Lifesaving, Not Optional: Protecting women and girls from violence in emergencies

The International Rescue Committee

A Discussion Paper

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EXECUTIVE SUMMARY

Around the globe, women and girls are threatened by violence. They face risks to their safety, mental and physical health, and sense of empowerment on a daily basis. During and after conflicts and natural disasters, these threats become more acute. Destruction, flight and upheaval erode the scant protections women and girls have even in times of stability, and gender-based violence (GBV)[1] escalates.

Attention to violence against women and girls in crisis, particularly during armed conflict, has increased over the past decade. The United States government has adopted ground-breaking policies on the role of women and girls in U.S. foreign policy and assistance. The National Action Plan on Women, Peace and Security, and the Strategy to Prevent and Respond to Gender-based Violence Globally – these are documents that lay out important goals and guidance for protecting and empowering women and girls. These frameworks are key to enhanced accountability and lay the foundation for moving from policy to action, as well as direct investment in the efforts to keep women and girls safe during crisis.

"Lifesaving, Not Optional" examines GBV responses in four emergencies – Haiti, Pakistan, the Horn of Africa and the Democratic Republic of Congo (DRC) – to better understand the decisions and investments that influenced response to violence against women and girls.[2] Taking a critical look at the obstacles to GBV response in these contexts allowed us to draw four overarching conclusions:

1. GBV is not prioritized as part of lifesaving humanitarian response in emergencies. In the earliest stages of a crisis, specialized GBV interventions *can* have an immediate impact on women and girls' health, psychosocial well-being and safety. Despite this, and the recognition that violence against women and girls is pervasive across emergency contexts, funding and programs to address GBV in emergencies remain minimal.

2. GBV programs are minimally funded at the outset of emergencies. Although funding appeals do not represent all resources requested, they give an indication of donor and UN priorities and they often shape the first three to six months of emergency response. The IRC reviewed appeals for five emergencies – three flash appeals and two refugee response plans – and found that GBV programs accounted for less than 1% – 2% of requested funding in each.

3. UN coordination and leadership essential for mobilizing funding, attention and action on GBV are weak. Coordination mechanisms and guidance exist, yet staffing and funding constraints prevent them from having a major impact on practice in the field.

4. Implementing organizations, donors and UN agencies lack consensus around the most immediate, lifesaving interventions to address violence against women and girls during crisis. International guidelines have set a standard for GBV response and prevention, outlining the necessity of GBV programming and the responsibility of all humanitarian sectors to reduce risks to women and girls. Yet organizations interpret, prioritize and operationalize these guidelines inconsistently, affecting whether or not survivors have essential services available to them in emergencies.

RECOMMENDATIONS

”Lifesaving, Not Optional” urges the humanitarian community to prioritize the protection of women and girls from violence and its consequences as lifesaving during emergencies, not optional. It offers a gendered vision of emergency response in which women’s and girls’ needs are made visible by the entire humanitarian system. Within this scope and based on the conclusions outlined in the executive summary, the paper puts forward the following three recommendations:

1. Donors must increase the speed and level of funding dedicated to GBV emergency response and preparedness. Funding is both a cause and indicator of systemic weaknesses in GBV emergency response. Limited funding is allocated to GBV in the first weeks and months following a crisis, delaying lifesaving services for women and girls. Low funding trends for GBV also mean that NGOs are unable to invest in dedicated sectoral expertise and capacity, and therefore are not positioned to respond when donors do allocate GBV funding in emergencies. Reversing this cycle requires that donors both dedicate GBV emergency response funding to be rapidly dispersed in crises, and make longer-term investments in learning, capacity building and preparedness.

2. UN agencies, in collaboration with NGOs, must ensure that GBV coordination bodies are established, resourced and staffed with qualified, senior-level GBV coordinators at the *beginning* of an emergency. UNICEF and UNFPA, as co-leads of the GBV Area of Responsibility, and UNHCR as the global protection lead, must make institutional investments to build upon recent initiatives to strengthen GBV coordination while also confronting recurrent, systemic weaknesses.

3. NGOs must make organizational commitments to GBV emergency response and preparedness, demonstrating capacity to operationalize existing guidelines and meet survivors’ lifesaving needs during crisis. While programming must be adapted to context, emergencies require a certain level of standardization to be relevant within a crisis timeframe. Implementing organizations must make investments in sectoral expertise, capacity and GBV-specific emergency preparedness, and put forward concrete response models to guide field-based programming.

PROTECTING WOMEN AND GIRLS FROM VIOLENCE IN EMERGENCIES SAVES LIVES

When crisis occurs, populations who have lost or fled their homes need urgent assistance: shelter, food, water, and medical care. These well-known needs are the core of emergency programming in the first days of response. Yet for women, displacement and destruction are not the only threats during emergencies. In times of crisis, women are at enormous risk of physical and sexual violence – from armed groups, strangers, neighbors and family members.

SURVIVOR NEEDS	TIMEFRAME for ACTION
Health	
Treat injuries →	Hours
Prevent HIV →	3 days (72 hours)
Prevent unwanted pregnancy →	5 days (120 hours)
Emotional →	Continuous

When a woman has been raped, she has just three days to access care to prevent the potential transmission of HIV, five days to prevent unwanted pregnancy, and sometimes just a few hours to ensure that life-threatening injuries do not become fatal. While medical services are essential, they are not the only lifesaving aspect of emergency GBV interventions. Even with such services in place, the path for a survivor to reach them is blocked with the hurdles of stigma, shame, fear and real threats to her security.

It is vital that GBV be considered and acted upon across every sector, although this consideration alone is not enough. Specialized GBV programming is needed from the outset to provide targeted structures, staffing and programs that offer counseling, connect survivors to assistance and provide safety amidst chaos. These programs also ensure that GBV experts are on the ground to inform the way that prevention and response are integrated across sectors and ensure accountability to GBV standards within the humanitarian community.

