

OCHA Support to Gender and Gender-Based Violence Programming:

Rapid Review of Recent Central Emergency Response Fund (CERF) Allocations Targeting GBV Prevention and Response in Humanitarian Action

Commissioned by: CERF Secretariat,
Performance and Accountability Unit

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December, 2021

EXECUTIVE SUMMARY

BACKGROUND TO THE REVIEW

In January 2019, the Emergency Relief Coordinator (ERC) identified four priority areas that are often underfunded and lack appropriate consideration and visibility when funding is allocated to humanitarian action. One of the priority areas is support for women and girls, including tackling gender-based violence (GBV), reproductive health and women's empowerment. As a result, all Resident Coordinator/Humanitarian Coordinators (RC/HCs) now need to demonstrate how these priorities have been taken into consideration as part of receiving funding from the CERF.

Since the ERC established GBV and women's empowerment as priority areas, CERF itself has introduced several strategies to support greater attention to GBV in the CERF allocations:

- To include in its **updated life-saving criteria** additional priority areas for addressing GBV—not only recognizing response as lifesaving, but also prevention.
- To provide a '**GBV envelope**' in its 2020 2nd round CERF Under-Funded Emergencies (UFE) allocations. The underfunded component of CERF provides twice-yearly critical coverage of core humanitarian activities for emergencies that have not attracted sufficient funds. Prioritization occurs at the country level under the leadership of RC/HC. By designating a GBV envelope, CERF is requesting that a specific *minimum* amount of CERF UFE funding be designated to GBV.
- An additional initiative in 2020 involves a **\$25 million special allocation designated by the ERC from CERF's rapid response window** to specifically support GBV programming. Under this special allocation, UNFPA was granted \$17 million, and UN Women \$8 million. This funding was distributed to country offices

in February 2021. CERF requested that at least 30 per cent of the funding passed through to women-led organizations working on GBV.

PURPOSE, OBJECTIVES and METHODOLOGY OF THE REVIEW

CERF initiated this review for the purposes of:

- (i) Examining the recent approaches employed by the CERF in support of gender and GBV programming, including
 - the underfunded emergencies (UFE) round featuring country-driven allocations to GBV, and
 - block grant approach distributed to UNFPA and UN Women.
- (ii) Determining whether – and to what extent - these allocation strategies have catalysed GBV programming as well as initial lessons learned on the potential advantages and disadvantage of these approaches. This includes identifying opportunities for improving either modality (GBV envelope in the UFE and the block grant) should they be replicated in the future and proposing alternative approaches for strengthening GBV programming in CERF-funded humanitarian response.
- (iii) Examining, to the extent possible, the challenges, opportunities and best practices for increasing the involvement of WLOs and WROs in humanitarian response, including

An additional key research objective of interest to the wider humanitarian community was agreed during the inception phase, related to CERF's prioritization of funding to women's rights organizations and women-led organizations (WROs/WLOs), and focused on:

in decision-making and implementation, particularly as it relates GBV prevention and response.

This review was not an evaluation. Instead, **the review was an effort to gather impressions from global and field colleagues about these two prioritization exercises introduced by CERF**, as part of CERF's larger commitment to improve attention to GBV in humanitarian action.

The review included two main lines of research undertaken from April to August 2021: 1) a light desk review of CERF support materials and application and project documents as well as CERF funding data from the countries under review; and 2) key informant interviews conducted with over 90 individuals at the global and country levels about either (and, for some interviewees, both) the UFE GBV envelope or the block grant.

FINDINGS

The research focused on three main areas of investigation for each type of grant: ***the process*** of delivering the envelope; ***the types of programming*** the allocation supported; and ***perceptions about the value or potential impact*** of allocations.

UFE GBV Envelope Findings: What Worked Well

1. The GBV-specific UFE allocation was important to improving attention to GBV and was recognized as good practice by a large majority of key informants.
2. The CERF secretariat support across UFE countries to clarify aspects the allocation and application process was valuable.
3. Reviews of the CERF applications by Regional Emergency GBV Advisors (REGAs) in at least two UFE countries helped further clarify aspects of the application process.
4. When the GBV Subcluster was involved in the planning process, key informants noted increased inclusion of local women's organizations.

5. In the countries under review, allocating funding to a single agency appeared to streamline funding and decision-making processes.
6. Funds from the UFE GBV envelope were used to provide lifesaving response services for survivors, and interviewees broadly agreed that funds were meeting critical needs.
7. CERF funding for GBV influenced country-level humanitarian leadership and governments regarding the importance of addressing GBV.
8. Countries that received funds were able to use CERF funding to leverage additional funding.

UFE GBV Envelope Findings: Areas for Improvement and Reflection

1. Many UFE countries struggled to some degree with understanding the funding targets and limits related to the life-saving criteria.
2. There was a sense among GBV actors in some countries that country-level decisions related to how funds were distributed were not transparent, particularly at the level of the RC/HC's office.
3. Some key informants noted that time pressures and tight deadlines in drafting proposals prevented strategic prioritization, and that GBV coordination mechanisms should, as a part of their regular work, be prepared to generate proposals quickly.
4. Due to a lack of costed estimates on many GBV activities, the distribution of funds in some settings was not felt to be appropriate to the costs of activities being implemented by various agencies.
5. Evidence from key informant interviews and a review of UFE proposals suggests that limited funds were used to support mainstreaming of GBV risk mitigation.
6. CERF funds were also allocated in one country to PSEA coordination, raising a question of whether earmarked GBV funding should be used for PSEA activities (beyond survivor response).

7. The short funding period makes planning for sustainable GBV programming a significant challenge.
8. The interim and final reporting templates that CERF asks projects to complete are appreciated for their brevity, but there may be some value to including requests for a couple more data points aimed at capturing the value of the CERF investment.

Block Grant Findings: What Worked Well

1. As with the UFE earmarking for GBV, there was widespread agreement that the block grant allocation coming from the ERC and the CERF secretariat was useful and valuable.
2. Global level leadership and coordination from the ERC, CERF secretariat, UNFPA, and UN Women was generally described as very positive and enabled increased prioritization and investment in GBV programming at the country level.
3. The two-year grant period was important for project planning and implementation; some key respondents suggested that three years would be ideal.
4. There was a clear focus on GBV response and prevention and a broadening of CERF criteria to include to livelihoods opportunities and social norms change.
5. Countries that received funds feel they will be able to use CERF funding to leverage additional funding.
6. CERF engaged with and supported efforts to ensure GBV programming through the block grant is gender transformative.
7. CERF is supporting a joint evaluation of the block grant which will generate important learning about this funding approach.

Block Grant Findings: Areas for Improvement and Reflection

1. Short turnaround time for proposals resulted in limited opportunity for consultation with relevant stakeholders at the country-level.
2. There was limited coordination between UNFPA and UN Women at the country-level in the planning and early implementation stages of the grant in

countries where the grant was delivered to both agencies

3. There was a lack of information shared with country offices about the selection criteria, leaving questions among interviewees about why some countries were selected for the block grant and others not.
4. The lack of funding allocated to management personal limited the capacity for oversight and learning.
5. Despite the planned joint evaluation, there is a lack of funding designated to *sharing* learning that emerges at the regional and global level.
6. The two-year period may be too short to achieve or measure many important outcomes, including social norms change.

Findings Regarding Engaging Local Women's Organizations: What Worked Well

1. For the UFE, where the GBV Subcluster was responsible for decision-making about priorities in project allocation and design, local women's organizations were more likely to be included.
2. For the block grant, setting a benchmark for funding directed towards local women's organizations represent a major step forward.

Findings Regarding Engaging Local Women's Organizations: Areas for Improvement and Reflection

1. For the UFE and the block grant, quick turnaround of proposals limited the ability to engage with local partners, especially those without a pre-existing relationship with implementing agencies.
2. Life-saving funding criteria meant that funds could not be used to support capacity-building for greater inclusion of local women's organizations.

CONCLUSIONS

General Conclusions

1. Earmarked allocations were perceived by almost all interviewees as very positive, and something that should be continued by CERF, with each type of allocation

considered to have its own particular value.

2. Support for GBV through modalities such as the UFE are important *first steps* in signaling to the humanitarian system and other donors the criticality of attention to GBV, but the more flexible funding through multi-year grants is especially valuable for ensuring CERF investments can contribute to strengthening GBV prevention and response programming.
3. For GBV funding through the UFE countries, there was no specific determination of GBV need; instead, the GBV allocation was an additional (relatively small) amount added to the much larger UFE envelope. As previously noted, this extra money was appreciated by interviewees in all countries. However, it is not clear that these UFE countries were those in greatest need of GBV funding. To ensure future earmarks for GBV reach countries with significant comparative need, it may be useful to include measures specifically related to GBV issues—either added to the metrics that determine UFE funding, or as stand-alone measures to be applied when specific funds are available for GBV. Some metrics were developed for the block grant that might be applicable to future earmarked allocations, such as extent of GBV; level of funding compared to request; availability of a GBV coordinator; capacity to absorb the funding; etc.
4. An alternative to funding through the UFE is providing earmarked funding for GBV in new emergencies, considering how persistently challenging it is to access funding for GBV programming at the onset of new emergencies.
5. There was a preference among some key informants for CERF not to signal a specific amount to GBV but rather make it clear that an amount is expected—leaving the decision about the amount in the hands of HC and HCT, with explicit input from GBV technical advisors. This preference links in part to concerns that setting an earmark may be interpreted as a cap rather than floor for GBV funding—despite all CERF,

OCHA and agency efforts to communicate otherwise.

6. In fact, the ERC did not signal a specific amount for GBV with the initial steers. The amount earmarked for GBV in the UFE was an additional action to further improve GBV investment—which seems to have been the case as it appears that some countries did top up the GBV envelope, resulting in total investments in GBV specialist programming that were more than double the initial 5.5 earmark. Not establishing any sort of expectation or guidance for earmarking risks a regression to typically low levels of funding for GBV.
7. A compromise might be that CERF require funds be earmarked for GBV, but offer several options from which country offices might determine or rationalize the amount—for example, by setting a percentage at which GBV should be funded compared to funding for the overall HRP; by reviewing the level of gaps in life-saving services in the setting and setting funding expectations based on those gaps; by looking at the overall trends in funding for GBV to identify significant shortfalls from the previous year and base funding on these shortfalls; etc. Providing some suggestions about how to analyze need for GBV funding at the country level might have the added value of engaging the RC/HC and HCT in discussions of GBV funding deficits.

Conclusions Related to Processes for Administering Grants

1. CERF engagement (guidance, webinars, etc.) with country offices regarding the UFE was very useful in terms of raising GBV as an issue of importance, as well as clarifying proposal processes and the life-saving criteria. Including GBV technical advisors in this process, as well as the OCHA Gender Advisor, was also considered very useful.
2. However, and despite explicit guidance provided by CERF about the importance of consultation between GBV technical specialists, RC/HCs and HCTs related to the allocation of the grant, in several cases

decisions were made about the initial agency disbursement without this consultation, which was felt by some to have resulted in inefficient or inappropriate allocations.

3. This includes concerns that the distribution of funds in some settings was not appropriate to the costs of activities being variously implemented by different agencies. Guidance related to estimating costs for different types of GBV programming (e.g., medical care for rape as compared to community sensitization) have not been developed for GBV Subclusters but could be an important tool for ensuring funds disbursement is better linked to types of programming to be delivered.
4. For the UFE, where one agency received the funding, the process seemed to be more straightforward and streamlined. Given the nature of the block grant, country-level issues around the allocation did not arise; in fact, the process was perceived to be generally quite positive between CERF and the UN agencies, as well as between UN agency headquarters and country offices. However, there was limited time during the proposal drafting for engagement with the larger GBV community in decision making about priorities for funding.
5. Because of the short turnaround time from UNFPA and UN Women headquarters to the country offices, the initial planning phase of the block grant did not maximize coordination between UNFPA, UN Women and GBV Subcluster members at the country level in all the countries receiving the grant. Putting in place strategies for coordination and complementarity is happening in some settings now but could be facilitated more.
6. Engaging REGAs or other GBV technical experts in proposal review for the UFE assisted with ensuring projects were not duplicative and aligned with life-saving criteria as well as best practices globally, such as prioritizing case management as the first level of essential services.

Conclusions Related to Types of Programs the Allocations Support

1. The recent adaptations to the life-saving criteria are widely felt to be very positive. CERF's further flexibility in the block grant regarding the application of the life-saving criteria to programming (as well as the extended time frame for the funding), has allowed CERF funding to better meet the needs as they have been identified by the technical experts on the ground.
2. While there was widespread agreement that the earmarked funding in the UFE should be prioritized for GBV specialized prevention and response programming, key informants suggested that there were limited risk mitigation activities undertaken with the additional UFE funds—despite ERC advocacy on steers and increased efforts at monitoring GBV mainstreaming efforts through revised reporting templates. A review of the CERF UFE funding to risk mitigation seems to confirm the limited CERF funding being used for GBV risk mitigation.

Conclusions Related to the Impact of the Grants

1. Although concerns were expressed by a couple of interviewees that earmarking could reduce overall funding to GBV, there is no immediate evidence that CERF GBV-specific funding resulted in reduced funding from other sources (or even from other CERF grants) in the same year in which the GBV-specific allocation was received. In fact, as noted previously, some countries topped up the original earmark. CERF GBV-specific allocations have also catalyzed funding from other donors.
2. CERF reporting on the UFE is fairly light-touch, which on the one hand is appreciated insofar as it does not create undue burden on grant recipients. At the same time, this approach does not tend to generate information about efficacy or value of investments. It may benefit CERF (and the wider donor community) to develop within the CERF reporting a limited number of specific indicators or data points (maximum 3?) aimed at

capturing efficacy or value-add of GBV investments for projects in which addressing GBV is the main outcome. This could include data points on issues such as the improved geographic reach of programming; the improved availability of GBV services; and/or the extent to which CERF-funded projects are sustained with follow-on funding. At the same time, the GBV community has a responsibility to ensure their own monitoring of programming and funding.

3. Where CERF focal points are trained and available at the country level to support report preparation, information is often more substantial and consistent, suggesting that there may be value in CERF providing specific training to CERF focal points to facilitate reporting if there is an effort to build out several indicators or data points related to value for investment in GBV programs.
4. With the block grant, the accelerated efforts at monitoring through regular reporting on joint indicators, regular reviews and the joint evaluation represent very positive elements to the block grant process. Within these processes, there is an opportunity for CERF to build in joint monitoring strategies for UNFPA and UN Women at the country level that would facilitate agency collaboration. Building out joint monitoring may be an opportunity to reconsider the indicators focused on survivor numbers to revise them to align with best practice.
5. Also, with the block grant, the rarity of being able to run GBV projects with similar objectives across multiple countries and with shared oversight—and the programmatic learning opportunities this creates—cannot be overstated. While the learning that CERF is promoting through its existing monitoring strategies is valuable, it will not explicitly link all the countries for the purpose of sharing program knowledge, nor will it link global actors with local learning and *vice versa*. UNFPA and UN Women are taking some steps to facilitate this, but it would be useful to

consider additional strategies for shared learning.

Conclusions Related to Engagement of Local Women's Organizations

1. The specific requirement of 30 percent of funding being passed on to women-led organizations as implementing partners for the block grant was considered by many to be innovative and motivating and should be considered (to some extent) for all GBV-specific allocations.
2. However, the ability to identify and partner with new organizations is a challenge given CERF timeframes. The short turnaround time for both the UFE and block grant meant that agencies did not have time to identify, assess and contract new women's organizations.
3. Preparation through stakeholder mapping and other work is required by the UN agencies to enable more women-led organizations to participate in decision-making about funds, as well as in the receipt of funds. In addition, for GBV-specific allocations as substantial as the block grant, it may be beneficial to ensure a longer time period between announcing the grant to the agencies and requesting proposal submission.
4. The fact that the life-saving criteria limit management capacity building of women's organizations presents additional challenges in recruiting new women's organizations.

RECOMMENDATIONS

Recommendations for CERF

In the short term:

General Recommendations

1. Continue with GBV-specific allocations as good practice in increasing attention to and funding for GBV in emergencies. This may be through the GBV envelope within the UFE mechanism, through other GBV-specific allocations to countries; or

through larger agency allocations such as the block grant.

2. In countries where an earmark for GBV is introduced, consider ensuring that the earmark is repeated for 2-3 years in line with good donor practice for addressing GBV in emergencies.
3. Regardless of whether an allocation is earmarked for GBV, conduct regular and ongoing advocacy with country offices about the importance of using CERF funds for GBV specialized programming as well as risk mitigation across all areas of humanitarian response through webinars, tip sheets and other forms of explicit guidance.
4. In the context of CERF's role as a vehicle for RC/HC empowerment, and as part of communications with the RC/HC, continue to reinforce the value of RC/HCs and HCTs engaging with the GBV sub-cluster lead in decision making around disbursements of GBV-specified CERF funding. Work with the OCHA Gender Unit to develop strategies to ensure RC/HCs and other humanitarian leadership participate in the CERF webinars related to GBV allocations, such as asking them to speak in the webinars. Also encourage the CERF focal points in country to link to the GBV lead agency from the start of discussion about the funds.
5. Separate from the webinars about GBV allocations, develop a training package and collaborate with the OCHA Gender Advisor and Gender Unit, GBV AoR and REGAs to provide brief country-level training on the revised (2020) life-saving criteria. Use this as an additional opportunity to bring together at the country level the CERF Focal Points, RC/HCs and GBV Coordinators, producing a secondary benefit of enhanced communication across these key actors.

