



Feminist Opportunities Now (FON):

Analytical mapping of feminist civil society organisations working in gender-based violence in Burkina Faso, Bangladesh, Colombia, Côte d'Ivoire, Ethiopia, Guinea, Kenya, México, Niger and Sri Lanka



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IPPF
International Planned Parenthood Federation
Africa Region



Research carried out by Consulting and Development – Bureau d'études

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Edition

Olistis

ACRWC	African Charter on the Rights and Welfare of the Child
AVGM	Alert of Gender Violence against Women
CBO	Community Based Organizations
CD-BE	Consulting and Development – Bureau d'Études
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CONAVIM	National Commission for the Prevention and Eradication of Violence Against Women
CRC	Convention on the Rights of the Child
CREA	Creating Resources for Empowerment and Action Inc
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil society organizations
FAD	French Agency for Development
FDRE	Federal Democratic Republic of Ethiopia
FON	Feminist Opportunities Now
GBV	Gender Based Violence
GDI	Gender Gap Index
HDI	Human Development Index
HTP	Harmful Traditional Practices
IDP	International Displaced Persons
IPPF-ARO	International Planned Parenthood Federation-Africa Regional Office
IT	Information technology
LGBTIQ+	Lesbian, gay, bisexual, transgender and sexual and other gender diverse individuals
MdM-F	Doctors of the world France (Médecins du Monde France)
MR	Menstrual Regulation
MRM	Medication-induced Menstrual Regulation
SCO	Civil Society Organizations
SOP	Standard Operating Procedures
UNDP	United Nations Development Program
UNFPA	United Nations Population Funds
UNICEF	United Nations International Children's Emergency Fund
UNWOMEN	The UN entity for gender equality & the empowerment of women & girls

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1. INTRODUCTION

The Feminist Opportunities Now (FON) project has been funded by the French Agency for Development (AFD)¹ and is being implemented by a consortium of five associations: the International Planned Parenthood Federation-Africa Regional Office (IPPF-ARO) —as lead partner— Creating Resources for Empowerment and Action Inc (CREA), Empow'Her, the International Federation for Human Rights and Médecins du Monde France (Mdm-F).

The project aims to build the capacity of women's movements by facilitating their access to funding and training, and by targeting small women's organisations, which are often not legally structured, to address and respond to gender-based violence (GBV). The project is implemented in ten countries on three continents: Mexico and Colombia (Mdm-F coordination), Bangladesh and Sri Lanka (CREA coordination) and Burkina Faso, Ethiopia, Guinea Conakry, Côte d'Ivoire, Kenya and Niger (IPPFAR coordination).

In the framework of this project, Mdm-F was responsible for the initial diagnosis and mapping of feminist civil society organisations (CSOs) and networks in the ten FON project countries. The main results of this research are presented in this report. The global and regional analysis is divided into three main pieces: a) overview of the context in each country regarding gender inequality, prevalence of GBV and legal and political frameworks on GBV, b) analytical mapping of feminist CSOs and networks' capacities, and c) set of recommendations regarding the reinforcement of CSOs capacities and strategies for their financial support.

This document is the executive summary of the complete report and presents the main research conclusions. In the complete report, the same analysis is presented separated by country (overview of the context and capacities of feminist CSOs working on GBV).

2. METHODOLOGY

The research methodology employed a mixed approach, combining quantitative and qualitative research tools. Information was firstly gathered at the country level and individually analysed by country, as well as regionally and globally.

The full research was divided into three phases: a) conception of the methodology and research tools, including adaptation to each country by the national experts; b) data collection and c) quantitative and qualitative data analysis.

Qualitative data collection

A total of 126 **semi-structured interviews** were carried out in the ten countries. Targeted key informants were national feminist CSOs (80), international CSOs (9), national institutions (25), bilateral cooperation organisations and UN agencies (10). Additionally, in two countries, two independent experts were targeted. Additionally, one focus group targeting CSOs was

¹ Agence Française de Développement

organised in each country, except for Bangladesh, where focus groups could not be organised, and Burkina Faso and Guinea, where two focus groups were conducted. Each focus group mobilised an average of ten people, which represents 97 consulted CSOs.

Quantitative data collection

Quantitative information on the structure and capacities of CSOs was collected through an **online survey**. The survey was sent to 1,275 pre-identified CSOs in ten targeted countries. Three eliminatory questions were included to verify that the respondent:

- a) was a feminist organisation, with gender quality as a main or significant objective,
- b) operated as a CSO or a network of CSOs or held a non-profit status (excluding institutions, consultancy firms, research centres or individuals), and
- c) was specialised in GBV including the promotion and protection of sexual and reproductive rights, rather than other areas such as economic development, education, or health.

Initially, 395 organisations began the questionnaire, but after the eliminatory questions, only 321 completed the process and 310 answered all questions. Among respondents, 53% were unfamiliar with the FON project, while 3% had received funding from it.

Table 1. Number of CSOs participating in the online survey by country

Country	Number of targeted CSOs	Number of organisations that started the interview	Number of CSOs and networks that passed the eliminatory questions	Number of CSOs or networks that completely filled the survey
Bangladesh	57	22	19	18
Burkina Faso	36	32	29	28
Colombia	145	49	34	31
Côte d'Ivoire	52	43	41	38
Ethiopia	60	44	38	38
Guinea	118	43	37	36
Kenya	97	23	14	1
Mexico	600	85	67	67
Niger	62	27	22	21
Sri Lanka	48	27	20	20
Total	1,275	395	321	310

Research Limitations

- Lack of standardised official data on GBV per country, which avoided developing in-depth comparative analyses.
- Challenges to obtain information on GBV related to LGBTQI+ populations, sex workers and migrants, specific targets of this research.

- Limitations in accessing public institutions and UN agencies, especially in Niger, Burkina Faso, Kenya and Sri Lanka.
- Mobilising CSOs to participate in an online survey was challenging, with low response rates in some countries. The survey was comprehensive and included an important number of questions, which also explains the difference between the number of CSOs that started the questionnaire and those that completed it.
- Interviews could not be developed in local languages and only three main languages were used (English, Spanish and French), limiting the access of local CSOs.

3. CONTEXTUAL ANALYSIS

3.1. GBV prevalence according to main sustainable development indicators in GBV.²

Prevalence of different forms of violence varies from one country to the other and it is challenging to establish geographic trends, suggesting that GBV might be influenced by various national factors.

Bangladesh and Kenya are the countries with a higher rate of physical and/or sexual intimate partner violence in the last 12 months, while Sri Lanka, Mexico, Burkina Faso and Niger are the countries in which this form of violence is less reported, 6%, 7.5%, 9.30% and 13.9% respectively.