If specialized GBV programs are established in the first days of an emergency, women and girls are more likely to access services, take the first step toward recovery, and in turn support others. Without such programs, survivors face continued health and psychosocial consequences of violence. At the same time, the daily threats women and girls face as they seek necessities such as water, firewood, shelter and food, often go unreported and unaddressed, compounding the issues compromising their health and well-being.

Emergency response sets the stage for early recovery. By failing to address GBV at the outset, we weaken the foundation for women's resilience and health in the medium and long term, and create barriers to reconstructing the lives and livelihoods of individuals, families and communities. While it is often presumed that women's protection can wait, the reality is the reverse.

FOUR EMERGENCIES CLOSE UP

Haiti: Rhetoric versus reality

KEY FACTS

- Sexual and physical violence were well documented pre-quake.
- Coordination in initial months was weak.
- Out of $1.4 billion funding requested for emergency, only $5 million (0.3%) was for GBV programs.

BACKGROUND

Haiti is an example of how response to GBV can fall short even when the humanitarian community acknowledges it as a major concern. When the 7.5 magnitude earthquake hit just outside Port-au-Prince on Jan. 12, 2010, violence against women was already a well-recognized concern.[3] Women's rights activists, three of whom died that day, had struggled for years to put GBV on the radar of civil society.[4] Because of their work, even humanitarian actors new to Haiti realized they were working in a place where rape and physical violence against women was a grave problem.

Such awareness led to an almost unprecedented level of talk about GBV as a key emergency concern. Within three days of the disaster, UNFPA flagged GBV as an issue requiring attention[5] and by Jan. 24th, the UN activated the GBV sub-cluster. The lack of security for women and girls in the dangerous and poorly lit camps of Port-au-Prince consistently appeared in UN situation reports and the media. By early February, the crowded camps were deemed so dangerous that the protection cluster ordered 17,000 solar lamps to provide a modicum of security.[6]

COORDINATION & FUNDING

The awareness of GBV in Haiti did not lead to effective action. The GBV sub-cluster operated with minimal resources[7] and had three different coordinators in the first two months.[8] In the initial funding appeal for Haiti, the percentage for protection, under which GBV sits, was alarmingly small. In the revised flash appeal, out of $1.4 billion of funding foreseen for January to December 2010, only 4.4% went to protection, with the portion going to GBV programs even smaller.[9]

Many have critiqued the chaos of the Haiti response. In March, a group of women's organizations issued a "gender shadow" report decrying the near total absence of women in both the development and implementation of aid initiatives.[10] News footage showed food distributions that spiraled out of control, government leadership that was muddled, and a flood of NGOs that could not seem to find a way to coordinate effective assistance.

Even amidst such vast need and enormous barriers, some sectors fared better than others. Non-food items were distributed, medical teams were in action, and shelter, as inadequate as it was, was prioritized within not just the first weeks, but within the first days of the crisis. In contrast, GBV programming to address the basic health and psychosocial needs of survivors remained scarce for the six months. Even attempts to mitigate risks to women posed by poorly placed latrines, unsafe shelter, or inequitable access to food were considered either unrealistic or not a priority for the sectors involved.

The failures of the aid community in Haiti hit women hardest. In May 2011, UNHCR released a report showing that sexual abuse and exploitation were widespread, mainly because women and girls could not obtain the goods and services they needed to survive.[11] Today, three years after the earthquake, hundreds of thousands live in displacement sites. These sites have become new shantytowns in Port-au-Prince and are dangerous places for women and girls.[12] Advocacy groups and media continue to report on rape and other forms of violence targeting women and girls. And women and girls who suffer violence still have alarmingly few options for services and support. As has been widely reported, the humanitarian response in Haiti represents a failure to seize opportunities that could have led to faster, earlier and more sustainable action.

Pakistan: Violence made invisible

KEY FACTS

- Violence against women is seen as too taboo to address.
- The GBV sub-cluster was the last cluster to be established.
- Of Over $2 billion funding requested for emergency, less than 1% of it mentioned GBV.

> "The humanitarian community was almost completely silent about the protection concerns of women and girls."
>
> *-Briefing paper on flood-displaced women in Sindh Province, Pakistan (IDMC)*

BACKGROUND

Pakistan represents a case that is in many ways opposite to that of Haiti. GBV was invisible to humanitarian actors when floods affected 20 million people in the summer of 2010. And despite the fact that cases of abuse and rape of women in Pakistan often make it to the top of media headlines, humanitarian actors considered GBV programming to be unrealistic and ill advised in a country with strict cultural and religious norms about women.

When the government issued a red alert for assistance in August 2010 after a month of heavy rains, 84 out of 121 districts in Pakistan were affected.[13] Some of the hardest hit areas were also the most conservative, reinforcing apprehensions about the feasibility of GBV programs.[14] Many of these communities observed *purdah,* women's segregation from men outside their family. This made women's needs both more acute and less visible as displacement forced communities into close quarters.

Women's needs were absent from most of the early humanitarian reports on the disaster. Initial appeals and assessments made little if any reference to GBV. The few remarks made about violence were noticeably tepid, warning for example that GBV *may* increase.[15] And while many assessments were conducted, most collected household-level data and noted that women were difficult to access. This left women's needs unknown or assumed to be the same as their male family members.[16]

Other sectors' assessments of the health, water, sanitation and hygiene or food needs of the displaced did, usually in footnotes, hint at how women and girls were suffering in Pakistan. In late 2010, the World Food Program reported that 60% of women felt they did not have enough privacy to use the toilet, and 80% did not have enough privacy to breastfeed.[17] Still, the failure to meet standards continued within displacement sites. Women and girls were stuck inside crowded tents, in the heat, with extremely limited access to assistance.

