

Executive Summary

Feminist analysis and activism have been instrumental in achieving gains in women's rights, including action to address violence against women and girls (VAWG). Over the past two decades, strong local, national and international women's movements have brought VAWG, including in armed conflict and natural disasters, into the public domain as a development, public health, international peace and security and women's rights issue.

Although the late 1990s and early 2000s witnessed positive developments regarding VAWG, many of these gains are now under threat. In many countries, we are witnessing the erosion of women's human rights to live free from violence and exercise their full and equal rights in all domains; women's movements and women's rights organisations' efforts to address VAWG face mounting challenges. Further evidence of this trend is the shrinking space for women's movements and women's rights work across local, national and global contexts. Addressing these challenges will enable us to regain the momentum and accelerate the transformation necessary for securing women and girls' full and equal rights.

This paper reflects on the role of donors in contributing to ambiguous discourse around gender-based violence (GBV), and what this ambiguity means for prevention and response to VAWG in humanitarian settings. The paper argues that diffused priorities threaten the availability of focused support services for women and girls, and an apolitical view of protection needs jeopardises attention to underlying gender discrimination while also limiting opportunities for women's movements to lead GBV prevention and response efforts.





Introduction

In 2013, the IASC Principals endorsed a statement, *The Centrality of Protection in Humanitarian Action*, recognising accountability to affected populations, including different segments of these populations, and a commitment to support civil society to enhance the protection of people at risk.¹ Recent allocations of humanitarian funds reveal a disconnect between principles and action, as protection remains among the least-funded areas of intervention in emergencies. Although recent commitments including the Preventing Sexual Violence Initiative, the Call to Action, and the Safe from the Start initiative have increased specific attention to GBV prevention and response in emergencies, GBV remains poorly funded relative to other areas of protection.

Multiple challenges contribute to inadequate support for GBV interventions in humanitarian settings, including the continued reluctance of many to consider these interventions life-saving. (See COFEM Series Paper 5 for further discussion of this issue.) For years, GBV specialists have highlighted the fact that GBV is characteristically hidden from public view, and that, even when recognised, GBV is often dismissed as a cultural phenomenon unrelated to the emergency at hand. Despite the requirement established in the *IASC GBV Guidelines* for all actors, including donors, to assume GBV is occurring and take early actions to prevent and respond to GBV,² many remain unconvinced of the problem itself or are reluctant to prioritise attention to GBV when confronted with multiple problems.

Within the small and hard-fought space of funded GBV interventions, specialists have, in recent years, noted additional challenges related to the scope of work considered GBV, with many organisations, including donors, applying expanded definitions of the term “GBV”. (See COFEM Series Paper 2 for further discussion of this issue.) This paper attempts to examine the evidence currently available to explore GBV specialists’ impressions that space for women-focused programming is shrinking with current funding trends.

Problem Analysis

Protection interventions are underfunded in emergencies. Globally, protection interventions are funded through bilateral donors and pooled funds in approximately the same proportions,

¹ For the purpose of this paper, feminist approaches are those that view the problem of VAWG as grounded in gender hierarchies and gender inequality. These approaches seek individual and collective empowerment of women and transformation of the social and structural dimensions of women’s inequality and subordination. Technocratic approaches, on the other hand, are those that view social problems, including VAWG, as technical or personal problems. They seek to intervene to help individuals, but the approaches serve to maintain or legitimise the existing power structure rather than to transform it.

² The Inter-Agency Standing Committee *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (2005) first established this requirement, which was reiterated in the revised IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015.



estimated to be around 3-4% of all humanitarian spending.^{3,4} We analysed Central Emergency Response Fund (CERF) allocations from 2011-2016 and found that the protection sector received between 4.6-7.7% of total funds allocated during the six-year period.⁵ Determining how proportionate funding is to protection needs is more complicated, but by examining the extent to which appeals are supported, it is clear that protection is regularly underfunded when compared with all other sectors. In UN-coordinated appeals between 2009 and 2013, protection tied with safety and security with the lowest percentage of requirements met, with only 32% of appeals funded.⁶

Within this large picture there is a great deal of variance; protection needs are prioritised in some emergencies more than in others. Protection funding also varies across stages of an emergency, with particular gaps during the first year, when sectors perceived to be more “life-saving” are prioritised. Protection is often best funded during the second year of an emergency, once needs are more readily recognised (and likely increased due to poor attention from the outset of the emergency), and then funds reduce steadily over time, as needs dissipate or, more likely, fatigue sets in.⁷

