



**Report to Congress on  
Gender-Based Violence in Humanitarian Settings  
Section 7019(e) of the Department of State, Foreign Operations, and Related  
Programs Appropriations Act, 2022 (Div. K, P.L. 117- 103) and House Report  
117-84**

Consistent with section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2021 (Div. K, P.L.116-260) and House Report 117-84, the Department of State, in coordination with USAID, submits this report on the steps taken by the United States to prevent, mitigate, and respond to gender-based violence (GBV) in humanitarian emergencies. The Department of State is submitting this report to the Committees on Appropriations of the House and Senate and the Appropriations Subcommittees on State, Foreign Operations, and Related Programs of the House and Senate.

The report was based on information and examples provided by the Department of State's Bureau of Population, Refugees, and Migration (PRM) and the United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA).

**Key Points**

- The United States has demonstrated a longstanding commitment to the protection and empowerment of women and girls as a life-saving priority and an integral part of all stages of international humanitarian response.
- In line with the priorities of the Biden-Harris Administration, the United States continues to lead the global fight against gender-based violence (GBV) in emergencies through strong partnerships with responders and fellow donors to better address the needs of women and girls.
- This commitment is echoed by the U.S. Government's *Safe from the Start* initiative and engagement on the global *Call to Action on Protection from Gender-based Violence in Emergencies* platform.

- The United States is consistently one of the top humanitarian donors to GBV prevention and response in emergencies worldwide. The United States holds implementing partners to rigorous technical standards in line with global best practices.

### **Background**

The key driver of GBV, in times of stability or conflict, is gender inequality – the attitudes, beliefs, and norms that promote and/or condone gender-based discrimination and unequal power. Around the globe, women and girls face risks to their safety, mental and physical health, and sense of empowerment on a daily basis. During and after conflicts and natural disasters, these threats become more acute. Destruction, flight, and upheaval erode insufficient social protections and hampers access to critical services for women and girls; consequently GBV escalates. Lack of accountability normalizes GBV and further erodes prevention efforts.

In times of crisis, women and girls urgently need shelter, food, water, and medical care. At the same time, they are at enormous risk of physical and sexual violence, including conflict-related sexual violence, intimate partner violence, child, early, and forced marriage in the face of compromised livelihoods, female genital mutilation/cutting, and sexual exploitation or forced sex in exchange for food, water, shelter, or other basic assistance. These risks were exacerbated by the COVID-19 pandemic and corresponding mitigation measures, such as increased domestic violence due to the stress of COVID isolation, resulting in a “shadow pandemic” of GBV and widespread increases in GBV risks and reports. Women and girls who face multiple and intersecting forms of discrimination, such as those with disabilities or from racial or ethnic minorities, face exacerbated risks for experiencing GBV.

Appropriately preventing and responding to GBV in emergencies requires prioritizing programming according to the specific context and from the outset of a crisis. This involves funding non-governmental organizations (NGOs), multilateral and other international organizations that specialize in GBV programming and can provide appropriate, country-specific technical expertise, quality services, adequate coordination, and the development and/or use of tools based on best practice and lessons learned (e.g. the International Medical Corps, the United Nations Children’s Fund (UNICEF), and the International Committee of the Red Cross (ICRC), amongst others).

Although women and children represent the vast majority of civilian populations affected by conflict and natural disaster, programs addressing the specific risks they face in times of crisis have, until recently, only rarely been part of the first or even second stage of emergency responses. The *Keeping Women and Girls Safe from the Start Act*, originally launched in 2013 and reintroduced by the Senate Committee on Foreign Relations (SFRC) in March 2021, called upon the humanitarian community – led by donors – to consistently prioritize and fund programming to address GBV from the onset of, and throughout all stages of, any humanitarian response.

### **Outcomes and Impacts of Existing GBV Prevention and Response Programs**

The United States has been a leader in preventing and responding to GBV in humanitarian crises. PRM and BHA’s humanitarian GBV prevention and response efforts include the *Safe from the Start* initiative as well as funding for regional and country level responses.

#### *Safe from the Start*

The Department of State and the United States Agency for International Development launched the *Safe from the Start* (SftS) initiative in 2013. SftS has increased the resources available for lifesaving GBV prevention and response programming. It has also improved the capacity of the global humanitarian response system to integrate GBV risk mitigation across all humanitarian sectors (e.g., shelter, food, water and sanitation) and to address GBV from the onset of an emergency. Recognizing that GBV is often only acknowledged as a problem after response efforts are underway, the initiative calls for prioritizing preventative measures and ensuring access to quality GBV services for survivors at the onset of a crisis. Since 2013, the United States has provided more than \$163 million in funding toward SftS through the joint efforts of PRM and BHA. In Fiscal Year (FY) 2021, PRM and BHA also jointly renewed their institutional relationship with UN Population Fund (UNFPA), including providing funding as outlined below.

