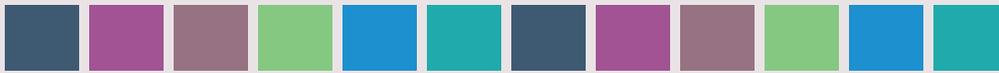# FUNDRAISING HANDBOOK
FOR CHILD PROTECTION
AND GENDER BASED VIOLENCE
IN HUMANITARIAN ACTION

Global Protection Cluster
Child Protection
GBV Prevention and Response

FOREWORD

A recent study on funding for protection in humanitarian settings commissioned by the Global Protection Cluster (GPC) identified several issues influencing donor decision-making on funding for protection in emergencies. Several of them have to do with communication and terminology around protection, making it difficult to explain in very concrete and measurable terms. There are challenges around the quality of protection programming and the small number of experienced partners in this sensitive field of humanitarian work. Most donors would like to see better outcome-level reporting of protection results. And we were encouraged to note that many donors are placing increased emphasis on mainstreaming protection across all humanitarian sectors, as an important complement to protection-specific programming.

We payed particular attention to the number of major humanitarian donors with a precise interest in protection who confided that they are not receiving enough funding proposals for child protection and GBV. The funding is available, but there are insufficient requests which meet their funding criteria.

This *Fundraising Handbook* has been developed to help field practitioners meet the expectations of donors. It was jointly conceived and drafted by the Child Protection Working Group (CPWG) and the Gender-based Violence (GBV) Area of Responsibility. While primarily targeting partners in protection clusters working on child protection and GBV responses, I recommend the Handbook to all humanitarian partners, both donors and implementers, who share the responsibility for taking action to prevent and respond to the violence and abuses which can occur within the context of emergencies.

Louise Aubin
Global Protection Cluster,
UNHCR

ACRONYMS

3,4,5Ws	Humanitarian Mapping/Assessments tools: Who? Where? What? When? For Whom?
BPRM	US Bureau for Population, Refugees and Migration
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
DFATD	Foreign Affairs, Trade and Development Canada (previously CIDA)
CP	Child Protection
CPWG	Child Protection Working Group (led by UNICEF at global level)
DFID	UK Department for International Development
ECHO	Humanitarian Aid and Civil Protection department of the European Commission, formerly the European Community Humanitarian Aid Office
ERC	Emergency Relief Coordinator
FTS	Financial Tracking Service
GBV	Gender Based Violence
GBV AoR	Gender Based Violence Area of Responsibility (co-lead globally by UNICEF and UNFPA)
GPC	Global Protection Cluster (led globally by UNHCR)
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
IASC	Inter-Agency Standing Committee
IEC	Information, Education and Communication (related to reproductive health programming)
IM	Information Management
INGO	International Non-government Organization
IOM	International Organization of Migration
M&E	Monitoring and Evaluation
MIRA	Multi-cluster Initial Rapid Assessment
MISP	Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations
MRM	Monitoring and Reporting Mechanism (MRM) on Grave Violations against Children in Situations of Armed Conflict
NGO	Non-Government Organization
PEP kits	Post-exposure prophylaxis kits (related to reproductive health programming)
RC/HC	Resident Coordinator/Humanitarian Coordinator
SADD	Sex and Age Disaggregated Data
SDC	Swiss Development Cooperation
SIDA	Swedish International Development Authority
SRP	Strategic Response Plan
TOR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
UNMAS	United Nations Mine Action Service
UNOCHA	United Nations Organization for the Coordination of Humanitarian Affairs
USAID/OFDA	United States Agency for International Development /Office of Foreign Disaster Assistance

CONTENT SUMMARY

INTRODUCTION

The global Gender Based Violence (GBV) and Child Protection Working Group (CPWG) areas of responsibilities (AoRs) have developed this handbook to provide practical guidance to child protection and GBV coordination groups and their members; with the aim of helping them access more humanitarian funding. There are no quick fixes to accessing funding. Both CP and GBV programming face specific challenges related, in part, to the sensitive nature of the sectors. However, interviews conducted with donors, those who manage humanitarian funds and staff in operational humanitarian organisations to inform the development of this handbook, have demonstrated that there are many ways in which these two sectors can make better use of the funding opportunities available.

The primary audience for the handbook is CP and GBV coordinators and coordination group members. It should be noted that coordination groups cannot themselves receive funding – only the lead and co-lead agencies or members of the group can do this. The role of the cluster/sectoral coordinator is to support individual and collective fundraising by facilitating a common articulation of the needs and the response; and to engage with funding mechanisms and donors as a representative of the sector.

The handbook is not intended to be a programming or technical guide to humanitarian programming or coordination of coordination groups. The humanitarian world is evolving fast, and some of the funding mechanisms and processes mentioned in this handbook might change over time. Up-to-date information on these mechanisms and processes is easy to access on the internet at the relevant sites. The priorities and policies of donors are also evolving, and the best way to ensure you have accurate information on these is to access their websites and review their current strategies.

The factors which influence how successful a sector is in raising funds are less subject to change. In order to obtain funding for CP and GBV, it will always be necessary to ensure strong CP and GBV programming, generate high quality proposals and make a strong and convincing case for the investment. In these areas, the guidance and advice in this handbook is likely to remain relevant for the foreseeable future.

This section of the handbook reflects is based on interviews and conversation with humanitarian decision makers, and reflects the collective wisdom of donors and practitioners (both headquarters and field level) on practical actions to maximize funding for CP and GBV emergency response interventions. The lessons learned are not presented in order of importance. All five are important!

1 | GUARANTEE EVIDENCE BASED CHILD PROTECTION AND GBV PROGRAMMING

There are real challenges relating to the availability of reliable evidence on the prevalence and nature of child protection and GBV abuses. At the same time, evidence is a key requirement for many donors.

ENCOURAGE DOCUMENTATION AND SHARING OF GOOD PRACTICE

Gathering reliable data through monitoring is imperative for collecting further evidence. Most donors understand that quantifiable data can be difficult to collect for GBV and child protection because of cultural sensitivities and taboos. However, measures of progress can be demonstrated through qualitative information and quantitative information: e.g. interviews with Non-government Organization (NGO) service providers, testimonies from community members on what kinds of difference interventions have made to them, video reporting and data from the GBV Information management systems (IMS) and the child protection IMS. Documenting the results of good projects also builds understanding of realistic timeframes in which results can be expected for child protection and GBV projects. Setting up realistic expectations of timeframes for delivery of results enhances transparency and credibility. Keeping stakeholders (including donors and beneficiaries) informed on changing needs or a changing context means that any adaptations to the project can be dealt with throughout the life of the project/programme. This, in turn, builds relationships of trust.

ENSURE CHILD PROTECTION AND GBV PROGRAMMING IS BASED ON EXISTING GOOD PRACTICE

Existing standards such as the *IASC Guidelines for GBV in emergencies* and the *Minimum Standards for Child protection in Humanitarian Action (CPMS)* give advice on strong protection programming. Contextualize child protection and GBV standards so that coordination group members can use them to guide their project development and refer to them in proposals (e.g. in Jordan, the CPMS were contextualized during a 3-day workshop with state and national representatives who agreed what each standard meant in their context).

2 | DEVELOP QUALITY PROPOSALS

Developing a good proposal does not guarantee funding. However, poor proposals will almost certainly not be funded. When reviewing project proposals, donors turn to results/budgets. These need to be clear and persuasive for proposals to remain under consideration. Projects with well-articulated logical pathways leading to clear results (measured qualitatively or quantitatively) are much more likely to attract funding than those without.

DEMONSTRATE HOW THE PROJECT CONTRIBUTES TO THE STRATEGIC PRIORITIES

As far as it is available, provide evidence of context specific needs and gaps. Make reference to local assessments/secondary information to show how the intervention will address identified needs.

Proposals submitted by different coordination group members need to form a comprehensive package. Each of them should show how the intervention will address strategic priorities of the Strategic Response Plan and how each agency's proposal complements other child protection or GBV proposals, as well as other closely linked elements of the response such as livelihoods, education or early recovery.

USE CLEAR AND APPROPRIATE LANGUAGE

Set out the needs, gaps, and proposed project objectives and activities in everyday language, without the use of sector specific jargon. Donors/decision makers need to understand in a few minutes what you are talking about.

Examples of how generic terms can be clarified	
Child Protection[1]	**GBV**
Rather than saying 'Child friendly spaces' explain that these are safe spaces where communities create nurturing environments for children to access free and structured play, recreation, leisure and learning activities.	Explain what a 'Referral pathway' is: establishing a safe and appropriate set of agencies to which survivors of GBV can be directed in the context (such as health services, women's support services, police, justice system.)
Explain 'Psycho-social support': support provided by family, friends and the wider community to enable children to recover from the distress caused by the emergency. This can include listening, providing a safe environment for children to talk, socialize and play, or running structured activities for girls and boys of different ages.	Spell out the needs in the context: e.g. only 10% of health facilities have post-rape kits, and only 50% have trained staff to respond to GBV. The GBV Coordination group received 51 reports of sexual violence against adults and 27 against children in Regions X and XII for 2010-2011. Improving access to quality services and fostering a safe environment for treatment, recovery and reintegration is a priority for survivors' response.

SET OUT CLEAR PROJECT RESULTS

Proposals should be clear and to the point, based on evidence available and with clear expected results and itemized budgets[2]. Spell out Theories of Change – i.e. what is the logical connection between the needs, the specific project interventions and the desired results? Proposals need to indicate what difference project activities will make in terms of prevention from/response to abuse or violence (e.g. how those trained through the programme will use the skills they gain to increase prevention/response to violence) rather than the number of trainings to be delivered. What monitoring mechanisms will be used to measure progress towards desired results? Make explicit reference to agreed standards and benchmarks such as the Sphere Protection Principles, the CPMS and the IASC Guidelines for GBV in humanitarian response.

1. Consult the Glossary in the *Minimum Standards for CP in Humanitarian Action*.
2. USAID/OFDA considers that proposal guidelines are the best resource for agencies applying for funding. See Annex 1 for weblink to full proposal guidelines, which includes very specific guidance on what is required for protection-sector proposals.

Extracts from the Sphere Standards, *Sphere Handbook*, 2011

Women and girls can be at particular risk of gender-based violence. When contributing to the protection of these groups, humanitarian agencies should particularly consider measures that reduce possible risks, including trafficking, forced prostitution, rape or domestic violence. They should also implement standards and instruments that prevent and eradicate the practice of sexual exploitation and abuse. This unacceptable practice may involve affected people with specific vulnerabilities, such as isolated or disabled women who are forced to trade sex for the provision of humanitarian assistance.

