Humanitarian crises bring with them new and escalated risks of violence targeting women and girls. Rapid and flexible funding dedicated to quickly setting up specialised gender-based violence (GBV) services during the initial emergency response period is life-saving and necessary in order to deliver effective aid and quality services to violence survivors.

A unique rapid response partnership between Irish Aid and the International Rescue Committee (IRC) has reached around 20,000 women and girls over the past two years, allowing the delivery of specialised services in some of the toughest humanitarian contexts, from Yemen to territories newly liberated from Boko Haram. This achievement is a model for donors seeking to improve rapid response at the onset of an emergency, strengthen accountability and meet global commitments to protect women and girls in emergencies.
Why Do We Need Rapid Response Funding for GBV Services at the Onset of an Emergency?

Emergency response sets the stage for early recovery. Ensuring women’s and girls’ needs are addressed and GBV services are part of all emergency response efforts not only saves lives, it strengthens the foundation for women’s and girls’ health, participation, and social and economic development. It enables them to enjoy their rights, rebuild their lives and livelihoods and participate in reconstruction and development efforts.

Although rapid funding mechanisms exist to support broader emergency response needs, many do not include GBV experts in their assessment teams. As a result, joint assessments often fail to reflect the risks of GBV for women and girls and therefore sufficient funding is not allocated for these services.

To address this gap, donors can:

1. create specific funding streams for GBV response;
2. insist that common funding streams and UN-led emergency response efforts include GBV experts;
3. ensure that GBV analysis done by teams is incorporated into assessments and reports; and
4. utilise such assessments and reports to better inform response plans and common funding pool allocations.

Ongoing global frameworks, including the Call to Action on Protection from Gender-based Violence in Emergencies, the five core commitments to women and girls of the World Humanitarian Summit, and the Women, Peace and Security Agenda, call for funding to be available for GBV prevention and response for all phases of an emergency, from preparedness and onset of crisis through transition to development. To meet this commitment, Irish Aid introduced an Emergency Response Fund Scheme within its partnership with the IRC, which enables the IRC to reduce risks to GBV and set up specialised GBV services in acute emergencies. This is, to date, the only emergency funding mechanism dedicated to GBV programming globally.

Having the timely release of funds for GBV emergency response from Irish Aid has allowed the IRC to deploy a faster and more effective response to women’s and girls’ needs in crises including the Boko Haram, Yemen and South Sudan crises, giving the sector strong examples of what works to respond to GBV in emergencies.

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.
Understanding the Impact of Rapid GBV Emergency Response: Case Studies from the Front Lines

The IRC assesses the needs of women and girls in all its emergency response efforts to ensure context adaptability. The organisation also applies its GBV Emergency Response Programme Model to programme design, ensuring accountability to minimum standards.1

By combining the use of a field-tested model and context adaptability, the IRC ensures that women and girls have access to life-saving services in emergencies, are protected from further harm, and are supported so they can recover and thrive. The IRC listens to the voices of women and girls in each context to tailor response, ensure safe access to care, and respond to their most urgent needs.

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


ABOVE: A young woman waits for an IRC distribution of food vouchers in Yola, Adamawa State, Nigeria. Peter Biro/IRC
Confronting Stigma and Delivering Joint GBV and Reproductive Health Services: Nigeria and Yemen

As Boko Haram attacks on communities in Nigeria escalated in 2014, a chronic crisis quickly became an emergency. In Northern Nigeria, more than 20,000 civilians have lost their lives and 7,000 women and girls have been abducted and forced into sexual slavery.

Similarly, as violence has escalated since March 2015 in Yemen, an already severe humanitarian crisis with 2.5 million displaced people is worsening by the day. Women and girls in Yemen are subjected to multiple forms of violence including sexual assault, abuse within the family, sexual harassment, restricted movement, early and forced marriage and denial of education and inheritance. High levels of stigma, conservative community values, and insecurity pose serious barriers to reporting violence.

Nigeria

In Northern Nigeria, the IRC assessed women’s and girls’ needs in three camps and five communities in September 2016, visiting health centres in these locations. There were no GBV services and little to no reproductive health services in place. Community members told the IRC that women, and particularly adolescent girls, were being abducted, forcibly married during captivity, and raped, while girls who survived abduction were unable to move freely or access services or education. Women and girls said they had nowhere to go if they had survived sexual violence.

Dedicated funding from Irish Aid allowed the IRC to deploy a GBV expert to assess needs for women and girls and develop a joint GBV and reproductive health services. In a one-stop safe space, women and girls received both GBV and reproductive health services, case management and counselling. The IRC also reached communities and local actors with information on GBV and how to provide safe referrals to services.

Yemen

In Yemen, difficult cultural and security issues have made it difficult for the IRC to deploy and train GBV staff rapidly to respond to the immediate needs of women and girls, despite their increased risks to violence. Direct and dedicated Irish Aid funding enabled the IRC to quickly embed GBV services into its existing reproductive health programme in Al Sadaqa hospital, as an entry point to provide clinical care and psychosocial counselling for GBV survivors.

As a tactic to tackle and prevent the stigma faced by survivors when accessing GBV services, the IRC set the GBV treatment unit inside the hospital, providing them with private and confidential consultations. Life-saving equipment, Post-Exposure Prophylaxis (PEP) kits including sexually transmitted infection management, and emergency contraceptives were provided to this unit. Furthermore, the IRC was able to train 40 doctors and 46 midwives to provide clinical care for sexual assault survivors. Thus, this dedicated rapid funding allowed for sustainable, long-term and on-going quality services to GBV survivors even where the IRC had no dedicated GBV staff or programmes. Additionally and after laying the ground for GBV programmes in Yemen, the IRC has prioritised GBV response in their Action Plan until 2020, which will build up technical capacity and seek to collaborate with local organisations to strengthen the quality of available services.