COORDINATION & FUNDING

The GBV response in Pakistan was a slow-onset response within a slow-onset crisis. The GBV sub-cluster was the last cluster to be established, in late September, almost two months after the crisis was declared. Because floods and disaster are cyclical in Pakistan, for a certain time there are overlapping coordination bodies – those that precede the crisis and those established as emergency mechanisms. This approach led to delays in GBV coordination, as actors debated whether a sub-cluster was necessary given the pre-existence of a Gender Thematic Working Group. Once established, the GBV sub-cluster brought new and focused attention to GBV in the flood response. During the first week that a GBV coordinator was in place, an "urgent need for GBV prevention and response programs" appeared in the OCHA situation report.[18] It was the first time that GBV had been explicitly mentioned in weekly updates.

With such ambivalence about the need for targeted attention, women and girls largely suffered in silence during the Pakistan floods. Funding was woefully low. The revised flash appeal called for almost $2 billion in aid; less than 1% of it mentioned GBV.[19] A July 2011 InterAction review of GBV funding found that of the more than 50 projects submitted for GBV in the flash appeal, not one was funded.[20]

Pakistan is a difficult context in which to address GBV. Yet, as in Haiti, Pakistan has vibrant women's organizations. Despite the taboo around acknowledging the existence of violence against women, there are many, most famously Mukhtar Mai, who speak out against it. Stigma is a barrier to addressing GBV in every context, not just religiously conservative ones. Humanitarian agencies must find a way to respond to violence against women and girls across diverse contexts, even where that violence is not easily seen, discussed or acknowledged.

Dadaab, Kenya: Protection crisis with a female face

KEY FACTS

- Humanitarian community focus is on famine not protection.
- One year after famine declaration, reported cases of GBV in Dadaab increased by a third while GBV funding had been cut in half.

> "In the forest, there are men with guns who will not care if you are old, pregnant or sick, they will rape you without consideration."
>
> *-Woman, IRC GBV Assessment, Dadaab, July 2011*

BACKGROUND

Warnings of famine were ongoing for months before it was declared in southern Somalia in July 2011. While populations had been fleeing drought throughout the first half of the year, by August, neighboring countries began to see a crisis unfold. In August 2011, new arrivals poured into the Dadaab camps in northeastern Kenya, which had been housing refugees since 1991. Almost overnight the camps became synonymous with a massive drought emergency rather than a protracted refugee situation.

Humanitarian agencies focused on severe malnourishment, particularly of children, in the early weeks of the crisis.[21] Soon, however, as refugee influxes – mostly women alone or with children – overwhelmed registration centers, it became clear that this was also a protection crisis: one with a female face.[22]

Refugees arrived in Dadaab after crossing a border region filled with armed groups and bandits. NGOs began to signal an increase in the reports of rape even before the official famine declaration.[23] And while the flight from Somalia was treacherous, many aid agencies indicated that this was not the only threat. Camps were overcrowded, and newly arrived women and girls were living on the outskirts. They were distant from the protection of official camps, had limited and difficult access to aid, and traveled far to get water and firewood in a drought-ridden region.

COORDINATION & FUNDING

In Dadaab, GBV programs are coordinated under the auspices of UNHCR, with the three primary NGOs (CARE, the IRC and Save the Children) delivering services to survivors in the locality's three camps — Hagadera, Ifo and Dagahaley. Funding had always been modest, but basic GBV programs were in place prior to the 2011 crisis. As new refugees arrived, GBV programs were unprepared and did not keep apace.

The solution to the risks facing women finally focused on opening new camps, where basic services and protective conditions could be planned from the start. Kambioos and Ifo Extension were opened in August 2011, with hopes for adequate shelter, sex-separated latrines and immediate funding for GBV programs. But the transfer to the new camps was disorganized and presented dangers. Female-headed households were placed in insecure areas and basic services were lacking.[24]

The situation in Dadaab has continued to deteriorate. Between February and May 2012, the number of cases of GBV reported to IRC increased by 36%, while our funding for GBV was cut in half.[25] Dadaab is the largest refugee camp in the world. The women and children who are the majority of its 450,000 inhabitants remain at acute risk.[26]

Democratic Republic of Congo: Trapped between emergency and stability

KEY FACTS

- Reported cases of GBV in North Kivu have increased significantly in correlation with the upsurge in violence and displacement starting in May 2012.[27]
- Despite the existence of funding for GBV programs, it is tied to stability and not accessible in emergencies.

> "Congo is not the rape capital of the world. It is a home. *My* home. Talk to me and I will tell you why that was a good thing, and [how] it can be once more."
>
> *-Estelle, displaced woman in North Kivu*

BACKGROUND

The DRC has brought alarming rates of violence against women and girls to the attention of the general public in recent years, from ongoing international media coverage to very public visits by prominent figures, including U.S. Secretary of State Hillary Clinton in 2009.[28]

This context, particularly in the eastern DRC provinces, presents a challenge for humanitarian response, given that communities are trapped between alternating states of emergency and stability. Starting with the genocide in Rwanda, which resulted in a decade-long war, to the recurrence of natural disasters and outbreaks of disease, to the most recent upsurge of violence in North Kivu, programming takes place amidst episodic crises.[29]

Starting in late April 2012, North Kivu was struck by another outbreak of conflict. Months of fighting resulted in mass displacement and increased sexual violence against women and girls.[30] This brought renewed attention to North Kivu and the launch of emergency measures. Paradoxically, the humanitarian community did not prioritize GBV in this response.