Family and community mechanisms of protection and psychosocial support should be promoted by keeping families together, teaching people how to prevent children from becoming separated from their families, promoting appropriate care for separated children and organising family tracing and reunification processes for separated children and other family members. Wherever possible, keep families together.

3 | ENSURE EFFECTIVE CHILD PROTECTION AND GBV COORDINATION AND JOINT ADVOCACY

Protection actors face challenges in explaining to other humanitarian colleagues, donors and decision-makers exactly what protection is, because protection is usually less tangible than other humanitarian sectors and lacks a simple, consistent narrative. Partly as a result of these challenges, some humanitarian actors remain reluctant to acknowledge child protection and GBV as life-saving responses[3] which should be included in the early emergency response.

DEVELOP A TWO-PAGER HIGHLIGHTING 2-3 KEY LIFE-SAVING INTERVENTIONS
For sudden onset crises, agree to a few, life-saving priorities related to the agreed definitions which the coordination group will focus on for the immediate response. Talk about the child protection and GBV prevention/response activities and their results. Donor governments need to be able to convey how the money has been used in a way their constituents understand and engage with, so use real life examples and limit the use of terms such as 'child friendly spaces' or 'referral pathways' which mean little to non-technical staff or the public[4].

DEVELOP JOINT MESSAGES
Work on clear and simple messages with protection actors and with other sectors. For advocacy to other sectors/clusters use 'their' language (e.g. "Women are being raped in their tents at night"). Large emergencies generate wide media and public interest. To highlight child protection and GBV issues, clear messages based on evidence need to be included in press releases and media interviews.

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3. Although these sectors are included in the Central Emergency Response Fund (CERF) life-saving criteria and the Inter-Agency Standing Committee (IASC) Guidelines for GBV Interventions in Humanitarian Settings.
4. CPWG and GBV AoR Rapid Response Team members and the GBV and CP AoR websites are possible sources of generic advocacy messages which can be contextualized.

SHARE DATA, INFORMATION AND KNOWLEDGE

Situation reports and United Nations Organization for the Coordination of Humanitarian affairs (OCHA) updates are well established information channels which are an important source for briefing notes, press releases and updates by agencies and governments, including being used to inform donor funding decisions. Early on in an emergency, identify one focal point responsible for contributing to these and ensure that they are copied on all reports from the field. Ensure that protection cluster submissions to OCHA include specific child protection and GBV information. Visual presentation of the situation gives a clearer picture of the needs and responses than just text. Use graphs, diagrams, photos, maps etc. to communicate the child protection and GBV situation. Particularly when innovative interventions are being developed, sharing is an important mechanism for building knowledge and capacities on the relatively recent disciplines of child protection and GBV as part of emergency response.

ENSURE A COORDINATED APPROACH TO FUNDRAISING; INCLUDING LINKAGES BETWEEN THE STRATEGIC PRIORITIES AND PROJECT PROPOSALS

For Strategic Response Plans (SRP) or similar planning frameworks coordination group members need to agree which agencies will submit projects addressing identified needs and priorities based on comparative advantage and make this explicit in the proposals. Facilitate resource mobilization which is consistent with the planned response in the SRP and does not lead to competition for funding between the lead agencies and implementing organizations. Allocate sufficient time to the resource mobilization elements of the coordination role.

ENCOURAGE UN, NGOS AND COMMUNITY BASED ORGANIZATIONS TO BE INVOLVED IN COORDINATED PLANNING AND APPEALS PROCESSES

- At a minimum, include coordination costs in initial funding appeals.
- Keep membership informed about timing of calls for proposals.
- Inform the membership of forthcoming donor meetings/visits and represent the collective.
- Support coordination group members to develop joint projects.
- Set aside time to support national and local NGOs to review and strengthen proposals.
- Conduct proposal writing seminars for national partners (jointly with other coordination groups).

REPORT FUNDING TO THE FTS

Member agencies should report all funding received to the Financial Tracking Service (FTS http://fts.unocha.org/) updated so that anyone consulting the FTS gets as complete and current a picture of funding for child protection and GBV as possible. Donors use the system to monitor to which agencies are receiving funding and for what type of activities. It is also possible to see allocations from pooled funds.

REPRESENT CHILD PROTECTION AND GBV TO HUMANITARIAN COORDINATORS AND HUMANITARIAN COUNTRY TEAMS

GBV and child protection coordinators should attend protection cluster meetings and inter-cluster meetings to advocate for GBV and child protection within the wider protection and multi-sector agenda, and ensure that the issues are constantly brought to mind and reflected in projects and priorities. It may also be useful to engage bilaterally with other clusters in the response – particularly those whose sectors are prioritized in the context. If possible,

GBV and child protection coordinators should attend Humanitarian Country Teams (HCTs) to support Cluster Lead Agencies who speak on their behalf. OCHA support is very important as OCHA defends clusters in Pooled Funding discussions. Target OCHA Representatives for advocacy purposes. Use opportunities such as the roll out of the *Minimum Standards for Child Protection in Humanitarian Action* and *Revised Guidelines for GBV Interventions in Humanitarian Settings* to build understanding in practical terms of what the responses are and why they are critical.

4 ENGAGE WITH THE COLLECTIVE

The UN-led Humanitarian Reform process (started in 2005 and strengthened since 2010 through the Transformative Agenda) aims to ensure a well-coordinated, inter-agency response to crisis by the international humanitarian sector. All the major humanitarian donors strongly support this inter-agency approach, and are therefore more likely to support funding applications for projects which have been developed as part of a coordinated, interagency process.

ENGAGE WITH EXISTING COORDINATION GROUPS
The coordination groups provide a forum for donors to engage with NGOs they have not previously worked with. Donors may have challenges in funding agencies outside the collective, because they have not committed to accepted good programming practices. While large agencies may have established bilateral relationships with donors, smaller and local ones will not, so it is important for the collective to provide a platform through which these relationships can be developed.

SET UP MULTI-SECTORAL PROGRAMMES/PROJECTS
Financial cuts for donors as well as a focus on the Strategic Response Plans mean that donors may fund fewer programmes. Multi-sectoral programmes meet these concerns, and many child protection and GBV projects funded are multi-sector. However, standalone projects are still important for specific child protection and GBV service provision.

MAINSTREAM PROTECTION INTO OTHER SECTORS
In countries where the protection cluster has not been activated, child protection and GBV projects should be included in funding appeals under other sectors. For example, GBV may fall under Health and child protection under Education. Some services such as clinical management of rape cannot be mainstreamed but can be integrated into Reproductive Health programming or health cluster programmes.

5 | BUILD AND MAINTAIN RELATIONSHIPS WITH KEY DONORS

In the words of one government donor: "Humanitarian funding is ultimately about donors using the best information they have to invest tax-payer funds to try and save lives, reduce suffering and help restore dignity for communities affected by conflict and disaster." Understanding this perspective is critical for successful engagement with government donors.

UNDERSTAND THE FUNDING NEEDS AND OPPORTUNITIES IN YOUR CONTEXT

Inform yourself on the national response and development goals and ensure that child protection and GBV emergency responses are contributing to these. Find out about regional funding initiatives and priorities. Investigate the main donor interest groups in the country and their priorities for the response. Review donor strategies and country profiles and use this information to initiate discussions with key donors in-country. Be aware of non-traditional humanitarian funding sources in the country/region.
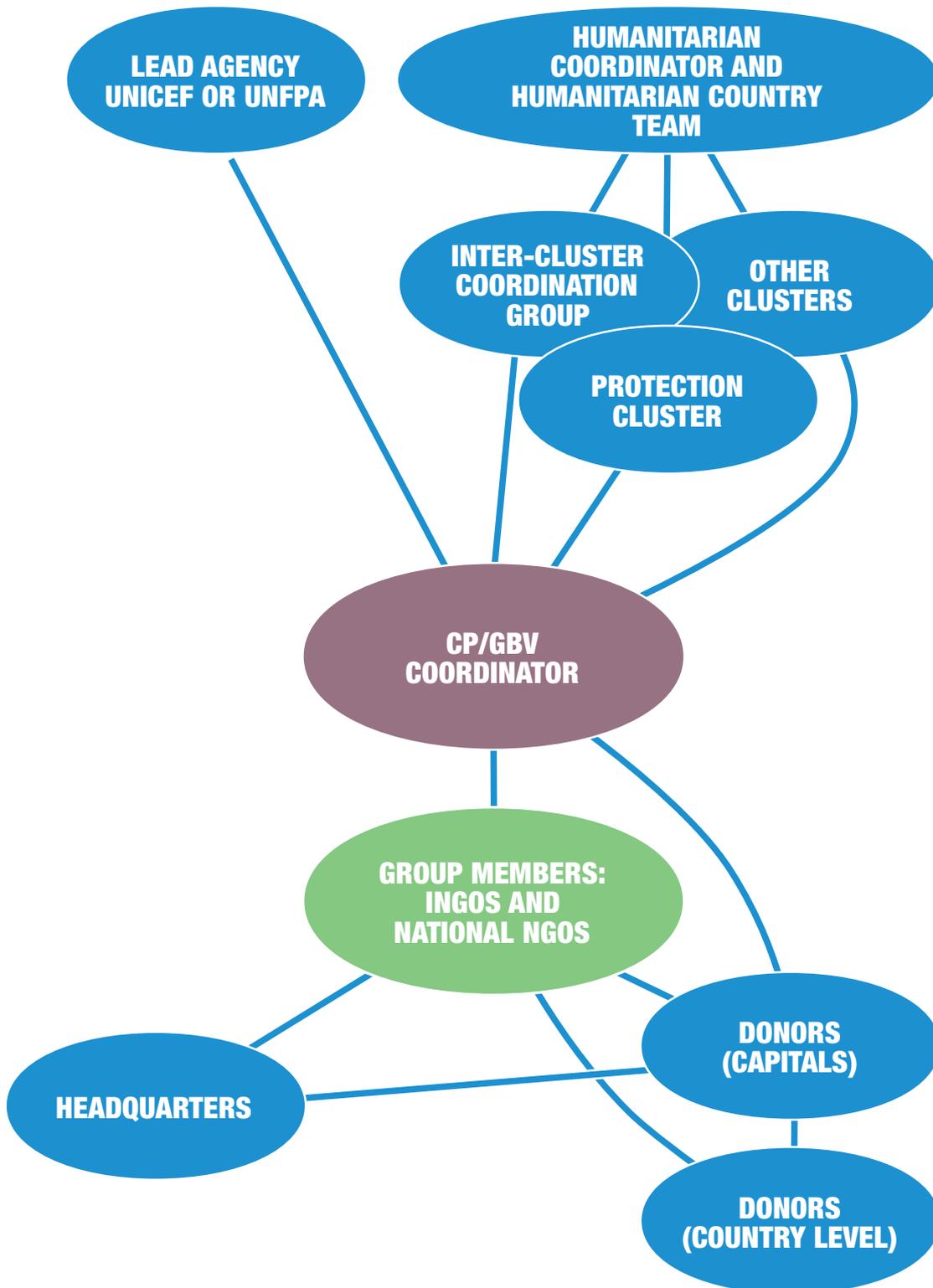
BUILD ADDITIONAL RESOURCES INTO PLANNING TO ADDRESS RISKS

In countries (such as the Democratic Republic of Congo or Haiti) where local crisis or natural disasters have been common in the past, routinely build contingency funds into child protection and GBV proposals, so that coordination group members can respond to new crisis when they happen, rather than having to go back to donors and request more funding when a new crisis happens.

