

High-Level Meeting
Protection: Disability inclusion & Gender Based Violence (GBV)
27th June 2022

Co-chairs' summary

The second High-level meeting hosted by Finland and Belgium was dedicated to the theme of Protection, with a deeper look at Disability inclusion (DI) and Gender Based Violence (GBV) in humanitarian action. The meeting, building on the Expert-Level Meeting (ELM) with the same themes held on 5th May 2022, was co-chaired by Erik De Maeyer, Director Humanitarian Aid and Transition, Federal Public Service Foreign Affairs, Foreign Trade and Development Cooperation of Belgium, and Lauratuulia Lehtinen, Humanitarian Director, Ministry for Foreign Affairs of Finland. The event was virtual from the Ministry of Foreign Affairs in Helsinki due to competing events in multiple locations, and gathered some 40 participants.

In the preceding Expert-Level Meeting (ELM) in May 2022, members discussed GBV and the reversed burden of proof -approach, whereby we can assume and implement humanitarian responses to GBV based on 1) pre-existing data on the global prevalence of GBV, and 2) the negative impact on affected people of collecting and waiting for prevalence data on GBV. The ICRC presented their use of the approach. Generally, members showed support towards the reversed burden of proof approach.

In terms of Disability Inclusion, donors discussed key elements of DI including the institutional framework, the twin-track approach (targeted and mainstreamed programmes), and the meaningful participation of Organizations of Persons with Disabilities (OPDs) in all phases of humanitarian action/program cycle. The International Disability Alliance (IDA) presented key elements of DI, and ECHO presented their set-up as a donor for the topic. The key findings of a study commissioned by Finland were also presented. Members discussed especially the advantages and disadvantages between unearmarked and earmarked funding in relation to different priorities, and also how to ensure a sufficient priority level in humanitarian organizations for topics like GBV or Disability inclusion.

During the High-level meeting's in June speakers were:

- William Chemaly, Global Protection Cluster (GPC) Coordinator;
- Gopal Mitra, Senior Social Affairs Officer, Executive Office of the UN Secretary-General, working on the United Nations Disability Inclusion Strategy (UNDIS);
- Niklas Saxen, Humanitarian Advisor, Finland's GHD co-presidency team;
- Jennifer Chase, GBV Area of Responsibility Global Coordinator, UNFPA.

Global Protection Cluster: state of the art, GBV & Disability inclusion

In his presentation, William Chemaly highlighted how conflict and human rights abuses are the single largest driver of protection risks. In 2022, an estimated 150 million people are in need of protection – the highest figure on record. But at the core of protection needs is invisibility - invisibility from one's community to come to the rescue, invisibility from humanitarians, from political solutions and invisibility from justice. This is particularly the case for survivors of GBV as well as persons with disabilities. Chemaly highlighted four points.

1) Why is it important for protection to operate based on risks and not only needs?

Most of humanitarian planning is based on quantifying and prioritizing needs. It usually starts with needs assessments – whether shelter, water, calories – followed by decisions on prioritization and resourcing. For

protection, initiating a response should not wait for a killing to happen and be documented, or children to be recruited by armed groups and be traced, or survivors of sexual violence to be identified in a health center.

Work can and should be based on prevention : on signals and analysis of risk, building on facts and figures that are known from other similar situations. This means mounting an advocacy response, engagement with armed actors and communities, and form an actual response on a no-regrets basis. Essentially, the risk of not doing anything is greater than the risk of initially not getting it completely right. The more protection actors are present on the ground with advocacy and responses, the more they are trusted to know what is happening and have better information and data. Established global percentages and figures should be used as a basis for planning, while data is improving. This is important to save lives, as after the act is too late.

Chemaly also underlined that we should accept proxy data as a basis for intervention. When there is no food on the table, children will drop out of school, youth will be recruited by armed actors, girls' forced marriages will become more common, and persons with disabilities will be de-prioritized. The Joint Inter Agency Framework (JIAF) should therefore accept risk-based protection planning.

2) What is working and where we need to improve in response to GBV and Disability inclusion

Chemaly stated that with respect to GBV, of the 32 Cluster operations, 95% describe the risk of GBV as severe or extreme compared to 80% last year.

