What does GBV Emergency Response 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

Why GBV Services are Life-saving

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 or to work on a safety plan to save her life.

Cover: The IRC and the United Arab Emirate’s Ministry of International Cooperation and Development decided to work in partnership to establish mobile medical teams and support a cadre of community health workers to improve the health of vulnerable Jordanians and Syrians in rural areas in northern Jordan. Pictured are community health volunteers, being trained by members of the IRC Health Team in Badiah village, northern Jordan. Timea Fauszt/IRC
Local organisations – particularly women’s organisations – have been working to prevent and respond to gender-based violence (GBV) in emergencies for decades. Despite their extensive experience and skills, they face a broad range of challenges in delivering aid to women and girls in emergencies; from lack of sustainable funding and operational capacity, to obstacles in partnering with international non-governmental organisations (INGOs).

Advocacy from INGOs and local and women’s organisations have catalysed commitment to localising GBV emergency response within various humanitarian policy frameworks, including the Grand Bargain. In this brief, the International Rescue Committee (IRC) shares learning from its programmes working with local and women’s organisations to respond to GBV in emergencies and shares policy and programming recommendations to bring high level commitments into action on the ground.
Best Placed Yet Often Excluded: Local Organisations’ Response to GBV in Emergencies

Local and women’s organisations are best placed to respond to GBV when an emergency strikes. Because they are already working in a particular community, they are often poised to respond before INGOs are able to mobilise resources and deploy international staff. They are also able to remain and maintain access to remote and affected communities long after INGO staff are evacuated. They are local leaders in their communities and understand the context, the challenges and the entry points for establishing life-saving GBV services in a specific location once an emergency occurs. Most importantly, by virtue of their longstanding presence in communities, local and women’s organisations benefit from a level of trust that is often difficult to achieve for external aid groups. Their long history of working with local government officials, community leaders, and other organisations provides them with a unique understanding – often from a first-hand perspective – of the needs of women, girls and GBV survivors before, during and after a crisis.

Local and women’s organisations have proven to be critical partners in GBV prevention and emergency response and preparedness efforts. For example, they undertake pre-crisis community-wide advocacy and awareness on how to prevent GBV, reduce women’s vulnerability to further violence, and promote women’s overall health and wellbeing. They provide a support structure for GBV survivors, who are often ostracised by their communities; in this way, they contribute to reducing further harm and trauma. They also conduct outreach initiatives to ensure that GBV survivors have access to information about available services, and to educate women and girls about the importance of accessing services in a timely manner. Locally driven GBV outreach activities prevent further violence and form the basis of sustained post-emergency programming to combat GBV. Many of the same organisations combatting GBV have also been at the forefront of leading grassroots campaigns at both local and national levels to advocate for women’s rights and gender equality, laying the groundwork for longer-term advancements in social, political, and economic development for women and girls.

Despite the contributions of local and women’s organisations, the international community struggles to prioritise building equal partnerships with them. This is often due to INGOs’ under appreciation of local and women’s organisations’ expertise and capacity, as well as strong disincentives to share precious financial, technical, and human resources with local partners.

An empowered woman will save more lives.”
TIMIRA ABDIRAHMAN SHEIKH, SOMALIA

When the international community does succeed in prioritising local partnerships, it often does so by asking them to implement pre-designed programmes and fails to support local organisations with the skills, tools and resources needed to adequately respond to GBV during crises. Research into specific emergencies, such as Typhoon Haiyan, has surfaced evidence illustrating the exclusion of local and women’s organisations in emergency response efforts and funding. Numerous reports, including those published by Groots International and the United Nations Development Programme (UNDP), explain that formal disaster management frequently overlooks or ignores pre-existing grassroots social networks, which are often led by and include women, when in fact these groups can deliver more appropriate, locally-informed responses without disrupting community structures that have worked during pre-disaster periods.
Local and women’s organisations face multiple barriers in being able to deliver GBV services in a timely, quality and sustainable manner. These include:

1. Limited access to the organisational and human resources required to build and maintain capacity

   The vast majority of available funding for GBV prevention and response is project-based and does not include financing of organisational costs. Once a project is complete, local and women’s organisations are left without support to finance ongoing staffing and operational needs. This can result in organisations disbanding, leading to a decline in the number of local actors available to respond in emergencies. It can also result in skilled staff needing to look for more reliable jobs elsewhere, usually with INGOs or UN actors.