Child marriage is very common in most countries, but in Niger, Burkina Faso and Bangladesh it represents most marriages since the prevalence is over 50%. In other countries such as Mexico and Colombia, it was not highlighted by CSOs as a kind of GBV, even if its prevalence is also relevant (23.4% and 20.7% respectively).

Female genital mutilation/cutting is the type of violence which especially affects women in Guinea (94.20%), Burkina Faso (75.8%) and Ethiopia (65.20%). This practice is strongly influenced by traditional rules that also vary from one ethnic group to the other and that are not always linked with religion. In Colombia, cases of FGM were also reported, but they are not captured by statistics.

According to CSOs on the field, psychological violence and online sexual violence are difficult to capture by statistics but would need more attention since the prevalence is very high.

² This analysis is based on statistics published in the *Global Database on Violence against Women* elaborated by UNWOMEN to measure advance in Sustainable Development indicators on GBV. The database was created in 2016, in accordance with the adoption of the 2030 Agenda for Sustainable Development and allows to have comparable data on some kinds of GBV based on national statistics. Thus, in this section, the focus is done in key indicators that allow country comparison while country sheets present national available data on different kinds of violence.

Table 2. Prevalence of physical and/or sexual intimate partner violence in the last 12 months.³

Country	Prevalence of physical and/or sexual intimate partner violence in the last 12 months. Percentage ²	Prevalence of child marriage. Percentage ³	Prevalence of female genital mutilation/cutting. Percentage ⁴
Bangladesh	26.90	51.40	Not available
Burkina Faso	9.30	51.60	75.80
Colombia	18.30	23.40	Not available
Côte d'Ivoire	22.00	27.00	36.70
Ethiopia	19.80	40.30	65.20
Guinea	20.80	46.50	94.50
Kenya	25.50	22.90	21.00
Mexico	7.50	20.70	Not available
Niger	13.9	76.30	2.00
Sri Lanka	6.00	9.80	Not available

Source: UNWOMEN , 2023.

In last years, the global impact of COVID-19 has exacerbated existing crises, creating multifactorial challenges. Economic crises triggered by the pandemic, followed by a rise in prices, coupled with natural disasters in most countries; insecurity caused by the growth of terrorist groups in Burkina Faso, Ethiopia and Niger or organised crime in Mexico; and the increase of migratory movements in Bangladesh, Mexico, Niger, Kenya or Ethiopia have augmented the exposure to GBV of more vulnerable women and sexual and gender diverse individuals. It has also provoked the destruction of protection services, including the cases in which more conservative or authoritarian governments have reduced initiatives to develop actions to eliminate GBV (Burkina Faso, Guinea, Niger or Mexico).

3.2. Factors of influence on GBV in targeted countries according to stakeholders' perceptions.

Feminist CSOs adhere to international definitions of GBV but most participants indicated that GBV is defined in their context as any harm inflicted against women and girls. Only some participants focused on gender, pointing out that men or sexual and gender diverse individuals can also be victims of GBV.

CSOs identified people living with disabilities, national origin and ethnic origin as the main intersectional factors increasing vulnerability towards GBV. More specifically, **migrant and refugee** women, girls and sexual and gender diverse individuals were identified as groups that face higher risks of being GBV victims, due to their situation of transit in foreign countries, such as Burkina Faso, Ethiopia, Colombia, Mexico or Sri Lanka. The same situation was also highlighted for **IDPs** in countries such as Burkina Faso, Niger and Kenya. Ethnic or religious **groups** in Bangladesh, Colombia, Ethiopia, Guinea, Kenya or Sri Lanka were also noted as victims of more harmful traditional practices, exposing them to violence.

¹ UNWOMEN based on national data. Global Database on Violence Against Women (unwomen.org)

² SDG 5.2.1 Proportion of ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by age (%) Age: 15-49.

³ SDG 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 18 (%).

⁴ SDG 5.3.2 Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting, by age (%) Age: 15-49.

Gender and sexual diverse individuals were also identified as more vulnerable, but not all CSOs protect them, since some of them hold positions against these groups and contribute to their stigmatisation and vulnerability. In the same line, sex workers are an invisible group for most of CSOs, even if they also admitted that sex workers are highly exposed to GBV.

Gender inequality is identified as the main cause of GBV in all countries, but other factors are also highlighted such as cultural and religious influences and the rigidity of religious interpretations; the existence of legal polygamy and extra-marital relationships; the consumption of alcohol, drugs, and other substances by perpetrators, the lack of awareness of gender equality and women's and human rights and the ineffective implementation of laws and policies.

Finally, conservative ideologies were pointed out in all countries as main opponents to gender quality and actions against GBV. In Western and Eastern African countries, traditional community and religious leaders were pointed out as stakeholders trying to maintain gender norms and differences that placed women in an inferior position to men. This was also mentioned in Bangladesh and Sri Lanka, where religious leaders were considered opponents, as well as some political leaders from ethnic-national political parties. In the case of Latin American countries, conservative social movements with religious roots were identified as opponents of feminism. They base their strategy on denouncing the "gender ideology". These movements also hold strong anti-abortion beliefs.

GBV is prevalent in all the countries targeted in the research, but the term "GBV" does not appear in any legal framework. In practice, and as will be presented below, the legal frameworks often refer specifically to violence against women and girls, limiting an intersectional and inclusive perspective.

All the targeted countries have ratified the CEDAW but Niger; Bangladesh and Ethiopia have included reservations⁷

The Constitution of all the targeted countries prohibits discrimination based on sex or promotes equality between women and only in Colombia, Côte d'Ivoire and Ethiopia has included dispositions concerning the prohibition of violence against women.

Only Bangladesh, Burkina Faso, Colombia, Côte d'Ivoire, Kenya, Mexico and Sri Lanka have implemented laws for directly combatting GBV, but all the countries introduce dispositions to combat some forms of violence against women (in general focused on domestic and sexual violence against women).

⁷ Niger and Bangladesh justified on the grounds of preserving the country's cultural, traditional and religious values and Ethiopia on the process of arbitration.

Table 3. Main legal framework on GBV by country.

