Testimony by

Francisca Vigaud-Walsh

Senior Policy and Advocacy Officer
International Rescue Committee

Presented to:

The Tom Lantos Human Rights Commission
James P. McGovern, Massachusetts, Co-Chairman
Frank R. Wolf, Virginia, Co-Chairman

United States Congress

"The Global Gender-Based Violence Threat"

November 20, 2013

I. Intro

Thank you, Chairman Wolf and Chairman McGovern for calling this very important hearing on the global threat that gender-based violence (GBV) poses. I also thank Representative Schakowsky, whose support for making violence against women a foreign policy priority of the United States has never waned.

I would also like to take a moment to express my condolences to the Commission members for the loss of Mr. Donald Payne, who was a tireless advocate for GBV survivors in the Democratic Republic of Congo. The humanitarian policy and advocacy community sorely misses him, but we know that his vision and commitment live on through the work of the Tom Lantos Human Rights Commission.

Please let me begin by saying that the International Rescue Committee greatly appreciates the opportunity to appear here today, along with my peers, to testify on the issue of gender-based violence, a grave human rights violation.

My name is Francisca Vigaud-Walsh and I am the International Rescue Committee's Senior Policy and Advocacy Officer for Women's Protection and Empowerment. I coordinate our efforts to influence policy and practice around the response to gender-based violence in conflict and disaster-affected communities worldwide. I bring to this hearing today field experience working on the issue of violence against women and girls and the insight gained through several years living and working on the African continent and deploying as an emergency responder to humanitarian crises throughout the world. I represent and speak from the perspective of a U.S.-based relief agency that prioritizes addressing the problem of violence against women and girls in conflict.

In my testimony, after providing background on the IRC and its work on preventing and responding to GBV, I will speak to the scope of GBV globally, explain why GBV interventions are lifesaving, comment on the gains to be had by ensuring that GBV is considered in the relief to development continuum, and express our appreciation for the latest U.S. government initiatives to address GBV. Finally, I will provide some recommendations for the consideration of the U.S. Government.

II. Organizational Profile

Founded in 1933 at the request of Albert Einstein, the International Rescue Committee (IRC) is a non-governmental agency working in emergency relief, rehabilitation, protection of human rights, post-conflict development, refugee resettlement services and advocacy for those uprooted or affected by violent conflict and oppression. The IRC is on the ground in over 40 countries, providing emergency relief, relocating refugees, and rebuilding lives in the wake of disaster. Through 22 regional offices in cities across the United States, we help refugees resettle in the U.S. and become self-sufficient.

The IRC is a pioneer in the GBV field. It is the only humanitarian organization to have a technical division dedicated exclusively to work on violence against women and girls. The Women's Protection and Empowerment team (WPE) works to realize one of the IRC's strategic goals: to secure a world where women and girls live free from violence as valued and respected members of their community, whereby they exercise their rights to promote their own safety, equality and voice.

From the time of its first response to GBV in 1996 in refugee camps in Tanzania, the work of the WPE has transformed the IRC into a globally-recognized leader in the prevention and response to violence against women and girls. The WPE now runs programs in over twenty countries across Africa, Asia and the Middle East and our team has grown to nine technical advisors providing worldwide support to hundreds of GBV staff in the field, five specialists working on a range of thematic issues (primary prevention, data and information management, economic empowerment, and adolescent girls), an emergency response and preparedness cell of deployable staff, three advocates, and knowledge management and support staff. No other NGO has made this level of investment.

The combination of the political will at the most senior levels of the IRC, with the diversity and exceptional skills of the WPE team, has allowed us to carry to fruition innovative programs that focus on providing care to women who have experienced violence as well as addressing the root causes of abuse. Our approaches recognize the inherent resiliency of women and girls and their profound potential to effect positive change in their own lives and communities. In order to help restore the dignity of GBV survivors and create opportunities for women and girls to rebuild and transform their lives, we focus on the following programmatic areas:

1. Provision of Services

Providing essential health services and support to survivors of violence. This is the bedrock of the IRC's approach. For women and girls subjected to violence, the ability to access immediate health care and psychological support can make the difference between a life lived with dignity and one lived in shame. We do not adopt a one-size-fits-all approach. We tailor services to specific needs, such as those of child survivors.

