all settings need to have the skills to support GBV survivors with sensitivity and discretion and to help identify women and girls at risk of violence. Organisations focused on health and GBV need to work more closely together to establish comprehensive, detailed and updated GBV referral pathways as part of first response services, as well as to address social and cultural barriers that prevent women and girls accessing a range of health and support services.



Above: A woman is examined by a health worker in the IRC clinic in Tham Hin refugee camp, Thailand. In a first time collaboration with universities based in both Thailand and Myanmar, the IRC is helping to train some 300 refugee health care workers. *Peter Biro/IRC*



Above: A medical doctor provides a medical consultation for a family displaced by conflict at a mobile clinic operated by the International Rescue Committee on the outskirts of Aden, Yemen on Tuesday, January 8, 2019. *Will Swanson/IRC*



Above: Ann Jones and the Global Crescendo Project, Liberia. The best alternative to the “Sande bush” – where girls are subjected to genital mutilation – is the public school. These girls may have a chance for a better future. *Komassa Malay/IRC*



SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

GBV poses a barrier to achieving the SDG targets on eliminating

gender disparities in access to education and improving learning outcomes for girls. Girls who have experienced violence are less likely to attend school or complete their education.⁴⁵ Child brides, for example, are more likely to be forced to drop out of school in order to undertake household chores or raise children. In some countries, adolescent girls who become pregnant are not allowed to return to school after their baby is born.⁴⁶ The physical and psychological impacts of violence and the threat of violence negatively affect girls’ ability to learn. School-related GBV is associated with the loss of one primary grade of schooling, translating to a yearly cost of around \$17 billion in low and middle-income countries.⁴⁷

Education, especially girls’ education, has an essential role to play in transforming the root causes of GBV through tackling stereotypes, discriminatory norms and harmful practices. Education also provides girls and boys with skills, knowledge and confidence to challenge gender discrimination and violence. This is recognised in SDG target 4.7 which calls for all learners to acquire skills and knowledge about human rights, gender equality and promoting peace and non-violence. Teachers can play an important role in identifying girls who have been abused and refer them for specialist support.

Schools can provide girls with safety and stability during times of upheaval and protect them from forms of GBV that they may be more at risk of in a crisis. However, it is estimated that 39 million girls who have been displaced from their homes because of conflict and crisis often have little or no access to formal full-time education.⁴⁸ For girls who are out of school, safe learning opportunities can offer protection alongside opportunities to continue developing foundational academic as well as social-emotional skills. As part of IRC’s *Leave No Girl Behind* programme in Pakistan and Sierra Leone, for example, safe spaces have enabled out-of-school adolescent girls to develop literacy and numeracy skills and receive counselling and psychosocial support to support their transition back to formal education or livelihoods.

To meet SDG 4, strategies to promote gender equality and the prevention of GBV must be integrated into education interventions for crisis affected populations. Greater investment is needed to ensure that school facilities are protected during times of crisis and provide gender-sensitive, safe and inclusive learning environments for girls. The capacity of teachers needs to be built to deliver curriculum approaches for preventing violence and promoting gender equality. Stronger safeguarding measures must be put in place to reduce girls’ exposure to violence, exploitation and abuse by teachers, other education personnel and peers at – or on the journey to or from – school.⁴⁹ Safe and confidential reporting mechanisms and referral systems must also be established for girls who experience GBV in schools to ensure perpetrators are brought to justice.⁵⁰



CASE STUDY: MY EDUCATION DREAM COME TRUE

Decko*, 15, Hagadera refugee camp.

Decko's dream has always been to wear a uniform and go to school. But as one of 8 siblings, and the eldest girl, it fell on her to stay at home and help take care of the family.

"I always felt bad and stressed when all my age mates went to school and I was left alone with so many duties to do," Decko says. "I begged my mother to let me go but she told me I had my duties."

The situation affected Decko's self-esteem and left her open to abuse from older boys in the area. "Every time I was left home alone with my grandmother, I felt unsafe and I feared that the older boys would come and continue abusing me, I cried all day as I carried out my domestic chores," Decko remembers. "I never used to interact with other people except my family members. My life revolved around taking care of other people."

It was only when she heard about the IRC women's centre and safe space that things began to change. After meeting with the mentors, she joined the *Girl Shine* programme for adolescent girls. It was hard at first and in the first week she sat alone in a corner, wondering how the other girls were able to interact so freely during the group sessions. But the mentors spent time with Decko, providing psychosocial support and clinical care and, with time, she began to trust them. Slowly she began to participate in the sessions, encouraged by the other group members.

"During one of the sessions, my group chose me to present what was discussed. I was afraid to do it, and during the presentation I was trembling - but the other group members cheered me on until I finished.

My confidence was built from that day and I learnt how to present well and I have been volunteering to present because my group members were helpful," Decko says with a smile.

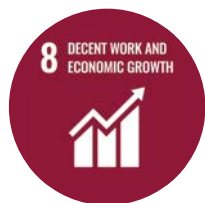
The nine months she spent with the IRC programme helped Decko to increase her confidence, self-efficacy and decision making. Voicing her dream to go to school, the IRC team linked her to a class to study literacy, English language and maths for three months and engaged her mother on the importance of education for girls.

That was just the beginning. Decko has now achieved her dream of putting on a uniform and going to school, just like her peers. She is free from sexual abuse and, through *Girl Shine* interactions, she feels supported, empowered and protected.

"The IRC played a very big role in my life, I have access to education, I understand my reproductive health and my parents now treat me as an equal with my brothers because they have been taught by IRC about gender-based violence and the importance of giving equal opportunities to both boys and girls."

"I have access to safe space, and now I can see my dream of going to school propelling me to become a doctor."

** Name changed for protection reasons*



SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

When women and girls have economic independence and control over financial resources, they are better able to support themselves and their families and are less at risk of exploitation. Patriarchal norms, laws and practices prevent women and girls from enjoying decent work conditions, from running a business, and from ownership and inheritance of assets. GBV reduces women's productivity and ability to earn a living. Women who are exposed to IPV, for example, have been shown to have higher work absenteeism, lower productivity, and lower earnings.⁵¹ In addition, economic marginalisation increases women's and girls' risk of violence.⁵²

GBV and gender inequality create additional barriers for women in crisis achieving the SDG 8 targets of full and productive employment, and safe and secure working environments. During conflict and displacement, many women face the burden of becoming sole earners following the death of, or separation from, family members whilst continuing to bear the burden of unpaid care and domestic work. This forces many to accept poorly paid and dangerous working conditions that leave them at risk of sexual harassment, exploitation and abuse by male employers or colleagues. Accessing decent, formal work is particularly challenging for displaced women who face policies, laws and administrative barriers to formal labour markets based on their displacement status.⁵³

Safety from violence is a precondition for women generating, using and controlling assets and resources and therefore violence prevention activities are an important aspect of many of the IRC's economic empowerment

programmes. In Liberia, for example, the IRC combines lifesaving GBV response services with community-led interventions to increase women's reliable sources of income, improve their control over resources and minimise their susceptibility to violence.⁵⁴ The IRC's innovative EASE (economic and social empowerment) model combines tested economic interventions such as local savings and loans associations with gender discussion groups to increase the acceptance of women's increased participation in shared household financial decision-making and reproductive health. This model has shown a reduction in IPV, an increase in decision-making authority for women and reduced tolerance of violence.⁵⁵

To ensure that crisis-affected women are not left behind in progress towards SDG 8, it is vital that the humanitarian sector gives priority to women's economic empowerment early in the humanitarian response and across the arc of a crisis. Humanitarian economic programming must be designed to address and mitigate GBV against women and girls and transform discriminatory barriers to women's use and control of resources. Additionally, implementors of economic empowerment programming need to be better versed in how economic empowerment opportunities, whether they be livelihoods or cash interventions can also increase the risk of GBV for women in the short-term. International organisations should work with national governments to promote decent work and eliminate legal and policy barriers preventing refugee and displaced women from accessing formal labour markets and safely generating an income. Women and girls should be supported to learn about their legal rights and learn business skills including basic literacy and numeracy. Survivors of violence must be empowered and supported to report cases of abuse within the workplace without fear of losing their livelihood.



Above: In North and South Kivu, the IRC works with several Community Based Organizations (CBOs) to help survivors of sexual violence and other vulnerable women acquire certain skills and become independent. At the end of each class (held once a week), they all chip in \$1 or less – and the money collected will go, by rotation, to the neediest member of the CBO. *Sinziana Demian/IRC*

CASE STUDY: A SYRIAN MOTHER'S FIGHT FOR JUSTICE

Sherin* fled from Syria to Jordan, where she also had to escape an abusive relationship. Now she is fighting for her freedom, independence and custody for her four children.

Sherin, 34, fled the conflict in Syria in 2013 when she was pregnant with her youngest child. She left her hometown of Dara'a with her husband and children to stay in her in-laws' house in Jordan. Months later, she would leave the house in a blind panic, never to return. "My husband used to hit me," she says. "Once he hit me so badly that I had a very strong bleed in my eye. I ran away, I ran and stayed at a neighbour's house until my sister came and took me with her."