Countries	Main legal framework for GBV	Dispositions concerning GBV in the legal framework
Bangladesh	<ul style="list-style-type: none"> - Women and Children Repression Prevention Act. - Domestic violence (Prevention and Protection Act). 	<ul style="list-style-type: none"> - The Acid Offence Prevention Act. - The Acid Control Act. - The Medical, Legal Aid and Rehabilitation of the Persons Affected by Acid Rules. - The penal code penalises rape but is related to “peno-vaginal penetration”.
Burkina Faso	<ul style="list-style-type: none"> - Law n°061-2015 on GBV prevention, repression and reparation of violence against women. 	<ul style="list-style-type: none"> - The penal code penalises rape against any person, not only women; and FGM.
Colombia	<ul style="list-style-type: none"> - Law 248 (1995) which approves the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women. - Law 1257 (2008), which establishes norms for awareness, prevention and punishment of different forms of violence and discrimination against women, Law 294 (1996), which establishes norms to prevent, repair and punish domestic violence. - Law 1761 (Rosa Elvira Cely Law), which defines and penalises femicides. - Law 2172 (2021), which aims to establish measures to guarantee priority access to housing subsidies for women victims of extreme GBV, especially for vulnerable individuals. 	<ul style="list-style-type: none"> - Law 1773 (2016) (Natalia Ponce Law), which establishes penalties for acid burns. - Law 1146 (2007), which lays down rules for the prevention of sexual violence and comprehensive care for sexually abused children and adolescents. - Law 1719 (2015) which ensures access to justice for victims of sexual violence, especially in the context of the armed conflict, Law 2081 (2021), which penalises incest. - The Penal Code (Law 599 of 2000) penalise sexual crimes, including rape.
Côte d’Ivoire	<ul style="list-style-type: none"> - Law n° 2021-894 (2021) which promotes protection measures for victims of domestic violence, rape and sexual violence other than domestic violence. 	<ul style="list-style-type: none"> - The penal code penalises rape against any person, not only women or men. - Law n° 98-757 (1998) which defines and criminalises genital mutilation. - Law n° 2018-5 70 (2018) protects witnesses, victims, whistleblowers, experts and other people concerned, and provides the right of access to justice.
Ethiopia	<ul style="list-style-type: none"> - No specific law on GBV. 	<ul style="list-style-type: none"> - The penal code criminalises domestic violence, extra-marital rape against women and female genital mutilation.
Guinea	<ul style="list-style-type: none"> - No specific law on GBV. 	<ul style="list-style-type: none"> - The law on reproductive health (LO10/AN-2000) prohibits all forms of violence against women, including FGM, - The Penal Code criminalises FGM and rape.

Kenya	<ul style="list-style-type: none"> - The 2015 Domestic Violence Act. - The Sexual Offences Act (2006). 	<ul style="list-style-type: none"> - Employment Act. Penalises harassment. - Sexual offence act penalises sexual violence, including rape against any person.
Mexico	<ul style="list-style-type: none"> - Law on Women's Access to a Life Free of Violence (2007) approved in 30 states of 32. - 28 states also have a Law to Prevent, Attend and Eradicate Domestic Violence. 	<ul style="list-style-type: none"> - General Law for Equality between Women and Men (2021). - General Victims Law. - Rape is penalised in all cases, not only against women and girls.
Niger	<ul style="list-style-type: none"> - No specific law on GBV. 	<ul style="list-style-type: none"> - The Law No. 2006-16 of 21 June 2006 on reproductive health in Niger (criminalises FGM). - The penal code penalises FGM and rape (against men and inside marriage).
Sri Lanka	<ul style="list-style-type: none"> - The Prevention of Domestic Violence Act No. 34 (2005). 	<ul style="list-style-type: none"> - Anti-Corruption Act of 19 July 2023, which recognises sexual bribery. - The Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act No. 20 (1998) to prevent and punish sexual harassment in universities. - The penal code criminalises rape (against women and men).

In terms of sexual and reproductive rights, abortion is banned by the penal codes in Burkina Faso, Ethiopia, Niger, Côte d'Ivoire, Guinea, Kenya, Bangladesh and Sri Lanka. However, special conditions permit abortion in these countries, especially in cases of incest, foetus malformation, rape or when the woman's life is in danger, except Niger.

LGBTQI+ people's rights are not recognised and are even persecuted in eight of the ten targeted countries. The penal codes in Niger, Guinea, Kenya, Ethiopia, Bangladesh and Sri Lanka contain specific provisions criminalising same-sex sexual relations. Côte d'Ivoire and Burkina Faso do not have laws criminalising same-sex relationships; however, the interpretation of the penal code can persecute and criminalise sexual and gender diverse individuals. Furthermore, Burkina Faso and Niger are currently experiencing political and security instability, with the imposition of military governments, leading to increased police and military repression against sexual and gender diverse individuals. In parallel, Kenya and Ethiopia are also suffering from a rise in repression against the LGBTQI+ population, as a consequence of the approval of Uganda's law for the repression and criminalisation of LGBTQI+ people.

Sex work is not explicitly forbidden in targeted countries. However, the lack of regulation and the persecution of certain aspects related to sex work leaves sex workers unprotected by most GBV laws and measures in national legislation. Niger is the only country that penalises sex work directly under Article 7 of the law No. 2006-16 of 21 June 2006 on reproductive health.

Furthermore, no country has decriminalised sex work, and regulations in some countries, like in some states of Mexico, are hindering sex workers rights rather than protecting them.

Girls experience forced and child marriage, which is one of the most widespread forms of GBV, especially in Niger, Bangladesh, Burkina Faso, Guinea and Ethiopia and is not always punished by law. These countries have taken steps to ban child marriage by regulating it through different legal frameworks (children's codes, family codes or civil codes). Nevertheless, some of them continue to allow marriage of girls before turning 18, such as Niger and some states of Ethiopia. Others forbid child marriage but it continues to be a cultural and traditional practice in those countries.

Polygamy is a legal form of violence in Guinea, Burkina Faso, Niger, Sri Lanka, Bangladesh, Kenya, and Ethiopia. Quantitative and qualitative data have demonstrated that women living in polygamous contexts are more vulnerable to being victims of GBV. However, this structural violence is still very common in most Muslim countries.

Women, girls and gender diverse individuals in a migratory situation are more likely to be victims of GBV, but legislation does not protect them in most cases. Most of the targeted countries are influenced by migration movements, which have a significant impact on GBV. However, these countries lack specific provisions on GBV in their migration laws and regulations.

Women from minority ethnic groups are the most vulnerable to face GBV due to the prevalence of cultural norms. In some cases, specific legal provisions exist to address these issues. In countries such as Bangladesh, Colombia, Mexico and Sri Lanka, ethnicity has also been identified as a cross-cutting factor of vulnerability regarding GBV. Colombia and Mexico have developed a legal framework and mechanisms to protect women in indigenous communities. In the case of Bangladesh, some specific dispositions exist to avoid practices affecting specific ethnic groups that are more vulnerable, such as the Dowry Prohibition Act of 2018 that affects Dalit women. In all cases, interviewed stakeholders indicated that cultural practices prevail.