ENGAGE DONORS

Establishing good individual relationships with key donors should be a priority. Discuss applications with donor representatives while they are being developed so that they fulfil all necessary donor criteria/processes. Engage donor representatives in all stages of project development (e.g. on-site visits). Involve them in discussions about priorities, gaps, needs and send them coordination group work plans. Encourage donors to engage in technical conversations on child protection and GBV either with the coordination group as a whole or bi-laterally with member organizations. Use coordination group meetings to demonstrate the comparative advantages of different member NGOs, particularly national and local NGOs with whom donors may not have existing relationships.

**SUB CLUSTER COORDINATOR AND
MEMBER KEY RELATIONSHIPS RELATED TO FUNDING**

LEAD AGENCY
UNICEF OR UNFPA

HUMANITARIAN
COORDINATOR AND
HUMANITARIAN COUNTRY
TEAM

INTER-CLUSTER
COORDINATION
GROUP

OTHER
CLUSTERS

PROTECTION
CLUSTER

CP/GBV
COORDINATOR

GROUP MEMBERS:
INGOS AND
NATIONAL NGOS

HEADQUARTERS

DONORS
(CAPITALS)

DONORS
(COUNTRY LEVEL)

PART II
JOINT PLANNING AND APPEAL PROCESSES

To support a more effective, efficient, predictable and transparent response by international humanitarian actors, and as an important element of the Transformative Agenda, the Humanitarian Programme Cycle (HPC) has been developed to provide guidance for international humanitarian actors involved in responding to all levels of crisis.

Within the HPC process the Preliminary Response Plan and Strategic Response Plan are the consolidated planning and appealing mechanisms following large-scale sudden-onset crisis. For slow onset or protracted crisis, the Humanitarian Needs Overview and Strategic Response Plan replace the Consolidated Appeals Process (CAP).

PRELIMINARY RESPONSE PLAN (PRP)

WHAT IS A PRP?

- A PRP compiles preliminary coordination and funding requirements, by setting out an initial planning framework for the response.
- PRPs provide preliminary information on programmes and costs to enable donors to take early decisions.
- PRPs relate initial programme planning to the overall objectives outlined in the Strategic Statement and Situation Analysis, creating a framework for good coordination.

WHEN IS THE PRP DEVELOPED?

- The PRP is issued 5-7 days after the start of a large-scale emergency[5].

WHO DOES WHAT?

- The Resident Coordinator (RC)/Humanitarian Coordinator (HC) leads preparation of the PRP with the support of OCHA, and with full participation of the Humanitarian Country Team (HCT) in consultation with clusters/sectors and national authorities.
- Donors decide which projects they will fund and approach implementing agencies bilaterally.

WHO IS THE AUDIENCE?

- Humanitarian agencies and organisations in the country.
- The government and national civil society organisations.
- The IASC, headquarters staff of international humanitarian organizations, donors.
- People affected by the crisis, including vulnerable groups and individuals.

☑ TOP TIPS FOR THE PRP:

- Projects included in PRP should address the overall strategic priority needs of the response, jointly agreed by the HCT and reflected in the Strategic Statement.
- As the situation analysis, Strategic Statement and PRP provide donors with an overview of the situation, needs and priorities. It is critical that child protection and GBV are represented in the earliest assessments including secondary data review which inform these processes.
- At a minimum, child protection and GBV sub-clusters should include projects to support coordination costs (such as assessments, staff costs of dedicated coordinators), and action to prevent separation of children, in the PRP.
- child protection and GBV coordinators can support formulation of PRP in the absence of new primary data collection by conducting desk reviews of secondary material and drawing on lessons learned from experience in previous emergencies with similar characteristics.
- Liaise with other clusters/sectors (e.g. health, education) to ensure that child protection and GBV activities are complementary with their projects, and are also included in other clusters'/sectors' project submissions (e.g. SGBV medical and psychosocial support to survivors of rape including post-exposure prophylaxis (PEP) kits and emergency contraception in health projects).

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5. The 'start' of an emergency is determined by the RC/HC with the HCT.

STRATEGIC RESPONSE PLAN (SRP)

WHAT IS AN SRP?
- A comprehensive plan of action for dealing with the emergency, supported by evidence. The SRP defines priorities, gaps and accountabilities and includes a detailed budget.
- The SRP should inform decision-making at national and sub-national levels and within clusters/sectors.
- An appeal for funds is issued on the basis of the SRP.

WHEN IS AN SRP DEVELOPED?
- For a sudden onset crisis, an SRP should be completed 30 days after the emergency starts.
- For protracted emergencies the SRP is completed on the basis of an in-depth needs analysis, based on a sectoral assessment and a review of secondary data (i.e. a Humanitarian Needs Overview).
- For protracted emergencies, the Humanitarian Needs Overview and Strategic Response Plan will be updated when needed. HCTs may choose whether to have annual or multi-annual Strategic Response Plans.
- Clusters select and rank projects and may need to defend this to the HCT.

WHAT DOES THE SRP CONTAIN?
- An explanation of the strategy, a description of its scope, and priorities.
- A description of who is affected by the emergency and their needs.
- The cluster/sector and inter-cluster/sector mechanisms needed to coordinate the response.
- Links to existing development (and integration) plans in country.
- Analysis of cross-cutting and specific issues, including protection risks and threats.
- Analysis of risks and constraints and how the HCT and clusters/sectors will address them.
- A monitoring framework with relevant indicators and benchmarks.
- Where individual projects are included in SRPs, they should address strategic response priorities and HCT criteria for prioritization within the SRP.

WHO DOES WHAT?
- The RC/HC leads development of the SRP with active participation of the HCT, supported by sectors/clusters and OCHA, in consultation with national authorities.
- Fundraising for the response is led by the RC/HC and HCT, supported by OCHA. At cluster/sector level, individual agencies and organizations fundraise for specific projects.

WHO IS THE AUDIENCE?
- Humanitarian agencies and organisations in the country, and at international level.
- Donors.
- National and local authorities.
- People affected by the crisis, including vulnerable groups or individuals.
- The wider public.

GLOBAL APPEAL, REVIEWS AND YEARLY REPORT

- In addition to supporting the country specific SRPs, OCHA-Geneva will produce an annual consolidated overview of all Strategic Response Plans (Overview of Global Humanitarian Response) for inter-agency advocacy and fundraising at the end of the year[6].
- Country specific periodic response monitoring, based on an agreed IASC framework will be produced during the year. The HCT is responsible for ongoing monitoring of the response.
- OCHA will consolidate the results of the previous year's monitoring reports for all crises to produce the Yearly Report. The Yearly Report will be published the following March.

TOP TIPS FOR THE SRP:

- Input from the Protection cluster and its AoRs is crucial in determining the overall objectives of the Humanitarian Needs Overview and the Strategic Response Plan and, as protection should inform the overall environment in which a humanitarian community responds, the centrality of protection in planning a humanitarian response should be acknowledged.
- Needs assessments for protection issues should include an assessment of overall protection requirements in the context. This information will inform coordination group decisions on whether the focus should be on targeted humanitarian funding (i.e. specific protection/child protection/GBV projects depending on identified needs), or on mainstreaming and a do-no-harm approach.
- The IASC Gender Marker is required for all SRPs that contain projects. Donors are increasingly prioritizing projects with a high Gender Marker code. At global level, members of the Global Protection Cluster (GPC), CPWG and GBV AoRs have all committed to achieving the 2A/2B mark for 100% of cluster projects submitted.
- Including representatives of national NGOs routinely in needs assessments and prioritization processes increases national NGO participation in the HCT and ensures that they are part of the decision-making processes of the response.
- It is important for the protection sector to present a harmonious picture in terms of language and programming, demonstrating that the sector has worked cooperatively to identify strategic priorities and common approaches.

FINANCIAL TRACKING SERVICE (FTS)

The FTS (fts.unocha.org) is an essential companion to resource mobilization. It is a global, real-time database that records all reported international humanitarian aid (including that for NGOs and the Red Cross/Red Crescent movement, bilateral aid, in-kind aid and private donations). All FTS data is provided by donors or recipient organizations.

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6. In addition to this 'chapeau' document, individual SRPs will be available on line. Some of which them will include individual projects, others (Afghanistan, DRC) will reflect activity based costings.

☑ TOP TIPS FOR THE FINANCIAL TRACKING SERVICE:

➲ In order to track funding which is allocated to child protection and GBV, sub-cluster coordinators should regularly provide funding information to FTS and encourage their members to do likewise.

➲ Under the present criteria child protection and GBV fall under general protection funding so including child protection and GBV in the title of the projects is important. This will facilitate easy tracking funds to the child protection and GBV sectors as well as to measure sector performance on Gender Markers.

➲ child protection and GBV sub-cluster coordinators may need to provide guidance to members to upload projects to the Online Project System (OPS) during the project planning phase of the strategic planning process. Coordinators may also need to help members navigate the FTS website. FTS staff can provide assistance (fts@un.org).

➲ Using FTS to see which donors are funding protection in general or for the crisis country you are working in, is one way to inform strategic targeting of donors. Use the 'custom search facility' on FTS to do this.