Sherin stayed with her sister for some time after she left and went with her to the IRC's women's centre where she attended sewing and knitting classes.

"When I went to the centre, the team was very helpful," Sherin recalls. "I didn't have any papers on me when I left my husband's house, so they assisted me in getting new ones. They also gave me money to buy some clothes, and they provided me with legal aid. The legal team explained my rights to me, and also the possible consequences of decisions I had to take."

Sherin also received psychosocial support at the women's centre to help her get through this difficult time in her life. "At the beginning, I was very afraid of my husband. I used to imagine him in front of me, and I had nightmares," she recalls. "Sometimes I think, if this had happened when we were in Syria, my parents would have been able to help me."

To become financially independent, Sherin signed up for a sewing and embroidery training at the IRC centre. "I want to be able to rent a house and provide for my kids and myself. And I want to learn and use this knowledge to make sure my children are happy and healthy," she explains. "I married young, I was only 15 years old and I never went to school. I knew nothing about life. I want to provide a better future for my children. I want them to have a good education, and I want them to have a better understanding of life with all its facets. And I will not allow them to get married too young."

** Name changed for protection reasons*





Above: The IRC recently hosted a Clinton Global Initiative delegation to the South Kivu Province, in the Eastern part of the Democratic Republic of Congo. Entrepreneur Jounghoon Lee visited Nkanga, one of the 1,800 villages where the IRC has been running its largest Congo program -- Tuungane Leta's United in the local Kiswahili language). Tuungane promotes sustainable community development through a community reconstruction program. *Sinziana Demian/IRC*



SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

GBV and conflict have many common drivers including harmful gender norms and discriminatory power relations between men and women. GBV is a barrier to long-term peace and stability because it inhibits the ability of women and girls to participate in state-building and peacebuilding (SBPB). Failure of SBPB strategies to integrate gender equality can undermine their success, by producing gender blind peace deals that do not sufficiently address the needs of half the population.⁵⁶ The aspiration of SDG 16 is to reduce violence and promote both peaceful and inclusive societies, and this cannot be achieved without the active participation and leadership of women and girls.

In the wake of a crisis, women and girls are often the principal drivers of recovery and community resilience, shepherding the process of rebuilding and reform despite the violence they face. GBV programmes can provide an effective entry point for peacebuilding activities. For example, in Jordan, IRC-run safe spaces that are open to women and girls from both refugee and host communities have helped to build trust, cooperation and social cohesion.

There has been increased recognition by the international community that prioritising women's rights in SBPB efforts is central to realising sustainable peace in post-conflict settings. A number of global policy instruments

and frameworks have been adopted, such as UN Security Council Resolution (UNSCR) 1325 on Women, Peace and Security, that have sought to increase women's and girls' meaningful participation in peace processes. However, issues of GBV are often missing from SBPB strategies and Women Peace and Security National Action Plans to implement UNSCR 1325.⁵⁷ High levels of GBV have been shown to persist in countries such as Nepal and Sierra Leone long after conflicts come to an end because GBV and gender relations have not been sufficiently integrated into peacebuilding efforts.⁵⁸

SBPB processes need to more effectively institutionalise approaches to GBV prevention and response, and the role that addressing GBV can play in advancing sustainable peace.⁵⁹ Peacebuilding activities need to be inclusive and designed with women's meaningful participation in mind – for example ensuring that meetings are not held at times when women are busy looking after children or carrying out household duties – in order to remove barriers to their full involvement. Patriarchal controls on women's involvement in politics, such as side-lining female politicians, and sexual harassment and violence against women during the political process, must be addressed. To avoid a legacy of harm for women and girls and weakened trust in the state, countries must deliver justice or reparations for survivors of conflict-related violence. To ensure the views of women and girls are reflected fully in SBPB processes, increased funding should be made available to women's organisations for core activities and capacity-building, and women should be proactively supported to attain decision-making positions at all levels of government.

A FEMINIST LENS SHOULD BE APPLIED TO POLICIES, PARTNERSHIPS AND PROGRAMMES FOR ALL SECTORS TO ADDRESS THE GENDER INEQUALITY THAT CONTINUES TO UNDERMINE THE PROTECTION AND EMPOWERMENT OF WOMEN AND GIRLS.

GBV and crisis populations are often missing from SDG reporting

The SDG reporting process is an important opportunity for all governments to demonstrate what measures they have taken to tackle GBV in emergencies. The High-Level Political Forum (HLPF) is the main platform for reviewing progress towards the SDGs. Member states are encouraged to conduct regular and inclusive reviews of progress at the national and sub-national levels, which serve as a basis for the regular reviews by the HLPF. Limitations of this process are that it is not mandatory, and many Voluntary National Reviews (VNRs) have failed to include information about refugees and other populations in crisis. On top of this, SDG 5 is not discussed at every HLPF and GBV is often missing from reports.

Women and girls in crisis who have experienced or are at risk of GBV are doubly invisible in SDG reporting. The lack of comparable benchmarks on key actions known to increase access to care, reduce incidence of GBV and contribute towards a more preventative environment in humanitarian settings makes it difficult for progress to be tracked. The invisibility of refugees and crisis populations in SDG indicators has also contributed to missed opportunities to fully align other international frameworks such as the Global Compact on Refugees and Women, Peace and Security agenda with the SDGs.

What needs to change?

A feminist approach that addresses the underlying drivers of GBV and gender inequality must continue throughout all stages of a crisis. Integrated approaches across the SDGs and related frameworks that prioritise GBV and crisis-affected populations are essential for ensuring women and girls in crisis have an equal chance of meeting the SDGs. This includes, for example, tackling GBV as a barrier to health, education, access to resources and decent work for refugees and other women and girls in crisis. GBV must be included in Women Peace and Security National Action Plans and women should be supported to play a leadership role in peacebuilding efforts. Initiatives to increase gender equality and tackle specific forms of GBV such as child marriage should include displaced and crisis populations. A feminist lens should be applied to policies, partnerships and programmes for all sectors to address the gender inequality that continues to undermine the protection and empowerment of women and girls.

Make 2020 Count

2020 is a key milestone for the SDGs and several other major global frameworks. To make 2020 count, the IRC proposes four bold steps to ensure women and girls in crisis can not only survive but recover and thrive:

- 1. Include refugees and other women and girls in crisis in global commitments for SDG 5** by incorporating them into Voluntary National Reviews (VNRs) at the High-Level Political Forum in July.
- 2. Integrate GBV prevention and response into national SDG plans for the 'Decade of Delivery'**, recognising violence against women and girls as a key barrier to services, employment and full gender equality.
- 3. Pledge support for gender equality at the Global Forum for Refugees** by aligning progress towards the Global Compact on Refugees to SDG indicators in order to drive long-term outcomes for refugees and address the drivers of GBV.
- 4. Incorporate SDG 5 into all Women Peace and Security National Action Plans** to ensure that GBV does not prevent women and girls from assuming leadership roles in peace processes.

Chapter 2 – GBV must be integrated across humanitarian, development and peacebuilding interventions

Violence against women and girls undermines their rights and access to services during times of crisis and hampers their long-term resilience and empowerment. This means all sectors must share the responsibility for reducing women’s and girls’ risks of violence and exploitation. This requires not only incorporating women’s and girls’ safety into service provision and resilience building, but also mainstreaming a feminist approach to addressing the root causes of GBV and other forms of discrimination against women and girls that exclude them from decision making and undermine their autonomy (see Box 1).

As conflicts have become increasingly prolonged and climate-related shocks are more intense and frequent, the average humanitarian crisis now lasts for more than nine years⁶⁰. This has further blurred the traditional distinction between ‘humanitarian’, ‘development’ and ‘peacebuilding’ interventions (see Box 4). There is a growing understanding within the aid sector of the interdependency between these approaches which, if ignored, can unintentionally increase risks for vulnerable populations and undermine the long-term development and stability of fragile and conflict affected states.

When humanitarian, development and peacebuilding actors work together around common goals that promote long term outcomes for crisis-affected populations they are able to catalyse a mutually reinforcing cycle that supports women’s and girls’ protection and empowerment. The SDGs provide a framework around which to agree collective outcomes between those NGOs, UN agencies, local and national government and civil society working

across humanitarian, development and peacebuilding sectors. SDG targets and indicators should be adapted for crisis-affected populations to encourage governments and other actors to focus concurrently on tackling immediate safety and basic needs, while also addressing the drivers of inequality, conflict and crisis, and building the resilience of individuals and systems.