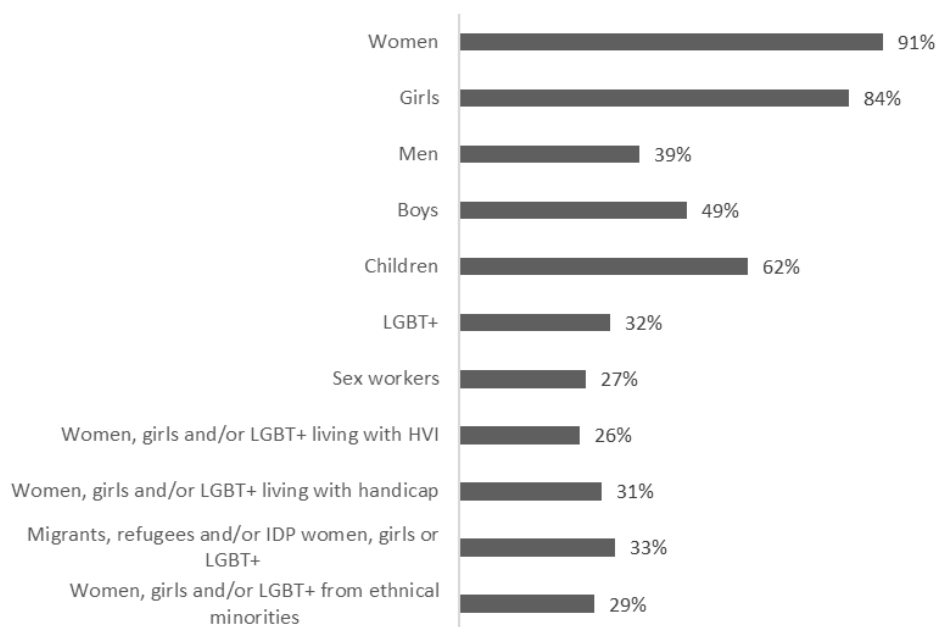
4. ANALYTICAL MAP OF FEMINIST CSOs

4.1. CSO targets and fields of intervention

The main target of feminist CSOs having participated in the study are women and girls, and more than half of them targets children. Roughly one third of CSOs target people in a situation of intersectional discrimination. The primary concerns among these CSOs are migrants, refugees and/or internally displaced women, girls and/or LGBTIQ+ individuals (33%), followed by LGBTIQ+ (32%) and women, girls and/or LGBTIQ+ living with a disability (30%).

Some organisations are experienced in assisting male victims of GBV, but most of CSOs working with men and boys focus on raising awareness and involving them in the prevention of GBV, as was noted during qualitative data collection.

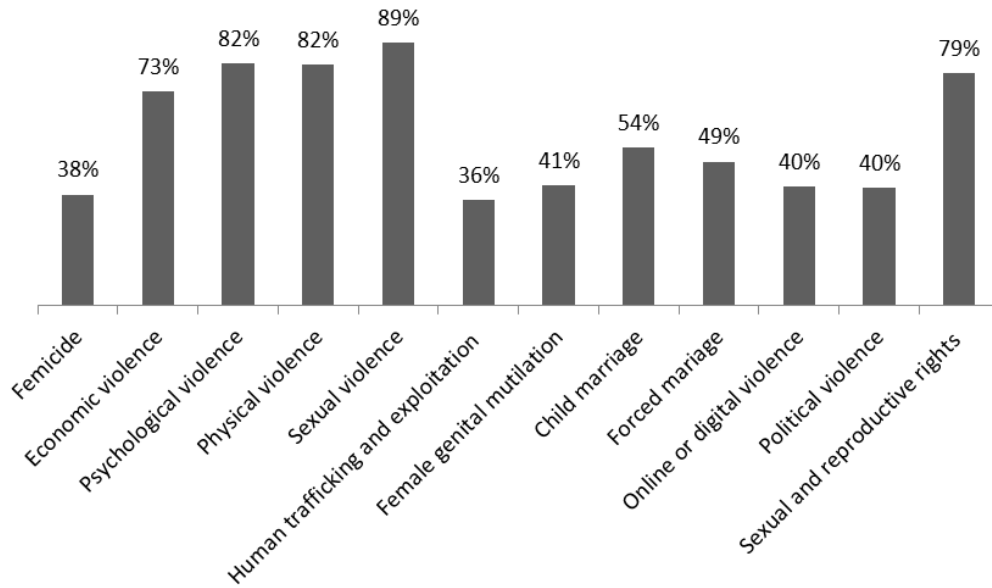
Graphic 1. What is your target population? (Multiple choice). n=395⁸



CSOs approach GBV comprehensively and work on different forms of violence simultaneously. CSOs adopt a comprehensive approach to address violence, primarily targeting economic (73%), psychological (82%), physical (82%) and sexual (89%) violence. Additionally, 79% of CSOs prioritise interventions concerning sexual and reproductive rights.

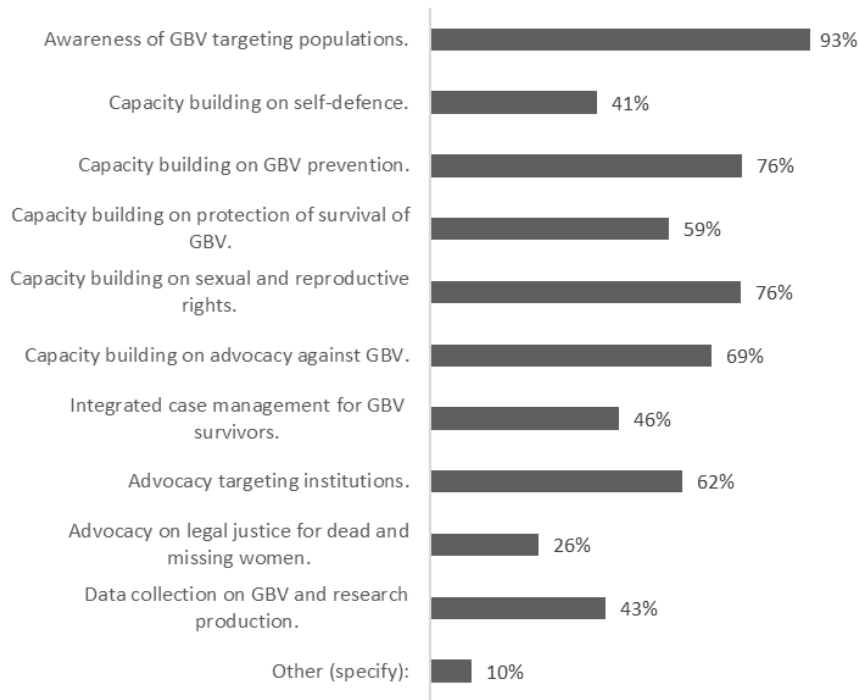
⁸ This question includes the analysis of CSOs that were later expelled from the questionnaire because they did not fit to the target.