COORDINATION & FUNDING

To understand this oversight, it is necessary to look at the evolution of GBV programs in DRC. Over the years, international attention to sexual violence in DRC *has* resulted in resources and funding being dedicated to GBV programs. Because the level of funding is perceived as high,[31] there is an assumption that it covers all the needs of women and girls. However, GBV resources are linked to longer-term, development programming and stability initiatives.[32] As a result, donors wrongly assume that when an emergency spikes, those resources are available for immediate access.

The United Nations (UN) Central Emergency Response Fund (CERF) did not include GBV programs in either the Rapid Response or Underfunded Emergencies allocations in 2012. Of more than $31 million allocated to DRC between January and October 2012, protection received less than 1%.[33] In 2011, of the total 30 projects and nearly $16 million allocated to North Kivu through the UN Common Humanitarian Funds (CHF) pool, only one project specifically mentioned sexual violence or any other form of GBV (about $300,000 or less than 2%).[34]

Finally, the overlap of parallel coordination structures has also stifled GBV prioritization in emergency response. In 2009, the government, in collaboration with the UN, launched the National Strategy on Sexual and Gender-Based Violence. Whereas previously GBV initiatives were coordinated through a sub-cluster, the National Strategy created a five-pillar mechanism for coordinating sexual violence initiatives. This mechanism was oriented toward stability and reconstruction, not emergencies. This means that when conflict occurs there are up to six coordination bodies involved (the five pillars plus the protection cluster), with only the cluster being emergency focused. As a result, the emergency coordination systems (the clusters) are often disempowered when it comes to GBV, while the sexual violence pillars are slow to react or to prioritize emergency response. Once again, women and girls in North Kivu are trapped between emergency and a post-crisis environment.[35]

In DRC, in contrast to other emergency contexts, the humanitarian community has had success in bringing attention to the needs of women and girls. But resources, coordination and prioritization have not followed, weakening the humanitarian community's ability to translate advocacy and policy to the action necessary to make a difference for women and girls.

LESSONS LEARNED

The case studies from Haiti, Pakistan, Dadaab and Congo illustrate the systemic weaknesses in GBV response. They teach lessons that go beyond individual crises and point to common shortcomings that must be addressed if the important strides forward that have been taken in policy are to be translated into humanitarian action. Here are the four most important findings.

1. GBV is not prioritized as part of lifesaving humanitarian response in emergencies.

Over the last decade, GBV actors have sought to cement GBV as a vital area of response during crisis. Experience and research demonstrate that women and girls are at risk in every crisis, yet in every crisis the case must be made from scratch that GBV is occurring. Seemingly, this challenge has been addressed: internationally accepted guidelines now outline a clear standard that states that humanitarian agencies "should assume that GBV is taking place and that it is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence." [36] And yet, this standard is almost never upheld. Most donors and agencies require that GBV cases be reported at a scale that is deemed response-worthy before they fund programs and take action. In some cases, this is justified as demonstrating that there is a direct correlation between the violence and the emergency, when in reality, as in the case of other sectors, GBV is a problem that pre-exists specific emergencies and then intensifies with crisis and upheaval.

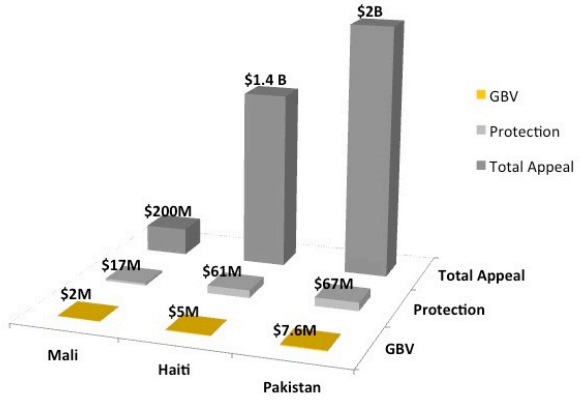
In every emergency, donors, UN agencies and NGOs make determinations regarding the sectors in which they will invest. These are the sectors that are deployed within the first 48 hours. And although GBV programs provide response to and protection from life-threatening violence, this sector has never received the attention or funding needed to make programs operational not just in the first few days, but in the first few months following an emergency. Perhaps the most critical obstacle to protecting women and girls from physical and emotional suffering and the lasting impact of violence is the failure to regard this goal as truly urgent.

2. GBV programs are minimally funded at the outset of emergencies.[37]

CONTEXT	GBV as % of APPEAL (requested)	GBV as % of PROTECTION (requested)
HAITI	0.36%	8.33%
PAKISTAN	0.38%	11.31%
MALI	1.02%	12.31%

In the examination of four high-profile crises, this paper has demonstrated the severe lack of funding allocated to GBV in emergencies. This trend remains consistent in other emergencies and humanitarian appeals. A snapshot of the flash appeal in Mali,[38] for example, shows that GBV represents 1% or less of all requested funding.[39]

Projects that appear in any flash appeal reflect the priorities identified by the humanitarian community through UN-led initial assessments, which aim to structure the first three to six months of an emergency response. So although these appeals are not comprehensive of all funding requested or provided, they do give an indication of donor and NGO priorities, and are a good barometer of funding trends. This relative absence of GBV in flash appeals sends a signal to the humanitarian community that a GBV response is not needed.

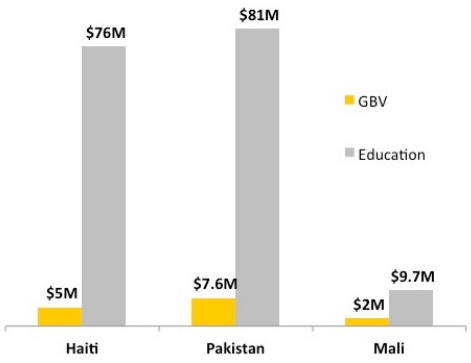


A similar funding trend has been evident in refugee response plans.[40] UNHCR appeals for the Syria crisis, and for the Sudanese refugees coming into the Upper Nile States of South Sudan following fighting in 2011, show a funding request for GBV of approximately 1% – 4%.