GBV interventions are poorly funded relative to other areas of protection. It is difficult to ascertain how much protection funding is specifically allocated to GBV prevention and response efforts. Many State donors and UN agencies support GBV interventions through pooled funds, where specific investments are not usually tracked or made public. When we analysed Country-based Pooled Funds (CBPF) from 2014-2016, we found that GBV interventions received at most 30% of protection funding during these years, and at most 3% of total CBPF.⁸ A study of protection funds commissioned by the Global Protection Cluster analysed allocations within consolidated appeals between 2007 and 2012 and found that general protection received approximately twice as much as Child Protection, which received approximately twice as much as GBV, although this varied by context.⁹

Limited funding for all protection needs can contribute to a sense of competition between sub-sectors for resources and attention. This in turn contributes to poor collaboration between sub-clusters or working groups and larger protection coordination mechanisms, as seen in

³ Murray, J and Landry, S., *Study on Protection Funding in Complex Humanitarian Emergencies*, Global Protection Cluster, Geneva, 2013; <<http://reliefweb.int/sites/reliefweb.int/files/resources/protection-funding-study-final-report-1.pdf>>.

⁴ Development Initiatives, *Global Humanitarian Assistance Report for 2014*, Development Initiatives, Bristol, 2014; <<http://www.globalhumanitarianassistance.org/wp-content/uploads/2014/09/GHA-Report-2014.pdf>>. Six per cent of all bilateral humanitarian assistance provided between 2008 and 2012 was allocated for combined protection, relief coordination, and support services.

⁵ Though limited, the amount of funding has increased fairly steadily since 2011, with a small dip between 2015 and 2016. Source: OCHA Financial Tracking System, <<https://fts.unocha.org/>>.

⁶ Murray, J and Landry, S., *Study on Protection Funding in Complex Humanitarian Emergencies*.

⁷ Ibid.

⁸ Source: OCHA Financial Tracking System. GBV interventions constituted 30%, 17%, and 27% of protection funding from CBPF in 2014, 2015, and 2016, respectively. GBV interventions constituted 3%, 1%, and 2% of total CBPF in 2014, 2015, and 2016, respectively.

⁹ See Murray, J and Landry, S. 2013. Mine Action is somewhat distinct and receives approximately double the funds allocated all other areas of protection combined. Limited requests are made for Housing Land and Property, which receives the least funding of protection areas.



many emergency settings. Limited resources also affect the quality and type of interventions funded. Donors often commit to fund only one organisation for protection-related activities, offering a menu of options to choose from – protection mainstreaming, rule of law, youth programming, disability inclusion, psychosocial support, child protection, GBV, etc. – and inviting implementing organisations to submit competitive proposals. In such cases, organisations may rightfully conclude that their best chance of successful funding lies in covering as many of these areas of work as possible, which raises considerable concerns about appropriate levels of both organisational and operational expertise. In recent formal and informal discussions, GBV programme managers report instances of donor representatives, particularly within UN agencies, requiring them to cover additional areas of protection, including child protection and protection monitoring, to receive funds. Donor representatives explain that they face pressure to cover multiple needs with limited funds.

This drive to do “more with less”, or interpretations of often-cited “value-for-money” principles, may also lead organisations to design – and donors to fund – interventions that reach the largest possible target populations. Particular areas of protection and GBV programming, such as mainstreaming and “awareness-raising” activities, will necessarily cover more ground and reach more people than other activities, including specialised support services for survivors of GBV, where catchment areas are in line with health service provision and direct beneficiaries are relatively few.

Identifying priorities within available GBV funds. At a global level, it is currently not possible to closely examine the types, targets, and approaches of funded GBV interventions. Most analyses of sectoral allocations rely on project coding or project title, and opportunities to review project content are limited. To develop a better sense of shifting donor priorities regarding GBV, we reviewed donor strategy and policy papers, as well as a selection of calls for project proposals. Donors have varied approaches to sharing funding opportunities and few have centralised systems for public search of past and current proposal calls. Due to these constraints, we limited our review to an analysis of ECHO funding priorities for 2011 and 2016, as articulated in ECHO’s Humanitarian Implementation Plans (HIPs), and to calls from the US Bureau for Population, Refugees, and Migration (PRM) related to global GBV initiatives and specific regions and countries, for the period between 2008 and 2017.¹⁰

The US government has long been a leading contributor to GBV interventions, and ECHO has recently increased attention to GBV. In 2011, only seven of 37 HIPs contained reference to GBV or sexual violence. By 2016, that proportion rose significantly, to 15 out of 25 HIPs. Reviewing a sample of calls from donors who have demonstrated commitment to financing GBV prevention