Graphic 2. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=321



CSOs focus their intervention on the prevention of GBV. Most organisations participating in semi-structured interviews explained that community awareness and capacity building on GBV are essential to transform the comprehension around GBV, making them key areas of intervention. Community meetings are one of the main tools they use. The importance of adapting messages to community languages and using cultural codes was also underlined to enhance understanding and promote gender equality while combating GBV. *The advocacy actions of CSOs target more the community than the institution. Furthermore, few organisations have the resources to work on GBV survivors' case management.* The high cost associated with these activities and the prioritization of prevention over response may contribute to this trend.

Graphic 3. What are your services and activities in the field of protecting survivors of gender-based violence? n=321



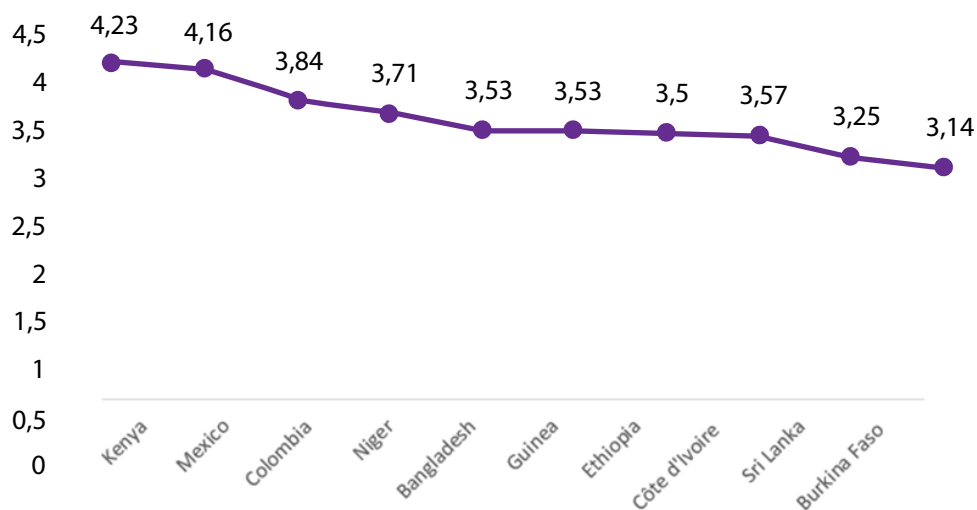
4.2. Capacities of feminist CSOs working on GBV

4.2.1. General structural capacities

Sixty-seven per cent of CSOs agree (37%) or totally agree (30%) with the statement: “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. Only 20% did not agree. Kenya, Mexico and Colombia are the countries where CSOs self-evaluate their capacities more negatively, since their level of agreement with this statement is higher.

⁹ The score is calculated from the average of the minimum punctuation (1=totally disagree and 5=totally agree).

Graphic 4. Average level of agreement with the statement: “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. Per country. Average score. 1=totally disagree, 5= totally agree. n=311



The main structural problems of CSOs are more related to fund availability than to their technical capacities. The fundraising capacity is the item worst evaluated (2.58), followed by the self-protection mechanisms against opponents of feminism and/or gender equality (3.09) and case management of GBV survivors (3.34). In some countries, mainly those with recent political and social instability such as Mexico, Burkina Faso or Niger, feminist CSOs and activists stated concerns with their self-protection capacity. Fieldwork findings across all countries show that challenges regarding the capacity to assist GBV survivors are linked to the lack of institutional resources, while also emphasising the necessity for improved confidentiality measures. Gender mainstreaming and knowledge of GBV were the items better evaluated (4.14 and 4.21 respectively). However, CSOs expressed a greater need for improvements in intersectional feminist approaches, which received a more negative evaluation (3.45). This aspect was also pointed out during interviews.

Interviews revealed certain gaps that were not mentioned by CSOs but identified by the research team, such as the capacity to analyse shortcomings in national legislations aimed at eliminating GBV. In countries like Niger, Burkina Faso or Ethiopia, only a few CSOs were able to identify gaps in the law and share the main areas of advocacy regarding legislation.

Furthermore, CSOs also had problems identifying more vulnerable groups of women to GBV, mostly when CSOs were not working with specific vulnerable groups such as people living with HIV, with a disability or IDP. This aligns with their lower score in capacities related to intersectional feminism.

4.2.2. Experience and human resources capacities.

GBV, a sector with a majority of long-established and registered organisations in which new organisations emerge. Most CSOs were registered (84%) and had more than 10 years of experience (49%). However, there was also a significant percentage of new organisations with less than five years of existence (33%). Western Africa is the region in which more organisations appeared in the last five years, except for Burkina where the feminist movement is more consolidated, mirroring the trend that happened in Asia, Eastern Africa and Latin America.

Feminist CSOs working on GBV generally face no difficulties in registering in their countries, except for Colombia and Sri Lanka, where more than 20% of CSOs reported being registered under other statuses, even if they function as CSOs. Of the total, only 1% mentioned that they are not registered due to engaging in politically and socially sensitive activities in their country, while 7% reported not completing the legal process. Additionally, CSOs that specifically work with LGBT+ populations in African countries, admitted to facing difficulties in registering and the need to operate clandestinely. This was particularly notable in Burkina Faso, Niger and Ethiopia.

Organisations with different capacities to hire people and relying on volunteer work. Almost half of CSOs have more than six employees, but there is also a notable presence of smaller organisations, with 33% of CSOs having less than four employees. CSOs in Bangladesh and Ethiopia have more hiring capacities. The work of CSOs is significantly reliant on voluntary work, with more than 60% having more than six volunteers. CSOs in Niger and Burkina are the ones with the highest percentage of volunteers and the lowest of employees. However, countries where organisations are more consolidated tend to have more employees, and the percentage of CSOs with more than six volunteers is also notable.

CSOs work is a female-dominated sector but diverse gender identity and sexual orientation communities are also represented: only 37% of CSOs do not have any employee belonging to one of these groups, while 27% of the organisations working with volunteers do.