GBV response is one of the best-established areas of humanitarian response and protection responses. It is well established structurally with a clear area of responsibility and lead agency. It has a strong partnerships-space. It has clear counterparts at national level. It has a well established narrative and broad acceptance as a priority theme. It has tested technical standards and programmes. It has strong integration with health, food security, CCCM and education sectors. What more needs to be done?

Chemaly noted a need for prevention that builds infrastructure. Peace and development actors need to prioritize GBV response, and do more through the establishment of legal frameworks, supporting their implementation, building national capacity, and campaigning against GBV.

He went on to outline how it is crucial that GBV response is timely and comprehensive so that it always includes advocacy, medical, psychosocial, legal and socioeconomical support. Equally important was that development actors would be less averse to fragile contexts.

He especially highlighted advocacy with communities and armed actors as a gap. This should be a basic humanitarian intervention: sitting down with communities and discussing what they can do to self-protect; sitting down with men with guns and dialoguing, convincing, building rapport and changing behavior. Chemaly felt that as humanitarians, this is being done less and less. This kind of programme is costly, its impact is invisible and it entails a lot of risks. Courage is needed to have a presence on the ground. This requires staff with skills and knowledge to have the right discussions and not do harm.

In terms of medical support, the challenge was providing assistance in areas where there was no health infrastructure to rely on. In this sense, humanitarian and development actors investing in health infrastructure are critical to GBV response. For psychosocial support, the challenge is scale, and extending programmes beyond urban areas and camps. Lastly, he stressed how fighting impunity and taking it as a political, peace and development priority in action and precondition would be transformative for GBV response, and he highlighted the importance of strong socio-economic developmental projects for persons at GVB risk or survivors

In terms of Disability inclusion, William Chemaly described the current situation. He analyzed how disability is a result of negative interactions between a person and an environment that poses barriers. The

humanitarian system is part of that environment. He gave examples of how persons with disabilities were more likely to suffer sexual violence, being discriminated, left behind when evacuating, and broadly facing exclusion from humanitarian services due to attitudinal, institutional, physical and communication barriers, ultimately further deepening and entrenching exclusion and vulnerability.

3) Disability inclusion is at a different stage within the humanitarian architecture compared to GBV response

First, it is not clear where in the humanitarian coordination system disability inclusion is situated. There is no established structure, there is no designated responsible agency. This is a timely question as the protection architecture and the whole cluster architecture is being reviewed. The Global Protection Cluster supports having disability inclusion as either a predictable reference group in operations, or as an area of responsibility as part of the protection cluster with a clear lead agency.

In terms of actual response, the humanitarian system is quite weak despite disability inclusion having been on the agenda for a decade, and that technically it is well established what should be done. The lowest hanging fruit is mainstreaming disability inclusion across different sectors. The [IASC guidelines](#) exist; they need to be put into action. Chemaly noted three points for improvement:

- having a dedicated portion of funding for DI. This should include mandatory components in program proposals. An intense monitoring period, especially through donor pressure, is currently needed for the next 3-4 years to carry disability inclusion into business-as-usual for humanitarians.
- Targeted programmes for persons with disabilities need to be scaled up.
- It is important to ensure disability inclusion within development and peacebuilding interventions. Such supports must extend and be embedded across the nexus.

4) How to combat invisibility?

Chemaly highlighted that to combat invisibility, protection actors needed to be present. For this, protection actors need access. The GPC estimates that all together - national, local and international NGOs and UN members - today, can reach at best 25% to 50% of those in need of protection. To have an impact, this access needs to be sustained. It is needed to build trust with communities and armed actors alike; to monitor, engage, and change behavior; to show solidarity. He pointed out that this kind of access cannot be negotiated like humanitarians today negotiate access for trucks. Protection cannot be trucked in to combat gender-based violence and address the needs of persons with disability. What is required is a new definition of what access means, how such access would be negotiated and measured, and new partnerships that can stay, deliver and engage to change behaviors. Donors and political actors are needed to support this change.

During the questions and answers, Chemaly also noted that for advocacy, the international community needs collective advocacy on protection – when do we need to speak on what, who will speak? Is it the role of humanitarian actors, human rights actors or States? There needs to be a clear framework, also to be more predictable and a local engagement on GVB and DI in advocacy.

