

WHERE IS THE MONEY?

**HOW THE HUMANITARIAN
SYSTEM IS FAILING IN ITS
COMMITMENTS TO END
VIOLENCE AGAINST
WOMEN AND GIRLS**



Photo by:
Ton Koene/IRC



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ABOUT THE PARTNERS



The International Rescue Committee (IRC) responds to the world's worst humanitarian crises, helping to restore health, safety, education, economic well-being, and power to people devastated by conflict and disaster. Founded in 1933 at the call of Albert Einstein, the IRC is at work in over 40 countries and 26 offices across the United States, helping people to survive, reclaim control of their future, and strengthen their communities.

The IRC's Women's Protection and Empowerment (WPE) programs aim to achieve a world in which women and girls pursue their potential, free from violence and inequality. As a global leader in providing Gender Based Violence (GBV) services and resources to women and girls in crisis, the IRC delivers innovative programs across Africa, Asia, Europe, the Middle East and the U.S. In this way, the IRC helps survivors to heal and thrive and works with communities and institutions to break cycles of violence. The agency recognizes that, with intentional support and investment, women and adolescent girls can transform their lives and their communities. The IRC also contributes cutting-edge research and guidance to the field of GBV prevention and response, which can be found at gbvresponders.org.

Learn more at www.rescue.org and follow the IRC on Twitter & Facebook.



VOICE is a new global organization confronting one of the world's oldest and most widespread human rights abuses: violence against women and girls (VAWG). By partnering with and mobilizing women and girls themselves – a proven but chronically underused resource – VOICE challenges traditional, ineffectual methods of addressing this violence. VOICE envisions a world where girls and women are respected leaders in humanitarian response and in the design and implementation of solutions to eradicate violence, both in their communities and within the halls of power. Working in conflict and disaster settings to promote equality and leadership opportunities, VOICE aims to create a world where women and girls no longer face discrimination and violence. VOICE amplifies the voices of local women- and girl-led organizations and networks, promoting women-led solutions to VAWG in humanitarian crises. VOICE shapes humanitarian action by ensuring that responses are safe and inclusive of women's and girls' participation. To address the barriers that prevent direct donor funding of local women's organizations, VOICE grows resources and partnerships and implements strategies to increase investments in systems led by women and girls.

For more information, go to: www.voiceamplified.org and follow VOICE on Twitter & Facebook.

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ACRONYMS

CSO	Civil service organization	KII	Key informant interview
DFID	Department for International Development (UK)	LGBTI	Lesbian, gay, bisexual, transgender, and intersex
FTS	Financial tracking service	NGO	Non-governmental organization
HNO	Humanitarian needs overview	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
HRP	Humanitarian response plan	PSEA	Protection from sexual exploitation and abuse
IASC	Inter-Agency Standing Committee	RFP	Request for proposals
IMC	International Medical Corps	SEA	Sexual exploitation and abuse
INGO	International non-governmental organization	SRH	Sexual and reproductive health
IO	International organization	UN	United Nations
IRC	International Rescue Committee	USG	United States Government
GBV	Gender-based violence	VAWG	Violence against women and girls



Photo by:
Timothy Nesmith/IRC

EXECUTIVE SUMMARY

Violence against women and girls is a global problem of epidemic proportions. Evidence shows that over one-third of women and girls globally will experience some form of violence in their lifetime. Regardless of where they live, their religion or culture, or what stage of life they are in, each is a target of violence specifically because of her gender and the gender discrimination that persists globally.

Gender-based violence (GBV) is exacerbated in emergencies, where vulnerability and risks are higher and most often, family and community protections have broken down. Rohingya women arriving in Cox's Bazar have reported rape at the hands of the Myanmar military, while in the refugee settlements, women and girls are often not allowed to leave their tents, isolating them from services and increasing their risks of violence from partners and family. In South Sudan, as many as 65 per cent of women and girls have experienced physical or sexual violence.¹ Sexual exploitation of women and girls in emergencies – including by aid workers and peacekeepers – is also increasingly recognized as a problem that the humanitarian sector must address.

VIOLENCE AGAINST WOMEN AND GIRLS TAKES MANY FORMS²

SEXUAL VIOLENCE



1 in 5

refugee or displaced women experience sexual violence

CHILD MARRIAGE



9 of 10

countries with the highest rates of child marriage are in fragile contexts

VIOLENT PARTNERS



73%

In conflict-affected countries, as many as 73% of sexual assaults against women are committed by their partners

GBV manifests in many forms, including rape, sexual assault, intimate partner violence, and child, early and forced marriage, and requires dedicated context specific services, accompanied by a comprehensive response across other

¹ <https://gbvresponders.org/wp-content/uploads/2017/11/What-Works-South-Sudan-Full-Report.pdf>

² **Sexual Violence:** *The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis* (2014), A. Vu, et al. <http://currents.plos.org/disasters/article/the-prevalence-of-sexual-violence-among-female-refugees-in-complex-humanitarian-emergencies-a-systematic-review-and-meta-analysis/>

Child Marriage: *Ending Child Marriage Progress and Prospects* (2014), UNICEF. https://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

Violent Partners: *No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan* (2017).

sectors. GBV not only poses critical risks to the safety of women and girls, but also significantly impedes their ability to access jobs and services, or participate in decision-making to support recovery, transition and development.

“Sexual and gender-based violence in conflict is not only a horrendous and life-changing crime, most often perpetrated against women and girls; it is also used as a tactic of war, to terrorize families, dehumanize communities and destabilize societies, so that they struggle to recover for years or even decades after the guns fall silent.”

U.N. Secretary-General Antonio Guterres.

GLOBAL COMMITMENTS

Recent years have seen a number of high-level efforts to tackle GBV in emergencies, including a number of UN resolutions, such as the April 2019 UN Security Council resolution on ending sexual violence in conflict.³ Most significantly, 2013 saw the launch of the *Call to Action on Protection from Gender-Based Violence in Emergencies*, a multi-stakeholder initiative specifically aimed at driving change and increasing accountability of the humanitarian system on its response to GBV in emergencies. There has been increasing recognition of the need to tackle the root causes of GBV by working across the humanitarian-peacebuilding-development nexus in line with the Sustainable Development Goals, specifically SDG 5, in protracted crises.

In 2018, the G7 endorsed the *Whistler Declaration on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*. In 2019, the G7 Gender Ministers Meeting in Paris pledged to make gender equality “a global cause” and to mobilize the international community to prevent GBV in conflict and to better meet survivors’ needs. Countries including Canada, France and Sweden have committed to delivering a feminist foreign policy agenda. In the public eye, momentum has also grown with the rise of the #MeToo movement; the Nobel Peace Prize was awarded to Nadia Murad and Dr. Denis Mukwege for their work to combat sexual and gender-based violence in conflict, and the increasingly vocal interventions of political leaders and bodies like UN Women have added their voices to those of women and girl survivors, celebrities and activists.

³ www.un.org/press/en/2019/sc13790.doc.htm

FAILURE TO TRANSLATE COMMITMENTS INTO TANGIBLE CHANGE

At the same time, several initiatives – such as *What Works to Prevent Violence Against Women and Girls*⁴ (funded by DFID), the creation of the GBV Accountability Framework⁵ by the Real Time Accountability Partnership, and ongoing efforts to create a set of minimum standards for responding to GBV in emergencies – are helping to further develop a body of expertise on how humanitarians can prevent and respond to GBV.

While these initiatives and commitments have been vital in raising the visibility of the issue, rhetoric around strengthening GBV prevention and response services for those caught up in humanitarian crises has not yet turned into enough action or funding on the ground. Lifesaving services, such as clinical care for GBV survivors and female-only safe spaces, continue to be significantly underfunded and deprioritized in humanitarian response. This means the needs of millions of women and girls caught in crisis are not being met and resources are spread thinly for the rest – an estimated average of less than \$2 per person.⁶

FUNDING AND DATA GAPS

While we know that GBV funding is currently inadequate and poorly prioritized, there has been limited data on the extent of this funding gap. This is in part because GBV projects are often less visible within multi-sectoral humanitarian plans and reporting than other more established sectors, such as Nutrition and Education, and are often integrated into other forms of response like Health. It is only relatively recently, in 2016, that GBV became a stand-alone sector within OCHA's Financial Tracking Service (FTS), and it is still often hidden under wider budgetary allocations for 'Protection'. This lack of transparency undermines efforts to track actual investments in GBV prevention and response and hold the humanitarian sector accountable for its commitments. Without a clear picture of the funding gaps, there is little chance of turning the rhetoric about GBV prioritization into a reality for women and girls caught in humanitarian crises.

To help remedy this, the IRC commissioned an extensive review of current funding to tackle GBV in emergencies, drawing on a global survey, interviews with key humanitarians, and analysis of almost 3,000 individual FTS project sheets and Humanitarian Response Plans (HRPs).

⁴ www.whatworks.co.za/

⁵ reliefweb.int/report/world/gbv-accountability-framework-all-humanitarian-actors-have-role-play

⁶ This estimate was derived from an analysis of the 21 HRPs active in 2018 and by comparing the number of women and girls in humanitarian settings targeted with protection programming to the amount spent on GBV that year. This estimate does not include all women and girls identified as "at risk" of violence in humanitarian settings.

KEY FINDINGS FROM THE STUDY INCLUDE THE FOLLOWING:

- **Violence against women and girls remains an underfunded area of humanitarian response** compared to other sectors, and **funding requests do not match the scale of the problem**. According to global humanitarian funding data reported to the FTS in 2016, 2017 and 2018, GBV funding accounted for just 0.12 per cent of all humanitarian funding – which represents only one-third of funding requested for GBV.
- **The lack of GBV expertise (at the field level and in senior management positions) inhibits the prioritization of GBV services within humanitarian response plans**. The current lack of investments in staff undermines organizations' ability to advocate for GBV services to receive a greater percentage of humanitarian funding and to create more robust and compelling funding requests.
- **Despite a high-level global commitment among humanitarian actors to increase funding for local and national implementing agencies, progress toward localization of humanitarian action, including GBV response, has been slow**. Obtaining funding for GBV is a challenge that women- and girl-focused organizations are still struggling to overcome – often without the necessary resources.
- **It is difficult to find consistent, reliable information about levels of investment to address GBV in emergencies**. This is due to discrepancies in how organizations track and code GBV funding (internal financial accounting practices) and programs (whether as stand-alone interventions or elements mainstreamed within other sectors, such as Health).