Because GBV falls under the general category of protection within emergency appeals, donors are often not fully aware of the degree to which it is being ignored. In many crises, donors make statements about the importance of addressing GBV. But these

statements do not always translate into funding, which then makes it to the hands of a GBV service provider. Without clarity around GBV funding, it is hard to hold the humanitarian community accountable for stated intentions.

Of course, GBV is not the only underfunded program during emergencies. Many important programs receive inadequate attention as the majority of resources go into the areas of food, shelter, water and sanitation, and health. Education is another critical gap in emergencies, for example. And yet in the three crises cited above, funding requests for education still far outstripped GBV.



The aim of this analysis is not to compare costs between sectors, but rather to call attention to the GBV funding crisis. Because GBV does garner attention from media and advocacy groups, there is an erroneous perception that GBV funding is considerable, with some claiming that it is excessive and has become a "business."[41] In reality, GBV programs are seriously underfunded, much to the detriment of women and girls in desperate need of emergency services and protection.

3. UN coordination and leadership essential for mobilizing funding, attention and action on GBV are weak.

Coordination of GBV programs in emergencies is delayed, under-resourced, and often lacking in full-time senior staff. This reality is the same regardless of context and independent of the coordination mechanism involved. Weak coordination structures lead not only to a lack of targeted GBV programming, but also a lack of attention across sectors to the protection risks of women and girls. During periods when swift response is critical, effective action is sorely lacking because there is no coordinated leadership to sound the alarm, direct attention and resources to GBV, and reinforce standards across sectors.

Weak coordination is not the result of lack of policy or guidance. The need for GBV coordination,[42] the role of GBV coordinators and the process for establishing GBV coordination structures have all been well established.[43] Unfortunately, these standards and guidelines are often not reflected in field practice because of problems of staffing, funding and prioritization of GBV coordination within the lead agencies responsible for it.

At the global level, UNICEF and UNFPA lead the GBV Area of Responsibility.[44] They are tasked with ensuring that coordination happens, either by leading it directly, or by supporting another agency, government or NGO partner. In emergencies where clusters have been established, a GBV sub-cluster, which sits under the protection cluster, is usually activated and should be led by a dedicated GBV coordinator.[45] Yet GBV coordinators are rarely deployed in the first days of an emergency and trail behind their sectoral counterparts because of staffing and funding delays. The GBV Area of Responsibility has recently established a GBV rapid response team to address this gap, but staffing it remains a challenge. Coordination delays and a general lack of predictable leadership, considered unacceptable in other sectors, continue to be the norm for the GBV sector.

In refugee contexts, UNHCR takes the lead on GBV coordination. GBV has long been well-recognized as a core protection priority within UNHCR. Indeed, in 2003 it became the first UN agency to develop guidelines on sexual and gender-based violence (SGBV), and it updated its strategy in 2011.[46] As UNHCR policy on SGBV has evolved, there has been an attempt to place responsibility for this issue at the most senior level of a country office, with multi-functional teams working together to ensure a comprehensive approach. Yet in practice, GBV responsibilities continue to fall on assigned "focal points." These focal points are usually either community services or protection officers, who may or may not have relevant expertise, who are often junior, and who frequently act as focal points for multiple issue areas.[47] Without funding or strong GBV coordination bodies to signal need, it is not surprising that women and girls are overlooked during emergencies.

4. Implementing organizations, donors and UN agencies lack consensus around the most immediate, lifesaving interventions to address violence against women and girls during crisis.

International guidelines have set a standard for GBV response and prevention, outlining the necessity of GBV programming and the responsibility of all humanitarian sectors to reduce risks to women and girls. And yet, how organizations interpret, prioritize and operationalize these guidelines varies greatly, and impacts whether survivors have essential services available to them in emergencies. Some donors prefer to fund solely through health initiatives, while some believe that GBV should be mainstreamed across sectors or that economic programming will ensure that women and girls have access to resources. These are important programs, but they are not enough when carried out in isolation. The most urgent element of GBV programming – direct service provision for survivors – should be addressed through specialized programming led and informed by GBV experts.

There is agreement that specialized GBV prevention and response should be multi-sectoral,[48] which often translates into four pillars of programming: health, psychosocial, legal/justice and socio-economic reinsertion. Yet in emergencies, humanitarian actors often do not agree about what to prioritize. The IRC's emergency response approach emphasizes health and psychosocial services, along with risk reduction strategies that will have immediate impact on preventing violence. IRC experience shows that these activities save lives and address the most severe consequences of violence – injury, illness, psychological trauma and personal safety.

In some emergencies, such as in Haiti, there was a strong focus on establishing justice responses, even though most survivors could not access health or psychosocial services. While access to justice and working with communities to change norms are incredibly important aspects of GBV response, they are better addressed once lifesaving care is in place and emergency response actors have the capacity to establish more comprehensive programming. Too often, while looking for the long-term solution to end rape, the humanitarian community overlooks the everyday solutions that can make women safer.

Because there is no consensus about the scope of what is urgent, GBV can seem too multifaceted for concrete programming during an emergency. Until there is agreement about how to implement GBV standards through concrete programming approaches, GBV will continue to be addressed in an ad-hoc manner.