2. Complex donor funding and reporting requirements

   Many donors have very specific mandatory criteria for funding applicants, such as financial management systems, internal audit control processes and counter-terrorism policies that comply with the laws of the donor government – all of which can be prohibitive for local organisations with limited staff and resources. Organisations with the capacity to deliver much needed services are often in need of funding and support to build stronger organisational, legal and financial systems, as well as develop more technical proposal writing and grant management skills in order to meet donor reporting requirements. Without this, their access to significant funding remains limited and is most often through INGO or UN intermediaries.

3. Insufficient technical and operational capacity to deliver GBV response programming in emergency settings

   Even when local and women’s organisations have the operational and staff capacity to address barriers related to funding, some organisations working on women’s rights or gender equality do not necessarily have the emergency experience that allows them to shift programming in rapid onset crises. This might mean, for example, changing focus to the provision of short-term case management services or integrating GBV caseworkers into mobile health services to reach populations on the move, requiring a shift in technical but also operational capabilities and resources. This readiness for emergencies is not easy to find in many contexts, sometimes even amongst international organisations.

4. Local and women’s organisations are not seen as equal partners

   Due to the combination of the challenges mentioned above, INGOs and donors often fail to approach local and women’s organisations as equal partners, but rather as implementers with no decision-making power over what the programmes and services will include.
Turning the Tide: New Global Commitments to Advancing the Localisation Agenda

The crucial role of local and women's organisations in aid delivery is increasingly recognised by global policy frameworks such as the World Humanitarian Summit’s five core commitments to women and girls, the Grand Bargain, the Call to Action on Protection from GBV in Emergencies, the Sustainable Development Goals (SDGs), and the Women, Peace and Security (WPS) agenda.

At the World Humanitarian Summit in 2016, the potential contribution of women and girls in emergencies was recognised, with a large number of commitments pledging to draw on the skills and expertise of local women and women’s groups and empower them as central actors, leaders, and agents of change. In particular, several countries pledged to support capacity building of local and national women’s organisations, and various UN agencies and INGOs committed to increasing the proportion of their implementing partners that are local women's groups.

The Grand Bargain recognises that national and local organisations, societies and governments are often the first responders in a crisis, and that the humanitarian community should "reinforce rather than replace" their work. The Grand Bargain’s commitment to increased funding for local organisations and the removal of barriers that prevent their access to financing is complemented by an acknowledgement of the accompanying need to support sustained capacity building.

Three of the seven Grand Bargain core commitments are focused on a commitment to gender equality and the empowerment of women and girls, addressing GBV in emergencies, and investment in local capacity and financing local organisations’ work, with a goal of 25% of humanitarian funding going to local organisations by 2020.

In order to fulfil the commitments made under the Call to Action on Protection from GBV in Emergencies, the Road Map 2016–2020 stresses that collaboration with local women’s groups is critical to the success of prevention and response work, and that engaging with these "essential partners" should occur whenever possible.

The Road Map acknowledges that too often, the agency of local women in humanitarian response is overlooked and that effective implementation of GBV interventions is dependent upon drawing on their unique capabilities.

ABOVE: Urban refugees in an IRC-run class in Nairobi, Kenya

Matja Kovac/IRC
The 2030 Agenda for Sustainable Development prioritises the achievement of 17 SDGs, including those related to health (SDG 3) and gender equality (SDG 5). To make progress on all of the SDGs, Goal 17 “encourage[s] and promote[s] effective public, public–private and civil society partnerships, building on the experience and resourcing strategies of partnerships.”

The SDGs clearly recognise the capacities, strengths, and expertise of civil society organisations, including local and women’s organisations, in making progress toward a more gender equitable and empowering environment for all women and girls.

Lastly, numerous UN Security Council Resolutions acknowledge that women and girls are disproportionately affected by armed conflict and are also critical agents of change in their own right. As such, they call for the active participation of women leaders and women’s organisations in advancing the WPS agenda at all decision-making levels, from conflict prevention and resolution to peacekeeping and peacebuilding.

These commitments and objectives are promising, and as such require immediate action. Yet, funding to local organisations in humanitarian emergencies actually decreased from 0.4% in 2015 to 0.3% in 2016.

Efforts towards localisation are blocked by the argument that humanitarian response is in essence not a sustainable action; therefore it should not be the role of emergency humanitarian responders to build the capacity of local and women’s organisations: ‘a crisis is not the time to train future implementers.’