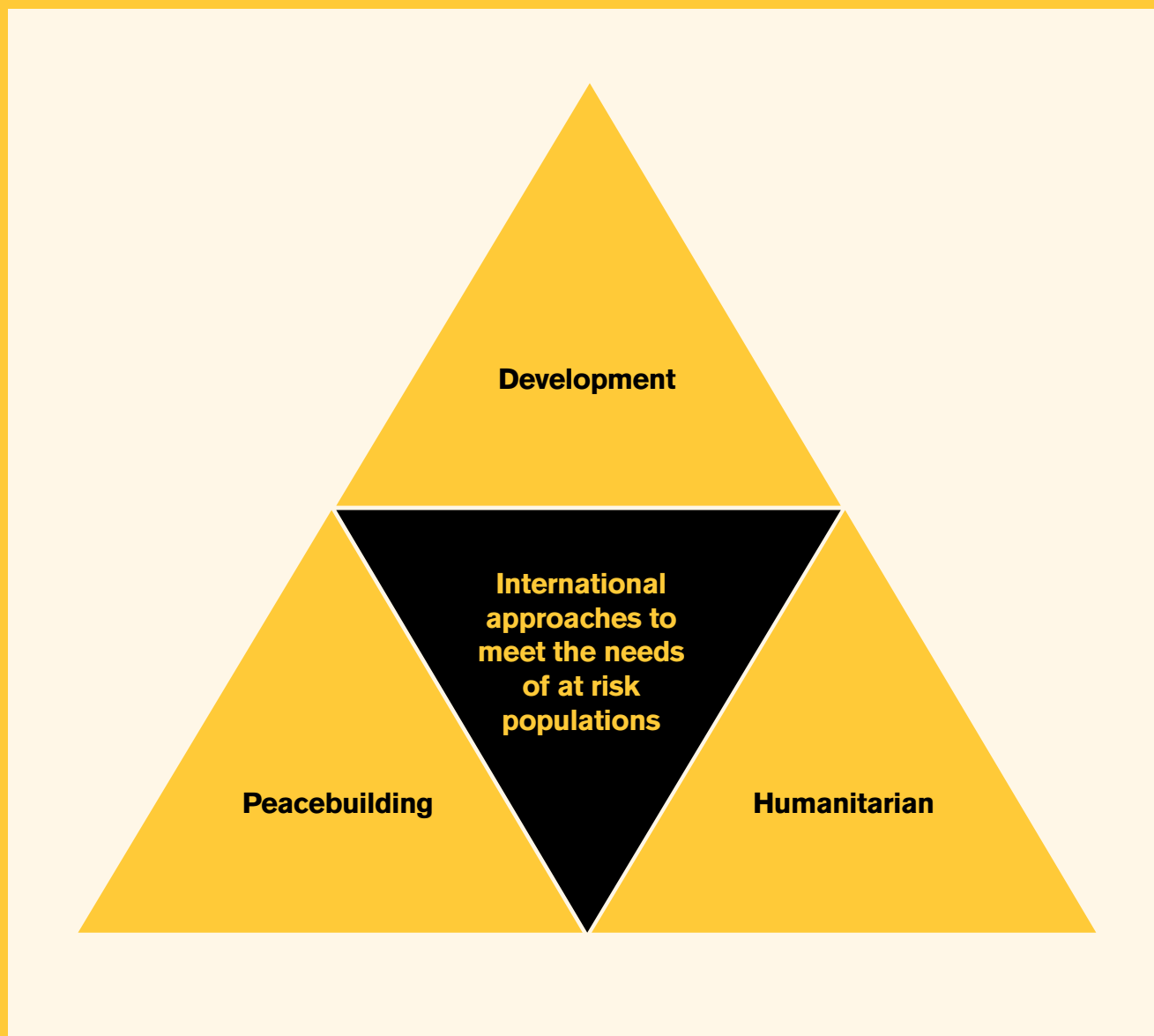
9 YEARS +
AS CONFLICTS HAVE BECOME INCREASINGLY PROLONGED AND CLIMATE-RELATED SHOCKS ARE MORE INTENSE AND FREQUENT, THE AVERAGE HUMANITARIAN CRISIS NOW LASTS FOR MORE THAN NINE YEARS⁶⁰.



From Girls With a Future program in Freetown, Sierra Leone. It focuses on keeping girls in school, building their confidence and skills and at the same time, reducing their vulnerability to exploitation. *Melissa Winkler/IRC*

Box 4: The triple nexus

The term 'triple nexus' refers to the interlinkages between humanitarian, development and peacebuilding approaches to meeting the needs of at-risk populations.

Figure 3: The 'triple nexus'

There is growing momentum to improve coordination between actors working in these three overlapping spheres and to address protection before, during and after crises in a more coherent way. The UN's proposal for a New Way of Working⁶¹ calls for international organisations to take a 'nexus approach' and work towards collective outcomes across the humanitarian, development and peacebuilding continuum.

Bottlenecks to effective GBV responses across the nexus

In reality, however, approaches to GBV prevention and response across humanitarianism, development and peacebuilding interventions remain siloed and uncoordinated. Basic GBV risk mitigation factors and gender considerations are often missing from emergency planning and risk assessments thereby reducing the potential identification of opportunities for joint analysis and action.⁶²

GBV coordination

Within the UN system, many agencies have a mandate to support the eradication of GBV in emergencies. As the overarching humanitarian coordinating agency OCHA is responsible for ensuring that GBV prevention and response are prioritised as immediate life-saving priorities across all sectors and clusters. OCHA's Policy Instruction on Gender Equality⁶³ (which is due for revision in 2020) defines a shared vision on gender equality for OCHA-managed staff and funding mechanisms that incorporates the objectives of the *Call to Action*.

UNFPA has a central role in bringing together different agencies working on GBV, as the lead of the GBV Area of Responsibility⁶⁴. UNFPA is responsible for establishing GBV coordination bodies and ensuring they are resourced and staffed with qualified, senior-level GBV coordinators at the beginning of an emergency. If there are none in place, GBV coordinators should be deployed within 72 hours of an emergency. In many contexts this has led to an increased prioritisation of GBV across emergency response mechanisms. However, substantial funding gaps for this sector often result in the slow deployment of GBV experts and delays in establishing a GBV cluster to coordinate a timely and effective response.



Above: Mary, 24, is a South Sudanese refugee living in Bidi Bidi, northern Uganda. She is a member of the community watch group that helps to keep her neighborhood safe and protected. She also helps educate her fellow refugees about Ugandan law. *Jessica Wanless/IRC*



Above: The IRC organized its third Non-Food Items Fair in 2011, part of the Rapid Response to Population Movements program, offering assistance to more than 3,000 households of internally displaced people (IDPs) and host families in the Democratic Republic of Congo. *Sinziana Demian/IRC*

Coordination between the UN and other agencies delivering frontline services for women and girls is vital. Although the global pool of GBV responders has increased, there are still insufficient long-term staff available to meet current needs.⁶⁵ Funding for INGOs to co-lead on coordination is rarely made available. Subsequently, it is not uncommon for the role of GBV sub-cluster coordinator to be allocated to a senior representative, who already has another full-time role, or else assigned to a junior staff member with little expertise and little power to coordinate a transformative response across agencies. GBV funding must include support for NGOs to be able to jointly lead GBV coordination mechanisms, to enable them to support the interlinkages across other sectors.

Local partnerships and leadership

Empowerment of women and girls is key to addressing the root causes of GBV but the space for women's and girls' voices, choices and leadership further contracts in humanitarian settings making it more difficult for them to be agents of change. Too often humanitarian agencies fail to meaningfully engage women and girls in the design, implementation and evaluation of GBV programmes and do not prioritise activities that will increase the power of local women and girls to demand their right to safety and shape the services that they use. This creates a vicious cycle where GBV further marginalises women and girls, which in turn reinforces the hierarchies of power that are the root cause of GBV.

Box 5: Feminist Partnership in Practice

Women's movement building and increasing opportunities for women and girls to campaign for change are vitally important for the prevention of sexual harassment, exploitation, abuse of women and girls affected by crisis and women at work in emergencies. That is why the IRC works in close partnership with local women's organisations to build the feminist movement, challenge patriarchal structures and hold the humanitarian system to account.

Two IRC-led projects that take explicitly feminist approaches to partnership in the humanitarian system are *Listen Up* and *Building Local Thinking Global*. Both are three-year projects funded by the US Bureau for Population, Refugees and Migration and are gifts of the United States Government.

Listen Up

The IRC's *Listen Up* project is a feminist initiative that aims to hold the humanitarian system accountable by listening to the voices, stories and needs of women and girls, and women at work in emergencies. The project is implemented by the IRC with sister organisations in Uganda, Kenya, Sierra Leone, Nigeria and Lebanon.

Launched in 2018, *Listen Up* takes a women's movement building approach to amplifying the voices and power of women and girls to create change and stop sexual harassment, exploitation and abuse.

One of the key activities is the development of the *Listen Up Barometer*, which is a way to evaluate or 'score' a humanitarian environment according to the voices and experiences of women and girls living and working in that environment. *The Listen Up Barometer* will be available in 2020.

In the first year of the project, *Listen Up*, through partnership between the women's organisation COSMESS and IRC, has also supported work directly with women and girls to improve prevention and response to GBV in the north of Uganda with both refugee and host communities. Reporting of GBV is particularly low in this area, so the *Listen Up* project is working to strengthen reporting and support mechanisms based on what women and girls themselves identified as priorities.

Finally, the *Listen Up* project has supported an update of the "Get Moving!" Curriculum, originally developed by the women's rights organisation Raising Voices, for the prevention of sexual harassment, exploitation and abuse in humanitarian settings. Get Moving! is a process by which organisations can enhance the quality of their work to address violence against women and girls by increasing awareness, prompting internal reflection and putting learnings into practice.

