Kit 2

Assessment

2

Kit 2

Assessment

Key Messages

- GBV assessments involve **collecting and examining *the right amount of relevant information to facilitate appropriate action* that strengthens care and support for survivors and prevents further acts of GBV.**
- Information about the GBV situation can be generated from **multi-sector, sectoral and GBV-specific assessments.**
- **Collecting data on GBV without being able to provide adequate support services is unethical** and should only be done in exceptional circumstances after consulting with GBV specialists.
- Don't wait for an assessment to 'prove' that GBV is happening in emergency contexts. **Assume that GBV is occurring and treat it as a serious and life-threatening problem,** regardless of whether or not there is concrete evidence.

Summary

To prevent and respond to gender-based violence in emergencies (GBViE), UNICEF and partners need relevant and timely information about what types of gender-based violence (GBV) are occurring; the needs of survivors; gaps in meeting these needs; and factors impacting girls' and women's risks of and resilience to GBV. Collecting and analysing the right amount of context-specific information on GBV in an emergency enables UNICEF country offices (COs) to:

- Advocate for duty bearers to take action to stop the violence from continuing;
- Advocate within the humanitarian system for funding and action across humanitarian assistance for life-saving GBV response; and
- Design, implement and monitor effective GBV prevention, mitigation and response programmes.

Kit 2: Assessment provides guidance on safely incorporating GBV considerations into multi-sectoral and other assessments that take place as part of humanitarian response. It also provides information and tools to help UNICEF COs and partners carry out rapid and comprehensive GBV assessments when it is appropriate to do so, such as in the following circumstances:

- As part of preparedness planning;
- In situations where there is inadequate existing information for planning and delivering GBV interventions, and no GBV assessments are planned by other agencies operating in the same geographical location; and/or
- In situations where undertaking a joint situation analysis would significantly delay information gathering and prevent UNICEF from delivering a timely response.

Kit 2: Assessment includes an *Assessment Tools Booklet* that contains eleven Rapid GBViE Assessment Tools and seven Comprehensive GBViE Assessment Tools. These tools are introduced in *Sections 4* and *5* of the Kit.

Kit 2: Assessment also includes *Introduction to Gender-Based Violence in Emergencies Assessments*, a Learning Module designed to build knowledge on GBViE assessments and help facilitate planning for implementation of UNICEF's **Minimum GBViE Response Package**.

Kit 2: Assessment includes five sections:

Section 1 *Introduction to GBV Assessments in Emergencies* provides an overview of GBV assessments in emergency contexts, including: different types and timing of assessments; types and sources of information; and methods for collecting it.

Section 2 *Good Practice in GBViE Assessments* overviews basic good practice such as participation, ethics and safety, and a survivor-centred approach.

Section 3 *How to do GBViE Assessments* describes the steps to follow when (a) integrating questions about GBV into sectoral assessments and (b) conducting rapid or comprehensive GBV assessments in emergency situations.

Section 4 *Introduction to Rapid GBViE Assessment Tools* provides an overview of the eleven rapid assessment tools included in the *Assessment Tools Booklet* in this kit.

Section 5 *Introduction to Comprehensive GBViE Assessment Tools* provides an overview of the seven comprehensive assessment tools included in the *Assessment Tools Booklet* in this kit.

Contents

Aleppo, Syria

Introduction to GBV Assessments in Emergencies

Summary

This section provides an overview of GBV assessments in emergency contexts.

When to use this section

Type of emergency	Phase of response	Population location
• Rapid-onset natural disaster • Slow-onset natural disaster • Cyclical disaster • Armed conflict • Political violence/ instability • Public health emergency • Protracted emergency • Complex emergency	• Preparedness • Immediate response • Ongoing response • Recovery • Post-conflict development	• Urban/peri-urban • Rural • Community/formal non-camp settlement • Camp • Informal/spontaneous settlement • In transit/on the move

Materials included in this section

Info Sheets

UNICEF CCCs and GBV Prevention and Response

IASC GBV Guidelines: Assessments

Multi-Cluster/Sector Initial Rapid Assessment (MIRA)

Minimum GBViE Response Package

Primary and Secondary Data in Emergencies

Focus Group Discussions

Observation

Interviews

Secondary Data Analysis

Gender-Based Violence Information Management System (GBVIMS)

Qualitative and Quantitative Information

Triangulation

Introduction

UNICEF CCCs and GBV Prevention and Response

IASC GBV Guidelines: Assessments

★ See the IASC GBV Guidelines

UNICEF's response to GBViE is shaped not only by UNICEF's humanitarian responsibilities and commitments set out in the **Core Commitments for Children**[1] (CCCs), the Inter-Agency Standing Committee (IASC) **Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action** (referred to as the '**IASC GBV Guidelines**'),[2] and the Child Protection Minimum Standards;[3] it is also shaped by the context and circumstances surrounding the emergency, as well as the needs and capacity on the ground to deliver life-saving services to survivors of GBV and to reduce the risks of further GBV.