BASED ON THESE FINDINGS, THIS REPORT RECOMMENDS:

- **Immediately tripling funding levels for humanitarian crises**, and GBV risk mitigation, prevention and response specifically, in order to meet current funding request levels.
- **Developing universal guidelines** to better anticipate and integrate the costs of GBV services into humanitarian appeals, response plans and projects so that GBV risk mitigation, prevention and response funding meets the actual scale of the problem.
- **Taking action to help grow the available pool of GBV specialists and experts.** Greater expertise will enable funding organizations to better perceive and respond to requests for GBV funding; it will also enable implementing organizations to more effectively advocate for and secure those funds.
- **Promoting the participation of women's organizations** in finding local solutions for addressing GBV, and prioritizing partnerships that increase their access to funding.
- **Improving reporting, tracking and coding of investments** to ensure the sector has an accurate understanding of how fully it is (or is not) responding to the need for GBV programming.
- **Increasing transparency around donor investments, commitments and priorities** so the total amount of funding for GBV can be more easily quantified and therefore planned against.

Tracking the money attached to commitments to end GBV demonstrates that the international community is undeniably failing in their commitments to address the threats that girls and women face in emergencies. Yet the humanitarian sector is better equipped than ever before to take on this challenge. Clear best practices for responding to violence have been established, and there is a better understanding of the inherent challenges in funding GBV programming at scale. The current moment, in which public support for women's and girls' rights is reaching a crescendo through the #MeToo movement, provides a clear window of opportunity to ensure that good intentions result in tangible change for those in the most vulnerable situations. All the conditions are in place to ensure this becomes a watershed moment to finally translate policy and rhetoric into adequate funding and action.

CONTEXT

THERE IS GROWING HUMANITARIAN, DONOR AND PUBLIC AWARENESS OF THE SEVERITY OF VIOLENCE AGAINST WOMEN AND GIRLS AND GENDER-BASED VIOLENCE (GBV) IN HUMANITARIAN SETTINGS. DESPITE COMMITMENTS TO ADDRESS THE ISSUE, THE LEVELS OF FUNDING ARE STILL CONSISTENTLY INADEQUATE WHEN COMPARED TO THE SCALE OF THE PROBLEM. THE IRC AND VOICE CONDUCTED THIS REVIEW TO BETTER UNDERSTAND THE FUNDING GAP AND OFFER INSIGHTS INTO HOW IT MIGHT BE ADDRESSED.

In recent years, gender-based violence in humanitarian settings has become an increasingly discussed topic for governments, donors and humanitarian actors. However, this new attention has not yet translated into enough action to provide the necessary levels of prevention, risk mitigation and response programming that match the scale of the problem.

In 2005, addressing GBV in emergencies was recognized as a life-saving humanitarian intervention through the original Inter-Agency Standing Committee (IASC) GBV Guidelines. Proven solutions have been identified and numerous agreements signed. Activism and advocacy by women's rights specialists, amongst others, have led to milestone initiatives, including the 2013 *Call to Action on Protection from Gender Based Violence in Emergencies*;⁷ the 2015 *IASC Guidelines for Integrating GBV Interventions in Humanitarian Action*; and the 2016 *Real-Time Accountability Partnership on Gender-Based Violence in Emergencies, which developed the GBV Accountability Framework*.⁸ These initiatives focus on transforming the way GBV is addressed by humanitarians at an operational level. There is also increasing investment in building the evidence base around the drivers of the multiple forms of GBV in acute and protracted crises – for example, the multi-year program *What Works to Prevent Violence Against Women and Girls*, funded by the UK Department for International Development (DFID).

In addition to the important work of these agency- and government-level policies and guidelines, there is a growing and persistent global movement, powered by women and girls themselves, to end the quiet acceptance of the permanency and inevitability of GBV. The most current manifestation has been the #MeToo movement, which has also shone a spotlight on issues of sexual exploitation and abuse (SEA) and sexual harassment in public life, including within the humanitarian sector.

Building evidence, awareness and expertise to strengthen GBV prevention and response is vital, but without the requisite resources to fund services on the ground,

⁷ www.calltoactiongbv.com/

⁸ <https://reliefweb.int/report/world/gbv-accountability-framework-all-humanitarian-actors-have-role-play>

their impact remains limited. For instance, while the US Government's *Safe From the Start* initiative has allowed some agencies to expand their GBV programming, even under the global *Call to Action on Protection from Gender-Based Violence in Emergencies*, many donors have not increased their dedicated funding or the amount contributed to pooled funds in a transparent, significant or sustained way.

In recognition of the need for increased funding, the Governments of Iraq, Norway, Somalia and United Arab Emirates, along with OCHA and UNFPA, co-hosted the first-ever GBV pledging conference⁹ in Oslo in May 2019. This was a positive step toward increasing dedicated funding for GBV as governments pledged over \$360 million.¹⁰ If the conference is to make a lasting impact, however, it must be a catalyst for sustained political leadership to generate regularized funding, accompanied by robust monitoring and accountability mechanisms to ensure pledges are fulfilled and their impact tracked.

This review builds from previous reports by the IRC – such as “Lifesaving Not Optional: Protecting women and girls from violence in emergencies”¹¹ and “Are We There Yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies”¹² – that aimed to strengthen the humanitarian community's action toward addressing GBV and enhance their accountability to the safety and dignity of women and girls.

A NOTE ON LANGUAGE

Different agencies use different frameworks to guide their work on violence against women and girls (VAWG). Among those that use the language of ‘GBV,’ their definition of the term can vary considerably. The term ‘GBV’ is most commonly used to underscore how systemic inequality between males and females – which exists in every society in the world – acts as a unifying and foundational characteristic of most forms of VAWG (IASC GBV Guidelines, 2015). Some agencies and individuals use the term ‘GBV’ to highlight the gendered dimensions of violence against lesbian, gay, bisexual, transgender and intersex (LGBTI) populations, and others use ‘GBV’ to describe certain types of violence (specifically sexual violence) against men and boys – particularly when committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.

For this review, we use the term ‘GBV’ to indicate violence against women and girls (VAWG) in all their diversity. We also tracked respondents’ use of these terms to help gather insight on how much funding is available to address VAWG specifically (as opposed to other priorities funded as ‘GBV’).

⁹ www.endsgbvoslo.no/

¹⁰ While this is an important contribution, \$360 million is only a small drop in the bucket in relation to the scale and scope of the problem.

¹¹ http://themimu.info/sites/themimu.info/files/documents/Ref_Doc_Lifesaving_Not_Optional_-_Discussion_Paper_Feb2013.pdf

¹² www.rescue.org/report/are-we-there-yet-progress-and-challenges-ensuring-life-saving-services-and-reducing-risks



FINDINGS

METHODOLOGY:

The findings of this study were developed through analysis of 51 stakeholder surveys from NGOs, IOs and donor governments globally; 25 key information interviews; a document review of nearly 3,000 individual project sheets from countries all over the world; review of 23 HRPs/appeals, and the development of case studies of Nigeria, Bangladesh and Syria, overseen by an inter-agency expert Advisory Group.

A. FUNDING LANDSCAPE

REQUESTS FOR GBV PROGRAMS ACCOUNT FOR ONLY A SMALL PORTION OF TOTAL FUNDING REQUESTS FOR HUMANITARIAN RESPONSE AND DO NOT MATCH THE SCALE AND SEVERITY OF THE PROBLEM. ONLY ONE-THIRD OF REQUESTS ARE FUNDED BY DONORS, LEAVING MILLIONS OF WOMEN AND GIRLS WITHOUT ACCESS TO LIFESAVING SERVICES. TRACKING FUNDING FLOWS TO GBV PREVENTION AND RESPONSE IS CHALLENGING DUE TO A LACK OF TRANSPARENCY, AMONG OTHER THINGS.

This review looked at financial data from the FTS to track funding requests and allocations for GBV risk mitigation, prevention and response programs. It also analyzed Humanitarian Response Plans (HRPs) and, as applicable, Regional Response Plans (RRPs) to better understand funding requests and assessed need. Both sets of data revealed that GBV programming accounted for an extremely small portion of total funding for humanitarian response.

According to the most recently available data reported to the FTS, funding allocated specifically to GBV in emergencies between 2016 and 2018 amounted to \$51.7 million – just 0.12 per cent of the \$41.5 billion allocated for humanitarian response over the three-year period. For the same period, funding requests for GBV in emergencies totaled \$155.9 million, meaning two-thirds of these requests went unfunded, leaving a gap of \$104.2 million.

Data from 23 HRPs from 2016-2018 across eight countries revealed that GBV programming is not consistently incorporated into HRPs, and when it is, it is often at very low numbers. The analyzed HRPs varied in size from \$434 million in Bangladesh (2017) to \$3.36 billion in Syria (2018), with GBV prevention and response included as a specific funding requirement in just over half (12 out of 23) HRPs. Nigeria, which separated GBV needs in all three years of HRPs, had both the lowest (\$6 million in 2016) and largest (\$40.3 million in 2018) requests. It should be noted, as well, that requests from HRPs consistently did not match the requests reported into the FTS.

In comparison, unspecified/unearmarked funds, Food Security, and Health were consistent top recipients and received funding within ranges of \$64.4 to \$642.5 million, \$56 to \$602.1 million, and \$45.3 million to \$299.5 million, respectively.

In analyzing the number of women and girls in need of protection programming versus the number of women and girls targeted for programming in 2018, as identified by the 21 HRP's analyzed that were active that year, it was found that 14,860,658 women and girls identified as "in need" were not targeted by the humanitarian system for aid. This analysis also allows for the estimate that, with only \$45,766,339 reportedly spent on GBV in 2018, each of the 26,520,058 women and girls who were targeted for services would have been allocated \$1.76.

These figures make sense in a landscape in which respondents report that "GBV is still not considered an emergency during crisis," and where prevention and response programming is not "recognized as a life-saving intervention," according to key informants. The ways donors perceive and react to GBV needs in humanitarian contexts – particularly the essential and sometimes high costs of retaining specialized personnel – have enormous implications for the quality, sustainability and impact of programming. Respondents attributed the lack of funds to various causes, including the lack of human resources for needs assessment, programming and advocacy (examined in detail below); donor disinterest and "lack of institutional commitment;" and the way in which some donors and humanitarian actors see GBV as an issue of social norms that is too big and too slow to change in a crisis – a perception that seems to be carried over even when conflicts last for more than 10 years. Taken together, this creates a picture of a system that still does not properly prioritize and highlight the need for GBV response from the outset of emergencies and therefore does not sufficiently fund the response.