➲ The IASC Gender Marker is visible for each project in the FTS, and is increasingly consulted by donors to inform their funding decisions. For more information about the gender marker and FTS, see the FTS gender marker tip sheet located at: http://www.unocha.org/cap/Resources/fts-tips.

Funding is available to humanitarian organisations from the following sources:

- ⊃ Internal funding mechanisms within organizations;
- ⊃ Pooled Funds paid into by different donors and administered by OCHA;
- ⊃ Bilateral funding (given directly from the donor to an organization or a consortium of organizations).

ORGANIZATIONS' INTERNAL FUNDING MECHANISMS

Some of the largest humanitarian organisations have internal emergency funds set aside that can be accessed either on a loan or a grant basis to fund emergency response projects or costs such as staff or transport. The criteria for drawing down from these funds will vary and may evolve over time; it should not be assumed that a project isn't eligible for this funding and it is worth always checking. Additionally, other in-house funds may exist to promote specific themes or ways of working such as innovation funds to encourage new types of programming. These provide other potential sources of funding for GBV or child protection, if projects fit the criteria and are presented correctly.

In addition to specific pools of funding in-house, all humanitarian organisations run a portfolio of grants, and unexpected funding can sometimes become available towards the end of a grant cycle which in some cases may align with the financial year of the donor. Since this can happen at country, regional office or headquarters level it is worth maintaining a network of contacts within your own organization and checking for unspent funds if you can present a proposal on how to spend them. Also consider that child protection and GBV may be integrated into larger, multi-sectoral proposals.

POOLED FUNDS

CENTRAL EMERGENCY RESPONSE FUND (CERF)

WHAT IS THE CERF?
- A global pooled fund which provides funds to jump-start critical operations and funds life-saving programmes not yet covered by other donors.
- An OCHA-managed, worldwide fund, consisting of a grant element and a loan element. The grant component includes two windows, one for rapid response and one for underfunded emergencies.

WHAT ARE THE OBJECTIVES OF THE CERF?
- Promote early action and response to reduce loss of life.
- Enhance response to time-critical requirements.
- Strengthen core elements of humanitarian response in underfunded crises.

HOW DOES IT OPERATE?
- In sudden onset emergencies, HC with HCT recommends use of CERF and the Emergency Relief Coordinator (ERC) approves.
- In underfunded emergencies, the ERC selects countries and provides a funding envelope that the HC with HCT prioritize in country.

WHO CAN RECEIVE CERF FUNDING?

➲ CERF funds are allocated only to UN agencies and the International Organization of Migration (IOM).

Note: NGOs cannot receive CERF funds directly, but NGOs and other humanitarian partners should be involved in the CERF funding prioritization and application process.

1. CERF RAPID RESPONSE GRANTS

WHAT ARE THE CERF RAPID RESPONSE GRANTS?

➲ Rapid Response Grants comprise 2/3 of the grant facility**.**
➲ A maximum of $30 million of rapid response funds can be allocated to one crisis.
➲ Rapid Response Grants are available as soon as a disaster occurs.
➲ Rapid Response Grants funds must be spent and activities completed within six months.
➲ Activities should be part of core humanitarian programmes and essential to the overall humanitarian response.
➲ Applications are accepted throughout the year.
➲ Projects should:
  • Respond to the needs of sudden onset emergencies; rapid or significant deterioration of an existing humanitarian situation; or be time critical interventions.
  • Be based on recent, coordinated needs assessments, demonstrate access/capacity to implement, be essential for the humanitarian response, and prioritized by the HCT and RC/HC through a consultative process.
  • Comply with CERF life-saving criteria (see table below) and any ERC set sectoral guidelines.
  • Jump start or initiate emergency response.

HOW DO THEY OPERATE?

➲ HC with HCT recommends use of CERF and the ERC approves.

WHO CAN RECEIVE THE GRANTS?

➲ UN agencies and the IOM.

PROCESS FOR ALLOCATION OF CERF RAPID RESPONSE GRANTS:

❶ Within 72 hours, the RC/HC, in consultation with the HCT, recommends use of CERF.
❷ RC/HC sets funding priorities based on CERF life-saving criteria, results from the joint multi-sectoral rapid assessment, PRP/SRP objectives, funding shortfalls and capacity to implement.
❸ Clusters and HCT prepare a CERF overall request in parallel with the Preliminary Response Plan. The PRP can serve as the contextual analysis for the CERF application.
❹ RC/HC requests Cluster Lead Agencies/coordinator to submit the priority list of projects. All relevant Agencies prepare concise project summaries in the CERF format.
❺ Coordination groups Lead Agencies submit child protection and GBV package to the HC for inclusion in the overall CERF request.

6 HC/HCT reviews and approves projects submitted by clusters within 1 week of the declaration of an emergency.

7 RC/HC submits a consolidated grant request to the ERC[7].

8 After a review of the application by the CERF secretariat and possible revision by agencies, the ERC approves projects.

9 UN Secretariat disburses funds to selected agencies.

10 The CERF may also allocate further funds in a second allocation if donor response to critical activities in the appeal is insufficient. However, this is rare.

2. CERF UNDERFUNDED EMERGENCIES

WHAT IS THE CERF UNDERFUNDED EMERGENCY FUNDING?
➲ Allocations are made twice a year to selected countries which have protracted emergencies, selected by the ERC.
➲ The objective of these grants is to improve equity of funding by supporting existing humanitarian response efforts in underfunded emergency.
➲ Calendar for underfunded emergency grants is:
  • First allocation round: allocations announced in January and grants expire 31 December.
  • Second allocation round: allocations announced in July and grants expire 30 June of following year.

HOW DOES IT OPERATE?
➲ ERC selects underfunded emergencies and allocates funding envelopes; then HCTs are invited to submit applications.

WHO CAN RECEIVE FUNDING?
➲ UN agencies and the IOM.

PROCESS FOR ALLOCATION OF CERF UNDERFUNDED EMERGENCY GRANTS:
1 After analysis and consultation, the ERC selects underfunded emergencies and decides on funding envelopes.
2 ERC informs RC/HC about CERF funding levels available to the country.
3 RC/HC invited by the ERC to identify and submit projects which could qualify.
4 RC/HC with HCT identifies potential humanitarian projects and submits to ERC.
5 ERC approves projects individually.

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7. For countries which currently have a SRP or a similar planning framework, RC/HC use SRP projects to establish country priorities and identify projects for CERF funding. Where there is no SRP, RC/HC completes the CERF Application Template.

3. CERF LOAN FACILITY

WHAT IS THE CERF LOAN FACILITY?

○ The loan facility is used primarily as a cash-flow mechanism, providing UN agencies with funds to cover immediate expenditures after a crisis, while they are waiting for pledges to be disbursed.

○ If a donor pledge is forthcoming, the loan facility should be used.

○ Each applicant must justify the need for funds, taking into account other available resources.

○ Loans must be reimbursed within one year

HOW DOES IT OPERATE?

○ Agency headquarters requests loan directly from the ERC. The HC or HCT are not involved in a loan request.

WHO CAN RECEIVE FUNDING?

○ Loans are allocated to UN operational agencies to address humanitarian needs. While OCHA cannot receive CERF grants, it can apply for a CERF loan.

○ While CERF funds are directly requested by eligible agencies, they should inform the RC/HC of the request.

CERF life-saving criteria relating to child protection and GBV response (as at Sept 2013)	
SECTOR	ACTIVITIES
GBV	Strengthen and/or deploy GBV staff to guide implementation of an inter-agency, multi-sectoral GBV response. This will include provision of accessible, confidential, survivor-centred GBV services and ensuring GBV is appropriately addressed across all sectors.
	Identify areas of high-risk and factors causing GBV in the emergency. Working with others, set up or strengthen prevention strategies including safe access to fuel resources (per IASC Task Force SAFE guidelines).
Child Protection	Identification, registration, family tracing and reunification or interim care arrangements for separated children, orphans and children leaving armed groups/forces.
	Ensure proper referrals to other services such as health, food, education and shelter.

	Identification, registration, referral and follow-up for other extremely vulnerable children, including survivors of GBV and other forms of violence, children with no access to basic service and those requiring special protection measures.
	Provision of psychosocial support to children affected by the emergency, e.g. through provision of child friendly spaces or other community-based interventions, return to school or emergency education, mental health referrals where expertise exists.
	Identification and strengthening, or establishment of community-based child protection mechanisms to assess, monitor and address child protection issues.
Health in Emergencies	Medical (including psychological) support to survivors of sexual violence. Activities may include updating health staff on clinical management of sexual violence protocols; supply of drugs and material (including through interagency reproductive health kits).
	Support provision of Psychological First Aid – protect and care for people with severe mental disorders (suicidal behaviour, psychoses, severe depression and substance abuse) in communities and institutions.
Protection and Human Rights	Identification and strengthening/set up of community-based protection mechanisms.
	Provision of life-saving information to the affected population.
	Support measures to ensure access to justice with a special focus on *Internally displaced persons* (IDPs), women and children (e.g. assessments of justice and security needs; support to legal advice and paralegal services in conflict affected areas).
Coordination	Provision of assistance to coordination efforts in new disasters.

TOP TIPS FOR CERF:
- Information about how and when to submit proposals for the different pooled funds is typically distributed at the national level by OCHA to cluster lead agencies.
- In some, but not all countries, CERF proposals are submitted by the cluster lead agencies.
- To raise the chance of receiving CERF funds, child protection and GBV coordinators and cluster lead agency representatives need to be actively engaged with, and advocating for, child protection and GBV as priority life-saving elements of the emergency response from the earliest days.

↻ Targeted advocacy to the Protection Cluster coordinator, to the HC/HCT (who make decisions on which proposals to include in the CERF), to the relevant cluster lead agency representatives and towards OCHA is all key to securing CERF funding.

↻ The CERF life-saving criteria are context specific, meaning that a certain activity may be considered life-saving in one context but not in another. Proposals should clearly describe the context at hand and explain how the proposed activity adheres to the criteria.

↻ CERF priority sectors are different in different countries so check on the context specific priorities.

↻ CERF funding will not be allocated to projects targeting preparedness, prevention, disaster risk reduction or early warning.

↻ CERF will not fund standalone sector-specific coordination or assessments. However, if these activities are included in HC prioritized multi-sector projects, they can receive CERF funding.

↻ CERF rapid response must be used within six months of being allocated. This means that if UN agencies work through an NGO implementing partner, they have six months to complete the grant making process, implement and conduct end-of project verifications.

■ EMERGENCY RESPONSE FUNDS (ERF)

WHAT IS THE ERF?