While some aspects of GBViE programming follow standard procedures – for example, establishing clinical management of rape services and a referral pathway for survivors – other aspects depend on the nature of GBV taking place, the contributing factors and the context. For example, preventing child marriage – a social norm in many communities – requires different strategies than preventing sexual assault perpetrated by armed actors against girls and women collecting firewood outside a camp for displaced people.

UNICEF's work to address GBV in emergencies focuses on the rights and needs of girls and women, recognizing their systematic exposure to and risk of GBV. **Girls, in particular, face heightened vulnerability to many forms of GBV due to both gender- and age-based power relations.** GBV programming is critical not only as a stand-alone intervention, but also as an essential part of UNICEF's violence against children, health, education and other programming.

While focusing on interventions addressing GBV against girls and women in emergencies, **UNICEF recognizes and seeks to ensure support is available for *all* survivors of sexual violence**. As such, UNICEF's programming to assist and support GBV survivors also aims to ensure that care, support and protection-related services are in place to meet the needs of boys who have experienced sexual violence in emergency settings. Other dimensions of programming to address violence experienced by children are addressed through Child Protection in Emergencies and other violence against children programming.

1 See <www.unicef.org/publications/files/CCC_042010.pdf>.
2 See <https://gbvguidelines.org>.
3 See <https://cpwg.net/minimum-standards>.

Not only do circumstances, vulnerabilities, and risk and protective factors for GBV differ by type of violence and the context in which it is taking place; the needs of survivors also vary depending on the type of violence they have experienced and the response they receive from their family and community. For example, the health and safety needs of a young girl who has been sexually assaulted within the family and is at continued risk of abuse will be different from the health and safety needs of an adolescent girl who has been raped by an armed actor at a border crossing. For these reasons, humanitarian response to GBV must be tailored to the situation and realities of the setting. Rigorous analysis of relevant aspects of the GBV situation is necessary to guide the design, implementation, monitoring and evaluation of effective, context-specific GBV interventions.

This analysis is also necessary to support advocacy efforts targeting duty bearers, donors and others within the humanitarian system to encourage them to take action to stop the violence and promote and protect the rights of survivors and those at risk.

> *"In humanitarian crises, the focus is often on how many cases there have been. Though 'getting the numbers' may seem like the most logical and efficient way to understand any issue, placing too much emphasis on counting GBV cases can – for numerous reasons – actually be counterproductive. Focusing only on numbers not only fails to capture the true extent and scale of the GBV that is occurring, it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored."*[4]

In humanitarian settings, assessments are the key tool for understanding the context – the nature, scope and impact of a crisis – and for planning appropriate humanitarian action to save lives, protect rights and help communities cope and recover. GBV assessments involve collecting and examining *the right amount of relevant information to facilitate appropriate action* that strengthens care and support for survivors and prevents further acts of GBV.

Getting information about GBV in emergency contexts can be challenging – not only because is it a sensitive subject often surrounded by social norms that create stigma and prevent people from talking about it, but also because many forms of GBV are hidden and cannot be directly observed. Furthermore, GBV is *always* under-reported. Most survivors of sexual violence never disclose due to shame, stigma, the risk of further violence that reporting may bring, and the lack of access to services. Additionally, common forms of GBV (such as intimate partner violence and coerced sex) are not criminalized in many countries and may even be considered normal behaviour in communities. This means that it is not useful to make assumptions about how prevalent different types of GBV are based on the number of reported cases.

As GBV is such a hidden and sensitive issue, it is very important to be aware that reported information about the nature and scope of GBV may only represent a very small fraction of what is occurring. Assessment data may therefore only allow educated estimates of the true extent of GBV. Where such estimates are made, it is important to be explicit about how these estimates have been made and their limitations.

Collecting useful information about the different types and dynamics of GBV must be done in a sensitive and confidential manner aligned with ethical and safety principles and considerations. It must also be done using multiple data sources – including both quantitative and qualitative – on GBV patterns, trends, risks and responses in order to obtain a fuller picture of the GBV situation.

4 Global Protection Cluster, 'South Sudan Crisis: Why we must broaden the conversation on GBV data', Gender-Based Violence Area of Responsibility, 2014, p. 1.