Though only one year in, *Listen Up* has galvanised joint action on the prevention of sexual harassment, exploitation and abuse, and strengthened the capacity of local women's groups to lead this action. Women report that their participation has built their confidence and that they are more able to express themselves and report cases.

BLTG

Building Local, Thinking Global brings together feminist, women's rights organisations, activists, academics, community-based organisations, non-governmental organisations, and regional civil society networks with the aim of harnessing collective power to ensure women and girls are protected from GBV in emergencies. Ultimately, BLTG partners envision a humanitarian system in which transformative women's leadership is visible and impactful. The coalition of networks and organisations leading BLTG includes Akina Mama wa Africa, GBV Prevention Network, Gender Equality Network, Women's International Peace Center, International Rescue Committee, El-Karama, and the Strategic Initiative for Women in the Horn of Africa.

The *Building Local, Thinking Global Initiative* (BLTG) recognizes the legitimacy and the leadership role of local women's rights organisations and networks as first responders, rights holders and change-makers, and aims to promote transformative women's leadership in emergency preparedness and response specific to GBV. To support these vital front line responders, BLTG trained 59 technical trainers on GBV Emergency Preparedness and Response, through Training of Trainers (ToT) courses in East Africa, Middle East and Asia. The 10 day ToT course includes both technical and operational modules to support local organisations working on GBV response, prevention, coordination and advocacy.

BLTG partners also worked together to co-create practical tools and guidance to foster the inclusion of *all* women and girls within GBV emergency preparedness and response programming. In three workshops, nearly 50 BLTG partners came together to discuss, ask questions, and raise awareness about the unique needs, barriers, and risks faced by women who are older, adolescent girls, women and girls with disabilities, women and girls with diverse ethnic and religious affiliations, and women and girls with diverse sexual orientation and gender identities. Through the creation of safe, open and accepting environment, participants were able to have honest conversations about traditionally difficult and culturally sensitive topics while learning from a group of individuals from a diverse range of backgrounds, experiences, and viewpoints.

Nexus partnerships

Working across humanitarian, development and peacebuilding interventions requires new types of partnerships with government ministries, security services and civil society groups in crisis contexts. These kinds of partnerships do not fit easily into existing humanitarian coordination mechanisms and require collaboration from a range of agencies working across the nexus. A number of donors and UN agencies are piloting nexus partnerships to find new ways of working that facilitate the co-creative of objectives, joint needs assessments and collaborative action. However, more work is needed to capture the lessons from such pilots and apply a feminist lens to their evaluation.

For nexus partnerships to be impactful they must take into account that humanitarian, peacebuilding and development actors are driven by different values and mandates, which determine how they approach partnerships and define objectives. While development actors tend to have more experience working with state institutions in stable contexts, humanitarians are often less willing to risk undermining humanitarian principles by working with regimes that might be party to violent conflict and human rights abuses. Peacebuilding actors, in contrast, have a wealth of experience working with national and local structures in fragile and conflict affected contexts. Understanding these differences and their respective contributions to a shared analysis of the political economy, will strengthen the impact of partnerships with local and national partners, and ultimately improve the safety and long-term resilience and empowerment of women and girls in crisis contexts.

The IRC proposes two ways to strengthen joint action and integrated programming on GBV and gender equality across the triple nexus:

- 1. Develop an SDG 5 action plan for every humanitarian response**, reviewing the implications for funding and partnerships as part of OCHA's current revision of their Policy Instruction on Gender Equality.
- 2. Develop guidance and best practice on nexus partnerships** that prioritise the prevention and response to GBV and promote gender equality, using SDG 5 alongside tools such as the GAM to evaluate the design and implementation of current nexus pilots.

What needs to change?

Women and girls caught up in conflict and crisis experience a double disadvantage – because of where they live and because of gender inequality – which increases their exposure to violence. To reverse this, we must try to create a double dividend: tackle the symptoms of disadvantage but also address the power structures that cause them. Women and girls need a humanitarian system that can both respond quickly when GBV occurs and transition into longer-term programmes that can provide them with ongoing support and protection during protracted crises and periods of recovery. SDG 5 provides a framework to agree shared objectives between international agencies, state institutions and civil society working across the nexus in support women's and girls' safety and long-term empowerment.

The majority of GBV responses look very different to the guidelines and minimum standards promoted by humanitarian actors. Organisations – and individuals within organisations – interpret, prioritise and operationalise guidelines inconsistently. The level of attention given to GBV by humanitarian leadership also varies considerably. Where GBV is not considered to be a lifesaving priority, GBV coordinators lack the support needed to hold other humanitarian responders accountable for their role in preventing and responding to violence. Stronger leadership is needed to ensure that GBV risk mitigation and response efforts are integrated across different sectors and that all sectors adhere to GBV minimum standards. Existing tools such as OCHA's Policy Instruction on Gender Equality and the IASC Gender with Age Marker (GAM)⁶⁶ should be used more routinely and consistently to ensure that humanitarian programmes contribute to gender equality.

Slowness to do 'nexus' programming often results in GBV programmes coming to an end when humanitarian funding wanes. This can have dire consequences for women and girls who remain in protracted crises for years, sometimes decades. Even where GBV prevention and response services are available as part of emergency response, women and girls remain highly vulnerable to violence and exploitation if local services, national laws and cultural practices fail to uphold their rights and freedoms. Humanitarian and development actors urgently need to coordinate their efforts so that resilient protection and support systems can be built following a crisis and GBV survivors can transition from emergency to longer-term programmes. Changing patriarchal norms and structures must be considered in the immediate humanitarian response and not just as part of longer-term development work. Unless these risks and barriers are addressed women and girls cannot fully participate in rebuilding societies in crisis.

Chapter 3 – The current funding architecture is failing to mobilise sufficient funding for GBV

One of the main barriers to the SDGs being reached for women and girls in crisis has been insufficient funding for the protection of women and girls in emergencies. Despite increasing levels of international humanitarian assistance⁶⁷ and growing political attention and commitment to end GBV, prevention and response programmes are being grossly short-changed.

Where is the money?

Ahead of the Ending Sexual and Gender-Based Violence in Humanitarian Crises conference in Oslo in May 2019 (see Box 5), the IRC commissioned VOICE to conduct research into current levels of funding available to tackle GBV in emergencies. In *Where Is the Money?*, an analysis of Humanitarian Response Plans (HRPs) and almost 3,000 entries into OCHA's Financial Tracking Service (FTS)⁶⁸ showed that allocations for GBV funding aimed at women and girls accounted for just a tiny fraction – 0.12% – of the \$41.5 billion total humanitarian assistance available between 2016 and 2018.⁶⁹

0.12%

ALLOCATIONS FOR GBV FUNDING AIMED AT WOMEN AND GIRLS ACCOUNTED FOR JUST A TINY FRACTION – 0.12% – OF THE \$41.5 BILLION TOTAL HUMANITARIAN ASSISTANCE AVAILABLE BETWEEN 2016 AND 2018.⁶⁹

Box 6: Oslo conference on Ending Sexual and Gender-based Violence in Humanitarian Crises

In recognition of the need for increased funding, the Governments of Iraq, Norway, Somalia and the United Arab Emirates, OCHA, UNFPA, and the International Committee of the Red Cross (ICRC) co-hosted a major international conference to mobilise funding for ending GBV in humanitarian crises in May 2019.

Twenty-one donors pledged a total of \$363 million for GBV programmes in 2019 and beyond through the UN, ICRC/IFRC and civil society organisations.⁷⁰ Unearmarked and core funding to UN-coordinated pooled funds were also announced. Whilst the amount raised in Oslo – a combination of new and existing donor commitments – fell short of the tripling of GBV funding commitments that the IRC had called for in *Where is the Money?*, it is nonetheless a positive step towards increasing dedicated funding for GBV.

Going forward, information on the financial commitments made in Oslo should be disaggregated so that progress on the disbursement of pledges can be monitored and the impact of funding channelled through the different organisations can be tracked. Further opportunities should also be identified for other donors – who due to their own funding cycles were not able to make a pledge – to increase their commitments to GBV and for all donors to scale up regularised GBV funding.

Funding requests regularly underestimate need

The underfunding of GBV responses is exacerbated by the fact that humanitarian organisations are not asking for enough money in the first place. In *Where Is the Money?* it was found that funding requests for GBV in emergencies over the three-year period 2016-2018 were extremely low – just \$155.9 million – but even then, only one-third of the funding requested for GBV by humanitarian actors was met, leaving a funding gap of \$104.2 million. Of the \$26.75 billion requested through UN-coordinated appeals and response plans for all humanitarian emergencies in 2019, only 0.6% was requested for GBV programmes.⁷¹

Analysis of HRP's revealed that GBV programming is not consistently incorporated into plans or funding requests, and when it is, it is often at very low levels. Many donors allocate their funding based on HRP's and so can only contribute towards a published funding ask. If GBV is not prioritised in an appeal, or the lack of GBV experts in a crisis weakens the quality of proposals, it will not be funded. This means at times donors do not always allocate or disburse all of their projected GBV funding.