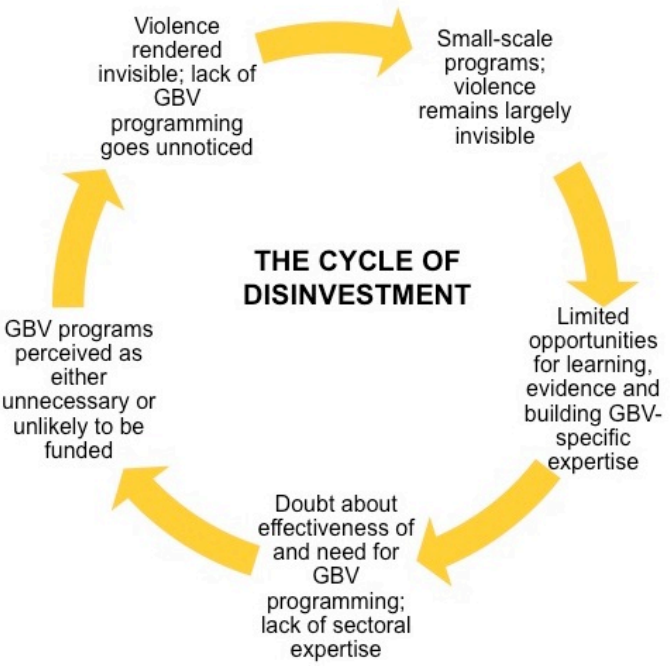
RECOMMENDATIONS

Swifter action to protect women and girls requires that the humanitarian community – NGOs, UN agencies and donors – prioritize GBV as lifesaving in emergencies. Problems in GBV emergency response are systemic and therefore solutions must be as well. Although many individuals within the humanitarian community — donors, coordinators and implementers — have tried to do more to establish the protection of women and girls as a priority, such efforts run up against a chronic cycle of disinvestment. The following recommendations offer a blueprint for change through increased funding, stronger coordination, and stronger GBV programming. Meaningful progress will require a shift in how the humanitarian community views and acts on its commitment to women and girls in emergencies.

1. Donors must increase the speed and level of funding dedicated to GBV emergency response and preparedness.

Funding is both a cause and an indicator of systemic weaknesses in GBV emergency response. Limited funding is allocated to GBV in the first weeks and months following a crisis, delaying lifesaving services for women and girls. Low funding levels for GBV also mean that NGOs are unable to invest in dedicated sectoral expertise and capacity, and therefore are not positioned to respond when donors do allocate GBV funding in emergencies. Meanwhile, the needs of women and girls go unmet because there are no services in place to serve them. Reversing this cycle requires that donors both dedicate GBV emergency response funding to be rapidly dispersed in crises and make longer-term investments in learning, capacity building and preparedness. Donors must:

- Adhere to the *IASC Guidelines on Addressing GBV in Humanitarian Settings* by assuming violence is occurring and funding response programs, even in the absence of data or reported incidents. Donors should fund an initial set of response activities from the outset, focusing on establishing or strengthening services and mitigating immediate risks.
- Track and monitor GBV funding. Many donors and UN agencies fund GBV programs out of protection pots, which do not track investments in GBV within the general protection category. GBV programs must be made visible within funding streams both to monitor resource commitments and to understand funding gaps or trends.
- Increase funding for GBV programs within the first six months of an emergency. This paper estimates that less than 1% of funding goes to such programs. Donors should set a goal of doubling this funding in order to spur learning and investment.
- Accompany funding by research to build a base of practice and learning for future emergencies.
- Support inter-agency needs assessments that outline the scale of funding required to meet minimum standards of GBV prevention and response. This will require a shift from documenting prevalence to assessing service provision.
- Establish donor coordination mechanisms to set joint funding goals and share research and evidence on program quality. This coordination should include U.S., European and other donors to maximize the impact and transparency of GBV investments.



2. UN agencies, in collaboration with NGOs, must ensure that GBV coordination bodies are established, resourced and staffed with qualified, senior-level GBV coordinators at the beginning of an emergency.

UNICEF and UNFPA as co-leads of the GBV Area of Responsibility and UNHCR as the global protection lead must make institutional investments to improve and monitor their performance on GBV coordination. These agencies must:

- Resource and staff the global GBV Area of Responsibility. The GBV Area of Responsibility is currently without a coordinator and often suffers staffing gaps. GBV coordination should be supported by a global team that includes coordinators as well as specialists in areas such as assessments, monitoring and evaluation.
- Ensure the deployment of a full-time, senior-level GBV coordinator with relevant expertise in every emergency.
- Monitor the performance of coordination bodies both in real-time to adjust to weaknesses in specific emergencies as well as through annual reviews to identify ongoing problems.

3. NGOs must make organizational commitments to GBV emergency response and preparedness, demonstrating capacity to operationalize existing guidelines and meet survivors' lifesaving needs during crisis.

While programming must be adapted to context, emergencies require a certain level of standardization to be relevant within a crisis timeframe. Implementing organizations must make investments in sectoral expertise, capacity and GBV-specific emergency preparedness, and put forward concrete response models to guide field-based programming. NGOs must:

- Build organizational commitment and investment in prioritizing women and girls in all sectors of emergency response.
- Ensure that all programming, regardless of whether it has an intentional focus on violence against women and girls, is meeting standards around GBV prevention and response.
- Invest in strengthening GBV capacity and GBV-specific emergency preparedness. Staff capacity and expertise are essential to quality GBV program design and implementation, and are particularly important to reducing the risk of doing harm in emergencies.

CONCLUSION

The issue of violence against women and girls in emergencies has arguably garnered more attention and focus from policymakers and practitioners than ever before. There is commitment to dialogue and to advancing efforts to improve GBV response. However, it remains to be seen how these strides forward will translate into a difference for the lives of women and girls. The onus is on us as the humanitarian community to change current patterns in emergency response to GBV, and to improve investments and actions that keep women and girls safe during crisis.