Types, timing and objectives of assessments

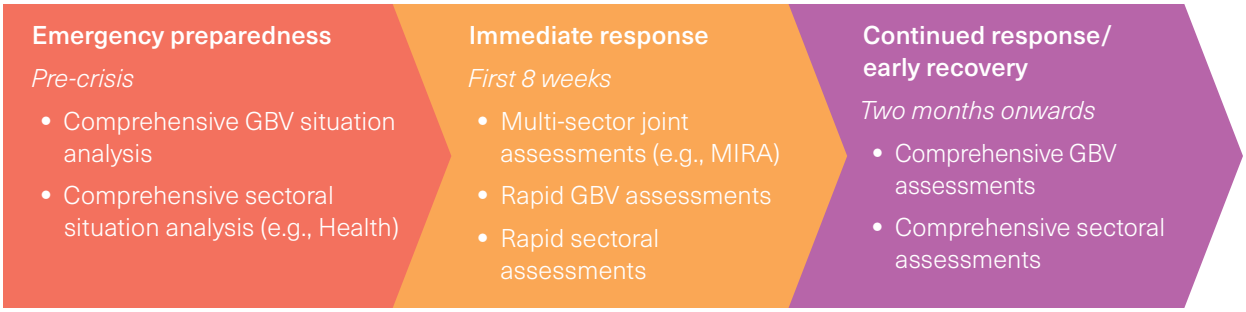


Figure 1: Timing of different types of assessments in emergency management

Multi-Cluster/ Sector Initial Rapid Assessment (MIRA)

Gathering data and producing information about the GBV situation in humanitarian settings is done through the following:

Multi-sector joint assessments. These are inter-agency assessments designed to identify humanitarian priorities during the first weeks following an emergency or a change in circumstances. **Multi-Cluster/ Sector Initial Rapid Assessment (MIRA)**, for example, is the humanitarian country team's first response to an emergency.

It is critical that multi-sector joint assessments appropriately address gender- and age-based safety and protection considerations, including GBV. UNICEF Child Protection (CP), GBV and gender focal points play an important role in this regard.

Conducting unnecessary or duplicative assessments is unethical and harmful – it wastes precious resources including time, and is unfair to communities who have a right to timely services and assistance. Wherever possible, UNICEF participates in joint GBV assessments or uses data generated by other assessments to determine GBV priorities and activities.

Sector-specific assessments (rapid or comprehensive). These are led by non-GBV actors such as Health, Education or Child Protection personnel, and they aim to provide detailed information for the design of sectoral response programmes or interventions. Some, such as the Child Protection Rapid Assessment tools, address aspects of GBV.

UNICEF CP, GBV and gender focal points have an important role in collaborating with other sectors, both internally and at an inter-agency level, to advocate for and support appropriate integration of GBV considerations into other sectoral assessments. Wherever possible, they should also use the findings from other assessments rather than unnecessarily collecting information that already exists.

GBV assessments (rapid or comprehensive). Led by GBV specialists, these aim to collect information on the GBV situation specifically to inform GBV prevention, risk mitigation and response activities. UNICEF launches these assessments in situations where there is a lack of adequate existing information for planning and delivering GBV interventions, and where there are no inter-agency, joint or other GBV assessments planned.

Hawa Abdi Centre, Somalia

In certain circumstances, UNICEF and partners may launch a rapid or comprehensive GBV assessment for programme planning and advocacy purposes. These circumstances may include:

★ See the IASC GBV Guidelines

- During preparedness planning to support government and other national actors;
- Situations where there is no established coordination mechanism, and/or no joint or inter-agency GBV assessments are planned;
- Situations where there is inadequate existing information to use for planning and delivering life-saving GBV interventions;
- Situations where undertaking a joint assessment would significantly delay information gathering and prevent UNICEF from timely humanitarian response; and/or
- Situations where UNICEF and partners need population-specific information to help develop a programme response; for example, to learn about vulnerabilities, capacities, needs and rights of survivors and their children born of rape or adolescent girls.

As well as enabling effective GBV programme design, assessment findings are used by CP, GBV and gender specialists to advocate for, encourage and support internal and inter-agency actors to integrate GBV across sectoral programming, in line with the **IASC GBV Guidelines**.

Prior to launching an assessment, UNICEF and other GBV actors should always first review existing data collected during multi-sector or sectoral assessments to ascertain what information on affected communities – including their circumstances, needs and capacities – is already available.

Assessments happen in all phases of the emergency management cycle – during preparedness, immediately following a crisis to facilitate immediate response, and at any time during ongoing response and recovery efforts.

The objectives, scope and timing of assessments depend on the phase of emergency response; information needs of humanitarian actors; and availability of referral services for survivors.