FUNDING REQUESTS

GBV continues to be insufficiently prioritized, despite an increased understanding of the risks to women and girls caught in crises. In the analysis of HRPs, many had incredibly low requests given what is known about the prevalence of GBV.

For instance, even in the aftermath of the highly publicized kidnapping of 276 Chibok schoolgirls by Boko Haram – who are a small proportion of women and girls abducted – the 2016 HRP for Nigeria requested only \$6 million for GBV programming out of a total request of \$248 million (just 2.4 per cent of the total request). According to the FTS, they received only \$726,507. In 2016, the GBV sub-cluster identified that 1.5 million people would be at risk of GBV, of whom only 521,029 individuals (about one-third) were reached with services.

In the Central African Republic, where rape has been widely used as a weapon of war, the country's 2016 HRP noted that almost 28,000 reports of sexual violence had been officially recorded and requested \$28.5 million for GBV programming. In response, only \$1,092,896, was committed to GBV by donors, which would have been enough funding to reach only around one-fourth of the survivors who had sought services. However, likely due to discrepancies in reporting to the FTS, no funding for GBV was recorded in the FTS at all.

In the Lebanon portion of the 2017 Annual Report on the Regional Refugee and Resilience Plan (3RP), the target number of women, girls, men and boys predicted to access GBV services was 140,000 out of 965,000 registered Syrian refugees. This would have represented only 14.5 percent of the population requiring GBV services, which is significantly lower than predicted by studies of GBV prevalence across humanitarian contexts. However, no specific amount for GBV was specified (in this case, it was absorbed into Protection). According to the FTS, only \$680,865 was received for GBV services, out of a total \$949.8 million, or 0.07 per cent of total funding. This amount would have budgeted less than \$5 for each individual predicted to access GBV services. In the end, only 97,361 – or 70 percent – of the target number were reached.

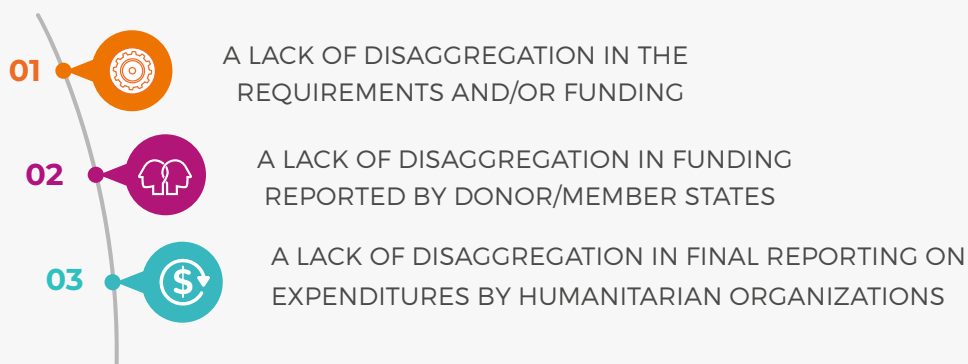
These individual country analyses highlight the differences between projected target populations and the actual number of beneficiaries served. When reviewed alongside FTS-reported funding gaps, they provide a partial picture of how many women and girls are not receiving critical care.

DATA CHALLENGES

Data from the FTS and HRP currently provide the most accurate picture available for funding flows to GBV prevention and response. However, it is important to note that these numbers are unlikely to represent the full picture of funding allocated for GBV programming. This is due to data challenges throughout the life cycle of humanitarian appeals, which undermine accurate cost projections of GBV programs and financial tracking of GBV budgets.

Understanding the precise levels of funding for GBV programs within the wider protection landscape is complex. Pooled funding for humanitarian appeals is disaggregated by sectors. Yet while there is consensus across the humanitarian system with respect to more established sectors, such as Health and Nutrition, GBV was only recognized as its own separate sector within the FTS in 2016. This means that many GBV activities continue to be recorded under the umbrella of 'Protection,' which causes GBV figures to either be inflated in line with the overall Protection budget, or be hidden under this broad category.

This lack of disaggregation within the life cycle of an HRP presents a 'triple threat' to securing accurate data on GBV funding flows in humanitarian crises.







Other challenges to disaggregating GBV funding stem from the lack of GBV expertise within the humanitarian system. Some respondents interviewed for this study indicated that one reason organizations struggle to appropriately project expenditures and secure corresponding funds for GBV in emergencies is the lack of a universal or commonly accepted tool for costing response services. GBV programming is human-resource heavy, with net results that are not as immediately visible or as easily tracked in comparison to physical commodities programming in other sectors. The absence of a strong GBV advocate or sub-cluster lead can contribute to a deprioritization of the sector's costs from the beginning of the funding cycle.

The lack of consistent planning and reporting approaches to GBV funding across the humanitarian sector means the visibility of GBV activities within current funding

categorization varies between appeals, creating challenges for comparability across contexts and over years.

GBV FUNDING ACCORDING TO THE FINANCIAL TRACKING SERVICE

YEAR	AMOUNT REQUESTED (USD) 	AMOUNT RECEIVED (USD) 	FUNDING GAP (USD) 	ALLOCATION TO GBV AS A PERCENTAGE OF TOTAL HUMANITARIAN FUNDING 
2016	9,083,450	2,517,350	6,566,100	0.02%
2017	1,261,109	3,420,587	-2,159,478	0.02%
2018	145,566,007	45,756,339	99,809,668	0.3%
Total	155,910,566	51,694,276	104,216,290	0.12%

Source: The Financial Tracking System and Addressing VAWG.

Examining global GBV funding requests and allocations over the last few years shows how available figures can at times obscure the real picture, and it illuminates just how important accurate reporting is for accountability and planning. For instance, it appears through an analysis of the FTS that funding allocations actually exceeded requests in 2017, and that requests grew significantly between 2017 and 2018. However, an analysis of individual country HRPs shows that, while a few country HRPs did increase GBV requests significantly (for instance, the Nigeria HRP request for GBV in 2017 was \$11.2 million,¹³ whereas the 2018 request was \$40.3 millions),¹⁴ a much more gradual increase in funding requests between 2016 and 2018 was the norm. These anomalies in FTS data are generally understood to be due to poor reporting into the FTS of both requests and allocations. While this poses further challenges for tracking funding flows, the FTS is the official publicly available data source for humanitarian spending and therefore a vital resource which should be strengthened to improve transparency and accountability. Critically, in 2018 (where reporting seems to be the most accurate of the three years analyzed), there continued to be a funding gap of two-thirds.

While initiatives like the *Call to Action* could potentially provide additional transparency around available funding – including to local, women-led NGOs from donors who are *Call to Action* members – key informants reported that this potential

¹³ www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_hrp_2017_19122016.pdf

¹⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/2018_hrp_v5.4.pdf

has not been realized. In some sectors, the response to underfunding and tracking difficulty was to create a dedicated fund or facility, such as the Global Fund to Fight Aids, Tuberculosis and Malaria. When asked whether the *Call to Action* should have a dedicated fund or facility, the majority of respondents were not in favor of this idea, and some thought this might become another mechanism to create staff jobs while having little new value and draining what are already limited resources.

MAINSTREAMING GBV

Supporting the safety and empowerment of women and girls in humanitarian crises requires GBV prevention strategies to be mainstreamed across other sectors, such as Nutrition and Water, Sanitation and Hygiene (WASH); for example, by providing separate female toilets with locks in refugee camps. Similarly, combining GBV interventions within wider programs, such as Health, can also provide strategic entry points to reach women and girls, when stigma surrounding GBV might undermine the effectiveness of stand-alone approaches. Yet the integration of GBV into other sectors can also obscure its visibility in project evaluations.

Sectors like Protection, Health and WASH sometimes include a GBV indicator in their proposals, but often do not code this expenditure under GBV when reporting back to donors. Therefore, current financial reporting mechanisms are failing to capture the full extent of funded GBV interventions. However, this research found that across non-GBV sectors, projects incorporating GBV response activities as outlined in the IASC GBV Guidelines accounted for just under 11 percent of the nearly 3,000 project sheets reviewed (see Graph below). This indicates that while actual funding levels for GBV may be higher than what is currently reported, it is unlikely that there would be hugely significant differences in the final numbers if it were possible to consistently disaggregate GBV from these other umbrella sectors.

GBV RISK IDENTIFIED BY OTHER SECTOR

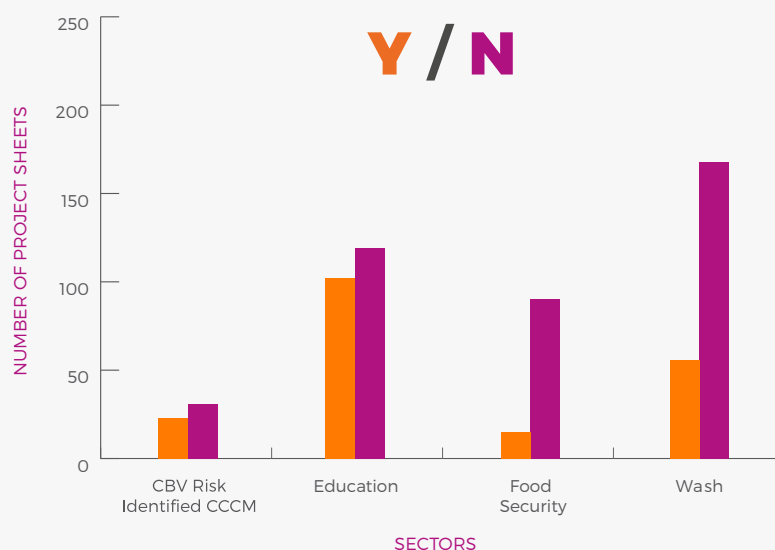




Photo by:
Shihan Zuberi/IRC

B. HUMAN RESOURCES AND SUPPORT

RECOGNIZING AND EFFECTIVELY ADDRESSING THE THREATS THAT GIRLS AND WOMEN FACE IN HUMANITARIAN CONTEXTS REQUIRES SPECIFIC EXPERTISE. MANY AGENCIES OF ALL TYPES (INCLUDING DONOR, UN AGENCIES AND INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS) LACK SUFFICIENT, DEDICATED GBV STAFF, WHICH HAMPERS THEIR ABILITY TO RECOGNIZE AND ASSESS NEEDS ON THE GROUND AND TO PREPARE, SUBMIT OR REVIEW REQUESTS FOR GBV-SPECIFIC FUNDING.

Respondents from INGOs, UN agencies and donors all highlighted a pressing need for more technical staff with GBV expertise at both field and headquarter (HQ) levels to inform funding decisions, especially during the critical first stage of an emergency.