[1] This paper uses the term gender-based violence as this is the most common term used within the humanitarian community to refer to the area of programming that addresses the gendered violence women and girls experience.
[2] Information for this paper was drawn from assessments carried out by the International Rescue Committee (IRC), external literature including OCHA situation reports and UN agency reports, initial and revised flash appeals, and refugee response appeals.
[3] See Amnesty International. 2008. Haiti: Don't turn your back on girls: Sexual violence against girls in Haiti and Human Rights Watch/National Coalition for Haitian Refugees. 1994. Rape in Haiti: A Weapon of Terror.
[4] Myriam Merlet, Magalie Marcelin and Anne Marie Coriolan, who were founders of Haitian women's advocacy groups Enfofamn, Kay Fanm, and SOFA, died in the earthquake. SOFA launched the first public campaign against violence against women in 1987, and all three organizations were critical in speaking out against violence against women, with increasing intensity throughout the past 20 years.

[5] OCHA. January 15, 2010. Situation Report #4.
[6] See OCHA Situation Reports #11,12,16 and 20.
[7]See Haiti Revised Humanitarian Appeal, February 18, 2010. UNFPA's funding request for GBV sub-cluster coordination was a little over $300,000. In comparison, UNICEF's funding request for nutrition cluster coordination to support the earthquake response was $1.5 million. In the GBV Sub-Cluster Update, March 2010, the sub-cluster notes a need for office space. Many clusters, such as health or nutrition, have a cluster team (with a Coordinator, Deputy Coordinator and assessment specialists) and include requests in the flash appeals for coordination, assessment, technical support as well funding, to take on their role as "provider of last resort." The GBV sub-cluster did not have this level of support. For background on other clusters performance in Haiti see "The Haiti Earthquake - Country and Global level Cluster Coordination Experiences and Lessons Learnt". *Field Exchange,* Issue 39.
[8] InterAction. 2010. "Lessons from the Haiti Response and Recommended Next Steps."
[9] Haiti Revised Humanitarian Appeal, February 18, 2010.
[10] Haiti Equality Collective. 2010. *Haiti Gender Shadow Report: Ensuring Haitian Women's Participation and Leadership in All Stages of National Relief and Reconstruction*
[11] UNHCR. 2011. *Driven by Desperation: Transactional Sex as a Survival Strategy in Port au Prince IDP Camps*
[12] New York Times. August 15, 2012. "Years After Haiti Quake, Safe Housing Is a Dream for Many."
[13] Pakistan Initial Floods Emergency Response Plan. August 2010.
[14] Time. September 2010. "How Pakistan's Floods Have Made Women Too Visible"
[15] Pakistan Floods Emergency Response Plan. 2010. Revision.
[16] See IDMC Briefing Paper on flood-displaced women in Sindh, Pakistan (June 2011). They describe a situation in which "women's voices were harder to hear and their ability to participate in key processes and decisions affecting them severely limited. This was particularly true for needs assessments, in which women were greatly underrepresented. Displaced women interviewed by IDMC's female researchers complained about not being interviewed by assessment teams although the men were. Some assessments even operated under the assumption that a thorough understanding of women's concerns was beyond their reach, presumably due to a lack of female staff." See also the Multi-Cluster Rapid Assessment Mechanism (McRam). Even though an attempt was made to interview both men and women, they surprisingly found no differences between men's and women's viewpoints, noting "There was a high correlation in the responses between male and female community groups and also between the responses in the household questionnaire with the community questionnaire." This suggests that even assessments that tried to ensure gender balance failed to capture women's specific risks.
[17] World Food Programme. Pakistan Floods Impact Assessment. September 2010.
[18] OCHA. Situation Report 28. September 28, 2010.
[19] Flash Appeal: Pakistan Floods Emergency Response Plan (August 2010 - July 2011).
[20] InterAction. 2011. Pakistan.
[21] This tendency was highlighted by UNICEF who called for more attention to GBV in *Prevention of and response to gender-based violence (GBV) in the drought crisis in the Horn of Africa,* July 2011. See also IRC "The Hidden Side of Famine: Violence against Women and Girls Fleeing Somalia," July 2011 and Refugees International, "Horn of Africa: Not the Time to Look Away," December 2011, which notes: "In the refugee camps in Kenya and Ethiopia, UN agencies and NGOs have responded well to meet the basic needs of hundreds of thousands of new refugees, but protection monitoring and programming remains weak." Several news reports also critiqued the response, calling for more than just food aid. See *The Guardian*, "The rape of Somalia's women is being ignored," October 2, 2011 notes that: "While agencies bring food and medical aid to famine-hit Somalia, rapidly escalating sexual violence is treated as a low priority". See also *The Globe and Mail*, August 11, 2011 "Security as well as food needed for Somalia's famine refugees."
[22] IRIN. July 2011. "Red tape adds to refugee woes in Dadaab."
[23] CARE. July 2011. "Reported Cases of Sexual Violence Have Quadrupled Among Refugees". IRC. "A Rapid Gender-Based Violence Assessment, Dadaab, Kenya". July 2011.
[24] *Monthly Developments,* "Safe from war and famine in Somalia, but still not safe from violence," by Sinead Murray, Elisabeth Roesch and Leora Ward. September 2012. See also CSIS, March 2012, which notes: "Kambioos, another extension camp slated to house 200,000 refugees, is still awaiting Kenyan government approval. Though not officially recognized or properly outfitted with amenities, Kambioos camp is already home to over 12,000 refugees." The opening of Kambioos occurred under extreme pressure to get refugees out of insecure outskirt areas. In a Voice of America article, "New Somali Refugee Camp Set to Open in Kenya," on August 11, 2011 (one day before transfers began), UNHCR describes the difficulties in opening new spaces for refugees and notes that the camp will open with very basic amenities, with latrines still being built.
[25] Briefing Note. "The Human Costs of the Funding Shortfalls for the Dadaab Refugee Camps". July 2012. CARE, Catholic Relief Services, Danish Refugee Council, International Rescue Committee, Lutheran World Federation, Norwegian Refugee Council, Oxfam and Terre des Hommes
[26] CSIS. "The Dadaab Refugee Complex: A Powder Keg and It's Giving Off Sparks" by William J. Garvelink and Farha Tahir, March 2012.
[27] The IRC is currently not sharing data publicly; please contact bilaterally for further information.
[28] Radia, K. (2009, August 11). *Clinton Visits Most dangerous Place on Earth to be a Woman*. Retrieved September 2012, from ABC News: http://abcnews.go.com/Politics/International/story?id=8305857&page=1
[29] The Economist. July 2002. "Africa's Great War."
[30] IRIN. June 2012. "DRC: IDPs weigh options as fighting rages in North Kivu."
[31] Douma and Hilhorst. 2012. "Fond de commerce? Sexual violence assistance in the Democratic Republic of Congo," *Disaster Studies.* Occasional Paper 02. Eriksson Baaz, Maria & Stern, Maria, 2009, "Why do Soldiers Rape? Masculinity, Violence and Sexuality in the Armed Forces in the Congo", in *International Studies Quarterly.* (2009) 53. There have been a few articles