For the Block Grant:

6. Institute a requirement for joint monitoring and develop a mechanism for reporting on it, so that UNFPA and UN Women in each country where they are

receiving the block grant are actively engaged in ensuring complementarity. Use this opportunity to review the indicators focused on number of survivors to revise them to align with best practices in monitoring and reporting on GBV programming.

7. Consider with UNFPA and UN Women how to build in two to three additional opportunities (beyond the evaluation) to capitalize on the unique shared learning that the block grant provides, such as through supporting conferences, learning papers, and other outcomes that focus on program design and implementation to a level that project reporting, interim review and even the evaluation will not generate.

In the mid-term:

8. Consider developing core criteria for the GBV-specific allocations so that determinations by the CERF secretariat of where to release earmarked funds for GBV are aligned with and based on standard measures for assessing comparative GBV need, such as information about the scope of the problem; level of GBV underfunding, including at the onset of new emergencies; analysis of gaps in life-saving services; etc.
9. Similarly consider providing guidance to the RC/HC and HCT about how to analyze need for GBV funding at the country level, particularly for those settings where there may not be a GBV-specific allocation, but where CERF is advocating to ensure greater attention to GBV in CERF proposals. As noted previously, this guidance might include recommendations for the level at which GBV should be funded compared to, for example, funding for the overall HRP; the level of gaps in life-saving services in the setting; significant shortfalls from the previous year; etc. Providing suggestions about how to analyze need for GBV funding at the country level would have the added value of engaging the RC/HC and HCT in discussions of GBV funding deficits.
10. Develop further GBV capacity within the CERF secretariat through training staff or

through specific recruitment of a GBV specialist, or link to members of the Gender Contact Group to review proposals when there is a specific steer for GBV. Alternatively, work with the GBV AoR to designate this as a responsibility of the GBV Coordinator at the country level to establish a clear process at for proposal review prior to submission to the CERF secretariat.

11. Undertake a review of CERF reporting templates and consider strategic ways in which CERF can add a few elements to improve information about value for investment, as well as to collect information about sustainability of GBV investments. As part of building out this additional reporting on GBV, support country-level CERF focal points on facilitating reporting on GBV projects.
12. Consider strategies for how CERF can continue to promote GBV risk mitigation as an integral responsibility for sectors receiving CERF funding.

In support of engagement of local women's organizations:

13. As is relevant and possible within the grant modality (e.g., UFE, rapid response, block grant), continue to require a percentage of funding being passed on to women-led organizations as implementing partners as part of CERF funding to GBV programming.
14. Continue to be flexible with CERF requirements to improve capacity to engage local women's organizations. Consider holding an internal think about how to further promote the goal of greater inclusion of women's organizations in CERF funding, with attention to supporting management capacity of women's

organizations, as well as livelihoods programming.

15. Ensure that one of the global shared learning activities under the block grant focuses on engagement of local women's organizations.

Recommendations for the GBV AoR and Wider GBV Community

16. Promote GBV Coordinators' capacity and ensure adequate resources to conduct stakeholder mapping so that countries develop and regularly update a roster of women's organizations that can be included in projects. Also establish an expectation that GBV Subclusters have project proposals on standby for CERF.
17. As part of donor advocacy, undertake monitoring through the GBV Subcluster of projects receiving CERF funding to determine follow on funding, and as necessary develop a strategy for engaging with donors to ensure sustainability of programs.
18. Consider developing guidance through the GBV AoR Helpdesk about how GBV agencies and implementing partners can manage the particular challenges linked to generating follow on funding in the case of short-term, one-off allocations such as the GBV-specified UFE allocation. Include in this guidance examples of good practices where the RC/HC is an ally in efforts to access further funding.
19. Launch a review through the GBV AoR Helpdesk about costing GBV interventions to use as a reference point for funding different types of programming, including through CERF.

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1. BACKGROUND TO THE REVIEW

The CERF was established by the UN General Assembly in 2005 as part of a larger Humanitarian Reform process that aimed to enhance humanitarian response capacity, predictability, accountability, and partnership through, among other things, more adequate, timely and flexible financing. The three primary objectives of the CERF are to: 1) promote early action and response to reduce loss of life; 2) enhance response to time-critical humanitarian requirements; and 3) strengthen core elements of humanitarian response in underfunded crises.

In January 2019, the Emergency Relief Coordinator (ERC) identified four priority areas that are often underfunded and lack appropriate consideration and visibility when funding is allocated to humanitarian action. Consistent with commitments articulated at the 2019 Oslo Conference,¹ one of the priority areas is support for women and girls, including tackling gender-based violence (GBV),² reproductive health and women's empowerment. As a result, all Resident Coordinator/Humanitarian Coordinators (RC/HCs) now need to demonstrate how these priorities have been taken into consideration as part of receiving funding from the CERF.

Since the ERC established GBV and women's empowerment as priority areas, CERF itself has introduced several strategies to support greater attention to GBV in the CERF allocations:

- To include in its **updated life-saving criteria** additional priority areas for addressing GBV—not only recognizing response as lifesaving, but also prevention.³
- To provide a '**GBV envelope**' in its 2020 2nd round CERF Under-Funded Emergencies (UFE) allocations. The underfunded component of CERF provides twice-yearly critical coverage of core humanitarian activities for emergencies that have not attracted sufficient funds. Prioritization occurs at the country level under the leadership of RC/HC. By designating a GBV envelope, CERF is requesting that a specific *minimum* amount of CERF UFE funding be designated to GBV. (See Annex 2 for additional background information about the GBV envelope.)
- An additional initiative in 2020 involves a **\$25 million special allocation designated by the ERC from CERF's rapid response window** to specifically support GBV programming. Under this special allocation, UNFPA was granted \$17 million, and UN Women \$8 million. This funding was distributed to country offices in February 2021. CERF requested that at least 30 per cent of the funding passed through to women-led organizations working on GBV. (See Annex 3 for additional background information about the GBV block grants to UNFPA and UN Women.)

Stakeholders repeatedly recognize that a core strength of CERF is that funding comes quickly and with a degree of flexibility that not all other sources of funding can match. At the same time, Member States and private donors committing to CERF require assurance that CERF funds are being used and managed appropriately. CERF regularly commissions independent reviews of its added value at

¹ See <https://www.endsgbvoslo.no>

² Gender-based violence (GBV) "is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females.[...] 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 violence perpetrated against women and girls." (IASC GBV Guidelines, p 5).

³ While the General Assembly's mandate for CERF has not changed, the humanitarian landscape in which CERF operates has evolved, necessitating an update of the Life-Saving Criteria. In developing the updated Life-Saving Criteria, in 2019 and 2020, CERF initiated a broad process of consultations with UN agencies, the Global Cluster Coordinators and the CERF Advisory Group. The new version reiterates CERF's mandate and considers associated policy frameworks and operational contexts. The ERC approved the updated Life-Saving Criteria on 22 October 2020.

regional or country level. Especially as the designated UFE monies and the block grant are new strategies to improve prevention of and response to GBV in emergencies, CERF commissioned this review to identify any immediate lessons learned and good practices from these special GBV allocations, as well as to inform more fulsome future evaluation of these efforts. This report summarizes the approach to the review, details findings, and offers conclusions and key recommendations for CERF to consider moving forward in its efforts to improve attention to GBV in humanitarian emergencies.

2. PURPOSE AND OBJECTIVES OF THE REVIEW

CERF initiated this review for the purposes of:

- (iv) Examining the recent approaches employed by the CERF in support of gender and GBV programming, including
 - the underfunded emergencies (UFE) round featuring country-driven allocations to GBV, and
 - block grant approach distributed to UNFPA and UN Women.
- (v) Determining whether – and to what extent - these allocation strategies have catalysed GBV programming as well as initial lessons learned on the potential advantages and disadvantage of these approaches. This includes identifying opportunities for improving either modality (GBV envelope in the UFE and the block grant) should they be replicated in the future and proposing alternative approaches for strengthening GBV programming in CERF-funded humanitarian response.

An additional key research objective of interest to the wider humanitarian community was agreed during the inception phase, related to CERF's prioritization of funding to women's rights organizations and women-led organizations (WROs/WLOs), and focused on:

- (vi) Examining, to the extent possible, the challenges, opportunities, and best practices for increasing the involvement of WLOs and WROs in humanitarian response, including in decision-making and implementation, particularly as it relates GBV prevention and response.

A lesser but nonetheless integral element of the assessment was to identify how support provided from the CERF Secretariat has been helpful in facilitating the UFE GBV envelope and the block grant allocations.

It is important to note that this review was not an evaluation.⁴ Instead, **the review was an effort to gather impressions from global and field colleagues about these two prioritization exercises introduced by CERF**, as part of CERF's larger commitment to improve attention to GBV in humanitarian action. The intended users of this review are the staff of the OCHA Pooled Fund Management Branch (PFMB), the Emergency Relief Coordinator, the CERF Advisory Group, donors, OCHA offices, country teams and Resident and Humanitarian Coordinators. In some instances, the findings are relevant beyond CERF to the wider humanitarian community, and a few recommendations in this report reflect that. PFMB can use these recommendations to inform discussions with key stakeholders as part of its commitment to using the lessons generated by the review to improve its support to GBV-related programming and provision of guidance to the field.

This is an independent review, for which the author assumes all responsibility for the content and recommendations. For more details on the purpose and objectives of the review, see the TOR in Annex 1.

⁴ The block grant has an evaluation integrated into its implementation that is entirely independent of this review. However, it is hoped that this review may be helpful in flagging several issues to pursue further in the evaluation.

3. METHODOLOGY

The review included two main lines of research undertaken from April to July 2021: 1) a light desk review of CERF support materials and application and project documents as well as CERF funding data from the countries under review; and 2) key informant interviews at the global and country levels.

3.1. Desk Review

The desk review focused on materials provided by CERF and the country offices related to tools, guidelines and other CERF supporting materials (e.g., PowerPoints) used to facilitate the allocation processes. Some countries also shared interim reports prepared for CERF related to the GBV allocations, which allowed for triangulation of information provided by interviewees about the scope and activities of GBV projects implemented with CERF. The desk review also examined proposals submitted to CERF from the UFE countries to understand more about levels of funding to GBV specialist programming and to GBV risk mitigation efforts.

3.2. Key Informant Interviews

Semi-structured key informant interviews were undertaken to generate feedback from relevant stakeholders on the two allocations (UFE GBV envelope and GBV block grant). In line with CERF's overarching objectives for the review, the interviews focused on three main areas of investigation:

- the *process for defining and delivering the two GBV-specific allocations* (e.g., impressions from key informants about how decisions were made, CERF support, application processes, etc.);
- the *types of programming the allocations are supporting* (e.g., impressions from key informants about whether programs being funded are strategic, of priority, reaching local women's organizations, etc.);
- the *potential of the allocations to create positive change in efforts to address GBV in humanitarian action* (e.g., impressions about the impact of these allocations on humanitarian systems, on women's organizations working on GBV, and on the lives of women and girls).

Other issues discussed included how GBV programs that have received these allocations are being monitored, and how monitoring can be used to improve understanding of the value, importance and impact of these allocations. Regarding the issue of impact, all interviewees were assured that this review was not an evaluation; however, they were encouraged to provide any initial reflections they had about the observed or potential value of these allocations.

Key informants included both global and country-level colleagues.

- *Global level interviews.* At the global level, **a total of 10 interviews were completed** with key informants that included CERF secretariat staff overseeing the UFE and the block grant and OCHA's Gender Advisor; representatives from UNFPA and UN Women responsible for working with the CERF secretariat on the GBV block grant proposals; and GBV specialists from the GBV

AoR, including the GBV Regional Gender Advisors (REGA) who were engaged somewhat in supporting either the UFE or the block grant allocations.⁵

- **Country-level interviews. A total of 83 interviews were completed across nine countries, of which approximately a third were with implementing partners.** Country-level key informants were selected from countries that received the UFE GBV envelope and the GBV block grant. For the UFE, countries were Burkina Faso, Colombia, Nigeria, Pakistan, Uganda, and Yemen. For the block grant, countries were Colombia (the only country on the list that received both the UFE and the block grant), Ethiopia, Iraq and Sudan.

Country selection was based on three basic criteria 1) an effort to capture different humanitarian contexts and regions of the world; 2) countries that experienced different funding levels; and 3) countries where the UFE GBV envelope was the only distribution received via CERF to GBV programming as well as countries that had received CERF rapid response allocations in addition to the UFE allocations. For the GBV block grant, countries were selected to represent both UN Women and UNFPA countries, as well as those that were UNFPA only, in an attempt to capture any differences between countries where the grant included both agencies and countries where the grant was only delivered to UNFPA.

Key informants were drawn from OCHA as well as GBV coordination leads and implementing partners. In several countries where it felt particularly important to understand how decisions were made regarding funding allocations, efforts were made to speak with the HC/RC's office. CERF focal points in country facilitated access to interviewees after receiving an introductory letter from the CERF secretariat. For a summary of countries and key informant targets, see Annex 3.

A list of completed interviewees is available in Annex 4. However, to encourage interviewees to be as transparent as possible, they were assured that no identifying information about them, their agencies, or their specific country operations would be linked to the observations they shared. As such, all the information in this report has been anonymized. Even so, efforts have been made throughout the report to bring in the voices of the many stakeholders who contributed to the research.

3.3. Limitations

In general, there were few limitations to the review. Although interviews were conducted remotely, the process was straightforward and CERF focal points at the country level were universally helpful with reaching interviewees. Global level interviewees were equally accessible. Minor issues arose related to the timing of the review, as well as the ability to undertake some aspects of the research.

Timeframe	The review was originally envisaged to take place April-May, but it was determined that it would be useful to extend the interview period in order to allow for more time in the implementation of the block grant. Even so, block grant interviewees were still in the early stages of implementation. Therefore, they had little to report on perceptions of impact of the grant. (Even so—as will be described further below—partners in several countries felt very strongly that the block grant represented a vital opportunity to build out programming in underserved areas and was therefore clearly meeting a life-saving purpose.) Another issue that arose was the challenge around scheduling some interviews
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⁵ An additional 18 interviews were conducted in February and March 2021 as part of the inception phase of the project with OCHA, UNFPA and UN Women colleagues at the global level and OCHA Heads of Office in Nigeria, Burkina Faso and Colombia. The list of inception phase interviewees is in Annex 3.

	due to emergencies, leave, and other intervening issues, which delayed finalizing the interviews until July.
Review of funding data	During the inception phase, there was a discussion about reaching out to GBV Coordinators at the country level for previous years' funding data to try to understand if the specific CERF GBV allocations catalyzed an increase in GBV funding, or if they might have had a perverse effect of reducing overall funding to GBV in two ways: 1) by discouraging other donors' funding because they perceived GBV was being sufficiently funded through CERF specialized allocations; and 2) by introducing the UFE earmarking, which might result in a reduction in regular allocations to GBV through the bigger UFE envelope. This proved too difficult to analyze for several reasons, not least because of challenges in tracking funding at the country level. Instead, coordinators and other interviewees were asked about their impressions on these issues, the results of which are highlighted in the report.
Key informant interviews with implementing partners	Due to time limitations it was not possible to conduct more than 2-3 key informant interviews with implementing partners at the country level for each country. Nevertheless, a third of the interviewees were implementing partners, resulting in a solid representation of the perspectives of this group in this report.
Key informant interviews with UN agencies and OCHA	Also due to time limitations, key informant interviews with UN agencies focused on those that received CERF funding, both through the UFE earmark and through the block grant. Particularly for the block grant, this means that the perspective of other agencies about the value of the block grant and the decision to allocate to the two agencies is not considered in this report. In addition, OCHA was designated for interviews across all countries given their direct engagement with CERF funding, but not the RC/HC, although efforts were made to reach out to the RC/HC's office for clarifications about funding allocations in two countries.
Remote research	All interviews were conducted remotely via Zoom or Skype. While this did not pose a major limitation, in some countries, language differences and the necessity of conducting remote interviews made it challenging to complete all the relevant interview questions during the time available. The remote nature of the research also precluded site visits to projects.
Review of interim reports	The review came at a relatively early stage in the implementation for the block grant countries, and for UFE countries only (or less than) midway through the implementation of their projects. Not all countries had finalized their interim reports at the time that the country-level interviews were completed. As the review was primarily focused on generating feedback from key informants, not having interim reports for review was not a significant shortcoming to the research.

4. FINDINGS

As with the interview questions themselves, the discussion of findings is organized in terms of a reflections about **the process** of delivering the envelope; **the types of programming** the allocation supported; **and perceptions about the value or potential impact** of allocations. A summary of findings is included under each of these areas of investigation.