↻ ERFs, also known as Humanitarian Response Funds, are multi-donor funding mechanisms established at country level with the objective of providing rapid and flexible funding to respond to unforeseen, sudden-onset humanitarian emergencies not foreseen in the SRP[8].

↻ Where a Strategic Response Framework or similar planning framework exists, ERFs work with the established objectives of the framework.

↻ ERFs are typically relatively small in size compared with the CERF and Common Humanitarian Fund (CHF), usually less than US$10 million per year, and provide small to medium-size grants less than US$500,000.

HOW DOES IT OPERATE?

↻ ERFs operate under RC/HC overall management and oversight, with day-to-day management and financial administration provided by OCHA country offices and an Advisory Board including donors, UN and NGOs.

↻ ERFs receive donor funding and make allocations to humanitarian projects anytime throughout the year.

↻ Funding priorities are defined by the HC and HCT.

WHO CAN RECEIVE FUNDING?

↻ Predominantly funds NGOs and actively support local NGO capacity-building; although UN agencies, IOM and Red Cross/Red Crescent can also apply.

PROCESS FOR ALLOCATION OF ERF FUNDS

① Requesting agency submits project proposals (based on joint needs assessments) with cluster endorsement[9] to ERF Unit at OCHA Country Office, including workplan, logframe and ERF budget.

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8. ERFs are not typically established as part the response to sudden onset emergencies. Exception cases following Level 3 emergencies are Syria (established mid-2012 and received funding in excess of US$36million by April 2013); and in the early days of the 2010 floods in Pakistan.
9. Cluster leads usually (but not always) review the projects along with OCHA and HC.

❷ Proposals must include IASC Gender Marker score.

❸ HC is responsible for funding decisions as chair of the Review Board (UN agencies, NGO, IOM).

❹ Agreements are confirmed in a Memorandum of Understanding with NGOs, or an agency agreement with UN agencies.

☑ TOP TIPS FOR ERF:

➲ ERFs are used in both IDP and refugee situations.

➲ Where they exist, ERFs have proved a useful source of funding for GBV. HCs allocate ERF funds, and can be targeted directly for advocacy by the protection cluster and sub-clusters.

➲ Even when small amounts are received by child protection and GBV coordination mechanisms from the ERF, this can be important in the absence of other funding. However, coordination groups/Cluster Lead Agencies need to take account of the relatively high administrative costs (in both time and money) for maintaining small grants.

➲ Check with OCHA locally for information on what activities/outlays can be funded by ERFs as this differs between countries.

➲ A review of ERF Guidelines following the Global ERF Evaluation (2013) is planned to respond to the perceived need for greater flexibility of funding and enhanced timeliness of disbursement of funds. Also to the perceived need for OCHA national offices to invest in capacity development for national and local NGOs as part of preparedness, to help them submit strong funding proposals.

■ COMMON HUMANITARIAN FUNDS (CHFs)

WHAT ARE CHFS?

➲ CHF are country-based pooled funds exclusively established to support emergency response in countries where there has been SRP or similar planning framework, to provide core funding to CAP/SRP projects (i.e. during protracted crises). CHFs also keep a reserve to respond to unforeseen needs not in the CAP/SRP (usually 10% of total funds).

➲ CHF allow HCT to allocate resources swiftly and fund priority life-saving projects identified in the Strategic Response Plan, or a similar humanitarian plan.

➲ CHF support coordinated humanitarian response mechanisms, particularly clusters, and enhanced accountability through strong monitoring and evaluation frameworks.

➲ CHF are larger than ERF. The fund size varies from country to country but usually between $60 million and $120 million per year, and is commensurate with the overall size of the humanitarian operation.

➲ CHFs aim to address the highest priority needs as identified in the SRP.

➲ Funds should be spent within 12 months from the CHF allocation date.

HOW DO THEY OPERATE?

➲ Allocation of CHF is decided by the RC/HC based on the levels of available funding.

➲ CHF are managed by HC with support from OCHA for day-to-day management and financial administration by United Nations Development Programme (UNDP) Multi-Partner Trust Fund Office (MPTF).

➲ Advisory Boards include donors, UN and NGO participation.

WHO CAN RECEIVE FUNDING?

➲ Eligible organizations include national and international NGOs, UN agencies, IOM, Red Cross/Red Crescent Societies, with approximately 80% of direct funding going to NGOs.

PROCESS FOR ALLOCATION OF CHF FUNDS

CHF funds have two allocation modalities: the standard allocation and the emergency reserve. Usually two standard allocation rounds per year are conducted, allocating the bulk of the funding. The timing of allocations is decided by the RC/HC based on funding available.

❶ Only projects included in the SRP and included in the CHF Allocation Policy Paper are eligible for consideration for CHF standard allocation.

❷ Both SRP and non-SRP projects which suddenly become a priority due to new emergencies will be eligible for consideration under the CHF reserve allocations.

❸ Allocation priority criteria are produced by OCHA in-country to guide allocations, and are approved by the HC.

❹ The RC/HC has final responsibility for funding decisions following consultation with the Advisory Board[10].
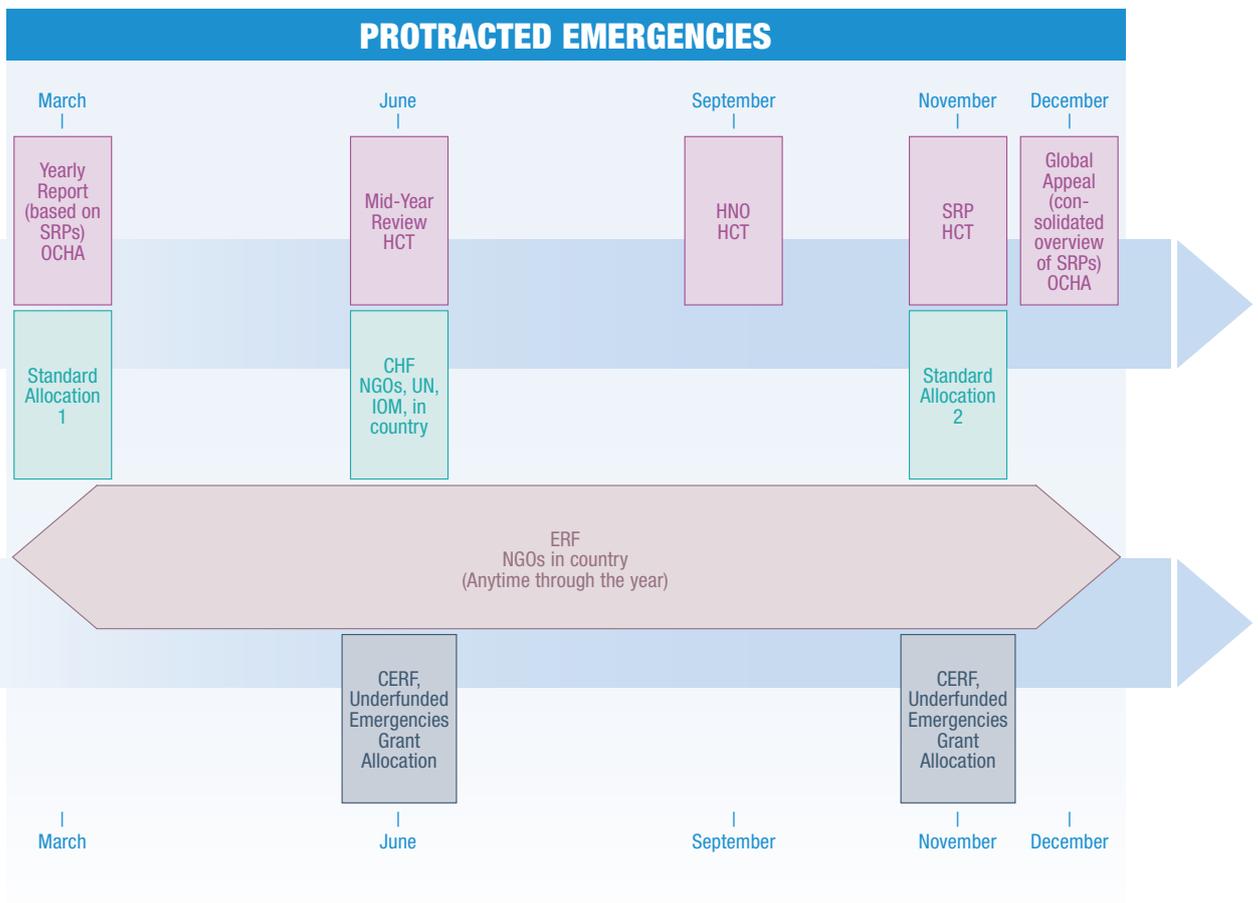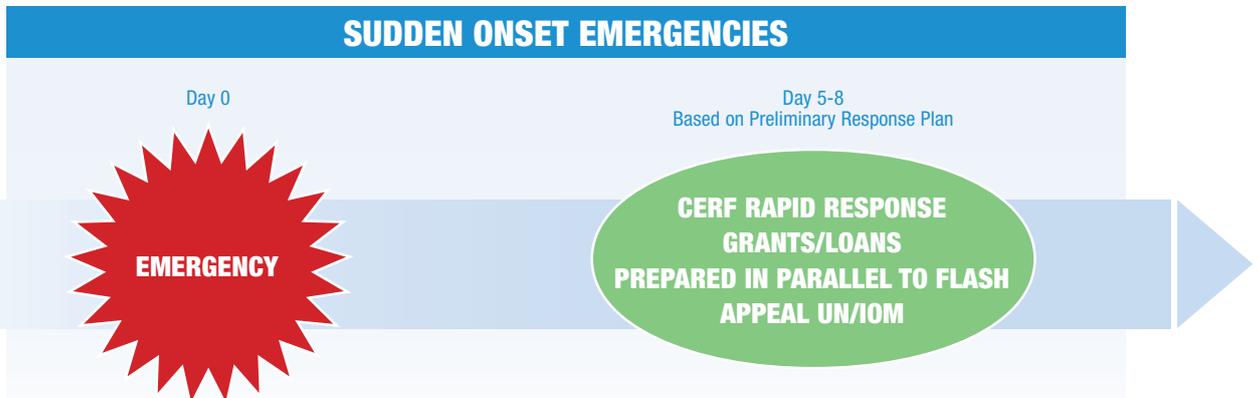
☑ TOP TIPS FOR CHF:

➲ CHFs are complicated to set up and operate, and are not established in early stages of a sudden-onset crisis.