A lack of access to humanitarian response funding by local women's movements and human resource gaps on the

ground to carry out accurate situation analyses and needs assessments is one of the main reasons for low funding requests and weak proposals. Many organisations struggle to accurately estimate the costs of GBV programmes, and strong leadership from senior humanitarian positions is often lacking to ensure that ambitious standalone and cross-cutting GBV programmes are included in funding proposals.

The amount of funding requested for GBV in 2019 was higher than previous years (\$163 million⁷²) suggesting that some progress might be being made to prioritise GBV within funding requests and to more accurately estimate funding needs. However, sufficient funding is still not being mobilised to meet the increasingly better-articulated demand: in 2019, GBV was the most underfunded sector in humanitarian appeals and response plans.⁷³ Both supply and demand barriers need to be addressed in order to increase the amount of resources available for GBV through existing UN-managed pooled funds. The quality and ambition of proposals and GBV requests within HRP's also need to improve to more accurately reflect the true scale of the problem.



Above: Funding for GBV prevention and response services are essential for people like 15-year-old Melissa Tissere, who was displaced in Bangui in the Central African Republic: "I had to leave my house because of the fighting. Life here is not good; it's really hard to find something to eat and there's nothing to do. I don't feel safe here and I'm afraid a lot, especially at night. *Peter Biro/IRRC*

The GBV funding gap is unknown

Without a clearer picture of the true GBV funding gap, there is little chance of turning the rhetoric about GBV prioritisation into a reality for women and girls caught in humanitarian crises. A Gender with Age Marker (GAM) has been used since 2015 (building on the IASC Gender Marker which was introduced in 2009) to assess how humanitarian programmes are contributing to gender equality. Application of the GAM has been mandatory for projects in consolidated appeals, including Humanitarian Response Plans, Pooled Funds and the CERF since 2011 but it is not being used routinely or consistently.

Specific funding for GBV prevention and response programmes has only been tracked by OCHA's FTS since 2016. Whilst this has given important visibility to GBV funding and has highlighted the small proportion of funding allocated to GBV, it is still very hard to track how much is really being invested in GBV and broader gender equality programmes. As with the GAM, voluntary self-reporting of GBV and gender equality activities to FTS means that some activities are misclassified or not recorded.⁷⁴ This can be due to the integration of GBV into other sectors, inaccurate coding of programmes and inconsistencies in how GBV is defined. To ensure greater accountability, donors and implementers alike must use tools such as the GAM more consistently.

A GENDER WITH AGE MARKER (GAM) HAS BEEN USED SINCE 2015 (BUILDING ON THE IASC GENDER MARKER WHICH WAS INTRODUCED IN 2009) TO ASSESS HOW HUMANITARIAN PROGRAMMES ARE CONTRIBUTING TO GENDER EQUALITY.

Data gaps throughout the GBV programming cycle are a major bottleneck to resource mobilisation and accountability efforts. Humanitarian agencies cannot accurately estimate the number of women and girls in need given the reluctance of many women and girls to seek support services due to the risk of intimidation and retribution when disclosing experiences of GBV. Rather than just listening to and believing women and girls, donors and humanitarian agencies continue to rely on prevalence data that is inherently problematic to collect, as it can increase the risks for women and girls.

In the absence of a more accurate estimate of the GBV funding gap, the IRC is calling upon donors to immediately triple their GBV funding commitments.⁷⁵ This is based on the current evidence that only one-third of funding requests for GBV are being fulfilled. At the same time, there needs to be urgent investment to increase the number of GBV experts who can be deployed at the onset of a crisis to bring funding requests into line with actual needs.

THE UN IS BY FAR THE LARGEST RECIPIENT AND INTERMEDIARY FOR HUMANITARIAN FUNDING WITH 65% OF ALL HUMANITARIAN FUNDING GOING TO JUST THREE UN AGENCIES: WFP, UNICEF AND UNHCR.⁷⁶

A complex funding landscape

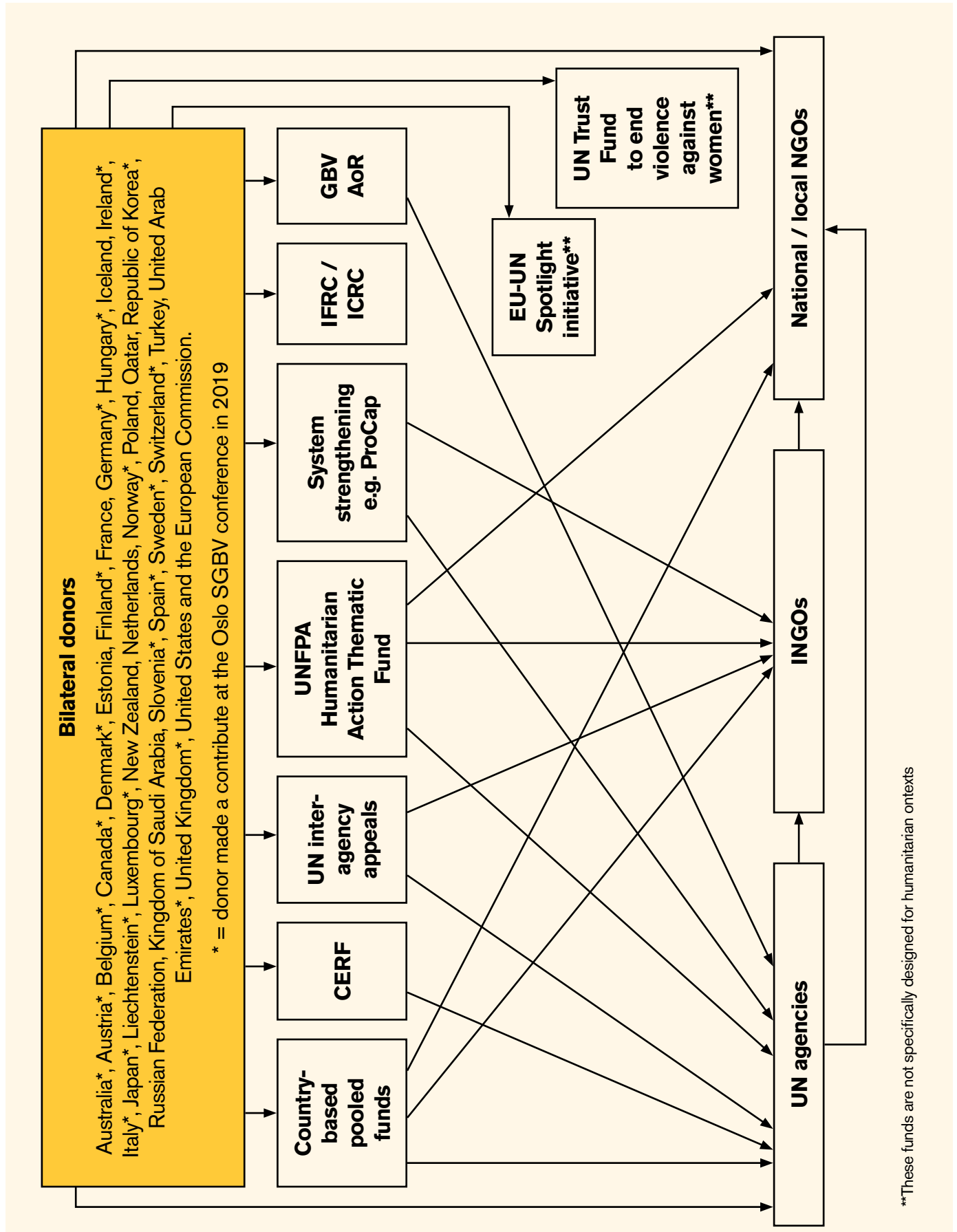
Even if demand for GBV funding increases in humanitarian appeals and response plans this will not necessarily lead to more resources for GBV. Current requests which ask for much lower levels of funding are not even being half-met. The pipeline of GBV funding urgently needs to be increased but where could it be channelled?

The current funding landscape for GBV in emergencies is extremely complex (see Figure 4). For donors wishing to contribute resources towards the elimination of GBV in emergencies, multiple options are available. Donors can fund national and international GBV service delivery organisations directly through bilateral funding agreements and also channel their resources into a range of multi-donor pooled funds managed by UN agencies and the IFRC. The UN is by far the largest recipient and intermediary for humanitarian funding with 65% of all humanitarian funding going to just three UN agencies: WFP, UNICEF and UNHCR.⁷⁶

Many of the larger donors choose to establish partnerships with implementing agencies for certain sectors, in addition to working through multi-donor pooled funding. For donors who have strategically prioritised GBV, directly funding an implementing partner to deliver GBV programmes can help to ensure that humanitarian aid is used to support commitments made to women and girls – unlike funding channelled through pooled funds which, as we have seen, may not prioritise GBV – and make it easier to monitor results. A challenge of this approach is that bilateral funding flows and their sectoral allocations are not always captured in HRP and the FTS, which can hinder tracking and coordination.

Not all donors can administer direct partnerships, but many are interested in exploring different ways of closing the funding gap for GBV in emergencies. The lack of funding and inflexibility of existing pooled instruments has led to the emergence of some new pooled funds for GBV. The most notable is UNFPA's global Humanitarian Action Thematic Fund (HTF) which was promoted to donors at the 2019 Oslo conference (see Box 6). At the national level, partners are also coming together in countries such as Myanmar, Somalia and South Sudan to explore national or sub-national pooling mechanisms for GBV and related issues such as sexual and reproductive health.