2. Violence Prevention

The IRC tackles the root causes of violence against women. By working with community groups and local institutions, our programs help to change attitudes and support women and girls to realize their potential, free from violence. Because we know that violence against women and girls is fueled by patriarchal attitudes, beliefs and power dynamics that socialize men and boys, we invest in primary prevention through engaging men to become agents of change, and to be accountable for their roles in perpetuating the cycle of violence.

3. Empowering Women and Girls

The IRC created programs to enhance the economic participation of women and girls as a means to preventing and recovering from violence. We pair our economic interventions with a social outcomes whereby by women and their male partners also participate in discussion dialogue groups. These discussion groups aim to address the harmful gender norms that make violence possible and enhance women's ability to remain in control of the resources she earns. When women have control over resources, it increases their status in their households and communities, providing more chances to participate in the decisions that affect their lives

4. Research and Learning

The IRC is committed to developing new and better approaches to respond to and prevent violence against women and girls to ensure our work is effective and apply lessons learned to new projects being developed. The IRC has conducted cutting-edge research projects across Burundi, Ivory Coast, Ethiopia and the Democratic Republic of the Congo (DRC) to reduce domestic violence, empower women, support the recovery of survivors, meet the specific needs of child survivors and change social norms around violence. We have conducted a three-year evaluation to assess the effectiveness of a GBV Emergency Response and Preparedness capacity building package, designed to equip emergency responders with the knowledge, confidence, and skills needed to address GBV in emergencies. We are undertaking a mental health impact evaluation in the DRC to determine how to best facilitate the healing and recovery of survivors of sexual violence. The IRC works alongside noteworthy academic institutions such as the Johns Hopkins University Bloomberg School of Public Health and Yale University's School of Public Health to ensure the rigor of our research approaches.

5. Advocacy

Ending violence against women requires political action. At the local level, the IRC seeks to empower women and girls to advocate for the changes that will improve their lives. The IRC's global advocacy team lobbies for the international community to redouble its efforts to prevent and respond to violence. 2012 saw the launch of a new project entitled *DRC and Beyond*, which mobilizes the public and policymakers to bring attention and commitment to ending violence in the Democratic Republic of Congo, as well as the release of a groundbreaking IRC report on domestic violence in West Africa. This year, we are using our academic research to influence best practices. Further, we are working with donor countries, including the U.S., to develop roadmaps to address GBV within their development and humanitarian aid assistance frameworks.

The IRC's global investments in staff capacity, specialized programming areas and learning have positioned the IRC as an organization that influences global policy and practice. Specific initiatives and achievements include:

- The IRC has supported over 22,000 survivors of violence - in just a fraction of the countries where we work – in the past three years. In 2012 alone, the IRC mobilized over 982,000 men, women and children to lead prevention efforts in their communities.

- Every year the IRC trains and educates more than 2.5 million men and women in ways to prevent violence against women and girls.

- The IRC developed a new program model for ending the sexual exploitation of girls. *Girl Empower* is designed to equip girls with the skills and experiences necessary to make healthy, strategic life choices and to stay safe from sexual exploitation and abuse. The program responds not only to girls' heightened exposure to harm in humanitarian and post-conflict settings, but also to the vital roles they can play in building healthier families and stronger communities. This resource for adolescent girls, ages 10-14 years, specifically focuses its aims on keeping girls safe from sexual abuse and exploitation in countries affected by conflict.

- The IRC developed an innovative model called *EA$E* (*Economic and Social Empowerment*) that gives women financial stability and helps enhance their status in the households. After a successful launch in Burundi, the IRC has implemented *EA$E* programs in Ivory Coast, Liberia, Sierra Leone, Congo, Uganda, Kenya and Ethiopia.

- The IRC developed a primary prevention intervention resource package called *Engaging Men through Accountable Practice* (*EMAP*). *EMAP* provides staff in humanitarian settings with an evidence-based curriculum and field-tested approach for engaging men in individual behavior change to prevent violence against women and girls, guided by the voices of women. The *EMAP* framework, Accountable Practice, provides a method and structure for honoring women's leadership and developing male engagement in a way that improves, rather than endangers, the lives of women and girls.