4.1. UFE GBV Envelope

4.1.1. The Process of Delivering the Envelope

Box 1. Summary of Findings Regarding the *Process* of Delivering the Envelope.

What worked well:

- The GBV-specific UFE allocation was important to improving attention to GBV and was recognized as good practice by a large majority of key informants.
- The CERF secretariat support across UFE countries to clarify aspects the allocation and application process was valuable.
- Reviews of the CERF applications by Regional Emergency GBV Advisors (REGAs) in at least two UFE countries helped further clarify aspects of the application process.
- When the GBV Subcluster was involved in the planning process, key informants noted increased inclusion of local women’s organizations.
- In the countries under review, allocating funding to a single agency appeared to streamline funding and decision-making processes.

Areas for improvement and reflection:

- Many UFE countries struggled to some degree with understanding the funding targets and limits related to the life-saving criteria.
- There was a sense among GBV actors in some countries that country-level decisions related to how funds were distributed were not transparent, particularly at the level of the RC/HC’s office.
- Some key informants noted that time pressures and tight deadlines in drafting proposals prevented strategic prioritization, and that GBV coordination mechanisms should, as a part of their regular work, be prepared to generate proposals quickly.
- Due to a lack of costed estimates on many GBV activities, the distribution of funds in some settings was not felt to be appropriate to the costs of activities being implemented by various agencies.

Good Practices

Top-down allocation process. Perhaps one of the foremost findings in the review was the sense among the great majority of key informants that the ERC’s decision to earmark for GBV was welcome and valuable, both in spotlighting historic underfunding, and enabling greater advocacy around a perennially neglected issue.⁶ There were some nuances in perspective on this issue, but with only two exceptions, key informants felt that ‘earmarking from New York’ was a ‘good thing’—and among those who felt this way, most felt strongly.

⁶ Of all those interviewed, two key informants felt that countries should be able to decide how to spend the allocation(s), with one key informant arguing that a top-down approach “undermines the role of the HC and OCHA.”

Actually, it was a really big, big advantage for us, coming right from the CERF secretariat. (OCHA KII, UFE Country)

We need earmarking, it's good because it makes life easier, and achieves results and sends a very clear message from the UN on [their] commitment on the issue. I think we should do it every allocation. I would advocate for two allocations [two allocation steers on issues to focus on per funding round, i.e., disability, GBV, education, etc.], but maybe without imposing a set percentage, make sure to dedicate funding. (UN RC/HC Office KII, UFE Country)

Every year there should be a specific GBV allocation from the CERF secretariat. It remains one of the most chronically underfunded issues. (UN KII, Global)

One of the nuances about the top-down allocation was whether the UFE is the best vehicle for GBV specialized funding; three interviewees felt that it might be preferable to have a selection process for a GBV-specific allocation with metrics more explicitly related to GBV need, rather than under-funding more generally. Notably, the recently revised (2019) CERF Index for Risk and Vulnerability (CIRV) includes (for the first time) specific reference to OECD's Violence Against Women Indicator, as well as reference to understanding human rights violations including with a "dedicated gender perspective." This is a valuable advancement in integrating specific criteria related to GBV in the criteria for funding. However, in many settings it is challenging to use metrics that link to 'scope of the problem' given that many forms of GBV are significantly under-reported globally and collecting prevalence data on GBV is not recommended in emergencies.⁷

Alternative metrics for prioritizing funding to GBV proposed in a high-level roundtable meeting the ERC held in 2021 with IASC principals and GBV partners (the minutes of which were reviewed for this assessment) centered on levels of funding to GBV as they relate to overall country funding, with several agencies expressing interest in exploring an approach whereby GBV funding is proportional to overall HRP funding, so that, for example, if the HRP is 50 percent funded, GBV should be 50 percent funded. One interviewee for this assessment suggested that metrics could be around life-saving gaps in services. Another interviewee suggested considering a special allocation to GBV in emerging emergencies, which would align with inter-agency recommendations about deploying GBV technical expertise at the earliest stage of a crisis as possible.

Another nuance introduced by several interviewees was that perhaps CERF should not earmark a specific amount to GBV as was done through the second UFE allocation in 2020, but rather make it clear that an amount is expected—leaving the decision about the amount in the hands of HC/RC and HCT, with explicit input from GBV technical advisors. It was thought this might reduce the risk of GBV receiving *less* funding through a specified allocation, particularly in countries where GBV programs are large, because the HCT may interpret the specified GBV funding envelope as the overall target for GBV programming, rather than a floor for GBV funding.

In fact, CERF already did do this by establishing the strategic steers in 2019—which specifically referenced GBV and set out an expectation by the ERC of GBV being addressed through CERF funding, but without an amount or percentage. The targeted UFE funding was meant to build another dimension to the promotion of GBV programming under CERF allocations. Analysis of the

⁷ The 2015 IASC *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* state: "Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete 'evidence'." (p 2) See: gbvguidelines.org.

CERF project proposals for the UFE indicates that out of 51 CERF UFE project proposals, 25 percent (n=13) were for GBV specialist (prevention and response) programming. The total budget allocation for these 13 proposals was \$12.8 million—meaning that countries topped up the GBV earmark with an additional \$7.3 million for GBV specialist programming.⁸ This suggests that the earmarking does not limit countries from investing additional CERF funds towards GBV prevention and response.

CERF secretariat and focal point engagement.

They were very involved, and I really like the innovative approach this time around. The approach included not only OCHA and other agencies, but also gender and GBV experts that provided us information on how this money could be used. This was the first time we were having engagement with the CERF secretariat together with gender and GBV advisors, and they really emphasized how we needed to walk the talk of the commitments that have been made on the Inter-Agency Standing Committee level. It also allowed in-country programming people to ask questions that could be asked by gender experts.

--UN KII, UFE Country

Another good practice repeatedly raised by key informants across UFE countries was support from the CERF secretariat and OCHA in clarifying the allocation and the application process. Interviewees noted that they found this support very helpful, highlighting willingness of CERF to engage in ‘back and forth’ to provide guidance. Interviewees appreciated the focal points designated at the secretariat level to assist, which was felt to be more efficient than having to write to the entire secretariat team. In some countries interviewees also noted that CERF focal points in country were particularly helpful, especially those with experience in managing grants and an understanding of GBV and the CERF life-saving criteria. One interviewee felt that “where there are focal points, there seems to be a more straightforward process...but it’s really important for CERF [secretariat] to be engaged with the focal

points to explain these allocations.”

The inter-agency webinars were highlighted in particular, where both OCHA and UNFPA (in an inter-agency role) were represented, and where in some cases agency Country Representatives and Deputy Representatives attended. The webinars were not only an opportunity to clarify CERF processes, but also to send clear messages about the fact that GBV is considered a priority at the CERF secretariat and by the ERC. Having gender and GBV specialists on the call allowed for greater exploration of the issues, as well as clarification of why GBV prevention, response and risk mitigation should be integral to emergency response. Several GBV actors across UFE countries noted that when they received pushback from humanitarian teams about the extent to which GBV was a priority in the allocations (with some members of the HCT trying to press the point that the GBV envelope represented a ceiling for the GBV funding), they could reference the webinars to explain that the GBV-specific allocation was the floor, or minimum amount of funding expected. In two instances, this advocacy by GBV partners (and reference to the webinars) resulted in a top-up to the GBV-specific allocation in countries that might have been described as resistant to allocating further funds to GBV. This additional funding allowed for life-saving services to be extended to previously unserved areas.

Linking to the GBV Sub-cluster and/or GBV Area of Responsibility (AoR) in the planning processes.

Although the CERF secretariat guidance made it clear that linking with the GBV Subcluster in country was considered good practice in planning projects and drafting proposals, in reality it seems this did not always occur, particularly in settings where the RC/HC and HCT took very strong leadership of the allocation decisions (discussed further below). However, in settings where decisions about the allocation were discussed within the GBV Subcluster, indications from key informants were 1) the

⁸ Of this \$12.8 million, \$3.3 million was allocated towards the health sector, leaving approximately \$9.5 million in non-health funding for GBV specialist activities.

proposals were closely aligned with the GBV action plans; and 2) local women's organizations were more likely to be involved in discussions about the allocations (if they were part of the coordination body). In at least one instance, having the GBV Subcluster lead discussions about the allocation allowed for subnational coordination teams to get involved, despite the short turnaround time for proposals, thus encouraging greater input by local actors.

Review of proposals by regional GBV experts and/or global GBV actors. In at least two regions the REGAs reviewed some of the proposals for the GBV allocation of the UFE. This was perceived by several key informants to be very useful, particularly as the REGAs serve an inter-agency role and were asked by various agencies to review proposals. Many of the countries struggled to some degree with understanding the expectations related to the life-saving criteria and how they link to programming design and proposal drafting—which, according to one GBV colleague, is not an issue that should rest solely or even primarily with CERF: “the GBV coordination body needs to take some responsibility.”

The webinars and other support from CERF were felt to be helpful to clarify certain questions. The REGAs were able to further assist in reiterating and reinforcing how to interpret the criteria during the proposal review process. An example is that of capacity building; it was helpful for REGAs to clarify that the UFE supports short-term capacity building focusing on front-line service providers who can deliver within the project timeframe, rather than longer-term capacity building for GBV systems (which is an important part of GBV response programming but is not within CERF parameters). In another example, it was useful for REGAs to clarify for partners that the updated CERF criteria support prevention work, particularly insofar as that work facilitates survivor access to care and support.

Another benefit of the REGA review was to identify duplication in programming across proposals and make recommendations to agencies to maximize funds. Despite the value of the REGA review, it was noted that this type of engagement by REGAs is probably not sustainable given the time involved and the other responsibilities the REGAs carry. It will be important to consider other ways that agencies can receive similar technical support—through the GBV Subcluster at the country level; trained CERF focal points in country; or designated specialist in CERF at the secretariat—or some combination thereof. In any case, the coordination between the GBV actors at the global and regional level with CERF and OCHA was noted as very positive and widely appreciated.

Allocating money to a single agency. Considering the relative limited sizes of the GBV envelopes (most were \$500k), in at least two countries participating in this review, CERF stipulated that the GBV allocation should go through one UN agency to avoid fragmentation of funding and reduce transaction costs, with the goal of maximizing efficiency and potential impact. Indeed, this approach of allocating to a single agency appeared to streamline the funding and decision-making processes, as least according to reports from key informants, and allow for faster implementation of projects.

In both instances where the UFE GBV allocation went to a single agency, the countries determined the money should go to UNFPA. Several key informants (not only those representing UNFPA) noted the value of allocating money to UNFPA as the mandated lead GBV agency and provider of last resort as this was more likely to ensure that the funding went to interventions in line with the GBV coordination action plan.

At the same time, the majority of key informants recognized that partnership and multi-agency action is critical in any effort to address GBV, regardless of whether funds are initially allocated to a single agency. Interviewees suggested that in the case of single-agency allocations, there should be a clear proviso by CERF that the funding is for interagency purposes and should therefore be aligned

with life-saving activities prioritized by the GBV Subcluster and laid out in the GBV action plan. One key informant expressed concern that allocating money to a single agency could disincentivize interagency approaches.

Where multi-agency allocations are supported in the UFE allocations, there were some instances of good practice related to efforts among partners to coordinate interventions in order to maximize reach and impact. Typically (as described further below) this happened when the GBV coordination partners were actively involved from the outset in decisions about funding. In an example of facilitating coordination specifically linked to the UFE, one country with multi-agency UFE GBV funding created a table describing the roles of the different UN agencies related to the CERF GBV funding as a reference for the agencies themselves, but also as a tool for the wider humanitarian system. This type of tracking often happens through the GBV Subcluster, but in this case there seemed to be specific value of more detailed tracking of multi-agency CERF-funded GBV projects as way to facilitate agency planning and coordination.

Lessons Learned

Better transparency in distribution of the GBV-specific allocation at country level. Across several countries, the issue of greatest concern with the allocation was how decisions were made at the country level about the distribution, particularly at the level of the RC/HC's office. Where these concerns existed, they most often related to decisions being made without adequate consultation with the GBV Subcluster, or with UNFPA as the mandated GBV lead agency. There were a number of related concerns, including a lack of transparency about the first level of decision making; a sense that the RC/HC was not engaging with GBV partners around funding decisions (captured by one GBV technical expert with the reflection that decision-making was "completely taken over by the RC/HC's office"); and that OCHA or the CERF focal points at the global or national level were not

The process of selecting which UN organizations would receive funding was not transparent. This being a [protection] envelope, it would have ideally been discussed with relevant [protection] partners. Instead, it seems that these decisions were made at a higher level without the involvement of agencies or technical colleagues.
--UN KII UFE Country

Maybe there ought to be some kind of standard process where the designated lead agency, actually, is invited into these discussions, immediately, as early as possible. And I also think that there is some value, something about figuring out how to get the GBV experts, you know, either at the regional level or the global level to weigh in on what they think the priorities are, especially now that the REGAs and the global coordination mechanism, are fairly knowledgeable about what's happening in different countries around the world.

--UN Head of Office KII, UFE Country

communicating directly with those at the country level who were engaged in leading GBV coordination or programming, at least until the point CERF provided support with proposals.

These concerns may reflect a degree of confusion among some key informants about CERF processes: decisions about CERF funding allocations lie with the RC/HC and HCT, and CERF engages with the RC/HC on allocation strategies (directly or through the county-level CERF focal points). Involvement of the GBV Subcluster and other technical GBV experts in the allocation process would therefore need to be initiated at country level by the RC/HC, HCT or the CERF focal point. Guidance produced by CERF to facilitate the rollout of the GBV envelope for the UFE clearly emphasizes the importance of engaging with the GBV Subcluster in planning for the allocation:

Country teams are asked to prioritize GBV, and take into account:

- *Engagement with GBV experts – it is critical to engage with the GBV Coordinator so that activities align with the sub-cluster priorities for the Underfunded GBV Focus, as well as for technical guidance on project development, and to include mainstream GBV and mitigate risk with other sectors.⁹*

That this did not always happen may be important for CERF to consider when strategizing about how to maximize the impact of their GBV funding. In the absence of early-stage consultation with GBV technical experts on the part of some RC/HCs and HCTs, there were indications of confusion among humanitarian leadership about what constitutes GBV; the specializations, capacities, and complementarities of the various UN agencies; and the responsibilities of the GBV Subcluster in leading the GBV response in country.

The result, in the eyes of some GBV specialists, was that funding decisions did not promote efficiency or effectiveness of response to the extent possible. Concerns raised in specific countries were that funding allocations did not always align with or reflect the GBV action plan; some agencies were funded to do work outside of their specialization (when other agencies had that specialization); there was repetition of services in specific geographic areas; the least amount of funding went to the agency that did the most work with local women's organizations; etc. Again, this was raised as a particular issue in those settings where consultation with GBV actors was limited, and even in those settings, these issues were generally resolved by GBV partners themselves to some degree at a later stage.

Reduced time pressure and tight deadlines. Many interviewees acknowledged the reality of CERF as emergency funding, and the expectation that the timelines associated with proposals would be somewhat stringent; however, there was still a sense that the time pressures in drafting proposals prevented strategic prioritization. A particularly proactive interviewee noted that any good GBV coordinator should be prepared for CERF and should have draft proposals at hand, including proposals that engage local women's organizations — something that the larger GBV community may need to reflect on.

Need to cost different types of GBV interventions to promote appropriate allocations across agencies. Interviewees in three countries expressed frustration with the allocation decisions by the RC/HC insofar as the distribution of funds were not felt to be appropriate to the costs of activities being implemented by various agencies. In an example related to the issue of costing interventions, agencies with direct implementation responsibilities tend to have higher implementation costs than agencies whose activities focus more on community outreach activities (other factors being equal, such as coverage, access, etc.). Nevertheless, agencies tend to receive similar amounts of money.

Interviewees hypothesized several reasons for this tendency towards relatively similar distribution of funds by the RC/HC: limited awareness of the responsibilities and specializations of different agencies at the country level and their associated costs (e.g. which agencies support health response, case management and other more cost-intensive activities, and which are supporting community outreach campaigns and advocacy, that are typically less cost-intensive); challenges negotiating distribution of funding across different agencies (due to competition for funding) and a

⁹ CERF, 2020. Guidance for country teams of CERF under-funded GBV focus.

desire to appease all the protection actors; lack of documentation or sufficient guidance within the GBV community about costing out different programming activities and interventions.¹⁰

Again, this is less an issue with CERF, and more with how decisions are taken at the country level. Still, it is important for CERF to be aware of, especially as this challenge can arise when analyzing project proposals. The fact that the issue was mentioned across several countries suggests there might be benefit to the CERF secretariat (and certainly to the larger GBV community) in having some kind of reference tool when analyzing GBV proposals to support cost analysis for different types of GBV interventions.

4.1.2. Types of Programs the Allocation Supported

Box 2. Summary of Findings Regarding the Types of Programs Supported.

What worked well:

- Funds from the UFE GBV envelope were used to provide lifesaving response services for survivors, and interviewees broadly agreed that funds were meeting critical needs.