Most respondents said that the people making GBV resource allocation decisions within INGOs, UN agencies and donors did not have experience or training in the area. The majority reported that decision-makers typically sought the input of a GBV specialist (or gender expert), though most also reported that their organization did not have a protocol in place to do so and that they have few GBV or gender experts. Reassuringly, when asked about what typically guides organizational GBV interventions, the majority cited the 2015 IASC GBV Guidelines or their institutional theory of change or strategy.

Most field survey respondents noted that due to a lack of specialized GBV personnel, they were unable to quantify the exact funding gaps they faced, which reduced their capacity to effectively advocate for appropriate amounts of funding. They were aware, however, of a general need to better fund services to match the needs of women and girls.

Relatedly, donors noted that HRPs rarely included expansive GBV or gender equality sections. This is likely due to restrictive word limits, which are not good practice or needs-based. Some respondents noted that country directors, representatives and grant coordinators need to be more proactive in challenging the proposals they received to prioritize specialized/standalone GBV programming and its integration across sectors. As one representative from a donor country asked, “There is always a greater need than what is planned for, so why don’t we have eight-million-dollar proposals like the other sectors?”

THE DONOR/GRANTEE DIVIDE

Donors can only fund the needs they are aware of. Most donors noted that when they receive requests from NGOs and UN agencies, they evaluate these against situational needs analyses or Humanitarian Needs Overviews (HNOs). If these analyses do not include robust GBV assessments because no GBV specialist is available or consulted, then the money allocated to GBV will be limited. Donors said that the low quality of situational analyses and project proposals received were major challenges to funding GBV.

One NGO respondent noted, “At the beginning of a response, non-committed funds are the most valuable pool of money – but if GBV specialists are not in place on the ground, and ready to advocate, [they] can miss out on funding that will go to more well-resourced and prepared sectors.”

GBV expertise tends to be concentrated within a handful of NGOs. In many emergencies, donors noted that there were only two INGOs responding to Requests for Proposals to cover what were extensive humanitarian needs existing over wide geographical areas. The lack of proposals may be related to the perception among implementing agencies that donors are only looking to fund one implementing partner, and that it is therefore not worth diverting time and resources to compete for funding that seems to be ‘earmarked’ for more established GBV emergency organizations, who are able to rapidly scale up interventions.

This perpetuates a negative cycle in which organizations without dedicated GBV specialists are unable to access GBV funding, which in turn hinders their ability to fund internal expertise. One NGO respondent noted what she had been told by donors:

**"We would have invested in GBV,
but no one was there"**

STRENGTHENING RECRUITMENT

Organizations' lack of GBV staff is partly due to the difficulty in recruiting specialists with the necessary expertise in addressing GBV during the critical first days of an emergency, when both UN agencies and local and international NGOs are attempting to scale up stand-alone and/or integrated programming.

At field level, the lack of GBV in emergencies specialists within the sector as a whole means rapid hiring in emergencies is extremely limited. Frequent staff turnover further undermines implementation or scaling up. One NGO respondent, whose organization placed a high priority on GBV programming, did note that the use of a GBV specialist roster had improved access to GBV experts in the field. However, most other respondents did not mention rosters, suggesting it remains limited to those

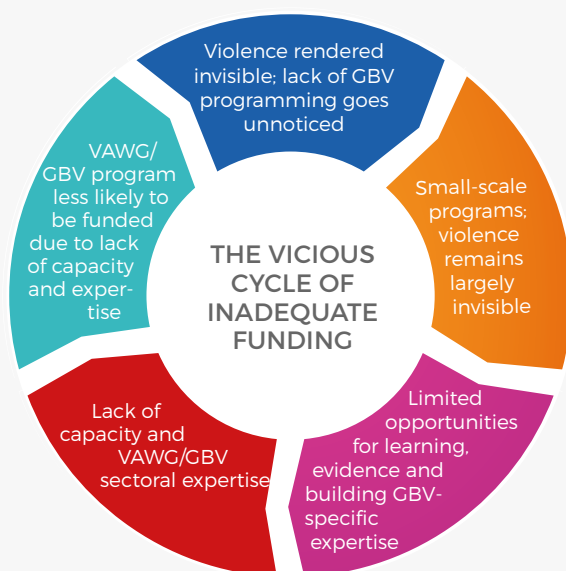
agencies that already prioritize GBV and should be expanded as a resource for the wider sector.

Donor agencies experience a similar lack of technical expertise at field level, reducing their ability to perceive, analyze and respond to GBV needs and associated funding requests. Respondents noted they did not believe everyone had the proper experience with GBV in emergencies to make informed decisions on funding, and that gaps in training and staff capacity made it difficult for GBV programming to compete with other internal priorities. Several respondents noted the lack of institutional commitment to GBV prioritization across the donor community – both where GBV is not “recognized as a life-saving intervention” and where it is considered too embedded in social norms to change during the lifecycle of a crisis (a perception that seems to be carried over even when conflicts last for more than 10 years).

When asked to rank the top needs of their office to strengthen GBV response, field-level NGO, UN and donor respondents prioritized:

- Senior management making GBV a higher priority; and
- More technical staff with expertise on GBV (especially in senior roles).

Ensuring GBV expertise exists at all levels of an organization is crucial to ensure global commitments are translated into improved GBV prevention and response at field level. To strengthen the impact of global initiatives, such as the Call to Action, several informants noted that when a government assumes leadership of global initiatives, they should dedicate funds to recruit staff with both the appropriate technical expertise and advocacy experience to drive forward system reform.



If the recommendations of this report are implemented, this negative cycle that leads to limited funding can be turned into a positive cycle of investment to address the scale and scope of the problem.

Source: "Lifesaving Not Optional" IRC.

C. SUPPORT FOR LOCAL WOMEN- LED ORGANIZATIONS

LOCAL WOMEN-LED NGOS ARE KEY PARTNERS¹⁵ IN GBV PREVENTION AND RESPONSE. YET DESPITE SIGNIFICANT WORLD HUMANITARIAN SUMMIT COMMITMENTS TO INCREASE FUNDING FOR SOUTHERN-BASED CIVIL SOCIETY ORGANIZATIONS (CSOS), LITTLE FUNDING HAS SHIFTED TO THESE ORGANIZATIONS. THIS, IN TURN, LIMITS THEIR ABILITY TO SCALE UP, GROW THEIR PROGRAMS, SECURE ADDITIONAL FUNDING FOR THEIR ACTIVITIES, AND BETTER SERVE THE GIRLS AND WOMEN IN THEIR COMMUNITIES.

As part of the World Humanitarian Summit of 2016, dozens of actors committed to advocate with institutional donors, foundations and the private sector to increase the year-on-year percentage of humanitarian funding going to women-led, locally-based NGOs.¹⁶ They committed that “by May 2018 at least 20 percent of our own humanitarian funding will be passed to southern-based NGOs. We commit to introduce our NGO partners to our own direct donors with the aim of them accessing direct financing.”¹⁷

In practice, these changes have been slow to materialize, and the localization thrust does not intersect strongly enough with broader efforts to advance gender equality and address GBV. Most NGO survey respondents reported that for 2018, their total budget passed on to local women’s organizations was under \$10,000, while field-level UN respondents reported amounts of between \$40,000 and \$100,000 per year. One international organization key informant noted the importance of the *Charter for Change on the Localization of Humanitarian Aid* in guiding how they work with local partners, but they admitted funding for this work still accounts for a very small percentage of their office’s overall budget.

Respondents mostly reported that they wanted to work with local women’s rights organizations, but they faced challenges in doing so. Some of these challenges included concerns about CSOs’ capacity and ability to show impact; lacking the funds to work with local groups; and/or fear that CSOs are partisan and “used as de facto political instruments,” or perceived as inherently political.

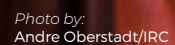
Multiple respondents from large donor agencies said they were looking for ways to increase support to local women’s organizations, but again cited challenges. Some did not use humanitarian funding for women’s CSOs because this money was typically allocated from other budgets, such as those dedicated to Women,

¹⁵ Coalition of Feminists for Social Change (2018), *Why does a feminist perspective matter in work to prevent and respond to violence against women and girls?*, Feminist Pocketbook Tip Sheet 1. <https://cofemsocialchange.org/wp-content/uploads/2018/11/TS1-Why-does-a-feminist-perspective-matter.pdf>

¹⁶ Oxfam Canada (2018). *A Feminist Approach to Localization: How Canada Can Support the Leadership Of Women’s Rights Actors In Humanitarian Action*. Care/Action Aid (2018). *Not What She Bargained For: Gender and the Grand Bargain*.

¹⁷ <https://charter4change.org/>

The funding barriers become a vicious cycle for CSOs, preventing them from scaling up and becoming sustainable. Without long-term, flexible and multi-year funds, CSOs cannot provide quality services, upgrade their organizational structures or accountability systems, build their capacity to manage funds and report on their use, or reach enough beneficiaries.



D. ACCOUNTABILITY: CODING, MONITORING AND REPORTING

VARIATION IN EXPENDITURE TRACKING AND FINANCIAL ACCOUNTING, MONITORING AND REPORTING ACROSS ORGANIZATIONS MAKES IT DIFFICULT TO TRACK GBV SPENDING WITHIN AND ACROSS IMPLEMENTING AGENCIES – WHICH CAN OFTEN CONCEAL WHETHER A RESPONSE IS FULLY MEETING IDENTIFIED NEEDS. UNDERSTANDING AND IMPROVING HOW EXPENDITURES ARE CODED BY IMPLEMENTING ORGANIZATIONS IS CRITICAL TO ENSURING ACCOUNTABILITY TO WOMEN AND GIRLS.

While reporting GBV-specific expenditures (particularly when they are mainstreamed into other sectors) is a time-consuming and often difficult task, not doing so has significant, real-world consequences for women and girls. When agencies cannot accurately report on GBV expenditures, it is impossible to assess whether they have fulfilled their obligations to beneficiaries and what gaps in service provisions may exist. These challenges present a distressing lack of accountability for all partners involved in GBV programming.