- The IRC developed the *Caring for Child Survivors* (*CCS*) Guidelines, which support field staff working with child survivors in conflict and post-conflict settings. The package includes tools on conducting case management specific to child sexual abuse cases; implementing targeted psychosocial interventions for child survivors of sexual abuse; providing evidence-based mental health treatment proven effective in other populations; involving non-perpetrator family members in the child's healing and recovery; and meeting the specific health needs of child survivors.

- The IRC strategically decided to incorporate WPE staff into its emergency preparedness and response unit. The IRC has the capacity to respond to GBV in emergencies from the onset. Over the past 3 years, GBV experts have deployed, as part of the IRC's emergency response team, to South Sudan, Kenya, Ethiopia, Egypt, Libya, Liberia, Niger, Ivory Coast, DRC, and most recently to countries affected by the Syria crisis, including northern Syria. As women and girls are part of the IRC's frontline response, WPE staff have already deployed to the Philippines to carry out assessments.

- Since 2011, IRC has trained 388 emergency responders working in NGOs, UN agencies, and local organizations across more than 25 countries to ensure they have the skills, knowledge and confidence to provide life-saving services to GBV survivors and reduce risks for women and girls in the first phase of emergency response. These trainings use an evidence-based capacity building package that addresses priority actions for both GBV emergency preparedness and response. Participants have gone on to lead GBV emergency response and coordination in the Horn of Africa, South Sudan, Democratic Republic of Congo, and the Syria crisis. The capacity building package includes an online resource portal (the GBV Responders' Network - www.gbvresponders.org), making it accessible to everyone. All tools and resources have been shared with the wider humanitarian community at high-level events in Washington, D.C. and Brussels, targeting key GBV actors among NGOs, UN, and donors.

- Building on our GBV knowledge and experience internationally, the IRC is now piloting a GBV prevention and response program for immigrant and refugee women and girls served by IRC offices in the United States. Each year, thousands of women and girl survivors of violence from conflict-affected areas, such as the DRC or Somalia, arrive in the United States, where they need access to supportive services to heal and thrive. We are seeking to bridge the assistance gap to ensure that there is a continuum of services.

We thank and acknowledge the U.S. government for its investments in our programs. It is through funding from the State Department and USAID, that we have been able to pilot approaches, develop best practice, and harness our learning to produce IRC resources for the benefit of the wider humanitarian community, such as the *CCS* Guidelines, *the EA$E* Guidelines, and the *EMAP* Resource Package. Further, we also acknowledge the support of American philanthropists through foundations such as The Bill and Melinda Gates Foundation, NoVo Foundation and Open Square Foundation.

III. The Scope of Gender-Based Violence

Violence against women and girls is defined as 'any act of gender-based violence that results in or is likely to result in physical, sexual, psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public of in private life.' At its core, it is the violation of women's basic human rights.

GBV is not confined to Haiti, the DRC or Syria; it is a global pandemic. The World Health Organization confirms that 35 percent of women globally experience sexual or physical assault in their lifetimes. That is, one in three women. Nearly half of all sexual assaults worldwide are against girls aged 15 and younger. Women aged 15-44 are more at risk from rape and domestic violence than from cancer, car accidents, war and malaria, according to World Bank data.

Further, the statistics coming from conflict zones are staggering. Human Rights Watch estimates that in the Sierra Leone conflict, between 215,000 and 257,000 Sierra Leonean women and girls may have been subjected to sexual violence during the conflict period. Of a sample of Rwandan women surveyed in 1999, 39 percent reported being raped and 74 percent reported they knew that sexual violence had occurred during the 1994 genocide. A 2010 population-based survey in eastern DRC found that nearly 40 percent of women reported having experienced sexual violence and nearly 42 percent reported interpersonal violence.

The IRC's work in service delivery at the grassroots level, paints an equally stark picture. From 2010 to mid 2013, the IRC alone received reports of over 23,000 new incidents in Burundi, DRC, Ivory Coast, Ethiopia, Iraq, Kenya, Lebanon, Liberia, Sierra Leone, Thailand and Uganda. This figure neither includes incidents that were reported to other state or non-governmental actors, nor incidents that went unreported because of lack of humanitarian access or because of survivors' fear of reprisals and community stigma.