Areas for improvement and reflection:

- Evidence from key informant interviews and a review of UFE proposals suggests that limited funds were used to support mainstreaming of GBV risk mitigation.
- CERF funds were also allocated in one country to PSEA coordination, raising a question of whether earmarked GBV funding should be used for PSEA activities (beyond survivor response).

Good Practices

Lifesaving response services for survivors. Interviewees were asked whether they felt the CERF UFE GBV envelope was generally going to the right types of services. Across the board, interviewees responded affirmatively that the funds were supporting critical response needs, including health care, case management, psychosocial support, cash for protection, dignity kits, women and girls' safe spaces, and adaptations to services in the context of COVID-19, such as call centers. Supporting commodities was also "extremely important" in the context of COVID-19.

For those interviewees who were familiar with the life-saving criteria, they noted that the revisions in the latest version of the criteria were important to allowing a broader range of GBV programming in emergency response—such as recognizing that preventing GBV is an emergency intervention. In one country it was noted that coordination was funded. While this seemed to be an exception to CERF's rule, it was considered to be an important – even 'model' – exception, especially given that coordination for GBV is critical to effective programming from the earliest stages of emergency intervention, which is not the case for most other sectors or clusters. This kind of flexibility on CERF's part allowed the recipient agency to fill an urgent gap in coordination staffing—for which they were then able to get follow on funding through another donor.

This [allocation] drastically improves our ability to respond to emergencies (related to emerging natural disasters). We would not have been able to do that without CERF.

--UN KII UFE

¹⁰ There are some tools for this, including the GBV Coordination Handbook, but none provide a level of detail that would make it straightforward for GBV coordinators or for CERF to understand the relative costs of different types of GBV interventions. More information on costing is detailed here: <https://www.sddirect.org.uk/media/1583/gbvie-helpdesk-report-3-costing-gbv-core-services-v2.pdf>

Lessons Learned

Concerns regarding limited use of the UFE funds for GBV mainstreaming. Many interviewees made it clear that the relatively small amount of \$5.5M earmarked through the UFE GBV envelope should be reserved for GBV specialist programming (response and prevention). At the same time, they felt that the remaining \$94.5M in the allocation (when not used to top up the GBV envelope for specialist programming¹¹) should be used at least in part to support GBV risk mitigation across sectors, and this was something that CERF should aggressively promote.

Notably, the ERC has emphasized the importance of the centrality of protection in CERF's approach, reinforced through the four priority underfunded areas. In the guidance materials CERF shared at the country level regarding the UFE allocation, and in other materials shared previously by the ERC to countries, mainstreaming across sectors was emphasized as an important approach for all humanitarian actors to address GBV. However, concerns were raised that the additional UFE funds were not supporting mainstreaming of GBV risk mitigation to the extent they should.

Several years ago, CERF introduced a GBV self-assessment into proposals for the purpose of generating information about whether projects "consider protection from GBV" in the project design, whether as a component of the project or as the main emphasis. An analysis of the CERF proposals for the UFE monies in the countries assessed in this review suggests that 59 percent of proposals (30 out of 51 total proposals, totaling \$64,797,889) self-report that GBV protection is a project component (rather than the main emphasis). In general, these are non-protection sectors which have indicated a GBV risk mitigation component or other GBV-specific intervention (e.g., in the health sector, funds designated for the clinical management of rape).

Nearly two-thirds (n=19, totaling \$39,521,861 million) of these proposals describe specific strategies for GBV risk mitigation in the written section of the project proposals, signaling that these projects are cognizant of their risk mitigation responsibilities. Interestingly, however, investment in risk mitigation is not reflected in the specific line-item budget requests. Only 9 of these proposals detail funding requests for GBV-related risk mitigation activities in their budgets, for a total of \$1.8 million allocated to GBV within these proposals.¹² While this may be an underestimate of the total direct and indirect funding allocated by CERF to support GBV risk mitigation activities as this does not include general staff and operating costs—and of course there is some room for error on the part of the agencies drafting the proposals about how they intend to allocate the money--risk mitigation within these proposals seems to represent a small fraction of total \$100M funding under the UFE allocation, reinforcing the concerns raised by some OCHA and GBV expert interviewees.

In one country, where an interviewee made the point that basic security risks were ongoing for women and girls in the setting because of limited investment in risk mitigation activities, an analysis showed that one of two GBV non-specialist proposals (of a total of five total proposals) included GBV risk mitigation. In another country where three of the six CERF proposals were for GBV specialist programming, one of the remaining three indicated attention to GBV risk mitigation. In this country GBV actors reported that some CERF money was used by GBV specialists to train non-specialists in GBV risk mitigation, but not by sectors themselves for risk mitigation. In yet another country where OCHA interviewees noted the lack of risk mitigation, one out of five non-specialist proposals included specific GBV risk mitigation elements.

¹¹ As noted previously, countries topped up the initial \$5.5M to \$12.8M.

¹² This figure includes specific requests for GBV response in the broader health sector and GBV-related activities carried out by non-specialist clusters.

The lack of consistent specific inclusion of GBV risk mitigation activities in funding requests within the UFE proposals suggests the ERC’s messaging may not be getting through to the extent it should; some in the humanitarian community may still interpret CERF’s focus on emergency response in terms of delivering on commodities and basic infrastructure. This challenge is not just one for CERF, but for the wider humanitarian community when considering their responsibilities for meeting recommendations in the IASC GBV Guidelines. One UN Head of Agency noted:

CERF is based on response thinking...and when we do the response, I think CERF is delivering. But I don't think we are delivering on protection. So, when we build latrines, we have to think about whether they are safe, so that women don't have to be scared when they go to the latrines. And we often don't get to that point. I don't think we are delivering on protection.
(UN Head of Agency KII, UFE Country)

As well, this could signal challenges in tracking activities that include risk mitigation elements. As noted, there is a significant discrepancy between projects that describe GBV risk mitigation strategies within their project proposals and the amount of money specifically requested in the proposals for GBV risk mitigation. It could be that the amount requested for funding does not capture the extent of planned risk mitigation activities in the budget lines—which may be an issue to consider if CERF wishes to track the extent of its direct support to risk mitigation (beyond proposals that report they are doing risk mitigation generally in their projects).

GBV monies going to protection from sexual exploitation and abuse (PSEA)-specific work. In one of the countries participating in the review, CERF GBV monies were allocated to a PSEA coordinator. While attention to PSEA is highlighted within the CERF lifesaving criteria and is obviously a high priority throughout the humanitarian system, the UN Secretary General’s Bulletin on PSEA designates management responsibility for PSEA to the RC/HC. The PSEA focal point network typically sits within OCHA. Global IASC guidance and guidance within the GBV community distinguishes responsibilities between PSEA and GBV work, with the intersection of GBV and PSEA programming occurring at the point of service delivery to survivors.¹³ This raises the question of whether CERF funding for GBV should be used for a PSEA coordinator. As this funding allocation only occurred in one country, it may have been an exceptional determination in that country. Current guidance on what can be included on PSEA in the GBV allocations is not currently included in the CERF guidance. This may be useful learning for countries.

4.1.3. Perceived Impact of the Allocation

Box 3. Summary of Perceived Impact of UFE GBV Allocation.

What worked well:

- CERF funding for GBV influenced country-level humanitarian leadership and governments regarding the importance of addressing GBV.
- Countries that received funds were able to use CERF funding to leverage additional funding.

Areas for improvement and reflection:

- The short funding period makes planning for sustainable GBV programming a significant challenge.
- The interim and final reporting templates that CERF asks projects to complete are appreciated for their brevity, but there may be some value to including requests for a couple more data points aimed at capturing the value of the CERF investment.

¹³ See, for example, the IASC GBV Guidelines and the GBV Coordination Handbook.

Good Practices

Influencing humanitarian leadership regarding the importance of addressing GBV. Several key informants noted that they felt the earmarked allocation has an impact on the significance humanitarian systems give to addressing GBV. This is not only because of the direct messaging from the ERC – through CERF -- to the HCTs, but also because in some settings, the attention to GBV from CERF resulted in more regular reporting to the country teams, because the RC/HC instituted periodic updates to the HCT on GBV activities funded through CERF. This gave GBV technical experts the opportunity to engage the wider humanitarian system in learning about the scope of the problem and the value of GBV interventions. This positive outcome went beyond country teams: GBV programming models generally require working with governments to support sustainability of programming, and in some countries, the work with government partners in new regions helped to reinforce the importance of government involvement in efforts to address GBV.

It does make a dent in perceptions within the humanitarian system in terms of the importance of GBV. There is a change there. OCHA KII, UFE Country

UNCT is paying greater attention to GBV than before. We had been highlighting the needs previously, but then the money came through to address these needs and I think that made a difference in the perceptions of the HCT. UN KII, UFE Country

It [the allocation] really highlighted the importance to the UNCT of the humanitarian context. Allows us to present to UNCT on a monthly basis. UN KII, UFE Country

Each time I would have to make a point of what is being done [to the RC/HC and HCT]—I would never talk about the funds alone, but about the issues. It creates awareness of the issues, about how bad things are, about how bad the security risks are. So while we have the opportunity to talk about the CERF, there is the possibility to highlight issues of women and girls. So for me, it's a good deal, people are talking more about GBV—not only about the fund, but also about what are the main concerns about women and girls. OCHA KII, UFE Country

Ability to use CERF as catalytic. As noted previously, a few countries used some of the additional (non-GBV-specified UFE funds) to top up the GBV-specific funds. Several countries noted the value of CERF funding as catalytic in other ways. In one example, investments to data management by CERF resulted in another donor recognizing the importance of this issue and carrying it forward. In another, an interviewee noted CERF funding for a start-up health project meant that the project could then be included in the upcoming HRP for future funding. In still another example, following from the CERF funding, GBV is being recognized as the priority issue in that country's upcoming HRP for the first time.

In general, there was a sense that CERF money was useful to catalyze other funds, but there did not appear to be any consistent strategy or pattern for how this was done across countries or key informants. One explanation for this is that each setting is unique; another is that the funding for GBV in some of these settings has historically been poor to abysmal, so the search for funding is particularly challenging; another is that it was relatively early in the project cycle, such that agencies had not yet activated their strategies for follow on funding.

It was also too early to tell whether countries improved their overall funding to GBV as a result of the GBV-specified UFE monies. Several GBV coordinators did say they felt the money provided more funds than their country had received in previous years for GBV (sometimes significantly).

Lessons Learned

Challenges related to sustainability of programming. As noted above, some agencies in receipt of CERF funds very quickly parlayed those funds into additional and ongoing funds. For others, particularly because interviews with key informants were conducted relatively early in the project implementation stage, it was often the case that agencies had not yet determined how they would generate ongoing funding for specific project activities.

There was some anxiety across countries about how interventions would be sustained—especially because sustainability of interventions and systems is widely understood as critical to effective GBV response and prevention. Rarely are GBV programs funded in a one-off scenario and agencies understood the need to generate follow-on funding, but—as noted above—they were also operating in countries where GBV historically suffered low levels of funding. Some agencies were already strategizing possibilities for their specific projects, or engagement around future funding calls. As noted above, in one country, GBV made it into the HRP as the focal issue for the first time.

When asked about the challenge of sustainability, interviewees (typically agency GBV specialists and in some cases, implementing partners) fielded broad ideas—having less to do with their specific projects, and more to do with sustainability of funding as a macro challenge. These included CERF extending special allocations over a period of several years to give projects more time to work towards sustainability, which is perhaps not a surprising point coming from GBV specialists and programmers given the amount of advocacy the GBV community does with donors to encourage multi-year funding to GBV programming. This would entail having predictable, repeated GBV-specified monies to specific countries for a designated period, rather than a one-off GBV-specific allocation.

If doing GBV funding, a specific allocation, can they repeat it for three years, so that for GBV funding, it's a bit more predictable? To say, we're going to do this for the next three years, or something... NGO KII, UFE Country

Another point (or question) raised by several GBV specialists—at the UN and implementing partner level-- was about the possibility of CERF becoming more engaged in efforts to ensure follow on investments by other donors linked to the GBV-specific CERF allocations, with the thinking that CERF might fold this advocacy into the advocacy by the ERC, and/or engagement by CERF with the CERF donors. This idea emerged from a perception that the CERF secretariat would have cachet with their donors and could explain some of the challenges of follow-on funding—perhaps more effectively and comprehensively--than GBV actors at the country level could in relation to single projects.

In fact, CERF has conducted advocacy and communication with donors at the global level but translating that at the country level requires resource mobilization by country-level actors. It is interesting that the RC/HC was not consistently represented as an ally in the struggle to access further funding, as the RC/HC – along with other senior leadership at the country level -- have a critical role to play in using CERF allocations to leverage additional donor funding. What this also indicates, overall, is that it would be useful for GBV actors and implementing partners to further build their capacity to generate follow-on funding—in particular, more explicit strategies linked to short-term, one-off allocations such as the GBV-specified UFE allocation, as captured in the quote below.

[There should be] a roadmap for what to do when there is only seed money...like how we should start generating additional funds with this seed money. UN KII, UFE Country

More data collection on efficacy and sustainability of investments in interim and final project reports. Related to the question of sustainability, as well as the issue of being able to champion to donors the value of investing in GBV programming on the heels of a CERF investment, several interviewees raised the possibility of more ‘strategic’ reporting on CERF-funded GBV projects. There was appreciation for the brevity of CERF reporting requirements, but also a recognition of the potential value of adding specific elements in project reporting aimed at “showing efficacy”, as well as understanding what happens to programs after CERF’s GBV-specific funding ends. At minimum, for example, one interviewee noted that CERF could be asking as part of their documentation whether and with what funding GBV programs will be continued beyond the CERF funding. This links to the issue above, about sustainability, and might allow CERF greater understanding of the extent to which projects are in fact catalytic. Other areas to illustrate efficacy include tracking increases in geographic coverage; increased financing to GBV; institutional strengthening or some other measurement related to substantive engagement of women’s organizations; etc.

Notably, many interviewees who were recommending additional elements to CERF reporting also highlighted the importance of this type of monitoring by GBV coordination systems in country, underscoring mutual responsibility and benefit. Indeed, this type of monitoring is a responsibility of the GBV Subcluster—to track funding of its partners, as well as to support analysis of good practices. It is also a responsibility of individual projects to be able to illustrate value for money. Even so, CERF’s reach alone makes it exceptional in being able to capture and report back to donors evidence of some of the benefits of GBV investments. Collecting information in interim and final reports on project efficacy and in final reports on project sustainability would potentially serve CERF’s own advocacy interests in trying to draw more attention to the merit of specific steers.

There needs to be more monitoring of what actually happens after the CERF funding. I’m not saying this should happen only at the secretariat level, it should happen at the country level, so there can be a conversation with donors about their investments and to build on the seed money with CERF. UN KII, UFE Country

It might be good for CERF to be more involved in monitoring by what it asks for in feedback. UN KII, UFE Country

A CERF allocation with limited duration is not sustainable unless setting up a plan for a project that can persist after the project funding ends. We worked ... to ensure that would be the case. But it’s really important that it’s part of the CERF documentation that the question is asked. How are CERF strategies translated into the pooled fund? UN KII, UFE Country

4.1.4. Specific Findings Regarding Issues of Engaging Local Women’s Organizations

Box 4. Summary of Findings Regarding the Engagement of Local Women’s Organizations.

What worked well:

- Where the GBV Subcluster was responsible for decision-making about priorities in project allocation and design, local women’s organizations were more likely to be included.

Areas for improvement and reflection:

- Quick turnaround of proposals limited the ability to engage with local partners, especially those without a pre-existing relationship with implementing agencies.
- Life-saving funding criteria meant that funds could not be used to support capacity-building for greater inclusion of local women’s organizations.

Good Practices

Engaging local women’s organizations through the GBV Subcluster about project design. As noted above, where decisions about projects were made through the GBV Subcluster, links to women’s organizations were stronger because consultation with them is ongoing if they are members of the subcluster. In these instances, women’s organizations could be drawn together quickly to discuss strategic prioritization of the CERF funding.

Lessons Learned

Challenges engaging local women’s organizations as implementing partners, especially new partners. Particularly when the GBV Subcluster was not involved in decision-making about the allocations, it appears it was often the case that local partners did not inform strategic prioritization or project design. An explanation for this is that the GBV Subcluster by definition tends to engage more partners than a single agency will, so working through the GBV Subcluster allows for inputs by multiple partners, and links to the broader goals of the Subcluster. Single agencies may only have one or two partners they work with consistently on GBV and may not have the resources to conduct consultations with additional groups in the community, particularly if they are not easy to access. Even with their existing partners, single agencies often develop annual workplans, in which case they may not specifically engage their partners in discussions about how to allocate every new funding stream, but rather apply the funds to the workplan.

In addition, given the short turnaround time for submission of proposals to CERF, many UN agencies struggled to engage local women’s organizations as implementing partners, especially as new partners, not only because it takes time to identify new partners, but also because the process of contracting them is a long one. Organizations more often stayed with their own implementing partners. In some countries, projects sought to find creative ways to connect with local women’s groups through existing partnerships by offering them short-term training or other support as part of the project implementation. However, it is unclear how sustainable these types of interventions will be in building out the engagement with and capacity of the women’s organizations and groups.