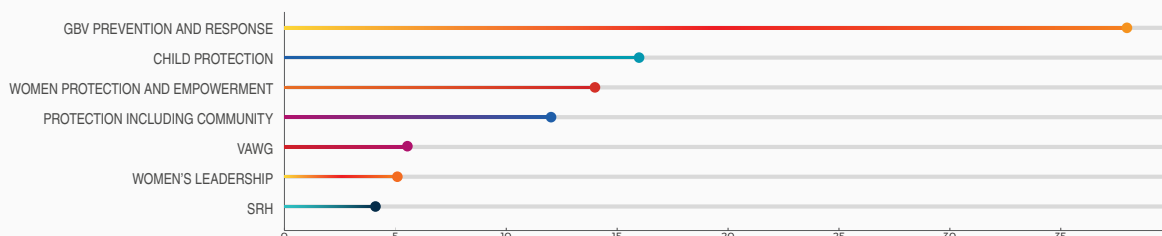
Understanding how expenditures are coded by NGOs and IOs presents a further challenge to accurately tracking funding. A variety of frameworks – including coding to specific budget lines, overall goals and project titles – make it difficult to find comparable data points across organizations. Coding for ‘GBV in emergencies’ rarely appears under this exact name.

Different agencies have their own ways of financial reporting and their own mandates to take into account, even if much of the content of the themes intertwine and overlap. Even within the UN system, for example, UNHCR breaks its targeted funding (as opposed to general resources) into its four themes of refugees, internally displaced persons, statelessness, and reintegration. Child Protection and GBV often fall under these categories, though it is not explicitly stated. UNICEF breaks down its major program categories along the lines of Child Protection, Education, Nutrition, WASH, HIV/AIDS and Health, with the majority of UNICEF’s GBV work subsumed under the umbrella of Child Protection.

The challenges in tracking financial allocations and expenditures by multiple layers and issues becomes complicated very quickly. All sectors have to deal with multiple competing interests (e.g., Gender, Humanitarian Development Nexus, type of emergency, operations and programming issues, staff, supplies, etc.), but for GBV as both a distinct sector and an issue that requires a cross-cutting focus, the challenges of monitoring, tracking and implementing programs are exacerbated.

A range of names are used to label GBV, including:

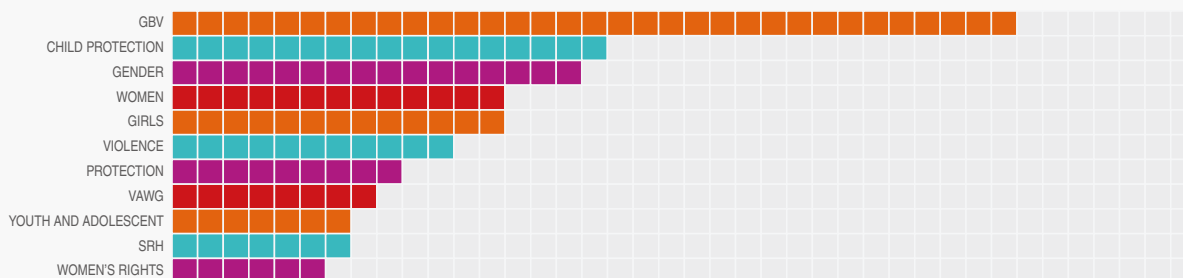
TERMS ORGANIZATIONS USE FOR GBV PROGRAMMING



There is also variation in who is in charge of coding and tracking expenditures, as this can be a combined responsibility of program managers, finance administrators and/or other personnel. Systems for coding vary and were described as either “fairly easy” (as in the case of coding to the overarching program goal, which typically did not include GBV) or “unnecessarily unwieldy and difficult.” As one respondent noted, when administrators must triage attention to multiple emergencies, whoever is making payments often just plugs any code in simply to get the payment out.

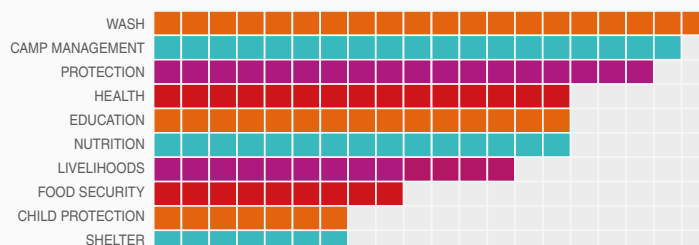
When field-level organizational respondents were asked what keywords they used to code funding for standalone/targeted GBV programming, the majority mentioned ‘GBV.’ However, the below graphic illustrates a range of different words used to code funding for standalone/targeted GBV programming:

KEYWORDS USED BY FIELD-LEVEL RESPONDENTS TO CODE FUNDING FOR STANDALONE/TARGETED GBV PROGRAMMING



Information about GBV risk mitigation funding may also be hidden when it is embedded in the work of other humanitarian sectors. Field-level organizational respondents identified that key sectors referenced in the IASC GBV guidelines have engaged in GBV risk mitigation and prevention, as illustrated by the figure below.

SECTORS MOST ENGAGED IN GBV RISK MITIGATION AND PREVENTION



When asked whether their funding went toward risk mitigation and prevention in any of the sectors mentioned above, the majority of field-level organizational respondents noted they code this only as part of that sector's programming (i.e., as a WASH or Education program) and not as a GBV program or a WASH and GBV program. The second most common response was that it was simply not coded, or alternatively, that it was coded only as a GBV program. When asked to describe their coding protocol, one respondent noted, "I am not fully aware of how it is coded," and illustrated the subjective nature of coding when saying, "Whether it is a program focused on GBV or WASH, that influences how we tag it." Specifically, during the emergency phase, this respondent indicated that funding may be coded as both (i.e., GBV and Wash or Education program) and thus double counted.

While there were few concerns about non-specialist GBV programs being tagged as specialist programs, when pressed, one respondent noted, "If both aspects are funded and organizations are aware how they complement each other, then I am happy because any amount allocated to GBV programming – specialized or non-specialized – really counts." This quote illustrates a recurring tension between internal advocacy for specialized GBV programming and the necessity of incorporating this programming into sectors that may not yet fully adhere to the IASC GBV Guidelines.

Taken together, this all points to a complicated system that makes true accountability – to stated commitments, to creating a coordinated response and, most importantly, to women and girls themselves – nearly impossible.

TRACKING INVESTMENTS

CLEAR DATA HELPS KEEP HUMANITARIAN ACTORS ACCOUNTABLE TO GIRLS AND WOMEN IN CRISIS SITUATIONS. LACK OF CONSISTENCY IN HOW GOVERNMENTS AND INTERNATIONAL AGENCIES TRACK FUNDS FOR GBV PROGRAMMING MAKES IT DIFFICULT TO ACCURATELY ASSESS WHERE THE GREATEST GAPS EXIST – AND HOW BEST TO ADDRESS THEM.

Understanding trends in the nature, size and recipients of investments for GBV in emergencies is a basic building block of accountability to crisis-affected girls and women. Without an understanding of how much is needed and allocated for GBV prevention and response, the field will continue to fall short of true accountability to the commitments made through the *Call to Action* and other non-sectoral initiatives, such as the Global Compact for Refugees. This research found that efforts to track funding flows are currently confounded by a range of factors, including the following:

- GBV-related needs are not appropriately quantified in needs analyses.
- The funds requested and received for GBV in emergencies from pooled funds cannot be looked at in isolation, as they are only a portion of the total funds requested.
- Donors do not make a distinction between money going for specialized programming and response vs. money going to prevention/risk mitigation.
- Total funding for GBV includes funds that are specifically earmarked for GBV as well as unearmarked funding that recipient agencies may potentially be using for GBV programming, but are not tracking, making the actual, total amount impossible to calculate with current tracking mechanisms.
- Investments made to prevent and respond to GBV in emergencies through other sectors (WASH, Nutrition, etc.) are often not tracked.
- There is a 'gray area' around investments in GBV and investments in broader gender equality, making it hard to distinguish how much funding is going specifically to GBV.
- Various coding issues exist, as discussed below.

In order to generate a complete overview of funding for GBV, funding that is specifically earmarked for GBV would need to be assessed alongside funding that recipient agencies may potentially be using for GBV programming but are not tracking.

Based on publicly available data, the U.S. government (through the Bureau of Population, Refugees and Migration [BPRM] and the Office of Foreign Disaster Assistance [OFDA]) provided the largest annual investment in GBV in emergencies, at approximately \$140 million (2018), followed by ECHO at \$19-28 million (2017). Difficulties arise in comparing donors, many of which do not track country-level investments unless they are for a specific GBV initiative, such as the DFID-funded *What Works to Prevent Violence Against Women and Girls*. Given how different the tracking methods are from one donor to the next, it is likely that significant amounts of money are not being counted due to tracking problems, accounting procedures and categorization.

All donors agreed that better tracking is needed, and many were trying to improve their internal systems. One donor admitted, “It is a pity we are not better at tracking how much money goes into this area” because they were making significant investments.

There is global recognition that partners want less reporting. However, as donors promote more multisectoral responses or integrated programming in order to invest in larger projects across sectors, it becomes even harder to track where the money is going. It may also require more intensive reporting if the additional funds are to be properly tracked.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

ORGANIZATIONS CANNOT EFFECTIVELY ADDRESS GBV IN HUMANITARIAN CONTEXTS IF IT PERSISTS WITHIN THEIR OWN RANKS. INCREASED COMMITMENTS BY HUMANITARIAN AGENCIES TO ADDRESS SEXUAL EXPLOITATION AND ABUSE (SEA) ARE NOT ALWAYS ACCOMPANIED BY EITHER INCREASED FUNDING FROM DONORS OR INCREASED INTERNAL RESOURCE ALLOCATION BY AGENCIES THEMSELVES.

While increased attention to the prevention of sexual exploitation and abuse (PSEA) has meant a sharp rise in commitments made by humanitarian organizations, this has not corresponded with a rise in funding. When asked whether their organization had observed an increase in funding for PSEA programming in 2018, the majority of NGO field survey respondents stated no, and only one UN agency noted that they had.

When asked how their organization coded funding for programs focused on efforts to address SEA, many field-level survey respondents stated they did not know, while one UN agency noted they are developing guidelines for coding PSEA. Most noted new or improved guidelines on PSEA and new mandatory trainings for personnel, but highlighted difficulties in operationalizing these changes with local partner organizations.

When asked which components of PSEA action were being funded, those most commonly mentioned included the following:

MOST FUNDED COMPONENTS OF PSEA



Donor informants noted that survivor assistance and other PSEA activities were getting lost within funding for broader GBV efforts. Many said challenges to addressing SEA continued to exist related to all aspects of the PSEA Minimum Operating Procedures (including staff capacity-building, raising awareness, victim assistance and community-based complaints mechanisms). While some respondents reported feeling that their agencies had invigorated their commitments and actions toward addressing SEA, many noted concerns that the additional trainings and online tools would not actually lead to the significant systemic changes required to address this historic problem, including shifting power to girls and women and women at work in emergencies.¹⁸

NGO and IO respondents said that donors now ask for more information on PSEA, but they have had to use their own funds to support new programming, including PSEA capacity and awareness, community-based complaint mechanisms and survivor assistance efforts. A few IOs reported that agencies had hired PSEA technical specialists, but they doubted this would lead to lasting institutional change. Several donors said they were not investing in PSEA because agencies themselves should handle this internal issue with the non-earmarked core funding they already receive.