This figure speaks to the pervasiveness of GBV. Wherever the IRC establishes programs, survivors come forth to access services. Second, this figure warrants further analysis to understand, precisely, what is being reported. Through a database the IRC co-developed in collaboration with UN agencies, the Gender-Based Violence Information Management System (GBVIMS), the IRC is able to distill these figures and demonstrate that the forms of violence experienced by women and girls in the settings where the IRC operates, is not limited to sexual violence alone. The IRC sees cases of exploitation and abuse, early and forced child marriage, denial of access to resources, and intimate partner violence (oftentimes referred to as domestic violence.) In fact, in the IRC's experience, in addition to post-rape care services, women consistently approach the IRC in search of support to address intimate partner violence. In West Africa, over 60 percent of assault survivors whom the IRC assists are seeking help because of violence committed by an intimate partner.

The GBVIMS also tells us that 28 percent of survivors are children, 46 percent of those are abused by someone known to them (a neighbor, relative, friend, etc.) and incidents are most likely to occur in the survivor's or perpetrator's home.

There are several lessons therein:

1) The pervasiveness of GBV teaches us that we live in global society that enables violence against women and girls through implicit messages in media, national policies, and lack of support for the education, health care and other basic services for women and girls.

2) Except the few existing population-based surveys on GBV, statistics rarely represent a full picture of the scale and scope of the problem as survivors frequently suffer in silence due to community stigma or the lack of available services.

3) There is little need to gather prevalence rates before investing in the establishment of survivors. It is safe to assume that GBV is occurring in any context and services are needed, particularly in crisis settings.

4) Sexual violence and GBV are oftentimes conflated however sexual violence is just one form of GBV. An absence of reported incidents of sexual violence does not indicate an absence of GBV. Further, our experience shows us that all forms of GBV are pervasive and have debilitating effects on a woman's psychological health, wellbeing and overall functionality.

5) There can be no one-size-fits-all approaches. In all contexts, basic prevention work on changing norms to influence perpetrators of domestic violence may be effective. But in some contexts, such as the DRC, a heavy investment in security sector reform may also be needed as part of a larger, comprehensive solution.

IV. GBV Prevention and Response in Emergencies: A Lifesaving Matter

GBV prevention and response in times of emergencies must not be seen as optional but rather a lifesaving matter. Anecdotal and statistical evidence indicate that in fragile and conflict-affected states, violence is one of the most significant threats to women's safety and wellbeing. The risks of GBV that were already in existence before the onset of a crisis, be it natural or man-made, are aggravated by the distinct features that characterize crises – power vacuums, displacement, loss of livelihoods, overcrowded living conditions, breakdown of social networks, loss of traditional caretakers, lawlessness and opportunistic violence at the hands of armed groups, strangers, neighbors and even family members. In short, sexual and physical violence escalate because the upheaval that typically follows a crisis erodes the scant protections women and girls have even in times of stability. This is why when the Ivory Coast went through a wave of post-election violence in early 2011, IRC-supported service providers documented close to a 30 percent increase in the number of cases of intimate partner violence reported. This is why when the rebel militia M23 seized Rutshuru in eastern DRC in April and May of 2012, IRC service providers received a 24 percent and 75 percent increase, respectively, in sexual violence cases compared to the monthly averages during the previous 12 months.

GBV services are lifesaving because when a woman has been raped, she has just three days to access care to prevent the potential transmission of HIV, five days to prevent pregnancy, and sometimes just a few hours to ensure that life-threatening injuries do not become fatal. The

failure to address medical conditions, such as vaginal or anal fistula, for example, will result in long-term health and social consequences.

While medical services are essential, they are not the only lifesaving aspect of emergency GBV interventions. Even with such services in place, the path for a survivor to reach them is blocked with the hurdles of stigma, shame, fear and real threats to her security. Furthermore, if the immediate and long-lasting psychological impact of violence remains unaddressed, they have the potential of severely debilitating a survivor's coping mechanisms and capacity to meet responsibilities, such as basic childcare and other household duties. Not meeting these responsibilities can often lead to further violence and economic penury. And so, the cycle of violence continues.