There were also discussions on how OCHA sees the broader interpretation of access.

United Nations Disability Inclusion Strategy (UNDIS)

In his presentation, Gopal Mitra explained how after an institutional review requested by the UN Secretary General (SG) in 2018, it was clear that Disability inclusion was not consistently or systematically addressed,

and that there were gaps especially at country-level as well as UN's peace and security activities. In 2019, UNDIS was launched, covering all of the UN's entities and work, both at headquarters and country-level.

The key to [UNDIS](#) is the simple but comparable and measurable accountability framework. There are 4 areas with concrete performance indicators: Leadership, Strategic Planning, and Management; Inclusiveness; Programming; and Organizational culture. The UN system has been reporting on UNDIS annually. 73 UN entities, and 130 UN Country Teams have reported against this strategy. The reporting goes to the SG, and through that to the General Assembly as well.

All of the UN's humanitarian organizations are reporting against the UNDIS. The humanitarian ones are performing slightly better than the rest of the system. While evidence from UNDIS reporting indicates that substantive progress in performance has been made over the last 3 years, for a majority of indicators UN entities and country teams are not meeting the benchmarks established by the Strategy. Mitra noted that the UN started from a very low base-level.

Many humanitarian organizations have set up disability inclusion teams. These are mostly at HQ level. These teams are more clearly addressing DI, including showing their results through disaggregated data. There is more engagement with Organizations of Persons with Disabilities (OPDs), though there is a lot of space to improve.

- 1) In terms of recommendations, he highlighted the need to: encourage different UN entities to make their organization-specific UNDIS annual reports public. Donors can also highlight this in Executive Board meetings. If donors ask, there is action.
- 2) Consider using UNDIS performance indicators in donor agreements/results frameworks.
- 3) Invest in embedding technical experts on disability inclusion in coordination mechanisms and surge capacities for the field.

Study on the use of unearmarked funding for disability inclusion

Finland's humanitarian advisor Niklas Saxen presented the findings of a study on the use of unearmarked funds for disability inclusion by WFP, UNHCR and ICRC available to GHD members. As a success, each organization had a key framework guiding DI efforts in the organization. Each organization also had a plan of action for its implementation, and coordination mechanisms for it at HQ level. All organizations, at HQ, had a disability inclusion advisor as the focal point for coordinating the work around the organizations' DI strategy.

The study found that while the main institutional strategies and frameworks within organizations for DI are relatively new (2020) and being rolled out, DI activities have been and are being implemented at country-level, although there is less systematic overview of these. Any kind of systematic tracking of disability inclusion efforts at country level - whether looking at it globally, at regional, or at country level itself - is currently very limited. As DI at country-level involves a very broad set of efforts and workstreams, that may be quite context specific, this would not be easy, though necessary in the next phase of implementation. There were very few reporting requirements on DI specifically that were mandatory at country-level (e.g. indicator). The organizations were not currently using a marker that tracked both mainstreamed and targeted programmes. If there is no systematic and institutional approach to tracking and showing this work globally, the institution's success at beneficiary level will be difficult to assess.

While there were exceptions, in most cases the person responsible for DI and mainstreaming DI at country-level was a focal point for whom DI was not the main task, and had little or no technical experience on DI. Often, DI experts or focal points did not have a budget for activities, but were reliant on other units' budgets.

Discussion on disability inclusion

There were discussions on the similarity between gender-related work and disability. Both for example share the twin-track approach of targeted and mainstreamed programmes. Gender-work has developed multiple tools that could be or are being taken into use for disability inclusion, such as markers, disaggregated data, or dedicated budget shares in programmes. Members reiterated their commitments to continue providing unearmarked funding to humanitarian organizations, while highlighting the various ways in which they discuss their priorities with the organizations. As many noted, policy is only effective if turned into practice. Many saw that it was important to both increase unearmarked funding, but have some earmarked funding alongside it.

One member noted that of the different markers they have in their funding, Disability inclusion was the most overlooked one. Another explained that they require partners collect and use disability disaggregated data, including in action plans for Disability inclusion, which involve local OPDs. They had new strategic partnership frameworks in place with UN agencies and ICRC that aim to hold these partners to account for Disability inclusion, with core funding being provided.