In 2021, PRM and BHA updated and expanded the SftS initiative – informed by 10 multi-stakeholder consultations and a 2019 evaluation of PRM’s SftS funding – to inform the next phase of SftS. The consultations included a wide range of stakeholders, including UN agencies, the Red Cross and Red Crescent Movement, GBV experts, and international and local NGOs. PRM and BHA plan to launch the next phase of SftS in the fall of 2022.

While the original SftS effort contributed to the development of standards and guidance, the stocktaking and consultations made clear that the new phase must:

1) focus on field-level implementation and impact; 2) maintain in parallel a strong focus on institutionalization, leadership, and policy at agency and inter-agency levels; and 3) connect and sustain existing progress. Most notably, the consultations reaffirmed the need to continue engaging and supporting local actors, specifically women's organizations, to inform and lead the humanitarian response. Furthermore, the consultations concluded GBV funding still does not meet identified needs, and the global humanitarian response system cannot accurately track GBV funds through the system. Other feedback emphasized the importance of incorporating gender equality as foundational to GBV prevention and response programming, as well as leveraging opportunities to address the negative and harmful social norms that underpin GBV. Continued focus is required to enhance the linkages between programmatic approaches for GBV in emergencies and protection from sexual exploitation and abuse. Local community members, particularly women and girls, need to be recognized as important safeguarding experts – when meaningfully supported and engaged – as they are often better placed to clearly identify the risks they encounter, identify what measures may mitigate those risks, and promote safer programming.

In FY 2021, PRM provided nearly \$18 million in funding through the SftS initiative to the United Nations High Commissioner for Refugees (UNHCR), UNICEF, UNFPA, the International Organization for Migration (IOM), ICRC, and the World Health Organization (WHO). PRM's SftS support has primarily provided financial and technical support to these key humanitarian international organizations to lead policy and institutional changes that make the prevention of and response to GBV in the field standard practice from the onset of all emergencies. PRM also supports international coordination and knowledge-sharing, capacity building, training, and research. PRM's SftS funding to these organizations targeted four priority themes: accountability and institutionalization; quality control and management; leadership and coordination; and lesson learning and sharing. Key activities conducted with this FY 2021 funding included: 1) the roll out and implementation of UNHCR's first "Policy on the Prevention of, Risk Mitigation, and Response to Gender-based Violence" and accompanying operational guidance for the policy's nine Core Action Areas and the Policy Monitoring Framework; 2) programs giving women and girls a voice in humanitarian decision-making and who, in turn, benefit from interventions addressing GBV through the provision of specialized technical support by UNICEF regional and country offices; 3) addressing barriers to resourcing and supporting local women's organizations and increasing space for women and girls to meaningfully participate in decision-making;

4) strengthening the humanitarian capacity of UNFPA to scale up – consistent with its own GBV in Emergencies Minimum Standards (GBViE) – the provision of quality, multisectoral GBV services to women and girls, including GBV survivors; 5) institutionalization and operationalization of IOM’s Institutional Framework on Addressing GBV in Crises, targeting both specialized and non-specialized programming; 6) sustaining and developing partnerships within the International Red Cross and Red Crescent Movement, thereby enhancing a coordinated and effective response within the Movement to sexual violence; and 7) ensuring accountability within WHO to address GBV in health emergencies, including through advocacy and GBV advisors providing ongoing technical support at the global, regional, and country-level from the onset of an emergency.

PRM also supported NGOs and other international organizations for several smaller, more targeted, capacity building, research, and innovation projects through SftS. For example, with PRM funding the Women’s Refugee Commission developed and tested an innovative evidence-based toolkit and service delivery model that provides sexual violence survivors in refugee settings with high-quality, non-stigmatized, community-based medical care and psychosocial support. BHA obligated approximately \$8.5 million for global projects that advance the SftS agenda, as part of the nearly \$103 million BHA provided more broadly in FY 2021 to GBV prevention and response worldwide. BHA leadership prioritized protection, including GBV programming, across both COVID supplemental and response programming. This helped to reinvigorate BHA’s historical focus and leadership on GBV programming in emergencies. Furthermore, with the support of BHA Protection Advisors, USAID country response teams reviewed programming portfolios that led to a better focus on protection programming, inclusive of GBV programming.

BHA provided global awards to international and NGO partners to support the development of resources, tools, and research that contribute to improving the quality of GBV programming. In FY 2021, BHA funded eight projects that contributed to global research, policy, and capacity-building for GBV in emergencies. For example, BHA resumed funding UNFPA through two awards supporting UNFPA’s humanitarian response and the UN Global Protection Cluster’s GBV Area of Responsibility leadership, which is responsible for coordinating GBV in emergencies programming globally. With BHA’s support, UNFPA is investing in building its institutional capacity to identify, hire, and retain humanitarian staff with GBV expertise. This will enable country teams to effectively lead, advocate for GBV/sexual and reproductive health (SRH) services in emergencies and scale up other GBV-related responses.