The IRC has learned that the most effective model to address GBV from the onset is to immediately establish services (even in the absence of prevalence data), train health and psychosocial providers, and establish networks that facilitate survivors' access to services between care providers. The services that providers should be prepared to deliver in an emergency are comprehensive case management and psychosocial support, clinical care for sexual assault, and specialized care for child survivors.

If specialized GBV programs are not established in the first days of an emergency, not only do survivors not receive support, but the daily risks faced by women and girls often go unnoticed. For example, in emergencies, women frequently face a trade-off of risking their safety to access the goods and services that aim to be lifesaving. They face threats and violence because of poorly designed and placed latrines and water points, insufficient and unsafe shelter, and badly implemented distributions of food and household items. Without GBV programs in place, too often these risks are not seen and therefore not mitigated. Violence and threats that may be more easily confronted at the outset, become more entrenched and difficult to tackle later on – for example, it is easier to ask women where to build a water point that is safe to access, than to build one and later find out that women are being attacked en route to it.

Because emergency response sets the stage for early recovery, a failure to address GBV in the beginning provides a poor foundation for women's resilience and health in the medium and longer term and is a barrier to reconstructing the lives and livelihoods of individuals, families and communities. If women and girls can take the first step toward recovery, they are in turn are better able to support others.

While it is often thought that women's protection can wait, the reality is the reverse. Women's protection from GBV is most effective when addressed from the very beginning of a crisis.

Finally, we know that it is possible to improve and save the lives of GBV survivors through specialized services. We have clear evidence. A recent IRC/Johns Hopkins University impact evaluation in South Kivu demonstrated that rape survivors who benefited from Cognitive Processing Therapy – only 12 weeks of therapy – overcame crippling depression and anxiety, and were able to recover to the ability to complete simple daily tasks like cooking and taking care of children or themselves – tasks that define how women are treated in their households. These improvements remained constant six months after the intervention. An impact evaluation

conducted by The London School of Hygiene and Tropical Medicine on the IRC's pilot programs in Ivory Coast that informed the EMAP primary prevention intervention generated evidence that suggested improvements regarding: reductions in physical and sexual IPV; increased use of behavioral modification skills; and increased involvement of men in household tasks typically undertaken by women. This is most notable because these interventions were carried out during the post-election violence that engulfed Ivory Coast.

V. Relief to Development Continuum

In comparison to the last decade, international donors and relief agencies have substantially increased their engagement in and commitment to GBV prevention and response. One critical area that still requires concerted attention is ensuring a continuum of prevention and response work from the pre-crisis to the post-crisis phases.

The international humanitarian community can feel frustrated by the seeming lack of progress when a new emergency arises and the same trends are seen – increased intimate partner violence, sexual assault, rape and sexual exploitation and abuse. However, without sustained engagement through the development spheres – to tackle *all* forms of GBV – we will continue to see this violence perpetrated because the root causes of GBV have not been addressed. To stop the cycle of violence, and reach foreign policy goals, the U.S. Government should consider the following:

- Addressing all forms of GBV (rather than sexual violence exclusively) is a holistic approach that will reinforce the work of grassroots leaders whose message to the communities where they work is that all forms of structural and physical violence directed at women and girls constitute human rights violations and stagnate progress. Ignoring other forms of GBV that are often shrouded in cultural justifications is, in effect, a message of tacit approval to the community.

- GBV prevention and response services save lives in pre-conflict, conflict, and post-conflict settings. Fleeting investments made during times of crisis, for example, will not produce sustainable results if programs close down the moment the relief community begins to transition to development. When the height of a crisis is over, women and girls are still subjected to violence and hence, medical interventions are still necessary, Safe Houses cannot close, economic support activities are still needed, and counseling is still critical. GBV is a social problem that must be addressed throughout the relief to development continuum in order to see change.

- GBV is related to women's socioeconomic disadvantages and discrimination. To address the root causes, gender equality must be addressed. Challenging the underlying causes of—and misperceptions around—GBV is an immense undertaking, necessitating cooperation across multiple sectors. But increasing gender equality will benefit all sectors, including the economy and politics. Reframing GBV as a development issue, not just as a women's rights issue, will be central to encouraging large-scale programming focusing on prevention.