Figure 4: Diagram of the funding landscape for GBV in emergencies



Box 7: UNFPA Humanitarian Action Thematic Fund

UNFPA created a Humanitarian Action Thematic Fund (HTF) in 2018 in response to frustrations from UNFPA country offices about insufficient levels of funding available for GBV and reproductive health and being unable to quickly scale up or adapt programmes in emergencies using existing funding channels.

This HTF, which is still in a pilot phase, promises to provide flexible and multi-year financing for GBV and sexual and reproductive health services. It will pool contributions from governments and private donations to increase the amount of resources available in underfunded emergencies. The HTF has been designed to support activities for rapid and ongoing response, preparedness and for addressing the humanitarian/development nexus. Through an expedited internal grants mechanism, the HTF provides the opportunity

for UNFPA's global, regional and country programmes to access funding not being met by bilateral funding arrangements. At least one-third of the funding will be channelled through local actors.⁷⁷

The IRC, which works in close partnership with UNFPA around the world, looks forward to seeing what impact this new fund will have on preventing and responding to GBV and how successfully it will be able to overcome the limitations of other humanitarian funding channels.

Humanitarian funding continues to be short-term and unpredictable

After the overall shortage of resources, the biggest challenge for front line staff working in crises is that GBV funding is too often short-term and unpredictable.⁷⁸ The majority of conflicts and crises now last for a generation, uprooting millions of people from their homes indefinitely. For women and girls affected by protracted crises, short-term humanitarian relief is not enough. More predictable and longer-term investment in GBV prevention and response that supports long-term outcomes in line with the SDGs, for example through regularised support to women's rights organisations, is needed to create sustainable and transformative responses that will meet immediate needs of GBV survivors and break the cycles of inequality and violence.

At the World Humanitarian Summit in 2016, many humanitarian donors signed up to the Grand Bargain⁷⁹ which included commitments to shift from short-term to multi-year humanitarian funding. However, the majority of GBV donors still continue to follow annual funding cycles and disburse grants for programmes of on average between three to six months. Short-term funding is not cost-effective for recipients due to the administrative burden of repeated rounds of applications and reporting for relatively small amounts of funding. Programmes have to be stopped before they have barely got off the ground and been able to show any impact. Staff need to be constantly recruited and trained – because it is understandably difficult to retain people when they are faced with minimal job security – leading to inconsistencies in service delivery. Short-term funding cycles have also led to a preference from donors to only support GBV case management and service delivery programmes for which quantitative results can be more easily tracked. Few donors

are willing to invest in GBV prevention programmes which are often perceived to be too difficult to implement within humanitarian timeframes.

Analysis of progress towards Grand Bargain commitments suggests that whilst UN agencies – which are overwhelmingly the first beneficiaries of bilateral humanitarian financing – are receiving more multi-year funding from donors, this is not being passed on as multi-year funding to implementing partners, including those working on GBV.⁸⁰ Although UNHCR now pursues multi-year planning cycles, it has not passed on multi-year funding to implementing partners.⁸¹

Impact on women and girls

Lifesaving GBV services must be made available to survivors from day one of a crisis but this is rarely possible due to delays in mobilising and allocating funding to GBV service providers. For example, the IRC has been working with migrants and asylum seekers stuck in border towns in North Mexico since March 2019. Despite the extreme risk of violence for women and girls in this region, GBV programmes have been significantly underfunded, putting programmes at risk of closure. Even when the onset or escalation of an emergency is predicted, the period of time until funding proposals are submitted, and resources mobilised and disbursed can be lengthy. The existence of a GBV coordination mechanism does not always translate into the adequate set-up and delivery of specialist services.⁸² Insufficient or delayed funding and a shortage of trained staff often limits the capacity of implementing partners to respond to the needs of GBV survivors. Where GBV programmes are in place, the emphasis can often be on conflict-related, non-partner violence, despite the fact that other forms of GBV such as IPV are more widespread.⁸³

Any delays in funding result in survivors' needs going unmet and more women and girls at risk of violence. Short and unpredictable funding hinders an organisation's ability to have a continued presence which is necessary to provide GBV survivors with consistent and long-term support. It also limits organisations' ability to provide a comprehensive response to GBV or respond to changing situations. Where efforts to mitigate the risks to women and girls are not prioritised it can result in avoidable hazards such as poorly placed and poorly lit toilets and water pumps, unsafe shelters and inequitable access to food⁹⁴ that increase women's and girls' risk of violence.

Eroding of trust in services

Most critically, short programmes do not enable organisations to effectively support the safety and long-term resilience of women and girls in acute and protracted crises. Even short gaps between funding tranches and renewal of grants result in more women and girls experiencing violence, by interrupting the provision of services.

Evidence from the IRC's programming shows that the rates of those accessing priority health and psychosocial support services, compared to estimated levels of GBV, are worryingly low. Stigma, fear of reprisals and not being believed deter many women and girls from reporting GBV or seeking support. The lack of effective and gender-sensitive justice mechanisms also deters survivors from reporting. Therefore, any disruption to frontline

programmes further erodes women's and girls' confidence in services, resulting in even lower numbers seeking help.

Undermining local partnerships

Another Grand Bargain commitment involves reviewing the dominance of multilateral agencies and large international NGOs within the humanitarian system and channelling more funding directly to local organisations. Local actors, including women-led organisations, are an essential part of the humanitarian system and GBV response. Local women's movements have unique expertise and access to at-risk communities (see Box 7). They are often the first to respond to an emergency and remain in the community long after international organisations have withdrawn so play a vital role in addressing the long-term drivers of GBV.

Despite their importance, local and women-led organisations continue to receive a small percentage of humanitarian funding. Donors continue to allocate most of their funding to UN agencies and international NGOs that they know and trust. Donors and international organisations often cite concerns about the capacity of local organisations to deliver effective GBV programmes or absorb large amounts of funding but are unwilling to build the capacity of women-led and other local organisations directly. Donors often rely upon INGOs to work with local partners and to strengthen their capacity so that they can build the expertise and systems to manage larger amounts of funding from donors in the future.



Above: Ann Jones and the Global Crescendo Project, Ivory Coast. Monika Topolska, GBV country coordinator for Cote d'Ivoire (top center), and GBV field officer Karamoko Aminata (bottom right) help lead a meeting of village women participating in the Global Crescendo project. *Ann Jones/IRC*

Box 8: The vital work of local partners

Local partners play an important role in the delivery of GBV prevention and response services for women and girls in crisis-affected populations. For example, in the Dadaab refugee camps in Kenya, the IRC and Care International have trained refugee community workers to carry out a range of specific tasks such as supporting case management sessions, providing psychological first aid and referring survivors to GBV centres.⁸⁵

To ensure women and girls can access GBV response services, refugee community workers provide regular information to the community to promote understanding of the benefits of timely access to GBV response services. The refugee community workers engaged in outreach also work with community leaders, including those engaged in traditional justice mechanisms, to inform and influence actions that may otherwise limit women's and girls' access to justice and broader GBV response services.

Local partners are a valuable resource for increasing access for women and girls seeking GBV services thanks to their detailed knowledge and understanding of community dynamics and cultural and religious practices. In Dadaab, refugee community workers are a huge asset to the national humanitarian staff that they work alongside:

“One thing is acceptability of our programmes in the community. The community is able to understand much more from [refugee] community case workers than from us because they live with them and understand the system and everything that happens there. Number two is that the community is able to have some level of trust in what we offer ... If the [refugee] community case workers do not address the issues in the best way possible, then the community cannot even trust us to a point of even coming to the office. That has also made us work very well, and again, it has really assisted the community ...”

NATIONAL HUMANITARIAN STAFF MEMBER⁸⁶

Despite their vital role in GBV prevention and response, local volunteers are often overworked and poorly remunerated. The unpredictable and short-term nature of humanitarian funding also leads to high job insecurity. GBV programmes often have to close down every time a short-term grant ends, leading workers to seek alternative employment that can offer a more regular income.

The loss of experienced staff due to irregular and insufficient funding has an impact on the provision of GBV services. GBV programming in Dadaab is inadequately resourced with not enough well-trained staff and community workers to meet the needs of women and girls. In Hagadera camp (one of three refugee camps in Dadaab), the IRC runs three women's centres and one GBV support centre to serve the needs of 18,000 women.⁸⁷ With only six national staff and 29 refugee community workers to attend to a growing number GBV cases, many women and girls face long delays in accessing the services they need.⁸⁸

Long-term funding for local partners is critical to support the provision of continuous quality GBV services in places like Dadaab. Humanitarian actors need to invest in the safety, training and job security of local partners who are the cornerstone of GBV services. This includes protecting the wellbeing of female staff and volunteers – many of whom are GBV survivors themselves – through adequate pay, decent working conditions and making psychological support available to them. Humanitarian actors should also address barriers to employment and promotion for female national staff and female refugee community workers, including offering opportunities for further learning and professional development.