Another issue raised in two countries—and only by local partners, not by UN agencies—is the ability of implementing partners to use CERF funds to support programming that local women’s organizations and groups prioritize as critical in meeting the needs of women in the community. In one setting, for example, local women’s organizations often deliver economic empowerment projects to women as a way of meeting basic needs of women in the community and providing opportunities for social activity—also acting as a potential entry point for survivors to access referrals. However, because this type of programming is not covered through CERF funding (as outside the life-saving criteria, although not all implementing partners articulated the issue as such), it may result in a lost opportunity to work with women’s organizations and groups to implement what they have the skills for, and what they prioritize.

Need for greater flexibility with the life-saving criteria. This leads to a point raised by interviewees around the criteria themselves—that although they are much improved in relation to GBV (according to one GBV specialist, they are “the right criteria”), several interviewees noted they still do not offer the degree of flexibility necessary for CERF to meet its goals related to building up the presence of local women’s organizations to address GBV, or to ensure protection around GBV in emergencies. One UN Head of Agency expressed fears that strict adherence to the life-saving criteria squelched innovation.

More specifically, another interviewee noted that CERF does not support building management capacity of women’s organizations—a critical need when bringing them on as implementing partners. It is possible that other funding streams can be accessed to support this, and there was quite a lot of discussion during key informant interviews about the value of CERF funds for catalyzing other funding (discussed further above). However, it is particularly challenging (and potentially inefficient) to use one funding stream for implementing a project through a women’s organization, and another fund to support the same organization’s internal management capacity. This illustrates an ongoing tension between CERF’s emergency response mandate and its ability to achieve some of its (commendable, important) targets associated with gender transformation, including those related to significantly greater inclusion of women’s organizations and groups under the CERF funding umbrella.

Managing this tension requires creative thinking. Other interviewees proposed strategies for leveraging CERF funds more aggressively and strategically (and with the support of RC/HCs at the country level and CERF/ERC at the global level) to mobilize CERF’s core donors to step up with complementary funding *while* CERF is delivering its specialized grants so there is no lag in accessing alternative funding for addressing management capacity needs of local women’s organizations. This leveraging is not happening yet on this particular issue, but has happened successfully in accessing additional funds for other needs, such as coordination.

4.2. GBV Block Grant

4.2.1. The Process of Delivering the Block Grant

Box 5. Summary of Findings Regarding the Process of Delivering the GBV Block Grant.

What worked well:

- As with the UFE earmarking for GBV, there was widespread agreement that the block grant allocation coming from the ERC and the CERF secretariat was useful and valuable.
- Global level leadership and coordination from the ERC, CERF secretariat, UNFPA, and UN Women was generally described as very positive and enabled increased prioritization and investment in GBV programming at the country level.
- The two-year grant period was important for project planning and implementation; some key respondents suggested that three years would be ideal.

Areas for improvement and reflection:

- Short turnaround time for proposals resulted in limited time for consultation at the country-level.
- There was limited coordination between UNFPA and UN Women at the country-level in the planning and early implementation stages of the grant in countries where the grant was delivered to both agencies
- There was a lack of information shared with country offices about the selection criteria, leaving questions among interviewees about why some countries were selected for the block grant and others not.

Funding for GBV through COVID-19 mechanisms didn't really happen. It makes this allocation all the more important. Well done CERF for this type of investment—innovative, good practice, and creates new opportunities.

--UN KII, Block Grant

Top-down allocation. As with the UFE GBV envelope, there was virtually universal agreement that an allocation coming from the ERC and the CERF secretariat was a good thing, and the block grant had the added value of avoiding some of the issues around decision-making at the RC/HC and HCT level regarding disbursements, which several interviewees commented resulted in a more streamlined process of getting money to GBV specialist agencies.

Global prioritization of activities. While several key informants from UNFPA and UN Women at the country level emphasized they felt engaged by their headquarters around discussions of key targets (e.g., the indicators), they also acknowledged that having the decisions taken at the headquarters level about key targets made it easier at the country level to move forward with project planning. Because the targets were quite general, there was not a sense from country-level key informants that these global targets excluded any major areas of intervention.

Two-year grant. Interviewees repeatedly underscored the value of the two-year grant period, with several suggesting the ideal period would be three years. One country noted they may run out of funding before the end of the grant period—that \$1.2 million over 2 years is a relatively small amount of money in their context. A more impactful sum would be in the range of \$3-\$4 million. In fact, several GBV technical experts felt they could have benefitted from more funds within the two-year period, with at least two interviewees wondering if a smaller number of countries would have been better, with a larger allocation to each. Other key informant felt the amount of money was okay; in general, all were very appreciative of the funding.

While the choice of the number of countries and the amount of the allocations was left by CERF to the agencies, this finding not only signals a point to explore further in the evaluation of the block grant (discussed below), but also may have bearing if CERF considers undertaking similar grants in the future. GBV advocacy to donors often highlights the importance of multi-year funding for GBV programming because it is unusual for a GBV project achieve necessary outcomes in the short-term, and reliable multi-year funding allows GBV programs to anticipate and plan for the longer-term.¹⁴

Assistance from UNFPA and UN Women headquarters with proposals. Interviewees at the country level felt that UNFPA and UN Women were available to assist with proposals, explain the grant, answer questions, manage expectations, and generally support country offices. This was particularly important, and particularly appreciated, in the run-up to and over the holiday period.

Collaboration across CERF, UNFPA and UN Women at the global level. There was recognition and appreciation of a spirit and practice of collaboration on this new initiative that was shared across the

¹⁴ Donors may give extension on projects so that they transition from one year to multiple, but without an indication of multi-year funding from the outset, it is difficult for a GBV project to engage in longer-term planning. The US government's funding streams for Safe from the Start and GBV Innovation include examples of five-year and three-year allocations to GBV programming in emergencies. For examples of GBV advocacy regarding the criticality of multi-year funding, see: Call to Action Road Map 2021-2025; IRC, 2013. *Lifesaving Not Optional: Protecting Women and Girls from Violence in Emergencies*; IRC, 2015. *Are We There Yet?: Progress and Challenges in Ensuring Life-saving Services and Reducing Risks to Violence for Women and Girls in Emergencies*; IRC, 2021. *Why Not Local? Gender-based Violence, Women's Rights Organizations and the Missed Opportunity of COVID-19*.

key partners at the global level. The importance and value of CERF engaging directly with headquarters' agencies was noted, promoting a mutual learning process. CERF was recognized as being supportive, respectful, and willing to learn.

Lessons Learned

Very tight turnaround on proposals. CERF interviewees expressed that during the proposal development, CERF was flexible about timelines, including extending deadlines several times. As such, that the process from project conceptualization to funding was approximately 3 months (November 2020 to February 2021)—significantly longer than regular CERF allocations. Despite this longer preparation time than usual for CERF grants, both UN Women and UNFPA key informants shared experiences of working under tight deadlines to produce proposals, based on their understanding that CERF requested the proposals be submitted before the end of the year.

One interviewee noted that in their country, they got information about the grant on a Friday from their headquarters and were requested to turn it back around on a Monday. Another characterized the proposal writing as “almost like working in a sudden-onset crisis.” The short turnaround time for project proposals reportedly made it impossible in some settings to consult GBV coordinators, or partners, at least in that initial proposal draft. The limited extent to which agencies could consult with GBV subclusters was flagged as a potential risk for fostering a perception that agencies were using the allocations to address their own priorities, rather than align with the goals of the larger GBV community.

Whether this short turnaround period may not have been necessary given CERF's willingness to extend the timeline on finalizing proposals, this offers learning for future grants of this kind about the need for CERF and the funded agencies to ensure sufficient time for countries to engage with partners in discussions about how the funds should and could be utilized.

Limited initial coordination between UN Women and UNFPA at the field level. In their guidance to

Don't ask us to work with [each other] and then not follow through. Ask us to develop a framework for complementarity. Ask us to do this all the way.
--UN KII, Block Grant

UNFPA and UN Women at the global level, CERF made it clear that some countries should be prioritized based on where UN Women and UNFPA could work together. Guidance provided by the agencies to countries also emphasized the importance of joint planning and building complementarity between UNFPA and UN Women, with specific directives of what each agency might focus on. For example, UNFPA advised its partners that the primary focus of its work under the block grant would be multi-sectoral GBV response services, whereas UN Women would primarily focus

on legal aid and livelihoods.

However, given that CERF does not do joint programming, there was no further structure for supporting collaboration between the two agencies at the field level, such as (as suggested by one interviewee) for “developing a framework for complementarity of programming.” Another interviewee at the field level noted, “we need money to coordinate, not duplicate.” Several key informants reported that it was difficult within the tight timeframe to coordinate across agencies in the planning stage—especially considering the crises some countries were managing.

While two key informants suggested that partnerships are happening more now, there is a sense among some that the agencies are not communicating to the extent that they could or should, with several interviewees across each agency making a similar point, that it would be helpful to include

more joint processes within the grant to facilitate engagement. There are the two joint outcomes—which are important, but do not necessarily facilitate coordination or complementarity.

It is important to note that interviewees emphasized that challenges in engagement were not related to animosity or competition; rather around the exigencies of working in emergencies. Key informants from both UNFPA and UN Women repeatedly reported that they were pleased to work together and felt that putting in structures to facilitate coordination (in those settings where those structures are not pre-existing, particularly because UN Women is not always engaged in GBV programming in humanitarian contexts) would support more reliable and consistent coordination.

As many projects are in the start-up phase, this is an important time to lay a strong foundation for coordination and complementarity, including investing in efforts to clarify the distinct roles and contributions of the respective agencies in the countries where they are each funded through the block grant. Another strategy to support coordination and complementarity is joint monitoring, which one key informant suggested would be a good way to ensure agencies evolve their work within a shared framework at the country level.

Lack of understanding at the country level about how countries were selected. To the extent possible CERF strove not to prescribe the country selection process to give agencies maximum flexibility. UNFPA and UN Women developed specific criteria that were used to select countries.¹⁵ However, it was not clear to some key informants at the country level why they were selected over other countries. Countries completed questionnaires as part of the selection process, but several key informants said that even though they were delighted to have been selected, there was no rationale communicated by headquarters about why they were selected over other countries, or the metrics for selection.

Related to this, in both countries interviewed for this review where only UNFPA had been selected and where UN Women was operating, there was disappointment expressed about the missed opportunity of working with UN Women and confusion around why they were not selected in that particular country. In at least one country, UNFPA expressed interest in being considered for a pass-through grant to UN Women to facilitate joint work, even if UN Women hadn't been selected as a first-tier country. While CERF does not do pass-through grants from one UN agency to another (due to compounding indirect costs), this illustrates the point about agencies seeking more clarity about the selection process, as well as the sense from UNFPA in these two countries of the potential benefits of a grant such as this to build agency partnerships.

4.2.2. Types of Programs the Block Grant Supported

Box 6. Summary of Findings Regarding the Types of Programs Supported by the GBV Block Grant.

What worked well:

- There was a clear focus on GBV response and prevention and a broadening of CERF criteria to include to livelihoods opportunities and social norms change.

¹⁵ Criteria for country selection was wide-ranging, and included issues such as whether the country was Tier 1 (humanitarian priority); scope of IPV in the country; indications of decline in GBV (and SRH) services linked to COVID-19; previous CERF allocations; current funding status compared to requests; existence of a GBV coordinator; existence of implementing partners and their access to funding; capacity of country to absorb funding; and whether it was country in which both UNFPA and UN Women worked.

Areas for improvement and reflection:

- The lack of funding allocated to management personnel limited the capacity for oversight and learning.

Good Practices

Focus on GBV response and prevention. Although the grant guidance allowed for GBV programming across all sectors of humanitarian response, in the end the agencies selected direct prevention and response programming to GBV specialist partners. Several key informants underscored that in a grant of this nature, specialized GBV programming should be the priority. This does not disqualify the for the value of other grants that support mainstreaming, but as with the UFE, key informants felt that given the degree of underfunding to GBV across humanitarian emergencies, specialized grants should focus on GBV-specific programming. Also, similar to the UFE earmarking, GBV programmers were delivering on essential services. The windfall, as some perceived it, allowed them to use the money to extend services to previously unreached areas and/or to offer some additional services to build out response capacity. This was universally perceived as very positive.

Extension of the life-saving criteria. The introduction of livelihoods opportunities and social norms change, even if framed only around reducing immediate protection risks, was stressed as a very positive shift in this grant. Local key informants from two block grant countries referenced the importance of livelihoods in their interviews.

We know what is happening and what the impact of the pandemic has been. We NEED livelihood opportunities and a stable source of income. We don't have anything to eat. It has been really important. It's an area, which we don't have as much experience, but it's an area in which we are beginning to work, and we absolutely need it. NGO KII, Block Grant

The problem is that safe spaces RELY on some form of livelihoods activity in order to get women engaged. So getting them to come in means getting money to run some kind of livelihoods activities. It's hard to get one without the other. NGO KII, Block Grant

Recognizing social norms as a barrier to accessing services—and the importance of removing this barrier to ensure care and support for survivors, was also felt to be a major step forward in the life-saving criteria. In addition, the block grant has allowed GBV programs in some countries to work more on intersectional issues, such as violence affecting women and girls with disabilities, or lesbian women—which has historically been a gap in many programs.

Lessons Learned

Need for funding for management personnel in projects of this size. Several interviewees noted that at the country level overseeing these projects is quite time-consuming, and upon reflection recommended that in major allocations, funding be specifically designated to oversight personnel, or a special oversight position to manage the grant. Presence and capacity to deliver programming was an important consideration for the agencies in country selection; however, it is not clear whether agencies discussed with country offices the need to build in funding for management of the projects. Funding for management capacity could in turn support oversight and learning—another issue raised by several key informants and discussed further below.

4.2.3. Perceived Impact of the Block Grant

Box 7. Summary of Findings Regarding the Perceived Impact of the GBV Block Grant.

What worked well:

- Countries that received funds feel they will be able to use CERF funding to leverage additional funding.
- CERF engaged with and supported efforts to ensure GBV programming through the block grant is gender transformative.
- CERF is supporting a joint evaluation of the block grant which will generate important learning about this funding approach.

Areas for improvement and reflection:

- Despite the planned joint evaluation, there is a lack of funding designated to *sharing* learning that emerges at the regional and global level.
- The two-year period may be too short to achieve or measure many important outcomes, including social norms change.

Good Practices

Ability to use CERF as catalytic. As with the UFE, interviewees were asked about whether they perceived the block grant to be a catalyst in accessing additional funding. Although it was too early to tell for most, one country felt that they were already able to get another million dollars thanks to the CERF block grant funding.

Any CERF allocation, irrespective of the recipient, provides incredible value in terms of articulating a rationale for why a certain country needs to be prioritized, so it creates the basis for the team to drive additional resources from bilateral donors. It automatically makes it easier for us to raise additional money. It gives credibility to a funding appeal. Also, the funding has signaled to government this is an important issue. UN Head of Agency KII, Block Grant

Support to gender transformative programming. UN agencies reportedly worked with CERF to define what it would mean to work towards gender-transformative programming, which is critical to addressing the drivers of GBV. This is a considerable leap forward in proactively building a protective environment-- one in which emergency response interventions are aligned with longer-term goals of gender equality.

With CERF, we really tried to underscore we're looking at gender transformative approaches to this, and we sort of tried to define what that was. And I think that was welcomed by the secretariat ... even though in terms of the impact and the two years, obviously that's difficult to show. We were glad that they were really receptive to that, within the CERF criteria. UN KII, Block Grant

Social norms, women's organizations, intersectionality. AND we get to do it in a global way. NOT XX only working in one country. UNFPA and UN Women working together. Collectively monitoring projects on shared indicators to create change on some of these...UN KII, Block Grant

Multi-country learning. A considerable value of this project is its multi-country nature and the unique opportunity for countries to apply global guidance across multiple settings and share

learning with one another. It also offers opportunities for UNFPA and UN Women at headquarters to facilitate learning as part of their monitoring. For example, UNFPA is investing considerable energy in mapping investments across all the project countries that could be of great benefit to the wider GBV community. Similarly, UN Women will produce specific learning through a review of working with local women's organizations.

Joint evaluation and regular monitoring. Aside from these investments by UNFPA and UN Women, CERF has funded a joint evaluation for the two agencies as part of the project as well as two interim reviews and is facilitating two interim updates at the 9 and 18-month mark; quarterly outcome indicator reports; and the final report. Support to the joint evaluation is particularly novel for CERF and presents a unique opportunity to generate valuable learning about undertaking this type of multi-country project.

Lessons Learned

Need funding for shared learning. Despite the value of a joint evaluation, it is not likely (or intended) to produce significant learning related to the design and implementation of specific types of GBV programs or interventions. Moreover, while the monitoring process may be helpful for flagging issues in implementation for CERF and UNFPA and UN Women, this is not equal to the process of generating opportunities for shared learning across countries, and from global experts to countries, or from countries to the global community.