➲ CHF funds contribute to strengthening coordination and HC leadership.

➲ All SRP partners can apply for CHF funding. However, NGOs and Red Cross/Red Crescent components need to go through a capacity assessment in line with CHF requirements.

➲ The CHFs for Democratic Republic of Congo and Somalia have included recent innovations with alternative approaches to project audits based on risk assessment. This includes a range of potential benefits for prospective partners including national NGOs, and streamlining processes and improving cost-efficiency. These innovations are in alignment with proposed changes to a multi-years SRP.

➲ CERF funding can be allocated based on CHF agreed priorities.

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10. Cluster lead agencies or a cluster coordinator and some key partners in a cluster may form part of a vetting committee of projects for various appeals, notably those handled by the HC in country.

TIMELINES FOR ALLOCATION OF POOLED FUNDS

SUDDEN ONSET EMERGENCIES

Day 0

Day 5-8
Based on Preliminary Response Plan

EMERGENCY

CERF RAPID RESPONSE GRANTS/LOANS PREPARED IN PARALLEL TO FLASH APPEAL UN/IOM

PROTRACTED EMERGENCIES

March

June

September

November

December

Yearly Report (based on SRPs) OCHA

Mid-Year Review HCT

HNO HCT

SRP HCT

Global Appeal (con-solidated overview of SRPs) OCHA

Standard Allocation 1

CHF NGOs, UN, IOM, in country

Standard Allocation 2

ERF
NGOs in country
(Anytime through the year)

CERF, Underfunded Emergencies Grant Allocation

CERF, Underfunded Emergencies Grant Allocation

March

June

September

November

December

OVERVIEW OF POOLED FUNDING MECHANISMS

	Pooled Fund	Main objective	Funding available to	What can be funded?
Sudden onset/rapid deterioration in protracted emergency	**CERF Rapid Response/ Loan Mechanisms**	Jump start critical operations and fund life-saving programmes not yet covered by other donors and strengthen core response elements in underfunded crises.	UN (excluding OCHA) and IOM.	The most urgent, life-saving interventions in the Flash Appeal in line with CERF life-saving criteria.
Protracted emergency	**ERF**	Fund small, rapid, flexible funding to unforeseen or new developments not included in SRP or similar planning frameworks.	NGOs (80%), UN, Red Cross/Red Crescent, IOM (20%).	Direct and indirect costs incurred in approved project implementation and documented in project budget.
Protracted emergency	**CHF**	Provision of core funding to SRP or similar planning frameworks projects + emergency reserve to respond to needs outside SRP (10% of fund).	NGOs (primarily), UN, Red Cross/ Red Crescent, IOM.	Only projects included in SRP and CHF Allocation Paper (and new non-SRP projects which become a priority due to new emergencies under the CHF reserve). Allocation priority criteria produced by OCHA in-country.
Protracted emergency	**CERF Underfunded Emergencies Grant**	Improve equity of funding in underfunded emergencies.	UN (excluding OCHA) and IOM.	To fund underfunded, priority response.

BILATERAL FUNDING

According to the FTS, over 90% of emergency funding is allocated bilaterally but in reality, this figure is higher.

GOVERNMENT/MULTI-LATERAL DONORS

Major emergency donors for child protection and GBV have traditionally included ECHO (the Humanitarian Aid and Civil Protection department of the European Commission) and Australia, Canada, Ireland, Norway, UK, USA, Sweden and Switzerland. The large majority of emergency funding is given bilaterally by government donors/ECHO to INGOs with whom they have long term relationships because of common strategic areas of interest, or because INGOs are based in the donor country. These donors also channel a large proportion of their funding for protection through UN agencies which have a protection mandate (principally UNHCR, UNICEF and UNFPA). These UN agencies, in turn, fund their international and national NGO implementing partners. Even in sudden onset disasters, bilateral donors tend to fund those agencies/INGOs with which they have established relationships and whose credibility they know.

Non-traditional emergency government donors have contributed large sums to emergency responses recently, notably Turkey and the Gulf governments responding to crises in their region. Governments of emerging economies also fund regions in which they have an interest. Considerable sums of money are given, but in many cases, funds remain outside the UN led coordination groups.

FOUNDATIONS

Trusts and foundations are minor donors to child protection and GBV humanitarian programming but, as foundations typically have a high tolerance of risk and are therefore more receptive to innovative programming ideas; the funding tends to be valuable relative to the amounts given. Foundations seldom have emergency response as a strategic priority. However, child protection or GBV emergency response projects which are expressed in terms which advance the foundation's values or issues of interest. As with government donors, it is important for any funding application to be in line with the foundation's focus, priorities, funding criteria and process.

PRIVATE CORPORATIONS

The private sector contribution to humanitarian response is small but has been increasing over the recent years. Assistance is often through in-kind donations which can bring particular challenges in terms of the high cost (in person time) of dealing with the donations. However, in recognition of the increasing levels of engagement and value of donations as part of humanitarian response from private corporations, a number of UN agencies are dedicating more time and investment to developing longer term partnerships with corporations. Partnerships are particularly around different aspects of communication, such as social media reporting on crisis in real time and GPS systems for locating communities requiring immediate assistance.

INDIVIDUALS

While there is much to learn about patterns of private funding for response, it is believed that individual donations make up approximately 75% of the significant amounts of private emergency response funding. The majority of individual funding is in the form of remittances or individual donations to public appeals. These funds are particularly valuable as they are mostly unearmarked, giving recipient agencies flexibility on how to use them. Individual funding is given bilaterally to individuals e.g. sent by members of the diaspora to families; by individuals to INGOs and NGOs/CBOs in response to crisis appeals or by wealthy individuals to NGOs or foundations whose values they support.

ALTERNATIVE MODELS FOR EMERGENCY FUNDING

In a few settings, alternative models for funding have been established. Examples include the GBV Basket Fund in the Democratic Republic of Congo, Child Protection Fund in Zimbabwe and the Peace Building Fund in Northern Uganda. These could provide starting points for coordinators in settings where funding from traditional sources has been much less than the scale of the needs.

TOP TIPS ON BILATERAL FUNDING:

- Nearly all humanitarian funding is allocated for a maximum of 1 year, although some donors have introduced multi-year funding agreements with key INGO partners. This practice supports good child protection programming, which may require longer time scales to make a real impact.
- Most donors retain a small proportion of flexible funding to respond to new or unforeseen emergencies.
- Many bilateral donors will not programme response to natural disasters without a government appeal for international assistance. Under these circumstances, alternative funding sources become even more important.
- In countries where the UN are not themselves implementing GBV or child protection emergency response, the lower priority they place on accessing funding for these activities can mean that the national and local NGOs who are providing services are left poorly funded. As a solution to this situation, in some countries, national and local NGOs have formed consortia to enable them to submit funding proposals of the size and quality which donors can consider funding directly.
- Many foundations are committed to working on aspects of women and children's issues, so it is worth approaching foundations which prioritize the crisis country you are in, and frame the project in a way which addresses the specific foundation's values.
- Coordination groups are not entities and therefore cannot receive in-kind donations which need to be channeled through Cluster Lead Agencies or member agencies. Handling (storage, distribution) in-kind donations have time and cost implications so each case must be judged on its merits.
- Some Cluster Lead Agencies e.g. UNICEF have HQ staff dedicated to developing relationships with private sector corporations. Use this information to establish whether the corporations can help provide support which meets specific needs for the context.

PART IV
BRIEF DONOR PROFILES
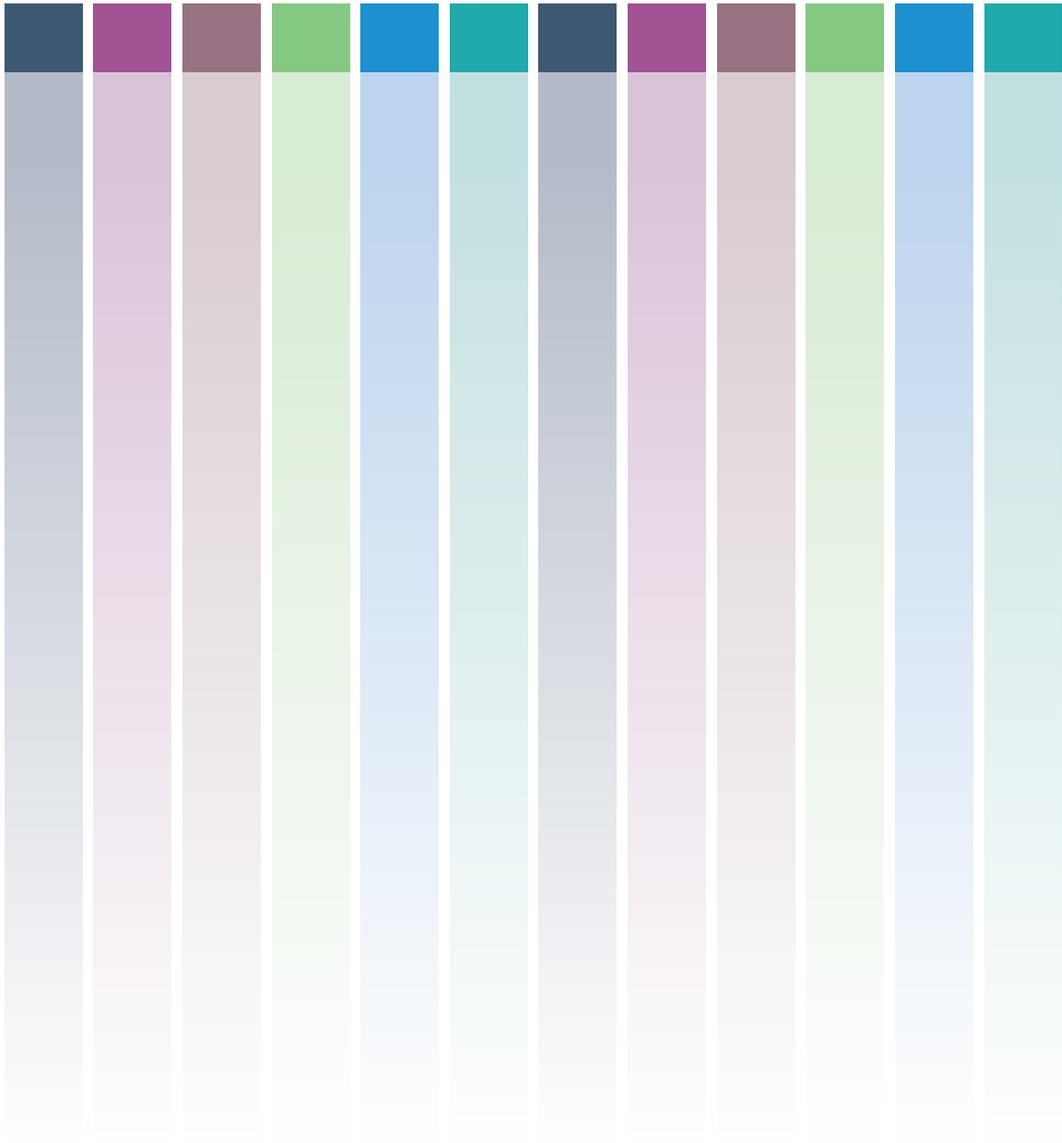
Having a current view of donor strategies for the context you are in is key to targeted and strategic resource mobilization. The brief overviews provided below are a starting point. Links to donor websites are also provided for fuller information.