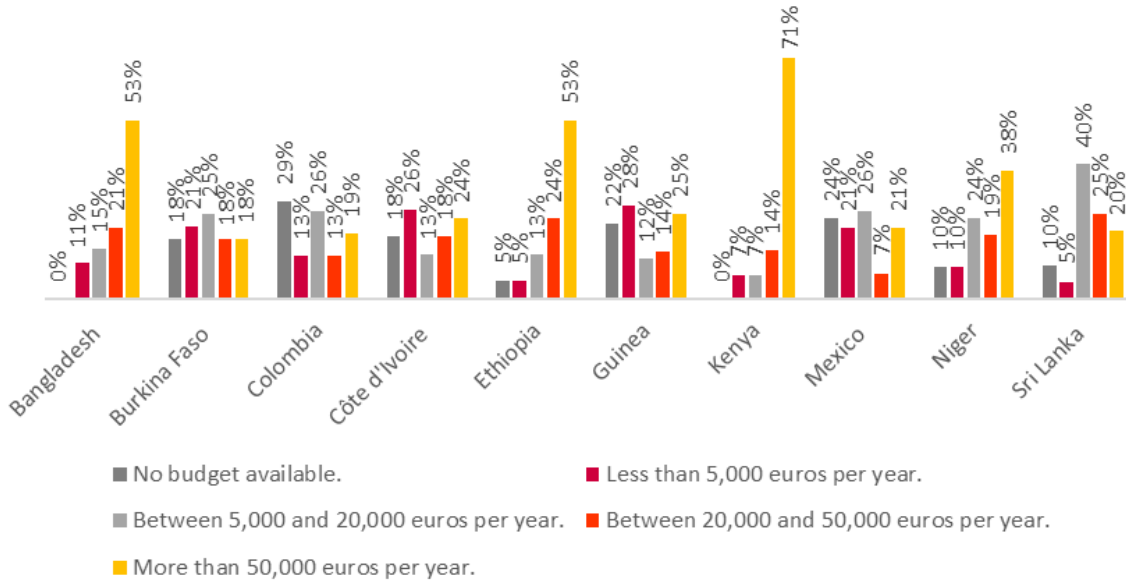
4.2.3. Financial capacities

The funding capacities of CSOs are very different but in general terms, they struggle to be funded. The financial capacities of CSOs are highly limited, with 70% having a budget under 50,000 euros per year, while only 30% have budgets exceeding 50,000 euros. Furthermore, 33% of CSOs have less than 5,000 euros per year, including 16% that do not have any budget.

Notably, Kenya, Bangladesh and Ethiopia stand out as the countries where over 50% of CSOs stated having a budget exceeding 50,000 euros per year. These countries also demonstrate higher human resources capacities. Conversely, Guinea and Côte d'Ivoire are the countries where more CSOs work with less than 5,000 euros per year, followed by Mexico and Burkina Faso.

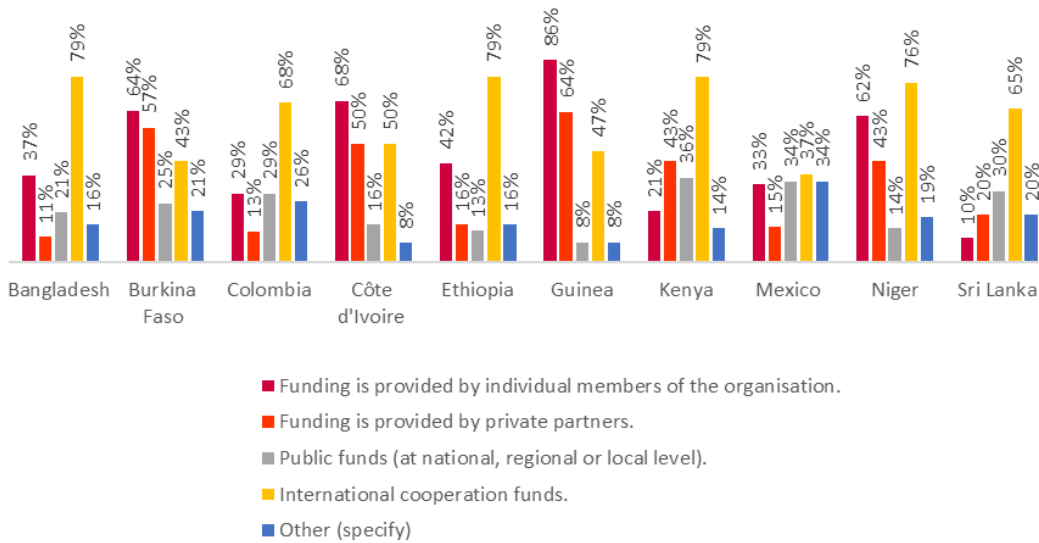
The instability factors in the last 5 years caused the reduction of available funding: 76% of CSOs confirmed that these crises had reduced their funding.

Graphic 5. What is your annual budget? Per country n=312



International cooperation is the main source of funds for CSOs followed by own funding. Survey results indicate that 57% of CSOs rely on international cooperation as a funding source, with 47% having internal funding. Only 23% receive public funds from their governments and 32% receive funding provided by private partners. CSOs in Western Africa and Latin America depend more on their own resources while in Eastern Africa and Asia, they are more dependent on international cooperation stakeholders.

Graphic 6. What is the origin of your financial funds? Per country n=312



Websites and Facebook are the main communication tools of CSOs. The main field of action of CSOs is raising awareness and advocacy, making managing communication tools essential. Capacities of CSOs in this aspect seem to be quite advanced since 67% affirm having a communication strategy on GBV, except for Kenya and Niger where the majority of organisations do not have one. Facebook is the tool most largely used (83%), while less than half of organisations use Instagram or Twitter. Less than half of organisations have a website (42%).

4.2.4. Partnerships

CSOs actively cooperate between them, and this coordination resists the shock of crises. More than 96% of CSOs collaborate with other CSOs, and more than 70% belong to a network. This is something that happens in all targeted countries.

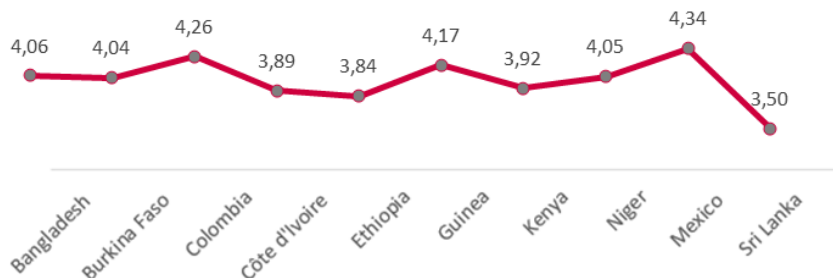
CSOs evaluate the relationship with national institutions positively: 75% of CSOs considered that it is good or very good with an average score of 3.8 out of 5. Only 3% of CSOs do not have any relationship with them and 4% believe that this relationship is bad or very bad. At the same time, international cooperation is an essential partner for feminist CSOs, since they are also a relevant source of funding for CSOs.