- Violence against women and girls is the most extreme manifestation of gender inequality, but gender inequality presents in myriad forms in the home, in the community, in the workforce and in the political and policy making forums that govern the lives of women and girls. Transformation is needed, whereby women and girls not only live a life free from violence, but are also empowered to fully engage personal, political, civic, social and economic opportunities across the contexts where we work.

Sexual violence continues to be a feature of war precisely because the same systems of oppression of women and girls remain in place. And stability will continue to be threatened as long as there is violence against women. By investing in women and girls and working to end violence against women and girls, we can contribute to the promotion of healthy communities, which in turn develop economies and good governance, which in turn consolidates peace and security. Ending violence is critical to reaching development goals. Until gender inequality and GBV are addressed, in their entirety, U.S. government funding will not be maximized to their fullest effectiveness, and foreign policy objectives of peace and security will remain unfulfilled.

V. U.S. Government Leadership and Investments

The U.S. government has made significant strides towards combating GBV in the policy arena. New initiatives and strategies, such as the *National Action Plan on Women, Peace and Security*, the *U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally* and the *U.S. Government Action Plan on Children in Adversity*, are clear evidence that the Administration has prioritized the protection and empowerment of women and girls as a matter of U.S. foreign policy and national security.

Nevertheless, traction on the ground in emergency settings has been lacking. The U.S. Government strategies, as well as the policies of other donor government and multilateral organizations have mandated the protection of, and accountability to, women and girls in humanitarian settings. Further, internationally-recognized standards and best practice guidance have provided a framework to which GBV practitioners and the larger humanitarian community should adhere. And yet, the humanitarian response to GBV has fallen far short of established standards for emergency response. An IRC review of GBV responses in four emergencies – Haiti, Pakistan, the Horn of Africa and the DRC – revealed that:

- GBV has not been prioritized as lifesaving in emergencies; For example, IRC found that following the droughts in Kenya, reports of sexual violence increased by 36 percent between February and May 2012 in Hagadera and Kambioos refugee camps, compared to the previous three months. At the same time, funding for GBV programming decreased by 50 percent.

- GBV programs are scarcely funded at the outset of emergencies; A recent Protection Funding Study Report commissioned by the Global Protection Cluster revealed that .39 percent – less than one percent – of all Humanitarian Appeal funding from 2007-2012 was allocated to GBV interventions.

- Coordination and leadership within the UN system needed to mobilize funding, attention and action on GBV is weak. Coordination mechanisms and guidance exist, yet staffing and funding constraints prevent them from having a major impact on practice in the field.

- There is no clear consensus between donors, UN agencies and implementing organizations about what GBV needs should be prioritized during an emergency, what prioritization looks like, and what the best way of funding GBV program is.

The U.S. Government has demonstrated its concern with this panorama and is assuming leadership to take corrective actions. In September 2013, the State Department announced a joint initiative with USAID's Office of Foreign Disaster Assistance, SAFE FROM THE START (SFS). This initiative is meant to be a roadmap for the U.S. to take leadership in ensuring transformational change in the way donors, UN agencies and INGOs prioritize and operationalize GBV prevention and response efforts in humanitarian action, from the *onset* of an emergency. SFS' overall goal is to reduce the incidence of GBV and ensure quality services for survivors from the very onset of emergencies through timely and effective humanitarian action. The State Department and USAID have communicated that they plan to achieve this by focusing on three key objectives:

1. Increase dedicated GBV interventions;

2. Mitigate risks of GBV across all humanitarian sectors and expand participation of women and girls.

3. Increasing accountability at the global level.

The IRC enthusiastically commends the U.S. Government for developing this initiative. SFS provides a framework that if followed through, will result in significant changes for women and girls in emergencies. Through its leadership and allocation of resources to address the existing barriers to effective GBV prevention and response in emergencies, the U.S. government has a real opportunity to effect change for women and girls in humanitarian settings.