Although, as mentioned above, UNFPA and UN Women are already making investments to generate learning through headquarters activities, and CERF and country offices also have monitoring systems in place, there is significant room for further learning and exchange that this unprecedented grant presents.

What is important about this project is the multi-country nature. If we link to localization discussion, or cash and voucher assistance—[the project] provides the opportunity to link to global thinking around these areas. Whether localization, or participation, accountability for affected populations, gender transformative cash and voucher assistance—links global to local AND the other way around. Because how does the learning ... feed back into the global discourse? And this is where the global component of the project is really critical. Does it enable us to have a community of practice? UN KII, Block Grant

You know it's not only CERF that's leading the process as often happens with CERF allocations, but that it engages UNFPA and UN Women to make decisions. But then also, like if it's that kind of global project in which UNFPA and UN Women are so engaged with throughout, then use this as an opportunity for the GBV field to accelerate its learning by doing more to kind of facilitate the shared learning across the countries. UN KII, Block Grant

Cannot expect a result around social norms change in two years. Several key informants noted it is important to be sober about illustrating substantial changes in social norms related to GBV in two years. Rather, the project may show progress towards impact. CERF has reiterated that this is the idea behind a social norms indicator: to register progress, as "proof of concept" for future, longer-term investments in GBV outcomes from the wider donor community. It is important that this expectation is clarified in the run-up to the evaluation.

A related concern is that evaluating a project after two years, especially of this scope, may not be the ideal vehicle for showcasing good practices. One key informant argued that if CERF, UNFPA and UN Women are interested in trying to illustrate the benefits of the grant, rather than relying solely

on a project evaluation, it may be useful to build out aspects of the reporting requirements now, with more strategic information gathering focusing on project value-add (as similarly noted for the UFE). Other key informants also noted the importance of building out reporting processes to make them more detailed—suggesting that this could happen either at the agency level, with UNFPA and UN Women, or be mandated by CERF through increased reporting requirements. Some of the areas for ‘added value’ tracking have been mentioned previously in reference to the UFE, such as increases in geographic coverage; increased financing to GBV; institutional strengthening or some other measurement related to substantive engagement of women’s organizations; etc.

Improving the indicators to align with global good practice. In part because of challenges linked to aligning with CERF life-saving criteria and CERF submission requirements, there were issues in the development of shared indicators. As a result, the initial efforts to design a shared approach to indicators stalled. Key informants recognized that more time would have allowed for greater alignment. The service-delivery indicators from UN Women and UNFPA do not align, making it difficult to do joint monitoring on service delivery components. UN Women was committed to aligning their indicators to those used by their country offices. However, their service-delivery indicators focus on number of survivors who received services, which in humanitarian systems is not a recommended approach for a variety of reasons, including safety around reporting.¹⁶

4.2.4. Specific Findings Regarding Issues of Engaging Local Women’s Organizations

Box 8. Summary of Findings Regarding the Engagement of Local Women’s Organizations.

What worked well:

- Setting a benchmark for funding directed towards local women’s organizations represent a major step forward.

Areas for improvement and reflection:

- Quick turnaround requests by agencies of their country-level counterparts, as well as funding restrictions, limited the engagement with local actors, especially those without established relationships with country offices.

Good practices

Linking with local women’s organizations. Virtually all the interviewees noted the value of engaging with more local women’s organizations, and hailed CERF for taking a major step forward by setting a benchmark in the investment. Although it was early stages in the grant, it was felt that the impact of this benchmark would be significant.

¹⁶ The IASC GBV Guidelines, for example, state that, “For a number of safety, ethical and practical reasons, these Guidelines do not recommend using the number of reported cases (either increase or decrease) as an indicator of success.” (p 44) As well, the GBVIMS underscores the importance of not sharing numbers of cases in collective reporting. UNFPA’s Guidance Note for UNFPA Country Representatives on UNFPA’s Leadership on GBV in Emergencies (2021) also advises to “avoid reporting on the number of GBV survivors in humanitarian settings.... Instead, reporting may focus on service coverage, service points equipped with UNFPA supplies to provide life-saving care or the estimated number of displaced women and girls because they are all at elevated risk of GBV.”

I can't tell you how important this funding is to the women we are working with. These women were really excited and grateful...they said this is the most important thing that could have happened to them. NGO KII, Block Grant

Telling UN Women and UNFPA that 30 per cent has to go to women's organizations...it is good. I think this was a pushing factor and it was very positive...even if I can tell you, it was very difficult. UN KII, Block Grant

This increase to women's organizations is going to increase other donors' funding to women's organizations, it will open up a new window and sets the groundwork for other donors to invest. UN KII, Block Grant

Challenges

Tight turnaround on proposals limiting participatory engagement of local women. As already noted above, even though CERF felt they were flexible with extending deadlines and allowing for a significantly longer proposal finalization period than usual, agencies understood they were expected to complete proposals before the end of the year. The tight turnaround required by the agencies of their country offices created significant challenges in promoting participation of local actors in establishing priorities and drafting proposals.

Especially in order to make room for improvement in terms of participation of women. We should have sat down and written the projects together. Women were not working during that time (close to the holidays) and we couldn't expect them to. UN KII, Block Grant

Inability to engage many new local partners. Even though CERF and the agencies placed a premium on working with women-led and women's rights organizations, the rapid turnaround time expected by the agencies of the country offices to finalize the proposals before the end of the year made it extremely difficult for country offices to identify new partners to include in the proposals. This includes challenges related to ensuring the partners meet agency requirements to become an implementing partner and be eligible for OCHA funding. One strategy fielded to CERF in planning discussions was for UN agencies to work with women's organizations within the first six months of the funding period to build their capacity in order to make them eligible to become implementing partners; however, this was not viable because of the restrictions around CERF funding related to building out management capacity (although capacity building related to operational deliverables—GBV prevention and response—was supported in this grant through 'refresher training'), as well as concerns of the CERF secretariat about the implications of delaying operational programming for six months on the safety and well-being of women and girl survivors and those at risk.

In principle, UNFPA and UN Women could support building out management capacity through their own funds but being able to generate funds in resource-poor environments for new projects and with new partners in a short turnaround period is not likely. The obvious solution was for agencies to work with existing partners, reducing the potential impact of the benchmark.

You have two years and I think the expectations that OCHA has is that we're going to see this huge transformation and, you know that this huge amount of money is supposed to go to women-led organizations. But, there was not flexibility...you're not allowed to train [in management capacity], for example. But if you're working with women-led organizations where you're giving them a certain amount of funding and you want that to become sustainable, then there needs to be some kind of capacity building or training or whatever you call it. UN KII, Block Grant

CERF has to change with the times to support capacity building...what is OCHA's role in localization? UN KII, Block Grant

5. CONCLUSIONS

General Conclusions on Specialized Grants

1. Earmarked allocations were perceived by almost all interviewees as very positive, and something that should be continued by CERF, with each type of allocation considered to have its own particular value.
2. Support for GBV through modalities such as the UFE are important *first steps* in signaling to the humanitarian system and other donors the criticality of attention to GBV, but the more flexible funding through multi-year grants is especially valuable for ensuring CERF investments can contribute to strengthening GBV prevention and response programming.
3. For GBV funding through the UFE countries, there was no specific determination of GBV need; instead, the GBV allocation was an additional (relatively small) amount added to the much larger UFE envelope. As previously noted, this extra money was appreciated by interviewees in all countries. However, it is not clear that these UFE countries were those in greatest need of GBV funding. To ensure future earmarks for GBV reach countries with significant comparative need, it may be useful to include measures specifically related to GBV issues—either added to the metrics that determine UFE funding, or as stand-alone measures to be applied when specific funds are available for GBV. Some metrics were developed for the block grant that might be applicable to future earmarked allocations, such as extent of GBV; level of funding compared to request; availability of a GBV coordinator; capacity to absorb the funding; etc.
4. An alternative to funding through the UFE is providing earmarked funding for GBV in new emergencies, considering how persistently challenging it is to access funding for GBV programming at the onset of new emergencies.
5. There was a preference among some key informants for CERF not to signal a specific amount to GBV but rather make it clear that an amount is expected—leaving the decision about the amount in the hands of HC and HCT, with explicit input from GBV technical advisors. This preference links in part to concerns that setting an earmark may be interpreted as a cap rather than floor for GBV funding—despite all CERF, OCHA and agency efforts to communicate otherwise.
6. In fact, the ERC did not signal a specific amount for GBV with the initial steers. The amount earmarked for GBV in the UFE was an additional action to further improve GBV investment—which seems to have been the case as it appears that some countries did top up the GBV envelope, resulting in total investments in GBV specialist programming that were more than double the initial \$5.5 million earmark. Not establishing any sort of expectation or guidance for earmarking risks a regression to typically low levels of funding for GBV.
7. A compromise might be that CERF require funds be earmarked for GBV, but offer several options from which country offices might determine or rationalize the amount—for example, by setting a percentage at which GBV should be funded compared to funding for the overall HRP; by reviewing the level of gaps in life-saving services in the setting and setting funding expectations based on those gaps; by looking at the overall trends in funding for GBV to identify significant shortfalls from the previous year and base funding on these shortfalls; etc. Providing some suggestions about how to analyze need for GBV funding at the country level might have the added value of engaging the RC/HC and HCT in discussions of GBV funding deficits.

Conclusions Related to Processes for Administering Grants

8. CERF engagement (guidance, webinars, etc.) with country offices regarding the UFE was very useful in terms of raising GBV as an issue of importance, as well as clarifying proposal processes and the life-saving criteria. Including GBV technical advisors in this process, as well as the OCHA Gender Advisor, was also considered very useful.
9. However, and despite explicit guidance provided by CERF about the importance of consultation between GBV technical specialists, RC/HCs and HCTs related to the allocation of the grant, in several cases decisions were made about the initial agency disbursement without this consultation, which was felt by some to have resulted in inefficient or inappropriate allocations.
10. This includes concerns that the distribution of funds in some settings was not appropriate to the costs of activities being variously implemented by different agencies. Guidance related to estimating costs for different types of GBV programming (e.g., medical care for rape as compared to community sensitization) have not been developed for GBV Subclusters but could be an important tool for ensuring funds disbursement is better linked to types of programming to be delivered.
11. For the UFE, where one agency received the funding, the process seemed to be more straightforward and streamlined. Given the nature of the block grant, country-level issues around the allocation did not arise; in fact, the process was perceived to be generally quite positive between CERF and the UN agencies, as well as between UN agency headquarters and country offices.¹⁷ However, there was limited time during the proposal drafting for engagement with the larger GBV community in decision making about priorities for funding.
12. Because of the short turnaround time from UNFPA and UN Women headquarters to the country offices, the initial planning phase of the block grant did not maximize coordination between UNFPA, UN Women and GBV Subcluster members at the country level in all countries receiving the grant. Putting in place strategies for coordination and complementarity is happening in some settings now but could be facilitated more.
13. Engaging REGAs or other GBV technical experts in proposal review for the UFE assisted with ensuring projects were not duplicative and aligned with life-saving criteria as well as best practices globally, such as prioritizing case management as the first level of essential services.

Conclusions Related to Types of Programs the Allocations Support

14. The recent adaptations to the life-saving criteria are widely felt to be very positive. CERF's further flexibility in the block grant regarding the application of the life-saving criteria to programming (as well as the extended time frame for the funding), has allowed CERF funding to better meet the needs as they have been identified by the technical experts on the ground.
15. While there was widespread agreement that the earmarked funding in the UFE should be prioritized for GBV specialized prevention and response programming, key informants suggested that there were limited risk mitigation activities undertaken with the additional UFE funds—despite ERC advocacy on steers and increased efforts at monitoring GBV mainstreaming efforts through revised reporting templates. A review of the CERF UFE

¹⁷ As noted previously, agencies other than those who received the grant were not among the key informants interviewed in the block grant countries so it is not possible to know their perceptions about targeting the grant to the two agencies.

funding to risk mitigation seems to confirm the limited CERF funding being used for GBV risk mitigation.

Conclusions Related to the Impact of the Grants

16. Although concerns were expressed by a couple of interviewees that earmarking could reduce overall funding to GBV, there is no immediate evidence that CERF GBV-specific funding resulted in reduced funding from other sources (or even from other CERF grants) in the same year in which the GBV-specific allocation was received. In fact, as noted previously, some countries topped up the original earmark. CERF GBV-specific allocations have also catalyzed funding from other donors.
17. CERF reporting on the UFE is fairly light-touch, which on the one hand is appreciated insofar as it does not create undue burden on grant recipients. At the same time, this approach does not tend to generate information about efficacy or value of investments. It may benefit CERF (and the wider donor community) to develop within the CERF reporting a limited number of specific indicators or data points (maximum 3?) aimed at capturing efficacy or value-add of GBV investments for projects in which addressing GBV is the main outcome. This could include data points on issues such as the improved geographic reach of programming; the improved availability of GBV services; and/or the extent to which CERF-funded projects are sustained with follow-on funding. At the same time, the GBV community has a responsibility to ensure their own monitoring of programming and funding.
18. Where CERF focal points are trained and available at the country level to support report preparation, information is often more substantial and consistent, suggesting that there may be value in CERF providing specific training to CERF focal points to facilitate reporting if there is an effort to build out several indicators or data points related to value for investment in GBV programs.
19. With the block grant, the accelerated efforts at monitoring through regular reporting on joint indicators, regular reviews and the joint evaluation represent very positive elements to the block grant process. Within these processes, there is an opportunity for CERF to build in joint monitoring strategies for UNFPA and UN Women at the country level that would facilitate agency collaboration. Building out joint monitoring may be an opportunity to reconsider the indicators focused on survivor numbers to revise them to align with best practice.
20. Also, with the block grant, the rarity of being able to run GBV projects with similar objectives across multiple countries and with shared oversight—and the programmatic learning opportunities this creates—cannot be overstated. While the learning that CERF is promoting through its existing monitoring strategies is valuable, it will not explicitly link all the countries to share program knowledge, nor will it link global actors with local learning and *vice versa*. UNFPA and UN Women are taking some steps to facilitate this, but it would be useful to consider additional strategies for shared learning.

Conclusions Related to Engagement of Local Women's Organizations

21. The specific requirement of 30 percent of funding being passed on to women-led organizations as implementing partners for the block grant was considered by many to be innovative and motivating and should be considered (to some extent) for all GBV-specific allocations.
22. However, the ability to identify and partner with new organizations is a challenge given CERF timeframes. The short turnaround time for both the UFE and block grant meant that agencies did not have time to identify, assess and contract new women's organizations

23. Preparation through stakeholder mapping and other work is required by the UN agencies to enable more women-led organizations to participate in decision-making about funds, as well as in the receipt of funds. In addition, for GBV-specific allocations as substantial as the block grant, it may be beneficial to ensure a longer time period between announcing the grant to the agencies and requesting proposal submission.
24. The fact that the life-saving criteria limit management capacity building of women's organizations presents additional challenges in recruiting new women's organizations.

6. RECOMMENDATIONS

Recommendations for CERF

In the short term:

General Recommendations

1. Continue with GBV-specific allocations as good practice in increasing attention to and funding for GBV in emergencies. This may be through the GBV envelope within the UFE mechanism, through other GBV-specific allocations to countries; or through larger agency allocations such as the block grant.
2. In countries where an earmark for GBV is introduced, consider ensuring that the earmark is repeated for 2-3 years in line with good donor practice for addressing GBV in emergencies.
3. Regardless of whether an allocation is earmarked for GBV, conduct regular and ongoing advocacy with country offices about the importance of using CERF funds for GBV specialized programming as well as risk mitigation across all areas of humanitarian response through webinars, tip sheets and other forms of explicit guidance.
4. In the context of CERF's role as a vehicle for RC/HC empowerment, and as part of communications with the RC/HC, continue to reinforce the value of RC/HCs and HCTs engaging with the GBV sub-cluster lead in decision making around disbursements of GBV-specified CERF funding. Work with the OCHA Gender Unit to develop strategies to ensure RC/HCs and other humanitarian leadership participate in the CERF webinars related to GBV allocations, such as asking them to speak in the webinars. Also encourage the CERF focal points in country to link to the GBV lead agency from the start of discussion about the funds.
5. Separate from the webinars about GBV allocations, develop a training package and collaborate with the OCHA Gender Advisor and Gender Unit, GBV AoR and REGAs to provide brief country-level training on the revised (2020) life-saving criteria. Use this as an additional opportunity to bring together at the country level the CERF Focal Points, RC/HCs and GBV Coordinators, producing a secondary benefit of enhanced communication across these key actors.

For the Block Grant:

6. Institute a requirement for joint monitoring and develop a mechanism for reporting on it, so that UNFPA and UN Women in each country where they are receiving the block grant are actively engaged in ensuring complementarity. Use this opportunity to review the indicators focused on numbers of survivors to revise them to align with best practices in monitoring and reporting on GBV programming.
7. Consider with UNFPA and UN Women how to build in two to three additional opportunities (beyond the evaluation) to capitalize on the unique shared learning that the block grant provides, such as through supporting conferences, learning papers, and other outcomes that focus on program design and implementation to a level that project reporting, interim review and even the evaluation will not generate.