4.3. Positions regarding key debates on women’s and sexual and gender diverse individuals’ rights

Among all the analysed statements, CSOs agreed more strongly with statements related to defining themselves as feminist or working under inclusive approaches that include women, men, and people who do not identify with these two genders. However, on topics such as abortion and sex work, more differences appear, and the level of agreement is lower.

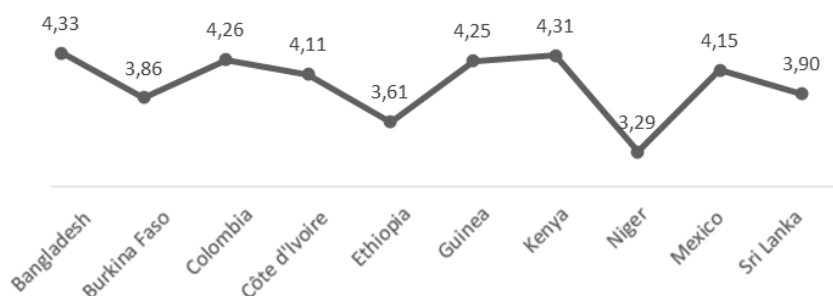
A majority of CSOs defined themselves as feminist. Among CSOs in Latin America, the acceptance of this term is higher than in other regions, Sri Lanka is the country where more CSOs (40%) only slightly agree with this statement.

Graphic 7. Level of agreement with the statement: “My organisation defines itself as a feminist organisation”. Per country. Average score. 1=totally disagree, 5= totally agree. N=310.



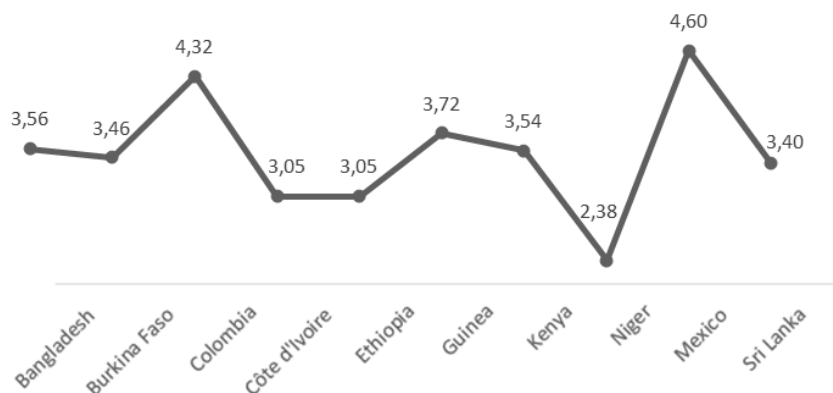
A majority of CSOs agree on working with transgender people. The analysis of the average score shows that Bangladesh is the country where a higher number of CSOs agree with including transgender individuals in their activities, followed by Colombia and Mexico. Nevertheless, CSOs in African countries, except for Ethiopia, are more reluctant to work with transgender persons. This also happens in Sri Lanka. These are also the countries with more repressive legislation. Currently, Niger, Ethiopia and Burkina Faso are the countries in which this population is more persecuted, as was pointed out during fieldwork.

Graphic 8. Level of agreement with the statement: “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310.



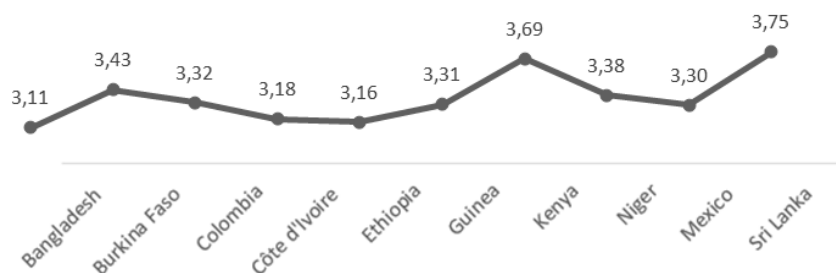
The women’s right to abortion polarised CSOs working on the promotion of gender equality and against GBV. A majority of CSOs (62%) affirm that their organisation defends women’s right to abortion while 38% do not agree with the statement. Countries in Latin America agree the most on this right, while it is less recognised by CSOs in African and Asian countries.

Graphic 9. Level of agreement with the statement: “My organisation defends women’s right to abortion”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310.



Decriminalisation of sex work, including punishments for clients and intermediaries, is not a priority for the surveyed CSOs, being the statement with the lowest levels of adhesion, with an average of 3.32 out of 5.

Graphic 10. Level of agreement with the statement: “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310.



4.4. Environment for CSO work

In general terms, CSOs evaluate the environment for their activities as challenging. During interviews and focus groups, CSOs listed several contextual factors that affect the development of their activities, reducing their capacity for action and even putting the organisation and their members at risk.

Largely, CSOs are concerned about risks to their security and integrity and they are unsatisfied regarding existing mechanisms in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.). In the same sense, over half of CSOs (55%) are unsatisfied with dispositions of the legal national framework to support the development of feminist organisations, while 31% are somewhat satisfied and the rest (13%) are satisfied.

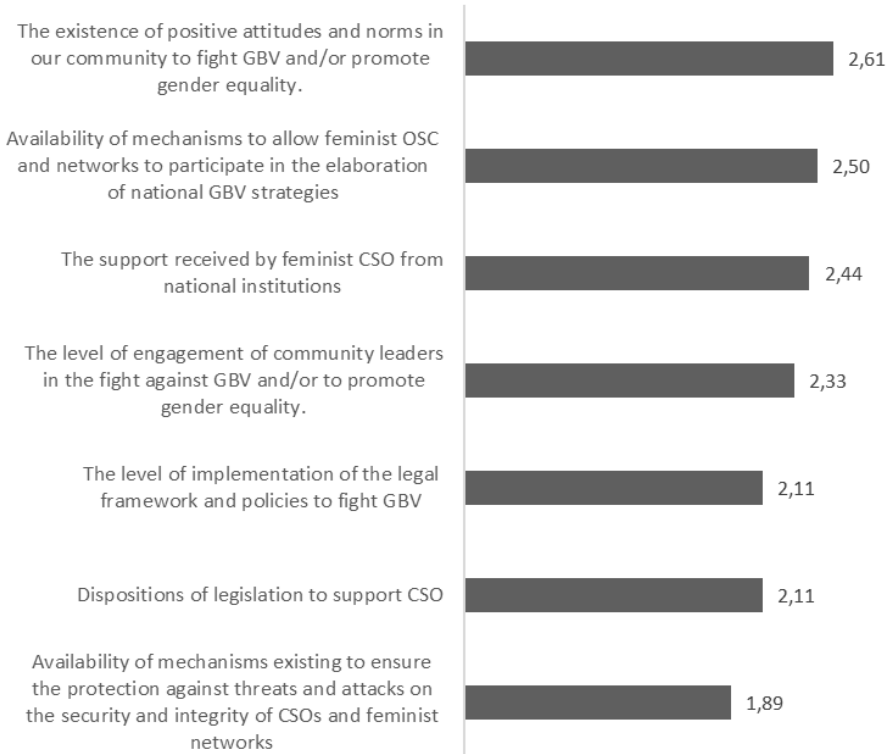
In addition to this, CSOs would like to improve the level of implementation of legal measures to fight GBV and to feel more supported by national institutions. More than half of CSOs (55%) are unsatisfied or totally unsatisfied with the level of implementation of the legal framework and policies to fight GBV in their country, and 63% are also unsatisfied or totally unsatisfied with the support received from national institutions to exist and develop their activities. CSOs in all countries pointed out several challenges regarding the implementation of laws as a main barrier in their national contexts.