VI. Recommendations: Operationalizing SAFE FROM THE START and related initiatives

SFS is an important opportunity. It is an initiative that has the potential to lead to more effective humanitarian action and hence the safety and resilience of those that are most adversely impacted by natural and man-made disasters – women and girls. Further, it is a *smart* investment; it will increase the impact of every humanitarian dollar spent, and help the U.S. government achieve its foreign policy and national security objectives.

Speaking on behalf of the IRC and the InterAction GBV Working Group which IRC co-chairs, we are encouraged with this new commitment, which clearly takes into account many of the concerns we have shared with the U.S. government over the past years. We collectively look forward to learning more details about how SFS will be operationalized, and we extend an offer of a collaborative partnership to ensure that SFS achieves a maximum impact.

I take this opportunity before the Commission to also share a few concrete recommendations for the State Department and USAID's consideration:

1. Sustained Engagement

As PRM and OFDA delineate the SFS roadmap, we would appreciate the convening of U.S. Government – NGO Consultations to ensure that our lessons learned and best practices can be incorporated. The IRC, for example, underwent a process whereby the prevention and response to violence against women and girls was institutionalized, and are familiar with the internal and external barriers that must be overcome to keeping women and girls safe from the start. Moreover, we have decades of experience working with the UN agencies that SFS seeks to support and can offer critical insight.

2. Leverage Existing Resources

There is a wealth of resources that can be used to increase the capacity of UN and NGO humanitarian staff worldwide, as well as support practice in the fields. I have already shared with you today some of IRC's resources. Further, there are interagency guidelines and tools that have been developed in consultation with NGOs. The U.S. government can support the dissemination and use of these resources to ensure that the humanitarian community approaches GBV interventions from the same platform, and in compliance with ethical and safety guidelines. An investment in evaluating what does exist and how this supports results-based approaches to the protection of women and girls will improve overall program quality.

3. Human Resources Investments

Recognize that quality GBV programming is human resources intensive. This is a people problem that requires a people solution. Programs, if effectively staffed, can result in lasting social changes that will reap more equitable opportunities for women and girls. The U.S. Government can lead in encouraging donors to fund and humanitarian actors to implement programming that is already considered best practice, with appropriate staff levels.

4. Diversify Resources

It is important to consider the value-added of directly financing non-governmental organizations that are frontline responders, but who work in collaboration with UN agencies. In addition to the targeted UN agencies who will benefit from SFS resources, NGOs should be considered for financial support. This will allow the support base and capacity of all actors to grow and take on GBV from the start.

5. Leverage OFDA's potential impact

OFDA is a critical partner in humanitarian action. Today, the vast majority of the world's displaced are internally-displaced persons, rather than refugees. Being that OFDA has the U.S. mandate to provide lifesaving assistance to the internally-displaced, OFDA has the potential to influence the mitigation of risks in humanitarian action, and reach more survivors. OFDA should play a prominent role in the SFS roadmap and should invest resources concomitant with its mission and mandate.

Finally, the IRC recognizes that the U.S. Government has aligned its efforts with the UK-led Call to Action to ending violence against women and girls in emergencies, and may play a prominent role in seeing it come to fruition. We support the U.S. Government in doing so, and hope that State Department can help develop accountability benchmarks to ensure that the work of the Call to Action is effective and efficient.

VI. Closing Remarks

In closing, I would like to once again thank that Members of Tom Lantos Human Rights Commission for inviting IRC to testify to the global threat of gender-based violence, and summarize my key points:

- GBV, in all its forms, is a grave human rights violation.
- GBV is more than sexual violence, and all acts of violence against women and girls require a multisectoral response.
- GBV prevalence data is not needed to act. We know that GBV is a global pandemic, and can safely assume that it is present everywhere and increases during an emergency.
- GBV prevention and response is lifesaving and possible in emergencies.
- Incorporating gender equality programming and GBV throughout the relief to development continuum is the only way to ensure that we make real progress in stamping out the beliefs and practices that lead to GBV.
- We support the U.S. Government in its new SAFE FROM THE START initiative and hope to collaborate in its roll-out.

Finally, we can keep up the momentum gained in the worldwide fight against gender-based violence by reintroducing and passing the International Violence Against Women Act. The IRC encourages the Members of the Commission to consider its swift passage.

Thank you.