In the mid-term:

8. Consider developing core criteria for the GBV-specific allocations so that determinations by the CERF secretariat of where to release earmarked funds for GBV are aligned with and based on standard measures for assessing comparative GBV need, such as information about the scope of the problem; level of GBV underfunding, including at the onset of new emergencies; analysis of gaps in life-saving services; etc.
9. Similarly consider providing guidance to the RC/HC and HCT about how to analyze need for GBV funding at the country level, particularly for those settings where there may not be a GBV-specific allocation, but where CERF is advocating to ensure greater attention to GBV in CERF proposals. As noted previously, this guidance might include recommendations for the level at which GBV should be funded compared to, for example, funding for the overall HRP; the level of gaps in life-saving services in the setting; significant shortfalls from the previous year; etc. Providing suggestions about how to analyze need for GBV funding at the country level would have the added value of engaging the RC/HC and HCT in discussions of GBV funding deficits.
10. Develop further GBV capacity within the CERF secretariat through training staff or through specific recruitment of a GBV specialist, or link to members of the Gender Contact Group to review proposals when there is a specific steer for GBV. Alternatively, work with the GBV AoR to designate this as a responsibility of the GBV Coordinator at the country level to establish a clear process for proposal review prior to submission to the CERF secretariat.
11. Undertake a review of CERF reporting templates and consider strategic ways in which CERF can add a few elements to improve information about value for investment, as well as to collect information about sustainability of GBV investments. As part of building out this additional reporting on GBV, support country-level CERF focal points on facilitating reporting on GBV projects.
12. Consider strategies for how CERF can continue to promote GBV risk mitigation as an integral responsibility for sectors receiving CERF funding.

In support of engagement of local women's organizations:

13. As is relevant and possible within the grant modality (e.g., UFE, rapid response, block grant), continue to require a percentage of funding being passed on to women-led organizations as implementing partners as part of CERF funding to GBV programming.
14. Continue to be flexible with CERF requirements to improve capacity to engage local women's organizations. Consider holding an internal think about how to further promote the goal of greater inclusion of women's organizations in CERF funding, with attention to supporting management capacity of women's organizations, as well as livelihoods programming.
15. Ensure that one of the global shared learning activities under the block grant focuses on engagement of local women's organizations.

Recommendations for the GBV AoR and Wider GBV Community

1. Promote GBV Coordinators' capacity and ensure adequate resources to conduct stakeholder mapping so that countries develop and regularly update a roster of women's organizations that can be included in projects. Also establish an expectation that GBV Subclusters have project proposals on standby for CERF.
2. As part of donor advocacy, undertake monitoring through the GBV Subcluster of projects receiving CERF funding to determine follow on funding, and as necessary develop a strategy for engaging with donors to ensure sustainability of programs.
3. Consider developing guidance through the GBV AoR Helpdesk about how GBV agencies and implementing partners can manage the particular challenges linked to generating follow on funding in the case of short-term, one-off allocations such as the GBV-specified UFE allocation. Include in this guidance examples of good practices where the RC/HC is an ally in efforts to access further funding.
4. Launch a review through the GBV AoR Helpdesk about costing GBV interventions to use as a reference point for funding different types of programming, including through CERF.

ANNEX 1. Terms of Reference for the Review

Terms of Reference: Consultancy – OCHA Pooled Fund Management Branch support to Gender and GBV programming

Background

CERF and CBPFs can play an important role in promoting gender equality, including responding to gender-based violence (GBV). In recent years, these issues have received increasing attention across OCHA's pooled funds. In February 2019, the ERC identified four priority areas that are often underfunded and lack appropriate consideration and visibility when funding is allocated to humanitarian action. One of the priority areas is support for women and girls, including tackling gender-based violence (GBV), reproductive health and women's empowerment.

Both kinds of funds have made significant progress in strengthening the gender dimension of their work. For example, the use of the Gender and Age Marker (GAM) in funding applications is now mandatory and the participation of Gender Advisors or other experts in project reviews in country is encouraged. The pooled funds have also tracked action through sex and age disaggregated data (SADD). CERF has recently revised its templates and processes to ensure that Humanitarian Country Teams (HCTs) and agencies explain at strategic and project levels how gender has been considered in funding applications.

Similarly, in line with OCHA's commitment to the Call to Action on Protection from GBV in Emergencies, a mandatory GBV self-assessment has been instituted for all CERF-funded projects since 2015. CBPFs have not yet made arrangements conducive to robust tracking of GBV components in CBPF projects and related funding, instead relying on manual aggregation of rudimentary and approximated data which may over or understate the real contribution. This is currently being looked at carefully.

Challenges, however, remain. For example, for both pooled funds the available data and analysis is based on the GAM for each project which is self-assessed by implementing partners with little independent verification, limiting objectivity and potentially overstating the contribution in some instances. In addition to GAM-based analysis, the other metric currently available is the number of women and girls reached. A more robust approach to measuring achievements is required that better evidences gender equality outcomes.

Objectives, Users and Scope

Under the overall supervision of the Head of CERF's Performance and Accountability Unit and in close coordination with the wider Pooled Fund Management Branch, Gender Unit, and other relevant parts of OCHA, the consultant will:

- (vii) Review approaches employed by the CERF to complement mainstreaming through targeted allocations in support of gender and GBV programming, such as:
 - Recent underfunded emergencies (UFE) round featuring country-driven allocations to GBV, and

- Block grant approach currently being developed for the use of allocations to UNFPA and UN-Women.
- (viii) Review initiatives by CERF to strengthen gender and GBV programming and mainstreaming, including templates, guidance, webinars and training
- (ix) Seek to determine whether – and to what extent — these allocation strategies have catalysed gender and GBV programming as well as initial lessons learned on the potential advantages and disadvantage of these approaches. The review will also identify potential opportunities for improving either modality should they be replicated in the future and may also propose alternative approaches for strengthening GBV programming in CERF funded humanitarian response.

The review will make references to Country-based Pooled Funds as relevant and explore complementarity between the two Funds as appropriate. It is expected that this review would be underpinned by a largely qualitative approach utilizing, for example, documents review and key informant interview. This can be supplemented by a quantitative analysis of CERF funding data.

The intended users of the review are the staff of PFMB, the Emergency Relief Coordinator, the CERF Advisory Group as well as Pooled Fund Working Group, other donors, and OCHA offices, country teams and Resident and Humanitarian Coordinators. PFMB will use the lessons generated by the review to improve its support to gender and GBV-related programming and provision of guidance to the field. The final report will be published on the OCHA website.

Result of service

The consultant will be responsible for the following deliverables:

- Inception report
 - A short (5 to 10-page) inception report will present the review framework, including review questions and the methodology to answer them, and a proposed workplan including a list of planned interviewees.
- Review report
 - The main deliverable, the review report (maximum 25pages excluding annexes). Recommendations must logically follow from the findings and conclusions of the review.
- Presentation
 - A presentation (both a slide deck and a meeting) to present the main findings and recommendations of the review
- Summary
 - A 1 or 2-page summary of the review report to present the main findings and recommendations. The summary should be visually appealing so that it can be shared with any stakeholders interested in the review

Required Skills

- ❖ Proven ability to conduct in-depth research on gender and humanitarian action.
- ❖ Ability to formulate advice and guidance on gender programming in humanitarian action.

- ❖ Strong writing skills, including ability to communicate technical information to non-expert audience.

Qualifications & Experience Required

- ❖ **Academic Qualifications:** Advanced university degree (Master's degree or equivalent) in international affairs, international development, development economic, public policy or related field. A first-level university degree in combination with qualifying experience may be accepted in lieu of the advanced university degree.
- ❖ **Work experience:** A minimum of seven years of progressively responsible experience in gender in humanitarian action and/or international development is required. Experience drafting evaluation report and/or guidance is required. Knowledge of humanitarian pooled funds is desirable.
- ❖ **Language:** Fluency in English is a requirement. Knowledge of other official UN languages is considered a significant advantage.

Duration

40 working days over a four-month period.

Selection criteria

- ❖ Extent and relevance of work experience.
- ❖ Extent and relevance of experience in evaluation and guidance development.
- ❖ Demonstrated understanding of gender in humanitarian programming.
- ❖ Experience in humanitarian financing.

ANNEX 2. Overview of UFE GBV Envelope

Through the CERF UFE window, the ERC allocates financial support for life-saving activities in the least-funded and forgotten humanitarian emergencies once or twice a year. The ERC’s country selection is based on quantitative data analysis on funding and humanitarian needs, risk and vulnerability, and qualitative, contextual information collected from consultations with UN agency and OCHA headquarters, NGOs and other public source documents. UFE grants support essential underfunded humanitarian activities, and partners are expected to leverage the CERF allocations for mobilizing other resources to complement the CERF funding. Once an allocation has been granted by the ERC to a country the country-application is based on a field-driven process that gives the RC/HC overall authority to determine priority activities for funding before submitting a consolidated funding request to the ERC. Consultations in-country with the Humanitarian Country Team (HCT) and inter-cluster coordination mechanism, if present, are key to identifying needs and priorities for CERF funding.

As noted above, in the second UFE allocation of 2020, CERF designated a ‘GBV envelope’ — requesting that a specific *minimum* amount of the CERF UFE funding be designated to GBV. Countries that received an allocation under the UFE round are indicated in Box 1, below. In the case of Yemen, it was agreed that the allocation would address wider public health issues in line with a health strategy developed by the health cluster, which would be geared toward assisting women and girls but was also in line with other priorities identified by the HCT. As such, there was no separate earmarked GBV envelope in Yemen.

Box 1: CERF 2nd UFE Allocation 2020

Country	Regular	Additional GBV	TOTAL
Yemen	\$35.0M	\$.0M	\$35M
Nigeria	\$12.0M	\$1.0M	\$13M
Afghanistan	\$12.0M	\$1.0M	\$13M
Mozambique	\$6.5M	\$.5M	\$7M
Burkina Faso	\$5.5M	\$.5M	\$6M
Pakistan	\$5.5M	\$.5M	\$6M
Haiti	\$4.5M	\$.5M	\$5M
Colombia	\$4.5M	\$.5M	\$5M
Burundi	\$4.5M	\$.5M	\$5M
Uganda	\$4.5M	\$.5M	\$5M
TOTAL	\$94.5M	\$5.5M	\$100M

CERF assisted countries to understand the special allocation by conducting webinars for targeted countries whose facilitators included the OCHA gender advisor as well as Global, Regional and National GBV specialists from UNFPA and the Regional Emergency GBV Advisors (REGAs). CERF also shared several tools with the UFE countries, including a guidance note with the contacts of relevant GBV experts and checklists to support teams drafting GBV proposals. The materials and training conducted were careful to emphasize that that the earmarked amount of funding for GBV was not a cap, but rather ‘a **minimum amount**’ of funding that should be allocated to address GBV.

CERF guidance materials encouraged GBV actors to advocate for more funding for GBV, and for GBV to be integrated across all sectors of humanitarian response. The guidance linked to the CERF life-saving criteria¹⁸ as the reference for proposed interventions, and provided an illustrative menu of GBV programming options. It also underscored the importance of prioritizing the needs of women and girls and consulting women-

¹⁸ The link was to the 2010 criteria; however, the criteria were recently updated to include greater reference to GBV, in terms of highlighting the criticality of mainstreaming GBV across humanitarian response, as well as including GBV prevention as a life-saving activity. Participants in webinars were informed of the updated criteria and informed they could reference the updated criteria for their proposals. See <https://reliefweb.int/sites/reliefweb.int/files/resources/Central%20Emergency%20Response%20Fund%20Life-Saving%20Criteria.pdf>

focused organizations in designing proposals. The materials further reinforced the importance of several other key good practices, including,

- Referring to available assessments;
- Engaging with the HC/RC and HCT to emphasize a collective approach to addressing GBV and to ensure the centrality of protection;
- Ensuring links to the HRP and GHRP, as well as the GBV Sub-cluster response needs and priorities;
- Working with clusters and groups to support a comprehensive response (e.g. health; MHPSS);
- Consulting with GBV specialists, including the REGA, for technical support.

ANNEX 3. Overview of the GBV Block Grant

In November 2020, in response to the concerning rise in GBV due to the COVID-19 pandemic and related measures, the ERC made an announcement during the 16 Days of Activism Against Violence Against Women of his intention to release \$25 million through CERF to UNFPA and UN Women to support GBV programming in humanitarian response, and with a specific focus on supporting local women-led and women's rights organizations working on GBV. UNFPA was designated \$17 million, and UN Women \$8 million, to be implemented over a 24-month period—unusual for a CERF grant. The agencies were allowed to prioritize their own countries, following general guidance from CERF that the selection must be drawn from HRP countries as well as Bangladesh, DPRK and Mozambique, with emphasis on countries where humanitarian needs were most acute. CERF recommended that UNFPA select 8-10 countries, and UNFPA select 4-6 countries, preferable overlapping to allow joint-up country-level work by the two agencies. The minimum suggested target was \$1 million for each project for UN Women, and \$2 million for UNFPA.

All humanitarian sector interventions with GBV outcomes —not only GBV specialist interventions— were eligible for consideration in the project proposals. CERF specified that at least 30 per cent of the funding should support women-led and women's rights organizations working on GBV issues, meaning that UNFPA should transfer at least \$5.1 million to women-led and women's rights organizations working on GBV, and UN Women \$2.4 million.

UNFPA selected Bangladesh, Cameroon, Colombia, Ethiopia, Iraq, Mali, Myanmar, Occupied Palestinian Territory, Somalia, Sudan, and Venezuela. UN Women selected Bangladesh, Cameroon, Colombia, Ethiopia, Myanmar, and Occupied Palestinian Territory.¹⁹ This means that all five countries selected by UN Women are shared by UNFPA, with UNFPA covering an additional six countries. In the shared countries, CERF and agency guidance on the block grant encouraged UNFPA and UN Women to work together to illustrate complementarity. The guidance also emphasized the importance of consulting with the GBV Subclusters in the selected countries, as well as the HC/RC and HCTs during planning.

UNFPA and UN Women worked with CERF to establish outcome indicators that they shared with selected countries to define the general commitments of the two agencies. These defined outcomes are intended to enable the implementing agencies and CERF to observe the impact of the allocation throughout the implementation period. Notably, this is among the first CERF allocations that has pursued outcome measurement and reporting (as standard CERF allocations mostly report on outputs rather than outcomes). Both agencies committed to working on social norms interventions, as well supporting the leadership and capacity of women-led and women's rights organizations. UN Women is further monitoring the number of survivors who have access to specific types of GBV response services, and prevention and risk reduction interventions (e.g., livelihoods and cash transfers). UNFPA is monitoring accessibility and quality of GBV services provided.

The timeline for completing project proposals was November to February, and funds were disbursed on 17 February. At the time of the key informant interviews (May-July), projects were in the early stages of implementation. As such, the focus of discussions for the review was often on the initial processes related to delivery of the grant. However, as is captured in the findings of this report, many interviewees had additional reflections on other areas of research related to the types of

¹⁹ Criteria for country selection was wide-ranging, and included issues such as whether the country was Tier 1 (humanitarian priority); scope of IPV in the country; indications of decline in GBV (and SRH) services linked to COVID-19; previous CERF allocations; current funding status compared to requests; existence of a GBV coordinator; existence of implementing partners and their access to funding; and whether it was country in which both UNFPA and UN Women worked.

programming the grant supported, as well as the potential impact of this type of block grant and the focus on working with women-led and women’s rights organizations—a key objective of the allocation. All of these reflections should be understood as preliminary, with the expectation that learning will evolve throughout implementation of the block grant—which will be captured in much greater detail in the evaluation planned by the two agencies for the end of the grant period.