¹⁰ The following categories of PRM calls for proposals were reviewed: 1) PRM global calls focused on innovative global capacity building and research projects on GBV for the period between 2008-2017; 2) GBV calls for the Syria and Iraq crises from 2010-2017; 3) Funding opportunity for NGO programs in South Sudan from 2008-2017; 4) Funding opportunity for NGO programs benefiting Afghan refugees & IDPs in Pakistan from 2009-2017. This amounted to a total of 100 calls for proposals (38 PRM and 62 ECHO).



and response in humanitarian settings allowed us to look more closely at how donor allies currently understand and influence this field of work. We carefully reviewed the language in calls, particularly regarding attention to the following areas of focus: combatting gender discrimination, male survivors, engagement of men and boys, conflict-related sexual violence, empowerment of women and girls, women-focused service provision, and specific forms of GBV. With the same areas of focus, we also reviewed strategy and policy documents from the US government and EU/ECHO, Australia/Department Foreign Affairs and Trade, Sweden/Swedish International Development Cooperation Agency, Switzerland/Swiss Agency for Development and Cooperation, UK/DFID, UN Children's Fund (UNICEF), UN High Commission for Refugees (UNHCR), UN Women, UNFPA, the International Red Cross and Red Crescent Societies and the NoVo Foundation.

Limited focus on women and girls' rights. Donor strategy and policy documents largely recognise GBV as a human rights issue, and some donors emphasise a need to advance women's equality. In the reviewed calls for proposals, however, such causal analysis of GBV was largely missing. Calls also included very limited contextual analyses related to women and girls' experiences. Although ECHO HIPs include lengthy descriptions of humanitarian contexts, these descriptions are remarkably apolitical and lacking in specificity around protection concerns. The reader will only ascertain that GBV prevention and response is required; no information is provided regarding the types of violence that might be occurring, who might be perpetrating this violence and why, or who might be affected and why. In these calls, violence only affects "civilians" or "individuals". A simple word search revealed that only a small majority of the 15 ECHO HIPs in 2016 that included GBV contained a single reference to "women," and this was often within population figures or related to non-protection sectors such as health or nutrition. Similarly, several multi-sectoral PRM calls included more attention to specific issues affecting women and girls within sectors other than protection/GBV.

Beyond omission, some of the language in calls was more insidious, with suggestions to emphasise attention to women not to advance their rights but to exploit their utility. For example, several years of multi-country calls from PRM to respond to the Syria crisis included the following direction for all proposals: "Programs are encouraged to prioritize the needs of women and girls in a way that *strengthens their roles in families and in the broader community*" (emphasis added).

Limited focus on women's and girls' needs. Most governments and donors apply definitions of GBV that recognise women and girls as most affected while specifying that GBV can also affect men and boys. Some government donors appear to differentiate between GBV and VAWG, where "GBV" is referenced to apply to broader populations. Across strategies and policies, a common theme emerges that presumes sexual violence against males has only recently been acknowledged and that special attention is required to compensate for this long-neglected issue. In several cases, it is suggested – without evidence – that male survivors of GBV face greater consequences than female survivors. For example, the updated US government strategy



describes men as an underserved population and claims, “Men who experience gender-based violence can be particularly marginalized given the degree of isolation and shame that typically follows, and the frequent absence of prevention or support services responsive to their specific needs.”¹¹

UNHCR identified six priority action areas for their 2011-2016 SGBV Strategy, including a focus on children, LGBTI populations and engagement of men and boys, but omitted a specific action area focused on the needs of women. The strategy does not include any discussion of the benefit of women’s safe spaces or women’s empowerment activities, women-oriented services such as GBV case management services or work with women’s associations for the advancement of women’s rights. The section of the strategy devoted to protecting children does not specifically reference girls, even though the forms of GBV cited – early marriage, female genital cutting, and other harmful traditional practices – almost exclusively affect girls.

Since 2008, PRM has released annual global calls for proposals to advance GBV prevention and response in humanitarian settings through capacity-building, research and innovation. These funds have helped advance many important initiatives, and also provide an opportunity to review PRM’s evolving definitions and priorities related to GBV. Until 2010, PRM’s call emphasised women-focused services, as well as awareness raising and engagement with men and boys. From 2011 to 2016, calls expressed interest in programs addressing the specific needs of LGBTI and male survivors as underserved populations, as well as “research on how to more effectively include men and boys in GBV prevention and non-stigmatizing response.” During this same period, none of the six calls referenced attention to gender discrimination, women-focused service provision, or empowerment of women and girls. In 2017, the PRM call took a promising turn, referencing specific outcomes of the Call to Action and “a particular focus on initiatives and efforts that improve quality and accessibility of services for women, girls, and survivors of GBV.” The call also included attention to “core services,” including women’s social and economic empowerment.