Inability to tackle root causes of GBV

Short funding cycles discourage investment in long-term programmes to tackle the root causes of GBV, for which it is not possible to demonstrate quick results. Narrow definitions of humanitarian funding mean that some donors will not allow their resources to be used for longer-term protection, social change or empowerment programmes. In part due to a drive for results and value for money, some donors prefer recipients to focus on short-term GBV case management efforts. In protracted crises more flexible funding is especially needed to be able to more effectively address the root causes of gender inequality and GBV.

Short-term and unpredictable funding flows are unsuitable for programmes aimed at shifting social norms, educating girls, empowering women and girls to make decisions about their bodies, and supporting women to take control of resources. Comprehensive and sustainable women and girls-centred GBV prevention and response efforts require long-term and sustainable investment in both GBV programmes and to ensure that other sectors can fulfil their role in tackling the drivers of inequality and violence.

Box 9: Irish Aid Partnership

For fifteen years, Irish Aid has supported the lifesaving work of the IRC. In January 2019, Irish Aid and the IRC began a new three-year strategic partnership, focussed on addressing GBV in acute emergency and protracted humanitarian crises.

Under this partnership, Ireland has committed to provide the IRC with €4.5 million to deliver life-saving services for women and girl survivors of GBV in five of the most protracted, underfunded humanitarian settings in the world. Alongside this sits emergency response funding which will enable the IRC to rapidly put GBV services in place during the very earliest phase of an emergency.

This strategic partnership will also focus on strengthening leadership to improve GBV prevention and response within the humanitarian system. This will include providing support to generate new evidence on the funding gaps and other barriers to tackling GBV in emergencies, which will be used to highlight the need to prioritise women and girls affected by violence.

Ending GBV also forms a central pillar of Ireland's *Third National Action Plan on Women, Peace and Security*, which includes specific actions to further the elimination of gender-based violence in emergencies and outlines Ireland's commitment to increase funding to gender equality, including GBV programming.



Above: CBO theater play: irole model family, DRC. Sinziana Demian/IRC

What needs to change?

Through the Grand Bargain and *Call to Action*, donors and international organisations have committed to reform the way humanitarian emergencies are funded and to increase support for ending GBV in emergencies. But donor practices are not changing quickly enough. Almost five years on from the World Humanitarian Summit, efforts must be redoubled to translate the commitments of the Grand Bargain into action for women and girls in crisis.

Given the limitations of the current humanitarian funding landscape to meet the needs of women and girls in crisis, donors should increase direct funding for GBV and gender equality programmes to implementing agencies, whilst also pushing for necessary reforms to multi-donor funding mechanisms. UNFPA's Humanitarian Action Thematic Fund is a promising new approach to GBV funding. Following its pilot phase, an evaluation should be conducted to assess the extent to which it avoided the limitations of other funding mechanisms and was able to pass on multi-year flexible funding to GBV programme implementers. In the meantime, donors should scale up support for national pooled funds for GBV to ensure more predictable long-term and flexible funding for GBV prevention and response programmes. Investment in local actors and women-led organisations should be prioritised for a more sustainable response that meets local needs and addresses the root causes of GBV.

The IRC proposes a set of guiding principles – in line with the Grand Bargain – that donors can use to evaluate which funding instruments to channel support through for GBV prevention and response. Donors committed to the safety of women and girls in crisis should ensure that their own bilateral funding aligns to these principles and that any humanitarian agencies that they invest in follow the same principles when disbursing pooled funds to other organisations. Donors should set out concrete actions towards these principles ahead of the five-year review of the Grand Bargain in 2021.

ALMOST FIVE YEARS ON FROM THE WORLD HUMANITARIAN SUMMIT, **EFFORTS MUST BE REDOUBLED TO TRANSLATE THE COMMITMENTS OF THE GRAND BARGAIN INTO ACTION FOR WOMEN AND GIRLS IN CRISIS.**

INVESTMENT IN LOCAL ACTORS AND WOMEN-LED ORGANISATIONS SHOULD BE PRIORITISED FOR A MORE SUSTAINABLE RESPONSE THAT MEETS LOCAL NEEDS AND ADDRESSES THE ROOT CAUSES OF GBV.

To fund a feminist response, the IRC calls upon donors to put the following six principles into practice:

- 1. Gender equality** – Donors should incentivise the increased focus on gender equality as a guiding principle for all humanitarian funding, through the use of guidance such as the Inter Agency Standing Committee's (IASC) Gender Equality and the Empowerment of Women and Girls Policy and Accountability Framework.
- 2. Rapid response** – Funding mechanisms should enable funding to be allocated and dispersed to GBV prevention and response within hours of the onset or escalation of a crisis, to ensure lifesaving services are available for women and girls.
- 3. Local solutions** – Donors should resource partnerships with local women-led organisations both in their capacity as first responders and as local agents of change, by addressing barriers within current funding models related to compliance and risk.
- 4. Multi-year funding** – Donors should increase the amount of multi-year funding available for GBV and gender-equality programmes and ensure UN agencies that receive multi-year funding pass the majority of this on to implementing partners.
- 5. Flexibility** – Funding mechanisms and strategic partnerships for GBV should have flexibility built into them to allow them to adapt to the evolving and changing needs of women and girls at different stages of a crisis and facilitate new ways of working across the nexus.
- 6. Transparency and accountability** – To achieve a more accurate picture of how the humanitarian system is responding to GBV, donors, UN agencies and other humanitarian actors should continue improving reporting, tracking, and coding of investments in GBV.

Conclusion – Despite commitments to ending GBV, women’s and girls’ safety is not being put first

Over the last few decades there has been a positive shift in public and political attention to the issues of gender inequality and GBV. It is recognised that GBV exists at unacceptable levels in all parts of the world, and that the safety of women and girls in emergencies is at particular risk. Global resolutions to end all forms of violence against women and girls have been regularly reiterated by governments and international organisations, and new initiatives have been created to mobilise greater resources and action towards ending GBV in emergencies (see Box 9).

Commitments to GBV are not translating into action

Although GBV programming has increased, it is not yet enough to meet the needs on the ground. Low levels of funding for GBV (discussed in detail in the previous chapter), particularly during the initial stages of a crisis, are a clear indication that GBV is not yet high enough on the agenda of donors and UN agencies. The inherent data

challenges that exist for GBV, due to stigma, low levels of reporting and concerns about which agencies and authorities have access to such data, further compound the invisibility of violence against women and girls, ensuring it remains a secondary concern in contexts of conflict and displacement.



Above: IRC staff joins community members in Bukavu, DRC in dancing during the One Billion Rising action against gender-based violence on Valentines Day, 2013. *Daniela Greco/IRC*

Box 10: Timeline of major initiatives to end GBV

1993

- UN Resolution 48/104 – Declaration on the elimination of violence against women.

1994

- UN Commission on Human Rights appoints first Special Rapporteur on violence against women, its causes and consequences

1995

- Beijing Declaration and Platform for Action.

2000

- UN Security Council Resolution 1325 on women, peace and security calls upon parties in a conflict to protect women and girls from sexual and gender-based violence.

2005

- Inter-Agency Standing Committee (IASC) publishes Guidelines for Gender-Based Violence Interventions in Humanitarian Settings.

2006

- UN General Assembly resolution 61/143 – Intensification of efforts to eliminate all forms of violence against women.

2007

- UN launches UN Action Against Sexual Violence in Conflict 'Stop rape now'.

2008

- UN launches UNiTE to End Violence against Women campaign.

2009

- Office of the UN Special Representative of the Secretary General on Sexual Violence in Conflict is created.

2012

- United Kingdom launches Preventing Sexual Violence in Conflict Initiative (PSVI).

2013

- Call to Action on Protection from Gender-Based Violence in Emergencies launched.
- Safe from the Start initiative launched by the United States.

2014

- UK Department for International Development launches 'What Works to Prevent Violence' research and innovation programme.

2015

- IASC revised Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.
- UN Security Council Resolution 2242 adopted to strengthen implementation of women, peace and security agenda.
- Sustainable Development Goals adopted with targets to end GBV.
- Real-Time Accountability Partnership (RTAP) created to develop a framework for action for GBV prevention and response.

2017

- #MeToo movement against sexual harassment and assault is popularised on social media.

2018

- *Call to Action* adopts the GBV Accountability Framework, originally developed by the Real Time Accountability Partnership.
- G7 adopts Whistler Declaration on gender equality and the empowerment of women and girls in humanitarian action.

2019

- Ending Sexual and Gender-Based Violence Conference in Oslo.
- Publication of Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming.

Weak accountability stops rhetoric from becoming reality

The world has never seen a stronger expression of commitment from policymakers and humanitarian actors to prevent and respond to GBV in emergencies than there is today. Yet there is very limited capacity to hold donors and implementing agencies to account for commitments made; resulting in GBV remaining deprioritised and underfunded in conflict and crisis settings.