In addition to PSEA recommendations for the overall report, it is critical that all actors in the humanitarian system acknowledge that women and girls must remain at the center of our approaches to prevent SEA and sexual harassment. Institutional change processes must be informed by survivors, by female technical GBV experts, and by feminist analysis that seeks to redefine and redistribute unequal power relationships.

¹⁸ In 2002, UNHCR and Save the Children released a report on a survey they conducted in Liberia, Guinea and Sierra Leone, in which they interviewed 1,500 children and adults (IDPs and refugees) to determine the scope of sexual violence and exploitation of children. During the investigation they discovered extensive exploitation and abuse.

For the full report, see: www.parliament.uk/documents/commons-committees/international-development/2002-Report-of-sexual-exploitation-and-abuse-Save%20the%20Children.pdf

A person wearing a dark cap is seen from the side, looking at a wall made of woven bamboo strips. On the wall is a small, rectangular painting of a river scene with a house, trees, and people in a boat. The scene is lit with warm, golden light, creating a textured, woven pattern on the wall. In the foreground, a wooden chair and a table with papers are partially visible.

THE BOTTOM LINE - CONCLUSIONS AND RECOMMENDATIONS

Photo By:
Timothy Nesmith/IRC



ICON KEY



DONOR/
MEMBER/
STATE



LOCAL/
NATIONAL
NGO



INTERNATIONAL
NGO



UN ENTITIES



CALL TO
ACTION

1. FUNDING TO MEET THE NEED

All humanitarian actors must advocate for significant increases in funding to tackle GBV, given the high levels of harm to women and girls that still exist in every humanitarian crisis. The lack of funding for GBV programming leads directly to negative consequences for all humanitarian and development outcomes and investments, including the UN SDGs, which explicitly target the elimination of “all forms of violence against all women and girls” – including women and girls in humanitarian contexts.

The amounts requested for GBV in appeals (when GBV is included) only serve as an approximation of needs, and these approximations are typically much lower than the actual investment needed.

Like other humanitarian sectors, the GBV sector needs to obtain better data to frame the issue from the beginning of an emergency. This includes increasing expertise in needs assessment data collection even before the HNO process starts, which would support better costing rationale for the interventions proposed. Creating space for GBV, alongside other life-saving issues, requires buy-in from senior management at headquarters, regional and country levels in UN entities and NGOs. When these elements are not in place, the humanitarian system misses critical opportunities to bring increased funding that can help tackle the problem from the beginning of a crisis.

This report makes the following **recommendations to increase funding for lifesaving GBV prevention and response:**

AT MINIMUM, **TRIPLE GLOBAL FUNDING LEVELS** FOR GBV RISK MITIGATION AND RESPONSE IN ORDER TO MEET CURRENT FUNDING REQUEST LEVELS. THIS MUST BE UNDERPINNED BY AN INCREASE IN FUNDING REQUESTS WITHIN HRPS THAT ARE COMMENSURATE WITH THE LEVELS OF AT-RISK WOMEN AND GIRLS.



ESTABLISH MECHANISMS FOR RAPID ALLOCATION AND DISBURSEMENT OF FUNDING TO SUPPORT HUMAN RESOURCES, IMPLEMENTATION OF SERVICES, RISK MITIGATION MEASURES, AND COORDINATION MECHANISMS (SEE THE GBV ACCOUNTABILITY FRAMEWORK).¹⁹



DEVELOP UNIVERSAL GUIDELINES TO BETTER ANTICIPATE AND INTEGRATE THE COSTS OF GBV SERVICES INTO HUMANITARIAN APPEALS, RESPONSE PLANS AND PROJECTS SO THAT GBV PREVENTION, RESPONSE AND MITIGATION FUNDING MEETS THE ACTUAL SCALE OF THE PROBLEM.



AS AN INSTITUTIONAL PRIORITY, MAKE SURE THAT **FUNDING FOR PSEA AND SEXUAL HARASSMENT DOES NOT COME FROM GBV BUDGETS** IN PARTICULAR; THIS ONLY SHRINKS THE POT FOR GBV PROGRAMS AND DOES NOT RECOGNIZE THAT PSEA IS A RESPONSIBILITY OF ALL SECTORS. INSTEAD, FUNDING SHOULD COME FROM CORE FUNDING FROM ACROSS ALL SECTORS.



¹⁹ <https://reliefweb.int/report/world/gbv-accountability-framework-all-humanitarian-actors-have-role-play>

2. HUMAN RESOURCES AND SUPPORT

Having technical GBV expertise on the ground at the onset of an emergency is fundamental to ensure quality proposals are submitted for funding, and to ensure that GBV is continually highlighted through the lifecycle of humanitarian appeals. When GBV is not adequately included in assessments, this begins a vicious cycle of never having the right amount of funding to tackle the needs of women and girls at scale. Increased funding is critical to grow the pool of experts able to respond to GBV on the ground in national NGOs, INGOs, and UN entities.

GBV-specific technical expertise is needed inside of donor agencies as well to support senior management and other cross-sectoral technical staff in making GBV a higher priority at regional and field levels. Some have made great strides with tools and policies – such as feminist foreign and/or humanitarian assistance policies – to help national and regional field colleagues and cross-sector experts understand their role in ensuring donor resources are used for addressing GBV. However, in many large donor entities, it is still the norm to have just one gender advisor. This level of staffing will not spur even the best laid policy or tool from rhetoric to action.

This report makes the following **recommendations to help grow the available pool of GBV specialists and experts**, in order to better perceive and respond to requests for GBV funding and enable implementing organizations to more effectively advocate for and secure those funds:

DONORS AND UN ENTITIES SHOULD **RESOURCE AND PROMOTE THE USE OF ROSTERS OF GBV SPECIALISTS**, INCLUDING THOSE FROM LOCAL ORGANIZATIONS, IN LINE WITH THE GBV ACCOUNTABILITY FRAMEWORK.



AGENCIES, DONORS AND ALL ACTORS ENGAGING IN GBV PROGRAMMING SHOULD HOLD THEMSELVES ACCOUNTABLE TO **HAVE A STANDARDIZED PROCESS FOR OBTAINING TECHNICAL ASSISTANCE IN RECOGNITION OF THE “DO NO HARM” PRINCIPLE**, WHEN THAT EXPERTISE CANNOT BE RELIED ON THROUGH IN-PERSON SUPPORT ON THE GROUND IN EMERGENCIES.



DONORS AND SENIOR MANAGERS MUST TAKE ACTIONS TO **RECRUIT, TRAIN AND GROW THE POOL OF GBV EXPERTS** WORKING IN ALL PHASES OF EMERGENCIES WITHIN DONOR ENTITIES, LOCAL AND INTERNATIONAL NGOS, AND UN ENTITIES. UN ENTITIES AND NGOS MUST TRACK RESULTS AND PROCESS MILESTONES.



WHILE SEA SURVIVOR ASSISTANCE NEEDS TO BE INTEGRATED INTO EFFORTS TO ADDRESS GBV SURVIVORS MORE BROADLY, **PSEA MUST BE TAKEN ON INSTITUTIONALLY**, INCLUDING BY HUMAN RESOURCES DEPARTMENTS, RATHER THAN TASKED TO A SMALL NUMBER OF GBV OR OTHER PROTECTION EXPERTS.



3. SUPPORT FOR LOCAL WOMEN-LED ORGANIZATIONS

Greater reflection is required on how different kinds of donors (INGOs, IOs, and government/donor entities) can sustainably fund local, women-led organizations, including how they can start to share power and resources and level the playing field. Just as INGOs and UN entities prefer unearmarked core funds, women-led organizations need access to the same funding flexibility. Currently, efforts to support local women's organizations are likely more focused on meeting the mandates of larger groups such as UN entities and IOs, rather than on supporting Global South groups to define and lead the local solutions that will make lasting impacts.

This report makes the following **recommendations to promote the participation of women's organizations in finding local solutions for addressing GBV, and to prioritize partnerships that increase their access to funding:**

ALL HUMANITARIAN ACTORS MUST **PROVIDE MULTI-YEAR FLEXIBLE FUNDING TO LOCAL WOMEN-LED ORGANIZATIONS**, INCLUDING ALLOCATIONS FOR ORGANIZATIONAL STRENGTHENING AND SUPPORT OF JOINT LEARNING.



DONORS SHOULD **SUPPORT NEW ACTORS THAT ILLUSTRATE COMMITMENTS** TO WORKING ON GBV AND PRESENT NEW OPPORTUNITIES TO ACCESS FUNDING TO BUILD THEIR CAPACITY AND ENLARGE THE AVAILABLE POOL OF GBV SPECIALISTS.



ACCOUNTABILITY AND LEARNING SYSTEMS AND PROCEDURES SHOULD BE ADAPTED TO FACILITATE FUNDING FOR WOMEN'S ORGANIZATIONS, AS THESE SYSTEMS MAY NEED TO BE DIFFERENT FROM THE PROCEDURES OF LARGER ENTITIES.



WHERE HIGH CAPACITY WOMEN'S RIGHTS ORGANIZATIONS ARE NOT ACCESSIBLE, KEY ACTORS NEED TO **INVEST IN CAPACITY DEVELOPMENT AND ENCOURAGE SUSTAINABLE PARTNERSHIPS** TO BUILD ORGANIZATIONS. AGENCIES NEED TO CONSIDER THE DIVERSITY OF WOMEN'S ORGANIZATIONS, INCLUDING GROUPS THAT MAY BE SMALLER, HARDER TO REACH, OR WORKING IN DIFFERENT PARTS OF A COUNTRY.



LOCAL WOMEN'S ORGANIZATIONS SHOULD BE INCLUDED IN PSEA DISCUSSIONS AND TASK FORCES TO ENSURE THEIR PERSPECTIVES ARE INCLUDED IN THESE EFFORTS AND TO FACILITATE THE SHIFT IN POWER THAT IS NEEDED TO COMBAT SEA.