“Don’t say it… It will bring shame to the family.”

ADOLESCENT GIRL, KONDUGA, NORTHERN NIGERIA
Reaching Remote and Insecure Communities with Mobile Services: Nigeria and South Sudan

Nigeria

In Northern Nigeria, high levels of insecurity presented numerous challenges—the area of Konduga was subjected to frequent attacks. Needs were high as displaced persons settled in the area, yet Konduga had no GBV service providers and few health staff. In order to access the areas where displaced persons had settled the IRC needed to negotiate daily permission from the Nigerian military. In these areas, service-providing organisations cannot set up traditional fixed-site services as staff are prohibited from overnight stays, nor can they remain in the community long enough to train local organisations and authorities to provide life-saving services.

With Irish Aid support, the IRC established mobile teams, which allowed for a flexible and immediate GBV response in Konduga as communities became accessible. These teams provided both reproductive health and GBV services and provided women and girls with life-saving GBV case management, clinical care and psychosocial support. By pairing GBV and reproductive health services, the IRC was able to provide clinical care for rape survivors through instant referrals within the teams. Mobile teams were successful in addressing both security and access challenges, as well as delivering distinct yet coordinated services. Women and girls were eager for services and used them. Furthermore, because of this initial and rapid funding, the IRC's GBV expert on the ground was able to have an impact on other fronts by securing additional funding to develop an adolescent girl programme, conduct advocacy on preventing sexual exploitation and abuse to the humanitarian country team, and train a variety of humanitarian sector staff on reducing the risks of violence women and girls face.

South Sudan

Similar mobile approaches were set up in South Sudan, where the 2016 crisis and the deteriorating economic circumstances have increased women’s and girls’ vulnerability to violence. IRC assessments found that they were exposed to intimate partner violence, rape and torture by armed men when travelling to or leaving the Protection of Civilian sites (PoCs) in Juba to access food, grinding mills and firewood.

With Irish Aid funding, the IRC was able to expand and adapt its existing GBV programmes in Juba to areas outside of the PoCs, where displacement in an urban setting benefited from the establishment of emergency mobile services to deliver case management, psychosocial and health services. Furthermore, the IRC set up GBV services in two new sites in Juba, including a safe space for women and girls in partnership with a local organisation, therefore strengthening localised response and the empowerment of the local women’s organisation.
Building Community Trust and Ensuring Menstrual Hygiene Management: Cameroon

Entire communities have fled the Extreme North of Cameroon, with an estimated 190,000 displaced and one fifth of refugee or displaced women having experienced sexual violence. With dedicated GBV emergency funding from Irish Aid, the IRC was able to deploy GBV emergency experts to the region. The IRC’s assessment showed that women and girls had increased risks due to the violence and the conditions of their displacement. Many were sleeping outside under trees or makeshift structures, with no access to water and sanitation facilities or privacy. Adolescent girls were at high risk of violence, including early and forced marriage and physical and sexual violence. In addition, they experienced harassment and physical attacks by other community members who rejected their reintegration due to the shame of having suffered sexual exploitation and abuse from armed forces, or out of fear that they had been radicalised during their time in captivity and would resort to suicide bombs.

In community consultations, women and girls expressed the need for menstrual hygiene management items due to poor living conditions and blocked access to services. Because of this, and as means of building community trust to set up other needed GBV services, the IRC prioritised the delivery of menstrual hygiene kits and reproductive health services in collaboration with local women’s leaders. The IRC distributed just under 1,700 dignity kits alongside community leaders to avoid security concerns around distribution. By sourcing locally-made sanitary towels of high quality produced by a women’s cooperative in Yaoundé, the IRC ensured that the distribution of these sanitary towels was not only economical, but also fostered women’s empowerment. Findings from the monitoring of the distributions demonstrated that all the villages supported the use and effectiveness of the locally-sourced products. In addition to distribution of kits, the IRC trained staff on speaking about menstrual hygiene management to the community, as well as reproductive health, both taboo topics that are difficult to tackle in standard emergency response. The IRC also worked closely with other sectors to build their capacity to reduce the risks of violence women and girls face.
Funding for GBV in emergencies saves lives, and the unique dedicated rapid response fund that Irish Aid has established is a model for how donors can prioritise women’s and girls’ protection when delivering aid. Other donor-led initiatives that have begun to show promise in prioritising rapid response in emergencies include the Real Time Accountability Partnership (RTAP).

RTAP is a partnership that promotes accountability for GBV prevention and response across the whole humanitarian response system. RTAP members work together to ensure that comprehensive GBV programming is in place across sectors during humanitarian crises, that action is coordinated, and that resources are available to address GBV, in line with the scale of the real need. The partnership is currently developing an Action Framework for rollout in two humanitarian responses in 2017.

Donors, UN agencies, and implementing partners need to continue to pilot initiatives like these and scale them up to truly change in the way the humanitarian system responds to GBV.

Furthermore, funding for the acute emergency phase must be complemented with longer-term resources to ensure efforts to prevent GBV and to protect and empower women and girls are sustained and reinforced in the development phase.

As part of these long-term efforts, humanitarian and development actors must work together to ensure a seamless transition of programmes across the humanitarian-to-development continuum, with sufficient attention focused on increasing the capacity and resilience of local community-based organisations. The IRC will continue to share this learning and advocate for better protection from GBV in emergencies throughout this year.

References

2. See https://www.hrw.org/news/2015/05/26/nigeria-new-president-should-address-abuses

People depicted in photographs do not relate to the case studies discussed in this report, nor are they necessarily victims of violence. Photographs are used primarily for illustrative purposes.

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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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