Concerns about the capacity of local responders to remain neutral during conflict (a key humanitarian principle), capacity to respond and to follow best practices are also cited as arguments to maintain the status quo of primarily funding international agencies. Conversely, many of these arguments reinforce the case for preparedness, training before an emergency occurs, and the ability of INGOs to reinforce GBV service establishment and quality by supporting rather than replacing local capacity, even during crises.

Further, women have a fundamental right, embedded in a number of international legal frameworks, to participate in and influence the decisions and institutions that affect their lives. It is paramount that humanitarian INGOs not only respect the rights of women and women’s rights activists, but also that they work in solidarity with local and national women’s movements so as not to undermine these efforts, or the leadership of women in their communities.

“...Our clients who are GBV survivors are now [also] volunteers with us. Because the staff are all women, the women become comfortable with us. They are transferring confidence and guide and provide advice to each other."

SEWAN WOMEN’S EMPOWERMENT ORGANISATION, IRAQ
The IRC’s GBV Localisation Experience: From Capacity Building to Emergency Preparedness and Response

Working directly with local and women’s organisations, the IRC is committed to enhancing the capacity and funding of GBV emergency preparedness and response at the local level. Between 2010 and 2012, the IRC rolled out a GBV Emergency Response Programme Model and training programme (hereinafter The Toolkit). The training builds participants’ knowledge and skills on violence against women and girls in emergencies, and equips them to conduct GBV assessments in an emergency, design GBV services and advocate in emergencies.

After local and international actors receive training, the IRC provides financial and technical assistance to support them to reduce GBV risks faced by women and girls in emergencies, advocate for funding and best practices, and set up life-saving services. Since 2012, the IRC has trained and supported more than 500 GBV responders from local and women’s organisations, in addition to INGO staff, to prepare their health, psychosocial, and case management systems in the event of a crisis.13

With the support of Irish Aid and USAID’s Office of Foreign Disaster Assistance, in 2013 the IRC piloted new models for pairing funding and mentoring on GBV emergency preparedness and response with these capacity-strengthening efforts. In response to this learning, in 2016 the IRC revised its Toolkit, with support from USAID. The updated Toolkit, piloted with 10 local organisations in Somalia and Iraq in early 2016, offers operational and technical capacity-strengthening modules and supports preparedness planning. This training reviews not only GBV technical capacities, but also organisational readiness to respond in a crisis. The IRC also funded partner-designed GBV emergency preparedness and response efforts, and provided ongoing mentoring to partners to ensure continued capacity-strengthening and responsive emergency GBV programming.

Finally, to advance learning about locally-led response, the IRC developed a participatory Real-Time Evaluation (RTE) for use in partnership with local and women’s organisations. Partners participated in the RTE, learning about the process so that this learning could be used in later projects, while also contributing to the specific findings in the current RTES. The adapted RTE methodology proved relevant for local partners and surfaced challenges that were then incorporated into an action plan for partners to address before the end of their project. For example, through the RTE in Somalia, the IRC’s local partner recognised the lack of a process for registering complaints and confidential feedback on their activities, which included dignity kit distributions. The partner was able to quickly develop a method to allow beneficiaries to register complaints anonymously and track them, so as to ensure items were delivered to the correct individuals in a safe and dignified manner.

Through the implementation and evaluation phases, local and women’s organisations continued to highlight the barriers to response they faced that went beyond technical capacity, such as lacking systems to ensure staff safety and security, to facilitate recruitment, and to access and manage funding. By supporting partners with technical liaisons throughout the project, and conducting a participatory RTE that allows for course correction with an emergency specialist, the projects and the capacity of the partner are strengthened in real time. ‘On the job’ learning results in retention of good practices, and this ultimately results in better services for survivors.

The IRC Toolkit for GBV Emergency Preparedness and Response: Next Generation

The IRC Toolkit was updated over the course of 2017 based on cumulative learning and research, including survey results from 25 previous trainees. The new Toolkit has more group activities and relies less on technology, to ease use in low resource settings.

The updated materials were designed to couple with the IRC Emergency Unit’s existing operational capacity building tools for emergencies, and IRC modules that facilitate critical thinking around organisational preparedness. Using these tools, the pilot trainings in Iraq and Somalia culminated in the development of preparedness plans for GBV interventions that took into account each organisation’s operational constraints and requirements, such as human resources and supplies.
Lessons Learned and Recommendations

After years of using and evolving its Toolkit to enhance local and women's organisations’ capacities on GBV emergency preparedness and response, the IRC has generated the following lessons that have helped shape IRC’s existing and future localisation work:

- **Where the IRC has improved the emergency preparedness of local and women's organisations, it has seen tangible impacts on the lives of women and girls, and survivors of GBV.**
  For example, the RTE in Iraq demonstrated a partner’s capacity to assess and design timely and appropriate psychosocial activities in areas outside of Mosul, (that were liberated at the beginning of 2017), where women and adolescent girls universally stated that they still feared attacks by militia.