4. ACCOUNTABILITY: CODING, MONITORING AND REPORTING

While significant progress has been made on GBV-related risk mitigation due to inter-agency efforts to roll-out the IASC GBV Guidelines, it is evident from this study that the GBV sector needs to make further progress on how it tracks specialized programming efforts, as well as risk mitigation efforts, across sectors. This includes the dedicated tracking of PSEA funding and programs, as conflation of GBV and PSEA programmatic areas undermines quality, accountability and understanding around programming and funding overlaps. Better coding will help ensure all programming that should be attributed to GBV or PSEA is properly tracked.²⁰

Many donors leave the decision to allocate funding to GBV up to the grantees through the use of unearmarked funds, and their allocation decisions are so decentralized that they cannot say how much is spent on specialized GBV programming or risk mitigation. GBV coding and tracking is further complicated because GBV is not universally defined and understood, and many actors often refer to their programming differently or use different codes to capture what they consider to be programming or resources for addressing GBV. Additionally, specific coding of GBV typically does not happen if the programming is integrated into another sector like Protection or WASH.

This report makes the following **recommendations to improve reporting, tracking and coding of investments** to ensure the humanitarian sector has an accurate understanding of its response to GBV, and **to increase transparency around donor investments, commitments and priorities** so the total amount of funding for GBV can be more easily quantified:

ALL HUMANITARIAN ACTORS SHOULD **WORK TO ENSURE THAT THE FTS IS UP-TO-DATE AND ACCURATE** SO THAT AN UNDERSTANDING OF CURRENT FUNDING AND FUNDING TRENDS CAN BE MADE WITH CONFIDENCE.



²⁰ UNICEF is one example of an organization that is developing internal guidance to help them better track how to code expenditures related to GBV and PSEA so that so that investments do not get lost alongside Child Protection.

ORGANIZATIONS SHOULD WORK TOGETHER, POTENTIALLY THROUGH THE *CALL TO ACTION*, TO **DEVELOP A SIMPLE GUIDE TO HELP DIFFERENT KINDS OF ACTORS BETTER CODE AND TRACK ALLOCATIONS AND EXPENDITURES**, IN LINE WITH THE IASC GBV GUIDELINES DONOR TOOLKIT AND THE WORK THAT THE CHILD PROTECTION COMMUNITY HAS DONE TO IMPROVE CODING WITHIN THEIR SECTOR.



MORE SUPPORT STAFF SHOULD BE ASSIGNED TO PROPERLY TRACK AND CODE EXPENDITURES AND INVESTMENTS RELATED TO GBV, INCLUDING THOSE FROM PRIVATE DONORS.



A SIMPLE TOOL OR TIP SHEET SHOULD BE DEVELOPED TO GUIDE CODING, FRAMING OF TARGETS FOR SPECIALIZED GBV PROGRAMMING, AND THE COST OF APPROPRIATELY SCALING-UP OF PROGRAMS.



THE *CALL TO ACTION* SHOULD STRENGTHEN DONOR ACCOUNTABILITY TO THE ROAD MAP²¹ TO **PROMOTE INCREASED TRANSPARENCY** AROUND WHAT EACH GOVERNMENT/DONOR ENTITY IS INVESTING IN GBV OR, AT MINIMUM, THE EFFORTS THEY ARE UNDERTAKING TO INFLUENCE HOW THEIR UNEARMARKED INVESTMENTS ARE USED FOR GBV.



ORGANIZATIONS SHOULD **PROPERLY TRACK AND CODE PSEA PROJECTS AND FUNDING**



AND GOVERNMENT/DONOR ENTITIES SHOULD **ACTIVELY REQUEST AND USE INFORMATION ON HOW THEIR UNEARMARKED RESOURCES ARE BEING USED** TO GENERATE ONGOING INSTITUTIONAL CHANGE TO ADDRESS PSEA AND SEXUAL HARASSMENT.



²¹ The Road Map is the *Call to Action*'s overarching guiding framework that sets out common objectives, targets and a governance structure to ensure that pledges are translated into concrete and targeted action on the ground. www.calltoactiongbv.com/what-we-do



Brave femme,

lève toi contre la violence !

ANNEXES

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1. FUNDING STUDY REVIEW TERMS OF REFERENCE

BACKGROUND

In recent years, gender-based violence (GBV) in humanitarian settings has become an increasingly critical topic for governments, donors and humanitarian actors. Complementing this have been a number of high-level commitments to address GBV in humanitarian settings and calls for women's and girls' empowerment, as well as increased attention to the issues of sexual exploitation and abuse (SEA) in the humanitarian sector. Taken together, the increase in attention given in the media, business, and politics to violence against women and girls, along with the prevalence of sexual exploitation, abuse and harassment, can serve as a watershed moment. This is the time to secure long-term changes to improve the lives of women and girls around the world.

While there has been increased political and social attention to gender inequality and women's rights globally, the pervasive and endemic nature of inequality means that women and girls continue to experience violence, discrimination and disempowerment, particularly in humanitarian crisis. Attention to sexual exploitation and abuse in humanitarian contexts has, to a large extent, been focused at the policy level, without a reliable system to track implementation at the field level and without accountability to refugee and displaced women and girls.

As part of an effort to correct this, the IRC will work with a leading think tank to determine the actual level of investment that has been made by major donors toward combatting violence against women and girls (VAWG). This research will build off of previous work by the IRC, such as "Lifesaving Not Optional: Protecting women and girls from violence in emergencies," and act as a precursor to a larger sustained body of work by the IRC to further understand the lives of women and girls living in humanitarian settings. The IRC will work to connect their experiences to the #MeToo/#AidToo movement and the creation of an index that measures action to address GBV and SEA prevention and response in humanitarian contexts, all in an effort to hold governments accountable to women and girls.

DELIVERABLES

The Think Tank partner's work should take the form of a short report, to include:

- Reporting and analysis of total funding levels for VAWG programming in humanitarian contexts (i.e., scoping of available data from pooled and donor funding financial reporting and accountability mechanisms for preventing and responding to VAWG);
- Analysis and reporting of the total funding gap for GBV response, including any barriers to assessing these gaps;
- Three case studies from different responses to highlight the impact of funding gaps (e.g., IRC alone is struggling for WPE program funding in the DRC and Lebanon, and there are likely others too).
- Analysis of other specific policy changes needed at international level to support significant improvement in GBV prevention and response in emergency settings, and how this bridges the humanitarian-development divide (linking to the SDGs, for example).

2. FUNDING STUDY OVERVIEW (ONE-PAGER SENT TO KEY INFORMANTS IN ADVANCE OF INTERVIEWS)

BACKGROUND

In recent years, gender-based violence in humanitarian settings has become an increasingly critical topic for governments, donors and humanitarian actors. Complementing this have been a number of high-level commitments to address GBV in humanitarian settings and calls for women's and girls' empowerment, including the *Call to Action on Protection from Gender-Based Violence in Emergencies*, as well as increased attention to the issues of sexual exploitation and abuse in the humanitarian sector. Taken together, the increase in attention given in the media, business, and politics to violence against women and girls (VAWG) and the prevalence of sexual exploitation, abuse and harassment can be a watershed moment. This is the time to secure long-term changes to improve the lives of women and girls around the world.

OBJECTIVES

This is only possible with a complete understanding of how much is already being done to address GBV in humanitarian settings and how much further the international community needs to go. The International Rescue Committee (IRC) is working with VOICE to determine the actual level of investment that has been made by major donors into combatting VAWG. This project will build off previous work of the IRC, such as "Lifesaving Not Optional: Protecting women and girls from violence in emergencies," and act as a precursor to a larger sustained body of work by the IRC to further understand the lives of women and girls living in humanitarian settings. The IRC will work to connect their experiences to the #MeToo/#AidToo movement and create an index that measures action to address GBV and SEA prevention and response in humanitarian contexts, all in an effort to hold governments and the humanitarian field accountable to women and girls.

GUIDING QUESTIONS

The guiding questions for the study are:

1. How are funding priorities set for GBV in emergencies? Who sets these priorities? Is this approach working or not?
2. How are expenditures of funds used for GBV in emergencies programming tracked? What kind of accountability measures are in place?
3. How is coding happening, and by whom? Does coding enhance or limit the ability to assess investments in and funding gaps for GBV programming?
4. Has increased attention to Protection from Sexual Exploitation and Abuse (PSEA) correlated with increased GBV-related programmatic and funding commitments? How is this measured?
5. In key emergency contexts, how significant is the funding gap and what needs to be done to redress these gaps? What are the perceived increases or decreases in funding to GBV in specific humanitarian settings? What might be causing these changes related to funding?
6. What are the barriers to retrieving information to assess the total funding gap for GBV response?

OUTPUTS

- Reporting and analysis through research and key-informant interviews of the total funding levels for VAWG programming in humanitarian contexts.
- Analysis and reporting through research and key-informant interviews of the total funding gap for GBV response, including any barriers to assessing these gaps.
- Three case studies from different responses to highlight the impact of funding gaps.

VOICE will convene an Advisory Committee comprised of leading experts on VAWG and key stakeholders to guide this project. This Committee will help inform the initial scope of the project, provide feedback on key content outputs, and review reports before they are finalized.

3. METHODOLOGY

To analyze a confusing and often opaque funding landscape to determine the actual level of investment in ending GBV made by major donors, and to gather expert insight on key gaps in personnel, funding and investment management that impact the effectiveness of GBV responses in humanitarian settings, the study used the below guiding questions to identify strategies for addressing these gaps.

The guiding questions for the study were:

1. How are funding priorities set for GBV in emergencies? Who sets these priorities? Is this approach working or not?
2. How are expenditures of funds used for GBV in emergencies programming tracked? What kind of accountability measures are in place?
3. How is coding happening and by whom? Does coding enhance or limit the ability to assess investments in GBV programming, as well as funding gaps?
4. Has the increased attention to Protection from Sexual Exploitation and Abuse (PSEA) correlated with an increase in GBV-related programmatic and funding commitments? How is this measured?
5. In key emergency contexts, how significant is the funding gap, and what needs to be done to address/redress these gaps? What are the perceived increases or decreases in funding to GBV in specific humanitarian settings? What might be causing these changes related to funding?
6. What are the barriers to retrieving information to assess the total funding gap for GBV response?

ADVISORY COMMITTEE

In order to ensure this project accurately reflected the needs and perspectives of the wide range of actors working to end GBV in humanitarian contexts, IRC and VOICE convened an Advisory Committee at the beginning of the project consisting of representatives from NGOs, UN entities and government/donor entities as per the *Call to Action on Protection from Gender-Based Violence in Emergencies*. The Advisory Committee included members from CARE, the International Organization on Migration (IOM), IRC, UNICEF, the Government of Canada, and two independent senior GBV experts. The GBV Area of Responsibility (AoR) Coordinator acted as an observer. Advisory Committee efforts were coordinated with the *Call to Action Secretary and Steering Committee*, which provided critical feedback and input on the scope of the research and the tools.