Implications

Coverage without core services. When investments in the multifarious field of protection are reported without any breakdown by sub-sector or type of intervention, the global community may assume that all protection needs are reasonably covered while in reality serious gaps remain. Even where coverage of GBV prevention and response is specified, this may belie critical service gaps as the GBV sub-sector includes a wide range of interventions – from coordination to mainstreaming to clinical care. For example, after the 2013 typhoon in the Philippines, UN agencies were quick to highlight broad GBV coverage, but investments were almost entirely made to coordination, and coordinators struggled to identify implementing organisations with whom to work.

¹¹ USAID, United States Strategy to Prevent and Respond to Gender-Based Violence Globally: 2016 Update, 2016, p. 46: <<https://www.state.gov/documents/organization/258703.pdf>>.



Expanded definitions of GBV contribute to unreasonable expectations of GBV programs and threaten the availability and quality of focused support services for women and girls.

Donor strategies and calls for proposals highlight expectations for implementing organisations to address all forms of GBV, including sexual violence against men and LGBTI populations. A sound analysis of the different drivers of these forms of violence, and the different consequences for individual survivors, would result in different approaches for service provision and distinct prevention strategies. The particular push for women-oriented services to cater to the needs of male survivors exposes ignorance of effective approaches for reaching survivors of sexual and intimate partner violence – not only in emergency settings or highly patriarchal environments, but across the globe. In recent discussions, GBV programme managers reported several instances where donor representatives characterised women- and girl-focused services as “discriminatory” and insisted that women’s centres be made available to men and boys. Some expectations go even further. More than one multi-country PRM call for response to the Syria crisis requested programs to provide “reintegration support for both female and male survivors *and perpetrators*” (emphasis added). This is highly problematic for numerous ethical and safety reasons, even without exploring implications for effective programming.

Limited space for women’s leadership and accountability to women and girls. When the humanitarian community insists that attention to GBV should be inclusive of wide protection concerns, including violence against men and boys, this risks confusing and undermining national and grassroots efforts to combat VAWG. Without attention to the systemic factors that drive VAWG, donors will not invest in civil society advocacy organisations, or even encourage implementing organisations to partner with such groups. A 2013 report from the Association of Women in Development (AWID) found that women’s organisations are poorly funded and often sidelined in development settings; this problem is likely more amplified in emergency contexts. As the AWID report observes, “The ‘leaves’ – individual women and girls – are receiving growing attention without support for ‘the roots’ – the sustained, collective action by feminists and women’s rights activists and organisations that has been at the centre of women’s rights advances throughout history.”¹²

Recommendations

- **Feminist theory should guide investments in GBV prevention and response.** Donor States should consider adopting feminist foreign assistance policies, in line with Sweden and Canada. Among donors, the NoVo Foundation outlines a feminist approach to understanding and addressing VAWG that should be replicated.

¹² Arutyunova, A. and Clark, C., *Watering the Leaves Starving the Roots: The status of financing for women’s rights organizing and gender equality*, Association of Women’s Rights in Development, Toronto, 2013, p. 17: <https://www.awid.org/sites/default/files/atoms/files/WTL_Starving_Roots.pdf>.

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- **Funding streams should be more transparent to allow for tracking of investments to GBV prevention and response and of types of interventions.** The GBV Area of Responsibility should also support better tracking and monitoring of coverage during emergencies, and implementing organisations should share information on program content through coordination mechanisms.
 - **Donors should invest in focused GBV prevention and response efforts from the onset of emergencies.** Priority should be given to core, specialised services for women and girls and survivors of GBV. Additional interventions, including research and engagement of men and boys, should not be funded until core services are widely available.
 - **Calls for proposals should prioritise attention to evidence-based GBV prevention and response programming that is accountable to women and girls.** Donors must recognise different areas of protection programming, including GBV, as specialised and distinct fields and should not expect or support nebulous program plans that promise to address all protection needs or respond to all forms of violence. Donors should support women- and girl-oriented services to respond to survivors of GBV and should support women-led grassroots movements in their efforts to fight gender discrimination.

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