ANNEX 4. Inception Report Interviews

Trond Jensen	OCHA	Head of Office Nigeria	Nigeria
Claudia Rodriguez Burrel	OCHA	Head of Office Colombia	Colombia
Kristen Knutson	OCHA	Head of Office Burkina Faso	Burkina Faso
Funmi Balogun	UNWOMEN	Head, HNCA	Global GBV block grant
Maria Karadenizli	UNWOMEN	Humanitarian Affairs Specialist	Global GBV block grant
David Coffey	UNWOMEN	CERF agency focal point	Global GBV block grant
Francoise Ghorayeb	UNFPA	Senior Adviser - Data in Emergencies	Global GBV block grant
Maryline Py	UNFPA	CERF agency focal point	Global GBV block grant
David Hartstone	OCHA	CERF Humanitarian Affairs Officer	Review Manager
Alice Armani Sequi	OCHA	Head Pooled Fund Management Branch	Head of Review
Nico Rost	OCHA	CERF Rapid Response Lead	Advisory Team
Stefan Gherman	OCHA	CERF Block Grant Lead	Advisory Team
April Pham	OCHA	Global Gender Advisor	Advisory Team
Toni-Anne Vinell Stewart	OCHA	Gender Unit	Advisory Team
Michael Jensen	OCHA	Chief, CERF secretariat	Advisory Team
David Throp	OCHA	Country-based Pooled Funds Manager	Advisory Team
		Head, CERF Performance and	
Mads Frandsen	OCHA	Accountability Unit	Advisory Team
Robert Gaylard	OCHA	CERF UFE Lead	Advisory Team

ANNEX 5. Summary of Countries and Interview Targets

UFE GBV Envelope List of Countries and Key Informants	
Countries	Key Informants
<ul style="list-style-type: none"> • Nigeria • Burkina Faso • Uganda • Yemen • Pakistan • Colombia 	<ul style="list-style-type: none"> • OCHA Head of Office • CERF Focal Point • UNFPA Head of Office • (Other UN Agency Funding Recipients) • UNFPA GBV Coordination Lead • 2-3 GBV Implementing Partners (Local and International) who received funding • Non-GBV specialist cluster coordinators and/or implementing partners in relevant countries
GBV Block Grant List of Countries and Key Informants	
Countries	Key Informants
<ul style="list-style-type: none"> • Sudan (UNFPA only) • Ethiopia • Iraq (UNFPA only) • Colombia 	<ul style="list-style-type: none"> • OCHA Head of Office • UNFPA Head of Office • UN Women Head of Office • UNFPA GBV Coordination Lead • UN Women Gender Working Group Lead (if applicable) • 2 GBV Implementing Partners per agency (Local and International) who received funding

ANNEX 6. List of Interviews

Country	Agency	Name	Title
Burkina Faso (8)	OCHA	Pauline Boyer (focal point)	Head of Coordination UNIT OCHA
(UFE)	OCHA	Kristen Knutson	Head of Office OCHA
	UNFPA	Auguste Jen Marie Kpongnon	UNFPA Representative
	UNFPA	Jean Baptiste Rafiki	GBV Coordinator UNFPA
	UNFPA	Edith Ouedraogo	Assistant Rep, UNFPA
	IP	ABBAS	Elisabeth Rwanika, Country Director, Jacques Kabre, GBV Focal Point, Gabriel Osenge, Financial Admin
Colombia (11)	OCHA	Julian Watkinson (focal point)	Humanitarian Affairs Officer
(BG AND UFE)	OCHA	Claudia	Head of Office OCHA
	UN Women	Particia Fernandez Pacheco	Assistant Representative
	Un Women	Bibiana Aido Almagro	Representative UN Women
	UNFPA	Veronica Sima	Representative UNFPA
	UNFPA	Cecilia Bertolini	GBV Coordinator
	UN Women IP	Lutheran World Federation (BG)	Liliana García Larrotta, Protection Coordinator
	UN Women IP	Fundeas (BG)	Diana Salazar, Legal Representative, Olivia Vasquez
	UNFPA IP	HALU Foundation Amazonas (UFE)	
	UNFPA IP	Alianza por la Solidaridad (UFE and BG)	Buitrago?
Ethiopia (9)	OCHA	Bruna Bambini (focal point)	Humanitarian Affairs Officer OCHA
(BG)	UNFPA	Dientje van Dongen	GBV Coordinator
	UNFPA	Fanuel Debalkie	UNFPA Cerf Focal Point
	UNFPA	Diana Garde	Senior Emergency Coordinator
	UN Women	Maria Kjersem	
	UN Women	Addisalem Befekadu	Program Specialist EAW and Human Rights
	UNFPA IP	NOT OPERATIONAL YET	
	UNFPA IP	NOT OPERATIONAL YET	

	UN Women IP	Norwegian Refugee Council	Zelalem Ayichew, Humanitarian Programme Head, Tinbit Esayaszewge, GBV Programme Advisor
	UN Women IP	AWSAD	Maria Munir
Iraq (6)	UNFPA	Lionel Leforgue (focal point)	GBV Coordinator
(BG UNFPA only)	UNFPA	Rita Columbia	Representative UNFPA
	UNFPA IP	Al Messalla	Ibrahim Ismael, Director, Nawa Asi, Gender Programm Manager, Fatima Hashem, Field Coordinator
	UNFPA IP	IHAO	Hala Al Sarraf, Director
Nigeria (7)	OCHA	Vincent Omuga (focal point)	OCHA CERF Focal Point
(UFE)	OCHA	Trond Jensen	Head of Office
	UNFPA	Ulla Mueller	Representative
	UNFPA	Christian Sabum	GBV Coordinator (interim)
	UNFPA IP	Royal Heritage Foundation	Prof Olusoji, Director
	UNFPA IP	Action Health Incorporated	Dr Esiet, Director
	UNHCR	Yousef Daradkey	Protection Cluster Coordinator
Pakistan (15)	OCHA	Fatima Iqbal	CERF Focal Point
(UFE)	OCHA	Choice Ofuoma Okoro	Head of Office
	UN Women	Ayesha Wadood	Head of Sub Office Balochistan
	UN Women	Sharmeela Rasool	
	UN Women	Zainab Khan	
	UNFPA	Mahjabeen Qazi	GBV Subcluster Lead, Programme Analyst GBVIE
	UNFPA	Aneeta Aahooja	Programme Analyst Balochistan
	UNFPA	Feruzza Fazilova	
	WHO	Masooma Butt	National Professional Officer
	GoP	Tanveer Inam, Babar Alam	
	UNFPA Ips	Prime, BRSP	Ali Rehmatm Siraj Ghouri, Rabia Zakir, Ahmed Nauman
	UN Women Ips	Balochistan Rural Support Programme	Mr. Siraj Ghouri - Manager GBV Unit- BRSP and Rabia Zakir (Project Coordinator- BRSP)

Sudan (8)	OCHA	Tarig Elhassan (focal point)	Humanitarian Affairs Officer
(BG UNFPA only)	UNFPA	Massimo Diana	Representative
	UNFPA	Akiko Sakaue	GBV Coordinator
	UNFPA	Fatima Alwahaidy	Previous GBV Coordinator
	UNFPA IP	CVAW	Sulaima Ishag, General Director; Mahasin Ahab, Project Manger; Reem Mahmoud, M&E Officer
	UNFPA IP	Mutawinat	
Uganda (11+)	OCHA	Asel Abdurakhmonova	CERF Focal Point (Focal Point)
(UFE)	RCO	Tatsu Furumoto	Head of RC/HC Office
	RCO	Nasib Kaleebu	RMB Officer
	UN Women	Claire Hawkins	WPS Lead
	UN Women	Usrah Nagujja	
	UNFPA	Fiona KaiKai	GBV Working Group Co-lead, Programme Specialist GBV
	UNFPA	Osk	UNFPA CERF FP
	UNHCR	Mildred Ouma	GBV WB Co-lead and Refugee Response
	UNHRC and UNFPA IP	Lutheran World Federation	Winie Abamo
	UNHCR IP	Alight	Benard Okoth
	Un Women IP	UGANET	Doris Musinguzi, Team Leader
Yemen (8)	OCHA	Crispen Rukasha (focal point)	Deputy Head of Office
(UFE)	OCHA	Sajjad Mohammad Sajid	Head of Office
	OCHA	Yannick Martin	Humanitarian Financing Unit
	UNFPA	Nestor Owomuhangi	Representative
	UNFPA	Khawla Al-Akel	GBV Coordinator
	UNFPA	Ahmed Malah	Humanitarian Coordinator
	UNFPA IP	DEEM	Esam Ahmed
	UNFPA IP	Human Access	Akram
Global (10)	CERF	Nico Rost	Rapid Response Lead
	CERF	Teodor Stefan Gherman	Programme Officer
	CERF	Robert Gaylard	UFE Lead
	OCHA	April Pham	Gender Advisor
	Un Women	Maria Karadenizli	Humanitarian Affairs Specialist
	UN Women	David Coffey	CERF agency focal point

	UNFPA	Francoise Ghorayeb	Senior Adviser - Data in Emergencies
	UNFPA	Emily Krasnor	GBV Advisor NYC
	UNFPA	Jennifer Chase	GBV AoR Coordinator
	UNFPA	Leigh-Ashley Lipscomb	REGA Asia

ANNEX 7. Key Informant Interview Questions

Global Level Key Informant Questions

General Questions about CERF and the Allocations

1. Are targeted CERF allocations the key to improving investments in prevention of and response to GBV in humanitarian settings? If not, why not? If yes, how often should these targeted allocations occur?
2. Are these targeted allocations getting to the countries that are most in need of GBV-related funding (e.g. do the risk and vulnerability criteria sufficiently link to GBV and gender equality issues)? How were countries selected for the block grant? What were the metrics used? Did the process work? Were there issues or challenges with the process? Were global and country offices in agreement?
3. Are the targeted allocations going to the right agencies? Are they assisting the agencies in delivering on their responsibilities? Does CERF act as a facilitator or kick-start for agencies to get additional funding?
4. Has CERF provided sufficient support to in the distribution of the GBV envelope in UFE and the block grant? What has been most useful about CERF support? What additional support would be helpful?
5. How is learning being captured by relevant agencies (OCHA, UNFPA, UN Women) about the utility of CERF enhanced attention to GBV? Is the monitoring system for tracking the allocations and their impact sufficient or are there areas for improvement? What are potential additional methods for improving ability to measure the impact of CERF allocations to GBV in humanitarian settings?
6. Are there any lessons learned yet about the advantages and disadvantages to the two types of CERF targeted allocations? Is there a preference for one approach over the other? What scope is there for complementarity of these approaches? Should anything change in how either are administered?
7. Are there other potentially useful approaches that have not been utilized?

Country Level Key Informant Questions for the UFE

Process Questions:

1. How receptive were underfunded countries to the GBV envelope in the CERF allocation? Was there general support for the prioritization of GBV through this envelope? Were there those at the country level who were not supportive of the envelope for GBV?
2. Was the CERF money spent on GBV only through the envelope, or were other UFE CERF funds also used? (Did the envelope influence the amount of spending from other CERF funds?)
3. How were decisions taken at the country level about where/how the money would be spent? Was this process a successful one? Were there any ways this process could have been improved? Was there a one-agency requirement for funds distribution?
4. Were local women's organizations involved in the decision-making process?
5. How did CERF support this process? What was useful about CERF support? How could the support be improved?

6. Were any concerns expressed by the RC/HC, CERF, OCHA, HCT or GBV lead agencies at the country level (UNFPA, UNICEF and UN Women) about the allocation? What were they? How were they addressed?
7. For countries with CBPFs, was there sufficient linkage to/coordination with the CBPF process to avoid duplication/maximize funding to support women's empowerment and GBV prevention and response?
8. Is there anything in the process of funding that should be changed?

Allocation Questions:

1. Did the envelope result in an overall increase or decrease in GBV funding through CERF (as compared against previous rounds) in the UFEs? What percentage of requested funding for GBV (through the HRP) did the envelope cover (e.g., what percentage of need does the grant represent)?
2. Was money allocated to both risk mitigation and to GBV specialized programming? If yes, what percentage to each (roughly)? If no, why not?
3. In terms of specialized programming, what was the percentage of money to response, and what to prevention? (Is this captured? If yes, how?)
4. Did any of this money go to cash programming? Why or why not? (Recognizing that CERF encourages cash programming.)
5. How is the impact of the allocation being measured?

Initial Perceptions of Impact Questions:

1. Overall, were the "right" types of programs (risk mitigation, response, prevention) selected in order to generate substantive change in the safety and empowerment of women and girls? Is change primarily occurring through investments in response programming, or through prevention? Or both?
2. Is the level of funding sufficient enough to generate real change at the country level? If so, how? If not, why?
3. Are new women's organizations being brought under the funding umbrella? If so, how are they being supported? Is the support sustainable?
4. What are the challenges, opportunities and best practices for increasing the involvement of WLOs and WROs in humanitarian response, including in decision-making and implementation, in particular as it relates GBV prevention and response?
5. Does a specified 'envelop' for attention to women's empowerment and GBV contribute to the humanitarian system (e.g. HC, HCT) prioritizing these issues? If yes, how? If no, why not?
6. Will a targeted investment improve sustainability of programming?

Country Level Key Informant Questions for the Block Grant

Process Questions:

1. How receptive were the country offices (UNFPA and UN Women) to the allocation? What were any initial concerns? How were those managed?
2. How did the agency country offices (UN Women and UNFPA) coordinate and consult with the GBV Subclusters and Gender Working Groups, as well as RC/HC and HCTs in decisions about priority investments? Is there a sense of ownership by the GBV Subcluster and the Gender Working Group (where one exists) members?

3. Direct support to women's organizations is a critical condition of the grant. How did the agency country offices consult with women's organizations? Is there a sense of local engagement (of local women's organizations and other relevant actors) in the block grant distributions at country level?
4. Has the first brief update (3 months into funding) been submitted?
5. Are the agreed indicators measurable and relevant? Do they sufficiently and separately track different investments (in GBV response, GBV prevention, GBV risk mitigation, gender transformation)?

Allocation Questions:

1. Did the block grant result in an overall increase or decrease in GBV funding through CERF (as compared against previous rounds for RR and UFE)? What percentage of requested funding for GBV (through the HRP) did the grant cover (e.g., what percentage of need does the grant represent)?
2. Did the block grant result in an overall increase or decrease in funding to women's organizations through CERF?
3. In terms of GBV, was the money allocated to both risk mitigation and to GBV specialized programming? If yes, what percentage to each (roughly)? If no, why not?
4. In terms of GBV, for GBV specialized programming allocations, what was the percentage of money to response, and what to prevention? (Is this captured?) How were decisions made about investments in prevention and response?
5. Is the requirement that a certain percentage of funding go to local women's organizations achievable and effective? How were decisions made about specific local agencies to fund? How is funding to women's organizations being tracked?
6. Has the cash programming modality been useful? Why or why not? (Recognizing that CERF encourages cash programming.)

Initial Perceptions of Impact Questions:

1. Overall, were the "right" types of programs (risk mitigation, response, prevention) selected in order to generate substantive change in the safety and empowerment of women and girls? Is change primarily occurring through investments in GBV response programming, or through GBV prevention? Is the GBV prevention programming gender transformative?
2. Do these investments align with strategic objectives within the HRP and/or the GBV Subcluster strategies? What about the Gender Working Group strategies?
3. Is the level of funding sufficient enough to generate real change? If so, how? If not, why?
4. Are new women's organizations being brought under the funding umbrella? If so, how are they being supported? Are new partnerships being developed that can be sustained after the life of the grant?
5. What are the challenges, opportunities and best practices for increasing the involvement of WLOs and WROs in humanitarian response, including in decision-making and implementation, in particular as it relates GBV prevention and response?
6. In countries where there was an under-funded window in addition to the block grant, what impressions are there about the ability to spend out the money in the designated time period?
7. Is the extended implementation period useful? Is it sufficient? What is the ideal implementation period?
8. What will the needs be at the end of the grant period? Will the end of the grant leave a void, or have programs been designed for sustainability?

ANNEX 8: Block Grant Indicators

Common outcome indicators

Common outcome 1: Targeted people, through programme interventions, report changes in perceptions and attitudes towards social norms and practices that perpetuate gender-based violence and gender inequalities.

Common indicator 1: Percentage of women, men, girls and boys who report that they disagree or strongly disagree with locally relevant harmful social norms (e.g., victim-blaming attitudes, discriminatory attitudes towards survivors).

Common outcome 2: WLOs and WROs are empowered to increasingly engage in decision making and leadership in GBV response, mitigation and prevention.

Common indicator 2.1: Percentage of targeted WLOs/WROs that report increased capacity to implement GBV risk mitigation, prevention and response interventions.

Common indicator 2.2: Percentage of targeted WLOs/WROs that report increased involvement/participation in humanitarian decision-making.

Agency – specific outcome indicators

UNWOMEN

Outcome 1: Women and girls who have experienced/are experiencing GBV or are at risk of GBV benefit from provision of and access to quality, multi-sectoral GBV services, including legal aid.

Outcome indicator 1.1: Number of targeted GBV survivors (women and girls at risk) who have access to GBV information, legal advice/assistance, psychosocial support and referrals.

Outcome indicator 1.2: Number of targeted GBV survivors (women and girls at risk) who report that GBV services were delivered according to their needs and priorities.

Outcome indicator 1.3: Number of GBV survivors supported by psychosocial support services, case management and orientation through referral pathways and remote/technology-based solutions.

Outcome 2: Reduced risk of GBV through provision of livelihoods opportunities, cash transfers including cash for work.

Outcome indicator 2.1: Increase in number of GBV survivors/at risk women and girls accessing livelihoods opportunities to mitigate GBV (protection) risks.

Outcome indicator 2.2: Percentage of targeted GBV survivors and women at risk who report increased control over financial resources following their participation in livelihood

interventions, including cash for work.

Outcome indicator 2.3: Percentage of targeted women at risk who report sole or joint decision in household decision making as result of livelihood interventions.

Outcome indicator 2.4: Positive change (percentage) report in women's and men's opinions of women's engagement in livelihood activities and work outside home.

UNFPA

Outcome 1: Quality multisectoral GBV response services are accessible to women and girls and delivered through a survivor centred approach.

Outcome indicator 1.1: Percentage of women and girls who accessed focused support services indicating satisfaction with services (disaggregated by age and service accessed).

Outcome indicator 1.2: Percentage of targeted people who report that the focused support services they accessed were delivered in accordance with their needs and preferences (disaggregated by type of support, gender and age).