FIELD SURVEY

Fifty-one stakeholders from NGOs, IOs and donor governments responded to a global survey on GBV funding that was sent out through the *Call to Action* Stakeholder Working Groups' co-chairs. Their responses formed the baseline data for this study. The survey included questions on funding, capacity and programming gaps related to GBV response in humanitarian emergencies. Responses were analyzed in aggregate form.

KEY INFORMANT INTERVIEWS (KII)

Twenty-five key informant interviews (KII) were conducted from November 2018 to May 2019 with stakeholders from NGOs, IOs and donor governments. Interviews were approximately one hour in length and focused on GBV terminology, gaps in

funding and programming, and the coding and tracking of expenditures. The list of interviewees was generated through recommendations of the Advisory Committee and through the *Call to Action* member list.

DOCUMENT REVIEW

Analysis of GBV funding trends stemmed from an initial substantive review of nearly 2,800 organizations applying for projects in the OCHA Online Project System (OPS) in Cameroon, Chad, Haiti, Iraq, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria and Ukraine. Both the Humanitarian Response Plans (HRPs) and project sheets were analyzed for gender markers,¹ corresponding IASC GBV Guideline indicators, and GBV target populations.

In total, 23 HRPs/appeals from Bangladesh, Central African Republic, Iraq, Jordan, Lebanon, Nigeria, Syria and Yemen were reviewed to provide more detailed analysis of gaps in funding for GBV (three from each country from 2016-2018, except Bangladesh, which did not develop a coordinated inter-agency plan in 2016). Lebanon and Jordan were disaggregated by country from the 3RP Regional Refugee and Resilience Plans. In the majority of response plans, an explicit GBV risk was articulated, with a few notable exceptions in 2017 (Lebanon) and 2018 (Jordan and Lebanon), where a risk of GBV was not identified, but in some cases was later referenced in GBV indicators associated with sectors.

COUNTRY CASE STUDIES

Three countries – Bangladesh, Nigeria and Syria – were selected for deeper qualitative analysis of GBV funding trends alongside the main report, through a collaborative process by the IRC, VOICE and the Advisory Committee. *These case studies will be available via the IRC and VOICE websites soon.*

LIMITATIONS

This study's findings are limited by the breadth and variety of actors consulted, as well as relatively recent adoption of more consistent tracking methods within the industry. While this review utilized the numbers currently available in the FTS, substantial problems remain in using this data to represent a complete or holistic picture of total funding for GBV. Many respondents noted the struggle to meet reporting requirements, a burden that currently falls on the funding recipient – whose already limited capacity often does not allow for providing data consistently, in a timely manner, or disaggregated in the ways needed for comprehensive analysis.

Despite these limitations, clear evidence emerged of significant gaps in funding and programming.

It should be noted that, despite attempts at comprehensiveness, it was not possible to speak to all major actors in NGOs, IOs (e.g., UN entities, International IFRC, etc.) and government/donor entities at the country, regional and headquarters levels.

¹ <https://interagencystandingcommittee.org/other/content/iasc-gender-age-marker-gam-2018>

4. EXPLANATION OF FTS AND HRP EXTRACTION

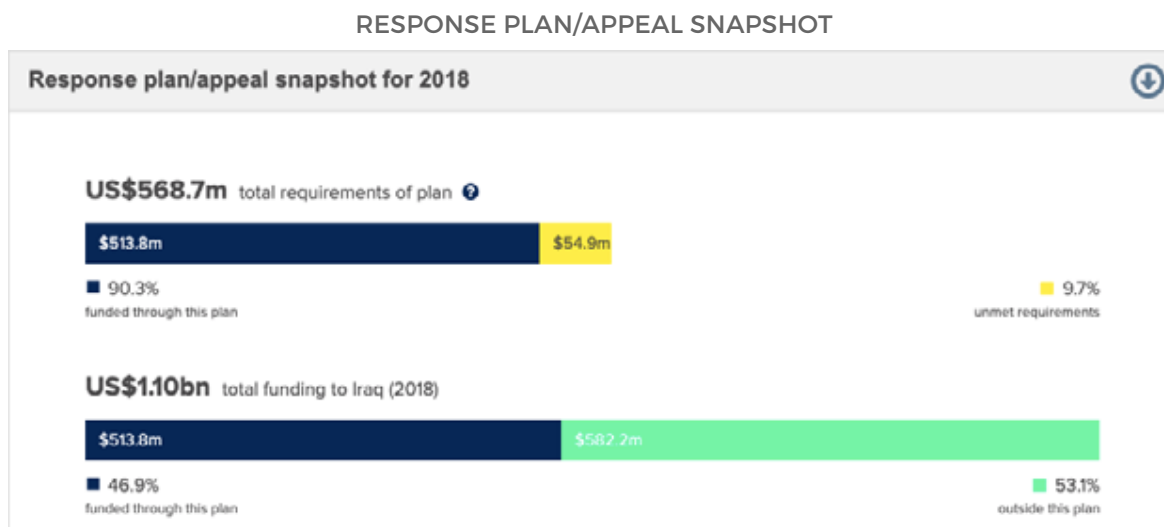
For the following countries, data was gathered via individual flow data files in the FTS and compared to corresponding Humanitarian Response Plans (HRPs) for the years 2016, 2017, and 2018:

- Iraq
- Nigeria
- Syria
- Yemen
- Central African Republic
- Bangladesh (*there was no response for the year 2016)

For Lebanon and Jordan, FTS was used in addition to the Regional Refugee and Resilience Plan (3RP).

Information from the 3RP was gleaned from country-specific sections when available, with a caveat that the 2019 3RP is in a different format with less specific data statistics. Data was gathered by downloading the FTS individual flow data for each year of the 3RP. The contributions were filtered by 'Destination Country' in accordance with either Lebanon or Jordan.

In order to gather the numerical data from FTS, the process involved retrieving highlighted numbers via the 'Summary Page.' The key information retrieved from this page appeared as:



LARGEST SOURCES OF RESPONSE PLAN/APPEAL FUNDING

Largest sources of response plan/appeal funding 		
	Funding for response plan/appeal (US\$m)	As a share of overall funding to the response plan/appeal (%)
United States of America, Government of	193.6	37.7%
United Kingdom, Government of	49.4	9.6%
Germany, Government of	44.7	8.7%
European Commission	39.1	7.6%
Canada, Government of	34.2	6.7%
Japan, Government of	34.1	6.6%
Norway, Government of	11.1	2.2%

FUNDING PROGRESS BY CLUSTER/SECTOR

Funding progress by cluster/sector 			
Cluster/Sector	Required (US\$m)	Funded (US\$m)	Coverage (%)
CCCM	25.0	10.9	43.5%
Child Protection	22.2	13.6	61.1%
Coordination and Common Services	15.0	11.5	76.9%
ETC	1.9	0.0	0.0%
Education	38.0	29.8	78.3%
Emergency Livelihoods	3.5	0.4	10.4%

** For both the 'Largest Sources of Response Plan/Appeal Funding' and 'Funding Progress by Cluster/Sector', the top three highest numbers were extracted and recorded within the country matrices.

When retrieving the numerical data specifically focused on GBV and GBV+ activities, individual flow data was downloaded from FTS for each year (2016, 2017 & 2018). This was found via the 'data' tab on FTS, filtered by 'Individual Flows' on the **View By** drop down on the top right side of the page.

The entire file was downloaded via the arrow in the bottom right of the screenshot below.

Summary		Data
Totals		View by Individual flows ▾
Total incoming funding:	US\$513,846,158	
Total requirements: ⓘ	US\$568,745,625	
Coverage:	90.3%	
Outgoing funding:	US\$19,396,139	
Incoming minus outgoing funding:	US\$494,450,019	
Total pledges:	US\$0	
Displaying 1 - 50 of 314		🔗 ⚙️ ⏴

The files were then analyzed by applying the following code to each line item:

<p>KEY</p> <p>(To be used for FTS tracking)</p>	GBV
	Reproductive Health
	SEA
	Sexual Health
	Combined GBV and Child Protection
	Combined GBV & SRHR
	Comined GBV & Reproductive Health
	SRHR/Combined Sexual & Reproductive Health
	Combined SEA & GBV

During analysis, both the contribution 'description' as well as the 'sector' were searched by applying the following key terms:

- GBV
- Gender Based Violence
- Gender-Based Violence
- Rape
- Violence
- Women (and Girls)
- VBG
- Violence basée sur le genre

The coding for the following was used solely for informational purposes and was not applied to any totals highlighted within the country matrices:

- Reproductive Health
- SEA
- Sexual Health
- SRHR

However, it was found that many descriptions combined the aforementioned activities with GBV activities. In these cases, the contributions were counted and noted as GBV+ activities:

- Combined CP and GBV
- Combined SRHR and GBV
- Combined Reproductive Health and GBV
- Combined SEA and GBV

In order to retrieve the fiscal numbers, the contributions were totaled two ways.

First, GBV and GBV+ contributions were totaled regardless of their funding status – i.e., all contributions with the following funding statuses were computed:

- Pledged
- Commitment
- Paid Contribution

Second, the FTS files were then filtered to only include ‘paid contributions’.

Both of these totals were noted within the matrices under the following headings:

Specific Amount allocated to (S)GBV and GBV+ activities (Pledge, Commitment, & Paid Contribution)	Amount \$\$ received for all GBV and GBV+ sectors (received)	\$\$ allocated to GBV only (Pledge, Commitment, & Paid Contribution)	\$\$ received to GBV only
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This was completed in order to provide a comparison between the total amount promised versus the total amount received.

A further breakdown was completed for the aforementioned GBV+ activities:

- Combined CP and GBV
- Combined SRHR and GBV
- Combined Reproductive Health and GBV
- Combined SEA and GBV

These totals were *not* filtered by ‘paid contribution’ and, thus, are inclusive of all funding statuses.

\$\$ allocated to GBV + Reproductive Health	\$\$ allocated to GBV + SRHR	\$\$ allocated to GBV + SEA	\$\$ allocated to GBV + CP
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Please be considerate of the environment when you print this report. In an effort to decrease the impact we have on the environment; printed versions of this report do not include Annexes.

To access Annexes, which include further information on the methodology for the study (including the Terms of Reference, key informant interviews and survey questions), please visit:
<https://www.rescue.org/report/wheres-the-money-gbv>