- **When local women's rights organisations participate on an equal footing with larger INGOs in GBV emergency response, they become a key stakeholder in the wider response and recovery.**
  For example, following Hurricane Mitch, a grassroots, women-led organisation, the Comité de Emergencia Garifuna de Honduras, was able to leverage its community response to advocate and influence reconstruction plans that benefitted rural populations and women in particular.

- **Empowering local and women's organisations can also improve community based resilience and protection, particularly to groups that could be marginalised.**
  For example in Iraq, Sewan organisation is operating in Christian and Yazidi communities torn apart by ISIS. Their psychosocial activities are building networks between women so that they are able to continue to support each other, whether facing crisis or rebuilding their community.

- **Funding that is inconsistent, short-term, and minimal in size results in higher turnover of staff and affects both the overall capacity of local and women’s organisations to respond to GBV, as well as the transfer of knowledge and skills.**

- **Field-based technical support and mentoring over time, rather than just one-off training, more significantly impacts local and women's organisations’ ability to immediately apply learning and create longer-term sustainability.**

- **Operational and organisational preparedness goes hand-in-hand with technical capacity on GBV emergency response and is essential to supporting timely implementation, in line with best practices.**

**Above:** Baby Dunya in her mother Alina’s arms in Nargazilia camp, Iraq. Although Dunya is just 28 days old, she has already suffered the loss of her father and siblings to airstrikes in the battle to retake Mosul. Jessica Wanless/IRC
Based on this learning, the IRC makes the following recommendations to strengthen the role of local and women’s organisations in delivering GBV services in crises, which are in line with Grand Bargain commitments to build the long term institutional capacity of local organisations to respond to crises:

**For UN Agencies and INGOs**

- **Prioritise partnerships with, and facilitate access to funding for, local and women’s organisations working to end GBV in their communities.**
  This can be facilitated by leading capacity assessments with local and women’s organisations, identifying areas that require strengthening, and carrying out responsive technical and operational skill-building and mentoring.

- **Dedicate highly skilled GBV technical staff to the task of promoting and supporting partnerships with local and women’s organisations.** This may also include embedding with local partner teams when they are carrying out emergency response work, to help them strengthen systems and service delivery in real-time.

- **Recognising the link between operational and technical needs in preparedness planning:** support to local organisations must take into account not only GBV technical know-how, but also how support sectors such as supply chain, security, human resources and finance departments must adapt and the resources they will require to do so.

- **Promote equitable partnership models between international and local and women’s organisations,** so that both partners better understand and build on their existing knowledge and response capacity, and employ joint strategic decision-making in all phases of project design and implementation.

- **Invest in sustained capacity and institutional strengthening for local and women’s organisations to strengthen operational and GBV technical emergency preparedness and response capabilities,** through training and ongoing mentoring of first responders by local and regional experts, as well as wider organisational financing and strengthening initiatives.

**For Donors**

- **Create incentives and prioritise funding for interventions that demonstrate active decision-making by local partners in project design, capacity building, project implementation and evaluation of GBV programmes.**

- **Commit to multi-year flexible funding to support core organisational costs, technical and operational capacity building of local and women’s organisations, to strengthen their leadership in ending GBV.**

- **Remove bureaucratic barriers to direct financing of local organisations,** as well as sub-granting approval processes, to allow international agencies to take up opportunities to partner with local organisations working to end GBV in their communities.
For example, a 2016 report by a consortium of UK NGOs led by Christian Aid (‘Missed Out: the role of local actors in the humanitarian response in the South Sudan conflict’) presents research findings that the potential ability to respond to women’s priorities is not being realised in the South Sudan humanitarian response, due to the lack of involvement of women’s organisations.

See also the 2017 report by CARE, supported by DfID, (‘She is a humanitarian’), which presents research revealing that high level commitments to involving women-led grassroots organisations in humanitarian response are not yet translating into funding or joint work on the ground.

All resources are available on gbvresponders.org


This has resulted in more confident responders with the capacity to meet the needs of an affected population within 72 hours.
The International Rescue Committee (IRC) responds to the world’s worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers life-saving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 29 cities in the United States, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

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