To further promote the leadership of local and women's organizations in humanitarian responses, BHA supported the GBV Area of Responsibility to increase the co-leadership of women's organizations in GBV sub-clusters through the development of resources and direct support to South Sudan and Somalia. BHA support to NGO partners contributed to strengthening the quality of GBV programming through adherence to GBViE minimum standards and the development of a low/no-literacy version of the GBV Pocket Guide to be piloted in Mali and Honduras. Additionally, BHA continued to support UNICEF in developing virtual safe spaces for adolescent girls and an e-referral pathway app for GBV service providers and coordination structures globally. This work has been critical to the continued support to survivors throughout the COVID-19 pandemic and enabled partners to better reach the most vulnerable and those living in inaccessible areas due to conflict.

### *Regional and Country Level GBV Prevention and Response*

In response to the unique needs of GBV survivors, the United States provided resources to appropriately scale up GBV programming in crises. This included referral systems to connect survivors to quality services in a timely, safe, and confidential manner. Additionally, BHA directed over \$103 million in FY 2021 funding towards lifesaving GBV programs in responses around the world, while PRM provided more than \$53 million in non-SftS targeted funding for GBV prevention and response at the regional and country level. Such programs included the provision of psychosocial support, case management and health care for GBV survivors, and community-based prevention measures.

Demonstrating PRM and BHA's engagement at the response level, both entities supported partners in Syria to provide women and girls access to GBV services and build the capacity of local organizations to provide GBV prevention and response services. Partners provided services to women and girls who have experienced violence, implemented activities to prevent GBV, and created opportunities for women and girls to rebuild and transform their lives and communities. Cash assistance and income generating activities linked to employment and earning capacity helped enable survivors to meet immediate needs, access services, and strengthen economic independence. By linking GBV and health services while operating in women- and girls-only community centers, health clinics, and mobile teams, partners provided survivors life-saving services and safe spaces to access information and support networks promoting their strength and resilience.

In Nigeria, BHA provided female-headed households with food assistance and supported interventions geared towards improving mother and child nutrition.

Specific to GBV, BHA supported several partners to build GBV prevention, referral, and case management capacity among staff at local health facilities and implement community-based protection programming, such as safety planning and peer support via community-based women's centers. Through integrated livelihoods activities, BHA partners also trained women and girls in income-generating activities; they subsequently provided cash grants to invest in viable small businesses and rebuild lost assets. Locally based USG humanitarian assistance staff worked at the national level with humanitarian agencies, the Government of Nigeria, and other stakeholders to encourage all actors to implement stronger protection protocols, particularly in the displacement camps run by the military and local authorities. PRM funding to UNHCR and ICRC in Nigeria included support for GBV prevention and response programming. In addition, PRM supported NGO programs responding to the legal, psychosocial, and health needs of GBV survivors.

### **Global Engagement**

The United States continued to serve in a leadership role, amplifying the importance of GBV prevention and response in humanitarian crises, through its engagement in multilateral fora such as the *Call to Action on Protection from Gender-based Violence in Emergencies* (Call to Action). The Call to Action is a global multi-stakeholder initiative launched in 2013 comprised of states, donors, international organizations, and NGOs. The overarching goal of the Call to Action is to drive change and foster accountability within the humanitarian community in order for every humanitarian response to include the policies, systems, and mechanisms necessary to mitigate GBV risks, especially violence against women and girls, from the earliest phases of a crisis, and to provide safe and comprehensive services for those affected by GBV.

In 2021, the Call to Action launched an updated Road Map for 2021-2025. This updated Road Map maintains a strategic focus on collective action and enhanced accountability. It reflects the essential components of an effective humanitarian response to GBV identified under the first Road Map (developed by the USG in 2016) and builds on the achievements and learning of the last five years; it also addresses the ongoing gaps that require urgent action. The updated Road Map largely retains the substance of the original Road Map's goal and objectives and sets out core principles that are foundational to the collective efforts of the partnership critical to achieving the vision of the Call to Action.

The United States has been an active member of the Call to Action since its inception in 2013 and assumed leadership of the Call to Action from 2014 to 2016.

The United States announced eight new commitments to the updated Road Map in 2021. In line with Administration priorities, the global GBV prevention and response community of practice, and the Safe from the Start initiative, these commitments reflect a bold, forward-leaning GBV agenda. Main themes include improved accountability for GBV prevention and response within the humanitarian assistance community, increased funding, and improved resource tracking, and strengthened prevention and risk mitigation efforts. They also reflect lessons from the first round of Call to Action commitments and the original 2016-2020 Road Map, PRM's and BHA's field-driven experiences, and the current learning agenda as defined by GBV prevention and response practitioners.