AUSTRALIA (DFAT, PREVIOUSLY AUSAID)

Country presence	Country and Regional Offices with a primary focus on Asia Pacific – Indian Ocean Region.
Humanitarian Funding Priorities (relevant to CP, GBV)	High priority on Protection including SGBV & child protection.
Multi-sector / standalone projects funded	Funds integrated, multi-sectoral programmes.
Funding criteria	Strengthening results focus.
Funding decisions	Devolved funding decisions in field offices with advice from Geneva and Canberra.
Additional information	Protection Framework published 2013.

Useful Links:
➲ **Protection Framework:** http://aid.dfat.gov.au/Publications/Pages/framework-protection-humanitarian-action.aspx
➲ **Child Protection Policy, 2013:** http://aid.dfat.gov.au/Publications/Pages/child-protection-policy.aspx

CANADA (DFATD, PREVIOUSLY CIDA)

Country presence	Limited dedicated humanitarian country presence, though always good to engage with Embassies that have development teams.
Humanitarian Funding Priorities (relevant to CP, GBV)	Prioritize gender/GBV and child protection programming when indicated as priority need in a crisis by Appeal or joint needs assessments. Secure Future of Children and Youth is one of Canada's priority themes for development assistance – engage on DA in addition to the humanitarian assistance. Promoting Equality between Men and Women is a cross cutting priority for all of Canada's Humanitarian Aid and Development Aid.
Multi-sector / standalone projects funded	Funds multi-sector and standalone projects.
Funding criteria	Alignment with CIDA and other government department priorities; convincing needs assessment; results framework and capacity of IP.
Funding decisions	Allocations for crisis are based on severity of needs. Humanitarian Officers in the HQ team then recommended project-level funding of these allocations based on proposals received from INGOs and appeals by the UN and Red Cross Movement. Small amounts of country-specific child protection and GBV funds are sometimes available in Local Funds managed by Embassies.

Useful Links:
➲ **DFATD HA:** http://www.international.gc.ca/development-developpement/humanitarian_response-situations_crise. aspx?lang=eng
➲ **Proposal Guidelines:** http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUImages/Funds/$file/funding-application-guidelines-for-non governmental-organizations-eng.pdf

ECHO (EUROPEAN COMMISSION, HUMANITARIAN AID AND CIVIL PROTECTION)

Country presence	40 country offices and a Rapid Response Team to deploy technical experts to support response and coordination in emergencies
Humanitarian Funding Priorities (relevant to CP, GBV)	➲ Emergency coordination. ➲ Protection including funding to build and strengthen the political, social, cultural, institutional, economic and legal environment for protection over the long term (Funding Protection: Directorate General (DG) ECHO's funding guidelines, April 2009).) ➲ Strategy on children in emergencies, released in 2008; Gender policy (covers also GBV aspects), published in 2013. ➲ Both GBV/child protection targeted funding and mainstreaming as cross cutting issues. ➲ Capacity-building for humanitarian actors/systems, available to its implementing partners, both international organizations and NGOs.
Multi-sector / standalone projects funded	Funds multi-sector and standalone projects.
Funding criteria	Most important to have well written proposals which demonstrate how project addresses the situation/context. Need strong contextual analysis and evidence of needs.
Funding decisions	➲ Made jointly by field and HQ Technical staff. ➲ Building relationships in the field and at HQ is very important. ➲ Have informal discussions with ECHO staff before submitting proposals. ➲ ECHO is developing a Gender and Age marker.

Additional information
Strategic Priorities for each country are contained in Country Humanitarian Implementation Plans (HIP) and operational recommendations.
ECHO funding is available to partners who have signed a Framework Partnership Agreement (FPA). NGOs which have not signed an FPA can only access funding through partners already registered with ECHO.

Useful Links:
➲ **For proposals – Single Form Guidelines – DG ECHO partners have to use to submit their Action proposal for Community funding:**
http://ec.europa.eu/echo/files/funding/opportunities/other_single_form_guidelines_final_en.pdf
➲ **Guidelines for ECHO funding for humanitarian aid to UN agencies:** http://ec.europa.eu/echo/files/partners/humanitarian_aid/fafa/2012/ECHO-UN_Guidelines_June2012.pdf
➲ **Annual guidelines on operational priorities:** http://ec.europa.eu/echo/files/policies/strategy/strategy_2013_en.pdf
For specific policies:
➲ **Staff Working Document (SWD) on Children in Emergencies and Crisis Situations:**
http://ec.europa.eu/echo/files/policies/sectoral/children_2008_Emergency_Crisis_Situations_en.pdf
➲ **Staff Working Document on Gender in Humanitarian Assistance; Different Needs, Adapted Assistance:** http://ec.europa.eu/echo/policies/sectoral/gender_en.htm
➲ **Humanitarian Protection, DG ECHOs funding guidelines, April 2009:** http://ec.europa.eu/echo/files/policies/sectoral/Prot_Funding_Guidelines.pdf

IRELAND (IRISH AID)

Country presence	Limited country presence within the humanitarian area but represented in the field by Irish Embassies.
Humanitarian Funding Priorities (relevant to CP, GBV)	Strong GBV Advocates. Policy: all projects should mainstream gender and protection.
Multi-sector / standalone projects funded	Funds multi-sector and standalone projects.
Funding criteria	Allocations are based on needs and proposals must demonstrate a results-based approach. Small amounts of country specific GBV funds available
Funding decisions	Most funding goes to UN agencies, International Committee of the Red Cross (ICRC) and Irish-based INGOs. Large contributors to the CHF and CERF. Irish-based NGOs can respond to calls for proposals. Non-Irish-based NGOs are invited to respond on the basis of need and expertise (e.g.eg for GBV).) No specific funding line for protection or GBV.
Additional information	Irish Consortium on GBV - Mary Robinson (Former Irish President) acts as an advisor. National Action Plan for SCR 1325 (2011-2014) which includes addressing GBV. Mid Term Progress Report on the Implementation of Ireland's National Action Plan for SCR 1325. Irish Aid are strong GBV advocates and punch above their weight as GBV champions.
Useful Links:	

↻ **Irish Aid Humanitarian Relief Policy:** http://www.irishaid.gov.ie/media/irishaid/allwebsitemedia/20newsandpublications/publicationpdfsenglish/humanitarian-relief-policy1.pdf

SWEDEN (SIDA)

Country presence	Limited country presence within the humanitarian area but represented in the field by Swedish Embassies.
Humanitarian Funding Priorities (relevant to CP, GBV)	Strong support for child protection through UNICEF and Save Sweden. The Swedish Policy for Humanitarian assistance indicates that Humanitarian assistance shall take into account the need to protect women against violence and other abuse.
Multi-sector / standalone projects funded	Funds multi-sector and standalone projects.
Funding criteria	Strong emphasis on needs based funding.
Funding decisions	All decisions made at HQ. Recent changes to decision-making process to focus on reducing the numbers of funding agreements. In 2013 focus on 22 major crisis areas as priorities with humanitarian context analysis being developed for each of the 22 crisis areas. GBV, and particularly prevention of GBV, is a thematic priority and Sida has set out to ensure that 25% of the programmes financed shall have integrated, concrete expected results/outcomes regarding prevention of GBV.

Additional information	Give mostly unearmarked funding to UNICEF which includes child protection and a major part of the funding to Save Sweden for child protection. Fund child protection as part of multi-sectoral programmes to other agencies. Strong links between humanitarian and development issues. Strong support for coordinated response and associated funding mechanisms. Introduced multi-year funding partnerships. Rapid Response Mechanism Facility by which pre-qualified partners can receive funding within 24 hours of smaller rapid onset disasters. Humanitarian support to protection is also provided through core support to multilateral agencies by the Swedish Foreign Ministry.

Useful Links:
⮑ **Strategy for humanitarian assistance provided through the Swedish International Development Cooperation Agency (Sida) 2011-2014:** http://www.regeringen.se/sb/d/108/a/178354

SWITZERLAND (SDC)

Country presence	Increasing presence in the field through SDC Humanitarian Aid (SDC-HA) and Development Cooperation Offices
Humanitarian Funding Priorities (relevant to CP, GBV)	Protection is as a priority and cross-cutting theme for SDC-HA. In addition, it is regularly integrated in SDC/HA country strategies.
Multi-sector / standalone projects funded	Funds multi-sector and standalone projects.
Funding criteria	SDC has a mixed funding strategy which includes the provision of annual core contributions to SDC/HA priority multilateral partners (ICRC, UNHCR, WFP, UNICEF, OCHA and UNRWA) and multi-bi funding based on identified needs, emergencies, priority themes, countries and regions. In addition, about one third of SDC/HA budget is reserved for direct implementation projects, bilateral partners (Swiss NGOs, INGOS, NNGOs) and emergencies. Finally, in certain countries, SDC/HA contributes to pooled funds.
Funding decisions	Fund annual core contribution for agencies with protection mandate: ICRC, HCR, OCHA and adding UNICEF in 2013. Other funding based on priority countries and regions. Nearly all funding is bilateral, with exception of Zimbabwe child protection Fund. Funding is mainly allocated through established partnerships. Small amounts of flexible funding to respond to new crises. Of humanitarian aid, 1/3 to ICRC, 1/3 to UN agencies, 1/3 to Swiss NGOs or direct implementation.
Additional information	A revised Swiss Strategy for the Protection of Civilians (PoC) in Armed Conflict is to be launched by the end of 2013.