written claiming that funding for sexual violence is excessive in the DRC. Both cited here make that argument based on perceptions of funding rather than a rigorous analysis of actual funding and neither addresses whether funding matches need.

[33] CERF: http://www.unocha.org/cerf/cerf-worldwide/where-we-work/cod-2012 and http://reliefweb.int/report/democratic-republic-congo/bulletin-central-emergency-response-fund-regional-office-west-and
[34] Common Humanitarian Fund, The Democratic Republic of Congo. 2011 Annual Report: Annex. OCHA/UNDP Joint Humanitarian Financing Unit.
[35] A report released by Refugees International two years ago highlights this exact struggle: "The component working groups replaced the previous coordination structure of the GBV sub-working group led by UNFPA. However, the activities of the component working groups, as part of the STAREC [Stabilization and Reconstruction] strategy, will mainly focus on selected areas, which could benefit from more stabilization programming. The working groups are not set up to address sexual violence in emergency settings, as the previous sub-working group did. As a result, there is no longer a forum to quickly organize an operational response in case of a new crisis or to take up advocacy." See: Refugees International. (2010). *DR Congo: Emergency Response to Sexual Violence Still Essential.* Washington, D.C.
[36] IASC. 2005. *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.*
[37] A note about how GBV was calculated: In both the flash appeals and refugee response plans, there is no category for "GBV". GBV projects are generally submitted under the general protection section. Therefore, IRC went through the projects to determine which ones might be "GBV" programs (usually these were the ones that actually mentioned GBV or violence against women explicitly). In some cases, projects were multi-sectoral and IRC had to estimate the percentage going to GBV. For example, if GBV was mentioned as one of three outcomes in a child protection project, we estimated 1/3 of the total requested for that project as being for GBV. Also, we didn't include projects that didn't mention GBV or violence against women explicitly. For example, there were projects for "vulnerable populations" or women or gender mainstreaming that were not included because we couldn't assume they aimed to have an impact on GBV prevention and response.
[38] Haiti: Funding information was taken from the Haiti initial and the revised flash appeals, on the dates that they were issued (Initial issued on January 16, 2010 and the revised issued on February 18, 2010). Pakistan: Funding taken from the initial appeal (the Pakistan Initial Floods Emergency Response Plan) issued on August 9th and the revised flash (the Pakistan Floods Emergency Response Plan) issued on September 17th. Mali: Funding information taken from the Global Appeal for 2012. In June, this appeal was revised to take into account the increased displacement due to the political crisis (the coup in Mali) and the growing food insecurity due to drought across the Sahel.
[39] The flash appeal reflects what is requested. However, not all projects in the flash are funded so this represents an upper limit.
[40] Funding information taken from the updated Syria Regional Response Plan issued in September 2012 (which covers Iraq, Jordan, Lebanon and Turkey) and the 2012 UNHCR Budget for South Sudan. With the budget for South Sudan, this report examined only the funding for Sudanese refugees (those coming into Upper Nile and Unity) which is accounted for under Pillar I (Refugee Program).
[41] Douma and Hilhorst. 2012. "Fond de commerce? Sexual violence assistance in the Democratic Republic of Congo," *Disaster Studies.* Occasional Paper 02.
[42] IASC. 2005. *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.*
[43] Gender Based Violence Area of Responsibility Working Group. 2010. *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings.*
[44] Ibid.
[45] The Handbook for Gender-Based Violence Interventions in Humanitarian Settings argues for the importance of a coordination body for GBV and for that body to be led. It does not indicate, however, which individual should lead it. The Handbook aims to be flexible and adaptable to context, yet in an emergency this flexibility can lead to delayed action. IRC and other NGOs have worked with the AoR to try to find solutions to ensure full-time coordinators are in place at the outset of an emergency. However, recent emergencies show that these efforts haven't yet yielded concrete improvements.
[46] UNHCR. 2003. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. UNHCR. 2011. *Action against Sexual and Gender-Based Violence: An Updated Strategy.*
[47] UNHCR has attempted to bring more clarity to the roles and responsibilities of country and field-level positions, in particular the community services officer. Multiple evaluations have shown that important responsibilities, like GBV programs and coordination, are put upon junior staff without senior level country or technical support (see UNHCR. 2011. Community Services: towards a community development approach and CASA Consulting. 2003. The community services function in UNHCR: An Independent Evaluation). To address this problem, there has been an attempt to place responsibility for GBV within high-level positions that are tasked with ensuring GBV is addressed across a multi-functional team (partners, government representatives, protection officers, community services officers, programs, etc.). However, the application of this approach remains inconsistent.
[48] IASC. 2005. *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.*