Community barriers were also identified by CSOs for the eradication of GBV. Around 40% of CSOs are somewhat satisfied regarding the existence of positive attitudes and norms within the community to fight GBV and/or promote gender equality, as well as the level of engagement of community leaders in the fight against GBV. A similar proportion, around 40%, are unsatisfied or totally unsatisfied.

Community leaders have been identified by CSOs as one of the opponents to intersectional feminism since they are usually described as men with traditional and conservative values that reinforce patriarchal norms and gender role inequalities in the name of tradition and social stability and cohesion. Nevertheless, some CSOs targeting these persons to raise awareness at the community level view them as allies. Their involvement has been especially highlighted in Western African countries because their influence in the community is very strong, mainly in rural areas.

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Graphic 11. Average score regarding items analysing the environment for feminist CSOs in targeted countries. Average score. 1=totally disagree, 5= totally agree. n=310.



5. RECOMMENDATIONS

Recommendations on CSOs' capacity building

- 1) Offer capacity building that addresses areas where CSOs identify weaknesses and align with the specific needs within each context of intervention. Some common needs identified were capacity building in fundraising, self-protection, intersectional approaches, GBV survivors' case management, and communication and project management (especially in the case of grassroots organisations).
- 2) Enhance the potential of the fundraising opportunity provided by initiatives such as the FON project as a process of capacity building for feminist organisations in fundraising but also in project management. In this regard, providing technical support to organisations interested in applying to prepare the full proposal, ensuring equal treatment, and including objectives in terms of capacity building in fundraising is recommended. After the selection project, it is also recommended to assist CSOs with support in project management.

Recommendations for the financial support of organisations

Strategic recommendations

- 3) Adapt the modalities of the fund to contextual factors, including window categories, types of organisations targeted and areas of interest regarding forms of violence, final targeted population, targeted regions or amount provided.
- 4) Ensure equal opportunities to access the calls while also giving enough chances to receive the funds after submitting a proposal. This can be achieved through different strategies depending on the country:
 - a) Restricted calls.
 - b) Open calls with specific targets.
 - c) Open calls are divided into different phases, with a pre-selection phase that is not high resource-costing.
- 5) Simplify the application process to make it accessible to grassroots organisations. In this sense, it is essential to ensure translation to local languages.

Regarding targets

- 6) Continue targeting both registered and unregistered CSOs. They should also have a clear vision mission, and experience in gender equality including SGBV, HTPs, sexual and reproductive health rights (SRHRs), and internally displaced or refugee people.
- 7) Ensure that targeted CSOs include people of concern in their governing bodies as a main criterion.

- 8) Ensure that when networks are funded, they also include grassroots and small organisations and that they also can take profit from the funds allocated to the network.
- 9) Include among target CSOs those working locally and in more rural and remote areas.

Regarding areas of interest

- 10) Address funding to areas of interest in which grassroots organisations are more experienced and face more challenges to intervene. Identified areas during fieldwork include GBV survivors' case management, survivors' protection and security and legal assistance, raising awareness campaigns for behavioural change, and advocacy for law amendment.

Regarding budget and eligible costs

- 11) Include the possibility to cover core expenses in all funding opportunities since many CSOs have difficulty paying staff and running costs.
- 12) Distinguish between actions to respond to an emergency regarding the structure of the organisation and those to respond to contextual emergencies, with the latter requiring a higher funding amount.

Regarding the time of implementation

- 13) Continue supporting interventions to be implemented in a timeframe of three to five years, while also offering the opportunity to develop short-term actions, especially in the case of smaller CSOs.

6. CONCLUSIONS

CSOs face a high prevalence of different forms of GVB that vary from one country to the other, being influenced by various national factors. Although the quality of official statistics on GBV is limited, available figures allowing country comparisons show that physical and/or sexual intimate partner violence, child marriage and female genital mutilation/cutting are among the type of violence higher represented in targeted countries. Psychological violence and online sexual violence are difficult to capture on statistics, but qualitative data suggest that their prevalence is also very high.

Women and girls are the main target of GBV, but vulnerability increases with the presence of some intersectional factors, notably the existence of disabilities, the national origin and ethnic origin. In targeted countries, CSOs attention to sexual and gender diverse individuals is still quite weak, as well as in the case of sex workers although these factors also increase exposure to GBV.

CSOs face several barriers to work on the elimination on GBV, main of them related to the lack of capacity of national institutions to implement comprehensive policies to eradicate GBV which also includes little capacity to develop comprehensive legislation and to ensure its implementation. Furthermore, CSOs receive little support from institutions, being their main source of funding international cooperation and private contributions. This affects their funding capacity. Nevertheless, CSOs still concentrate important efforts in improving the relationship with national institutions and to establish continuous communication channels.

Environments for CSOs in last five years worsened since funds availability was reduced while GBV prevalence increased due to the existence of multifactorial crises, including COVID-19, increase of irregular and/or forced population displacement, economic crises and natural disasters. This also included increasing rejection to the work of feminist CSOs, mainly from conservative ideologies that were identified as the main feminism opposants.

However, CSOs showed crucial technical expertise, their proficiency in understanding intervention contexts, reaching more vulnerable populations and implementing cost-effective strategies tailored to diverse GBV cases in each country. By providing flexible resources and tailored support, CSOs can continue their vital contribution to combatting GBV, making tangible improvements in communities globally. Emphasis should be placed on grassroots organizations, which possess significant impact potential but often lack adequate support to fully develop their strategies.

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