Useful Links:
⮑ http://www.ddc.admin.ch/

UNITED KINGDOM (DFID)

Country presence	Country offices. Working directly in 28 countries across Africa, Asia and the Middle East.
Humanitarian Funding Priorities (relevant to CP, GBV)	Funding decisions are informed by DFID response strategy for the specific humanitarian emergency but protection of civilians and humanitarian space is policy goal 6 (see below Humanitarian Policy) with special reference to prevention and response to violence against women and girls.
Multi-sector / standalone projects funded	Most protection projects funded are mainstreamed through other sectors. GBV funding is available for both mainstreamed and standalone projects.
Funding criteria	DFID have a strong emphasis on demonstrating results (M&E) and value for money.
Funding decisions	Funding and mechanisms vary from country to country and are informed by the response strategy for that specific crisis e.g. funded consortia of INGOs in Myanmar because few INGOs were working in sector.
Additional information	Rapid Response Facility by which pre-qualified INGO partners can receive funding within 72 hours of rapid onset disaster. Secretary of State personally champions prevention of and response to violence against women and girls (VAWG) and DFID has committed to assessing risks of VAWG in all new and existing humanitarian programmes.

Useful Links:
➲ **Guidance for Humanitarian Response Funding (March 2013):** https://www.gov.uk/humanitarian-response-funding
➲ **UK Government Humanitarian Policy:** https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67468/The_20UK_20Government_s_20Humanitarian_20Policy_20-_20September_202011_20-_20Final.pdf

UNITED STATES OF AMERICA

BPRM (Department of State, Bureau of Population, Refugees, and Migration)	
Country presence	Country and Regional Offices
Humanitarian Funding Priorities (relevant to CP, GBV)	BPRMPRM mission: To provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practices in humanitarian response, and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy. Prioritizes funding for protection, humanitarian assistance, and durable solutions for refugees, conflict victims, internally displaced persons (as a result of conflict), stateless persons, and vulnerable migrants (such as asylum seekers, unaccompanied minors, victims of human trafficking).

| | Provides rapid, flexible funding in acute emergencies, as well as support for humanitarian needs in protracted situations and for solutions to displacement, including voluntary return and reintegration, local integration in host communities, and refugee resettlement in the United States.

Authorizing legislation emphasizes support to international organizations, principally UNHCR, ICRC, IOM, and UNRWA. Typically BPRMPRM funds NGOs to fill gaps in multilateral programming. Child protection efforts supported through IO and NGO partners include family reunification and tracing, education, nutrition and health care/immunizations, psychosocial support/child-friendly spaces, birth registration, conducting best interest determinations, prevention and response to GBV, and prevention of sexual exploitation and abuse.

Prioritizes support for protection of women and children, particularly GBV prevention and response. Since 2000, BPRMPRM has provided over US$73 million to prevent and respond to GBV, and has successfully integrated GBV prevention and response in multi-sectoral programs, including 45 percent of BPRMPRM-funded NGO projects in FY 2012. BPRM issues a call for GBV proposals annually – the 2013 funding opportunity announcement can be found at http://www.state.gov/j/prm/funding/2013/208998.htm. |
|---|---|
| **Funding criteria** | BPRM's General NGO Guidelines for Overseas Assistance are available here: http://www.state.gov/j/prm/releases/releases/2013/204769.htm
NGOs applying for BPRMPRM funding must demonstrate:
➲ Coordination within the international humanitarian system – usually with UNHCR.
➲ Adherence to Sphere Minimum Standards in Disaster Response.
➲ Adoption of a code of conduct prohibiting sexual exploitation and abuse.
➲ Consideration of safety and security issues.
In some cases, BPRMPRM supports multi-year programming (up to 36 months), with funding approved on an annual basis. Funding opportunity announcements are released on BPRM's website and via grants.gov. Deadlines for submission are firm and BPRMPRM encourages use of its proposal and reporting templates. |
| **Funding decisions** | PRM funding decisions are made centrally in Washington, DC, with significant input from field monitoring by BPRM's Regional Refugee Coordinators based in U.S. Embassies overseas. Funding decisions are based on humanitarian needs assessments. Decisions on proposals for continued or multi-year programs must consider past performance results and findings from BPRMPRM monitoring and evaluation efforts.

The U.S. fiscal year operates October 1 – September 30. BPRMPRM provides contributions to international organizations. The majority of BPRMPRM funding to NGOs is provided via cooperative agreements. A portion of BPRMPRM funding is allotted to U.S. Embassies via the Julia V. Taft Fund to support small-scale (<$25,000) programs for refugees and other populations of concern. |

Useful links:
➲ **US Department of State, General NGO Guidelines for Overseas Assistance, Feb 8th, 2013:** http://www.state.gov/j/prm/releases/releases/2013/204769.htm

United States Agency for International Development/Office of Foreign Disaster Assistance (USAID/OFDA)	
Country presence	USAID/OFDA has staff based in country and regional offices. In addition, Disaster Assistance Response Teams may also be deployed to affected countries as needed.
Humanitarian Funding Priorities (relevant to CP, GBV)	USAID/OFDA is responsible for coordinating US government assistance to disaster's abroad and views protection, including both protection sector and protection mainstreaming actions, as vital to USAID/OFDA's mission to: save lives, alleviate suffering, and reduce the economic impact of disasters.

In support of this, USAID/OFDA will fund focused GBV and child protection programs, as well psychosocial support and protection coordination, information, and advocacy projects.

In addition, all USAID/OFDA programs, regardless of sector, are required to demonstrate protection mainstreaming, gender and diversity analysis and mainstreaming, and inclusion of older people and persons with disabilities. Partners must also have a Code of Conduct for Prevention of Sexual Exploitation and Abuse in line with the IASC Core Principles. |
| **Multi-sector / standalone projects funded** | USAID/OFDA will fund stand-alone protection programs, including child protection and GBV. However, the majority of proposals submitted to USAID/OFDA, especially those from NGO partners, request assistance to support for activities in two or more sectors. Proposals requesting assistance to support activities within a single sector are more common from public international organizations (such as UN agencies). Partners work with USAID/OFDA staff based in country or regional offices to determine an estimated budget amount and the sectors to be included prior to submitting a proposal. |
| **Funding criteria** | USAID/OFDA applies 3 criteria when evaluating proposals for protection sector programming:
↪ The protection risks are disaster or conflict related.;
↪ The proposed activities are appropriate for humanitarian actors.,
↪ The intended results are reasonable within the given timeframe.
USAID/OFDA also prioritizes funding for protection programs that draw on evidence-based tools and established best practices and guidelines. |
| **Funding decisions** | USAID/OFDA receives an annual allocation of funds from the US Congress. With this funding, USAID/OFDA prepares a notional budget at the start of each fiscal year, setting a certain amount of money aside for new emergencies (i.e. a contingency response fund), and allocating the remainder for ongoing crises.

The budget allocation for each country is based on current and expected humanitarian needs for the year ahead. These planning budgets are allocated to various teams within USAID/OFDA, who then develop a spending plan for the year.

The majority of USAID/OFDA funding goes to non-governmental organizations (80 - 90%), who apply for funding for their programs following the USAID/OFDA Proposal Guidelines (referenced above). Funding for public international organizations (such as UN agencies) does not require a proposal, but regional teams will choose to fund individual projects in the appeal, based on needs. |

Additional information	Proposal guidance is most important bit for allocations to take note of. Include 4 key points (see links).

Useful links:
➲ **USAID/OFDA Guidelines for Proposals October 2012:** http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/resources/files/accg/guidelines_for_proposals_2012.pdf
➲ **Full proposal guidelines, including very specific guidance on what is required for protection-sector proposals, and a link to a two page sheet on USAID cross-cutting protection guidance and code of conduct requirements:** http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources/guidelines-proposals
➲ **US Strategy to Prevent and Respond to Gender Based Violence Globally:** http://pdf.usaid.gov/pdf_docs/PDACT888.pdf
➲ **National Action Plan on Women, Peace, and Security** http://www.state.gov/documents/organization/196726.pdf
➲ **US Government Action Plan on Children in Adversity** http://transition.usaid.gov/our_work/global_health/pdf/apca.pdf

KEY REFERENCES (WEBSITES AND DOCUMENTS)

➲ *Placing protection at the centre of humanitarian action: Study of Protection Funding in Complex Humanitarian Emergencies*, Murray & Landry, 2013.

➲ *Minimum Standards for CP in Humanitarian Action*, CWPG, 2012.

➲ *Guidelines for GBV interventions in Humanitarian Settings* (currently under revision).

➲ *Sex and Age Matter: Improving Humanitarian Response in Emergencies*, Feinstein International Centre, 2011.

➲ www.humanitarianresponse.info

➲ www.unocha.org/cap/resources/policy-guidance

➲ www.globalprotectioncluster.org

➲ www.cpwg.net

➲ www.gbvaor.net

➲ www.gbvims.org

➲ www.sphereproject.org
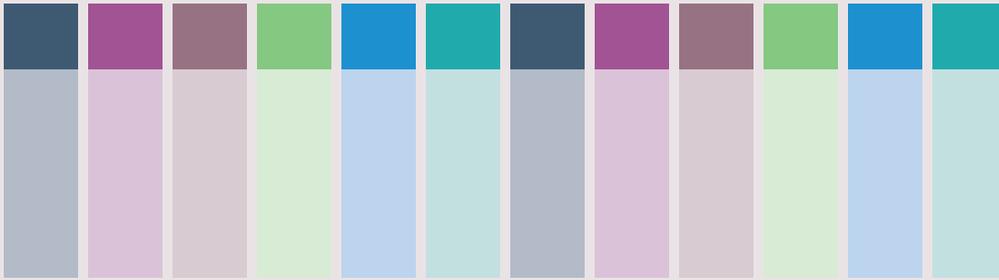
This Fundraising Handbook has been developed jointly by the Child Protection Working Group and the Gender-based Violence Area of Responsibility. It is addressed to national NGOs, International NGOs and UN Agencies working in the field for child protection (CP) and Gender based Violence (GBV) as well as coordination groups in-country.

The top 5 tips for fundraising are summarized as follows:
↺ Guarantee evidence based CP and GBV programming
↺ Develop quality proposals
↺ Ensure effective CP and GBV coordination and joint advocacy
↺ Engage with the collective
↺ Build and maintain relationships with key donors

It is hoped that the Fundraising Handbook will be of interest to all humanitarian partners who share the responsibility for taking action to prevent and respond to the violence and abuses which can occur within the context of emergencies.