Limitations of the Call to Action

The *Call to Action* has been crucial in galvanising commitment to end GBV in emergencies from donors, UN and implementing agencies. It has strengthened collective action on GBV and driven greater accountability – though the full potential of the *Call to Action* to hold humanitarian actors to account is yet to be realised.⁸⁹ To increase the level of priority given to GBV at all stages of a crisis, knowledge and use of the *Call to Action* Road Map and related initiatives needs to be increased amongst humanitarian leadership and all actors working in conflict and crisis contexts, including those focused on other sectors such as health, education and employment.⁹⁰

Commitments made against *Call to Action* Road Map are voluntary and progress is self-reported by partners. Policies usually lack detail about how much the donor will invest in GBV and through which channels. This can provide an incomplete picture of partners' progressive efforts and is not conducive to truly understanding collective gains made by *Call to Action* to drive improvements in GBV prevention and response. Based on the voluntary nature of the partnership and the fact that there is a rotating lead, the *Call to Action* has little power to incentivise reform if partners fail to submit reports or if they are not delivering on their commitments.

Lack of policy coherence

Although many donors and international organisations have signed up to the *Call to Action*, this has not catalysed joint commitments to end GBV within guiding global frameworks for crisis affected populations, such as the SDGs and Global Compact on Refugees that engage government and UN leadership. This misses a key opportunity to strengthen accountability for improved GBV prevention and response, by linking these to internationally agreed targets that are tied to global monitoring frameworks and drive bilateral and pooled funding.

Similarly, many donor policies and strategies lack specificity about the activities to prevent and respond to GBV (in line with *Call to Action* commitments) and fail to sufficiently draw the links between these interventions and the fulfilment of SDG 5 for crisis affected women and girls. For example, few donor policies highlight the need to rapidly deploy gender and protection experts from the very beginning of a crisis to shape the overall response,

or acknowledge the vital importance of such expertise for ensuring women and girls have access to lifesaving services and long term development goods. Policies tend to emphasise sexual violence and GBV in conflict but lack detail on how all forms of GBV, and their drivers, will be addressed from the onset of an emergency. High-level commitments to the *Call to Action* need to filter down to all levels of donor and international organisations and be directly aligned to commitments under the SDGs, the GRF and the WPS action plans.

High-level representatives aren't mandated to hold humanitarian actors accountable

In addition to the work carried out by UN agencies, a number of high-level positions have been appointed within the UN system to promote the elimination of violence against women and girls and to investigate human rights violations (see Box 10). Special Representatives of the UN Secretary General (SRSGs) on Sexual Violence in Conflict and on Violence Against Children, and the Special Rapporteur on Violence Against Women play a vital role in advocating for an end to GBV, exposing human rights violations and keeping GBV on the agenda of the UN General Assembly and Security Council.

The work of these high-level representatives is critical, but it does not fall within their mandate to scrutinise the extent to which humanitarian actors are prioritising a comprehensive approach to GBV prevention and response or gender equality in their programmes or funding decisions. The emphasis of their work is on highlighting incidents of violence and recommending courses for action – particularly to Member States – to tackle impunity and increase access to justice, rather than holding donors and international organisations to account for commitments made under initiatives such as the *Call to Action*. Furthermore, there are critical groups of women and girls who fall outside of the SRSGs' mandates, namely those who are victims of non-sexual forms of violence in conflict and those at risk of sexual violence outside of conflict situations.



A group of adolescent girls from Syria express their unity during an awareness session on the effects of child marriage in the Bekaa Valley region of Lebanon. *Melissa Winkler/IRC*

Box 11: High-level representatives with GBV in their mandates:

Special Representative of the UN Secretary General on Sexual Violence in Conflict

The UN Secretary General first appointed a Special Representative of the Secretary General (SRSG) on Sexual Violence in Conflict in 2009 following Security Council Resolution 1888. The SRSG's office prepares an annual report which highlights verified incidents of sexual violence in conflict that have been committed by state or non-state actors and makes recommendations for action. The SRSG undertakes targeted advocacy with the UN Security Council and other political and policy-making bodies, as well as with Governments, donors and international media.⁹¹

Special Representative of the UN Secretary General on Violence Against Children

The SRSG on Violence Against Children was also appointed by the UN Secretary General in 2009 following a General Assembly resolution. The SRSG reports annually to the Human Rights Council and the UN General Assembly. In addition to regular reports, the SRSG can issue thematic reports on key areas of concern. The mandate of the SRSG covers all forms of violence against children including forms of gender-based violence such as child marriage and FGM.⁹²

Special Rapporteur on Violence Against Women, its Causes and Consequences

The UN Commission on Human Rights appointed a Special Rapporteur on Violence Against Women, including its causes and consequences in 1994. The Special Rapporteur gathers information on violence against women, its causes and consequences from a range of sources including Governments, specialised agencies and non-governmental organisations, including women's organisations, and makes recommendations on ways and means to eliminate all forms of violence against women and its causes, and to remedy its consequences. The Special Rapporteur can issue urgent appeals and communications to States regarding alleged cases of violence against women.⁹³

Time for greater leadership to keep women and girls safe

The last few years have seen an unprecedented level of public attention to the issue of violence against women and girls, catalysed by the #MeToo movement. This has been underpinned by demands for justice for perpetrators of GBV, alongside calls for changes in norms and practices across public and private spheres, to ensure women and girls are truly free from violence and sexual harassment throughout their lives. Leadership from high profile public figures, including politicians and celebrities, alongside the democratising platform of social media, will be crucial in maintaining progress to drive through necessary reforms that challenge the entrenched power of individual and institutions for the years to come.

Yet women and girls caught in conflict and crisis remain largely invisible in global public debates on violence against women and girls. Discussions of GBV prevention and response tend to be confined to sector specific conversations, which have limited ability to drive the types of fundamental changes needed across the range of public and private institutions operational in crisis contexts that impact the safety and wellbeing of women and girls. This requires leadership from national governments, who host large numbers of refugees, to ensure they can benefit from economic, social and political reforms. The private sector must make gender equality a clear priority for its foreign investment in fragile contexts and specifically address GBV prevention and response in its support for refugee livelihoods. Crucially it also necessitates more opportunities or local feminist leadership to hold governments and institutions to account for their promises by evidencing the lived experiences of women and girls in conflict and crisis.

2020 marks 25 years since the signing of the Beijing Declaration and Platform for Action, and despite its crucial importance for advancing gender equality, it has largely failed to drive progress in conflict settings. Unless urgent action is taken to increase the prioritisation of GBV across humanitarian, development and peacebuilding frameworks crisis affected women and girls will also be excluded from the SDGs. Greater leadership is therefore needed across the UN system ensure the gains made by Beijing and the SDGs improve the lives of women and girls caught in crisis by removing GBV as a barrier to their safety, resilience and wellbeing. The UN and progressive governments, who have already committed to applying a feminist lens to their foreign and domestic policies, must set out clear roadmaps that drive reforms to funding, partnerships and project design, to ensure such rhetoric is translated into real change on the ground.

What needs to change?

The SDGs will not be achieved unless they are achieved for everyone. Currently women and girls in crisis, those forced from their homes by conflict and climate change, are among the most marginalised and the least included in the vision of Agenda 2030: to leave no one behind. The next decade will require a step change by governments, the UN and other humanitarian development and peacebuilding actors, and the private sector to implement a feminist approach to the SDGs that is inclusive of women and girls in crisis.

This requires reforms to increase the prioritisation of GBV and gender equality within policy and funding streams, while also strengthening policy coherence and joint action between humanitarian, development and peacebuilding interventions. Much more can be done to draw expertise and partnership best practices from existing initiatives like the *Call to Action*, to better inform the design of pilot initiatives to improve programming and mobilise more flexible funding for women and girls in crisis across the triple nexus. While joint action is most appropriately driven from the local context there are reforms at a global level that will help to catalyse agency alignment and resource mobilisation around common goals and joint data collection.

The Office of the UN Secretary General has a key role to play in promoting greater alignment between different agencies that support women and girls in crisis, as part of a comprehensive Feminist UN Policy. This means increasing the incentives for new partnerships that established shared inter-agency targets and indicators

to address the drivers of GBV, and also by prioritising gender equality in new data partnerships, for example, the UNHCR-World Bank data centre. The UNSG can also strengthen the accountability for GBV commitments by linking them to accountability moments in the SDGs, the GRF and the WPS agenda and continue to advocate for the safety and wellbeing of crisis affected women and girls as central to all agendas.

The IRC calls upon the Office of the Secretary General to Launch a roadmap for Feminist UN Policy at the Beijing+25 meeting in Paris that includes specific steps to accelerate nexus partnerships between different agencies and agendas at the UN in support of SDG 5 for crisis-affected populations.

Safety first

Following years of positive attention and commitments to stop GBV, the time has come to finally put women’s and girls’ safety first in reality. Every moment that governments, donors and international organisations delay delivering on their promises, more women and girls are put at risk of physical and mental harm – even death. Our collective failure to put theories about how to effectively prevent and respond to GBV into practice during all stages of a crisis restricts women’s and girls’ rights to health, education, livelihood and much more. Until donors and humanitarian actors prioritise the safety of women and girls and tackle the causes and consequences of GBV they will continue to undermine their broader efforts to achieve the SDGs and build a peaceful, prosperous and more equal world.



The IRC office along Tubman Boulevard in Monrovia. Sam Duerden/IRC

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