How to ensure the engagement of the leadership of organizations was a point of discussion. While there was no consensus, requesting for the UNDIS reports of organizations was mentioned as an easy way to signal attention to Disability inclusion.

Gender Based Violence – Area of Responsibility

Jennifer Chase introduced the GBV AoR, which is under the Global Protection Cluster as a specialized area of work, and is led by UNFPA. All of its core members are operational partners.

Jennifer Chase underlined how funding for GBV has increased, but how it has not kept pace with the increase in needs. She also noted that human rights violations are a critical cause for GBV; however, climate-induced disasters were also increasing GBV. Other key trends accentuating GBV currently were the COVID-19 pandemic, and the food security crisis. The 'shadow pandemic' of GBV during COVID-19 had been catalyzed by issues like closures of schools, restricted movement, increased socioeconomic pressure, limited access to GBV services, and limited visibility of partner violence. In turn, food insecurity is correlated with issues like increased levels of physical and sexual violence, survival sex, sexual exploitation and abuse and early and forced marriages.

In total, the GBV AoR estimated there were 70 million People in Need of GBV prevention and response services (June 2022). Half of the activated clusters noted an increase, meaning that crises in Ukraine, Afghanistan and Ethiopia did not account for the entire increase. Jennifer Chase mentioned 2 specific issues where progress had been made – in many contexts with active Clusters, there were effective referral pathways to services for GBV survivors, and many contexts had developed national GBV Standard Operating Procedures (SOPs). The GBV AoR is also working on the intersection between GBV and persons with disabilities, and has recently developed guidelines for male survivors of GBV.

To further improve GBV response, Jennifer Chase recommended:

- 1) Specialized services: There is a need to increase specialized services in order to have more hands on the ground. This is especially true outside of camps and outside of cities. Unless you have strong health infrastructure and clinics, you can't have strong referral pathways – this is a critical gap.
- 2) Partners: To increase the number of operational partners working on GBV, and build their capacity.
- 3) Inclusion: Women and girls with disabilities are at a bigger risk. Attention needs to be given to caregivers – they can be perpetrators, but can also be put under pressure because of their financial situation. This needs to be looked at.

- 4) Funding local organizations: 23% of GBV funding is going to local organizations. There should be a push to increase the number of and amount of funding to Women Led Organizations (WLOs), notably at national level. This should be done through pooled funds, but also by finding other mechanisms. It is important to acknowledge we need to take some risks for this to happen.

To conclude, Jennifer Chase highlighted that there should be no hierarchy of survivors including in the quality response.

Discussion on GBV

Members discussed the challenges to funding national WLOs directly, and pointed to the session held by the Call to Action on the topic. Even when looking at the distribution of the pooled funds, it is clear that not much was granted to WLOs in practice. It was highlighted how the Humanitarian Country Teams play a pivotal role in the allocation of funds and prioritization. Many of the WLOs could also be better placed to receive small grants rather than large ones ; however, this required investing resources in the management and coordination of grants on both sides. Jennifer Chase and members also underlined how it was important that grants include capacity building and funds for covering administrative and other essential costs. Intermediary organizations also needed to work on this.

There were discussions on funding GBV work. At the Oslo Summit, it was agreed that OCHA's Financial Tracking Services would track GBV work specifically, and that there would be separate sections in Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) on GBV. These should improve the understanding and tracking of GBV work's funding situation. While it was noted that GBV was one of the most underfunded AoRs under the GPC, some members noted that the funding had improved relative to other humanitarian sectors in the last years.

Lastly, working on nexus and ensuring structures are in place before crises, were also underlined.

One member raised the possibility of having a new GHD Principle around GBV, which was supported by three other members. The co-chairs will reach out to these members to discuss their proposal further, and consider reaching out to membership to see whether a consensus can be found with respect to this idea.

Conclusions

Belgium and Finland invited members interested in co-chairing the GHD from mid-2023 to mid-2025 to reach out. The chairs are happy to provide additional information on what the co-chairpersonship entails.

Finally, the co-chairs updated members on future GHD plans for next fall with a focus on the impact of counter-terrorism and restrictive measures on humanitarian action.