In practice

- Asking about GBV can be dangerous in some contexts – especially when it is being perpetrated by armed actors or others in positions of power, or when there are high levels of stigma attached to GBV. Asking about GBV can also be traumatizing for those who have experienced or witnessed it. Very careful consideration must be given to the potential risks posed to communities and to staff before an assessment is launched, and these should be revisited throughout the process. If there is a risk of harm, alternative methods for collecting information must be found.
- It is essential to follow good practice guidance pertaining to ethics, safety and a survivor-centred approach in all assessments. This includes making sure there are referral options and protocols in place for those who disclose violence during assessments.
- GBV assessments in emergencies should collect the right amount of relevant information on the GBV situation to facilitate action to prevent, mitigate and respond to GBV. The objectives, scope and timing of each assessment will depend on the phase of emergency response and on information needs of humanitarian actors.
- Humanitarian context-related and GBV-related information can be collected in multi-sectoral and sector-specific assessments, as well as through dedicated GBV assessments.
- UNICEF launches GBV assessments as part of preparedness planning, in situations where there is a lack of adequate information to use for planning and delivering GBV interventions and where there are no inter-agency or joint assessments planned.

Integrating GBV considerations into multi-cluster and sectoral assessments

In the early days of humanitarian response and during ongoing response and recovery efforts, a variety of actors carry out information gathering and assessment activities, some of which may involve asking about some aspect of the GBV situation. The data generated through these assessments can be useful for planning GBV programmes. Below are some common examples:

- Multi-cluster/sector initial rapid assessment (MIRA) carried out during the first two weeks of a disaster.
- Rapid and comprehensive sectoral assessments in Health, WASH, Education, Child Protection, etc.
- Protection assessments led by military actors, such as peacekeepers or joint civilian-military teams.

A multi-sector and sectoral assessments are usually led by generalists or by specialists in the relevant technical areas. For example, a rapid education assessment that includes GBV-related questions is led by an education expert.

In general, when GBV is included in multi-cluster or sectoral assessments, one or a few aspects of the GBV situation relevant to the overall assessment objectives are covered. For example, WASH assessments might inquire about the risks of GBV associated with accessing WASH facilities, and military-led protection assessments might inquire about conflict-related sexual violence perpetrated by parties to a conflict.

CP, GBV and gender specialists must ensure that multi-sector or sectoral assessments include relevant and appropriate questions on gender- and age-based determinants of

vulnerability, including girls' and women's mobility, perceptions of safety, and access to information and resources. Issues such as collection of sex- and age-disaggregated data and the importance of GBV information may be referenced in guidance documents; however, there is ongoing need to advocate for and actively ensure that the safety- and protection-related rights, needs and perspectives of girls and women are reflected in assessment tools.

Wherever possible, GBV and CP specialists should support other sectors – both internally and at an inter-agency level – to incorporate GBV considerations into their assessments and to use the findings to mitigate GBV risks in line with the **IASC GBV Guidelines**.

★ See the IASC GBV Guidelines

Equally importantly, GBV actors must make use of data and findings generated from multi-sector and sectoral assessments. For example, if a Child Protection assessment has identified GBV-related information in a camp or community, there may be sufficient information to proceed with GBV response activities without immediately collecting more information. Information that is not explicitly related to GBV can also be used, such as information related to site and shelter conditions and layout, household composition, access to resources, etc. Shelter, WASH, Health, Nutrition and Education colleagues – inside and outside of UNICEF – all collect vital information relevant to GBV risk and response that can be used to inform a GBV assessment or programme. Better use of existing data will help to avoid duplication, improve response efficiency and effectiveness, and speed up response timeframes.

To promote inclusion of GBV-related questions and to ensure timely assessments, it is highly recommended that actors consider how GBV will be reflected in multi-sector or other sectoral assessment *as part of preparedness planning*. Especially in disaster-prone settings and complex emergencies, UNICEF COs should make sure that risk-informed programming efforts include GBV considerations so that UNICEF and partners, including government ministries, can respond to natural disasters more quickly and effectively.

Integrating GBV considerations into multi-sector and other sectoral assessments – and then using the findings from *all* assessments for GBV programme planning – requires effective coordination and communication with other sectors and actors to improve all emergency assessments and programming.

Resources

Key multi-sector assessment resources

- **Operational Guidance for Coordinated Assessments in Humanitarian Crises**
  IASC (2012)
  <www.humanitarianresponse.info/system/files/documents/files/ops_guidance_finalversion2012_1.pdf>
- **Multi-Sector Initial Rapid Assessment Guidance**
  IASC (July 2015)
  <www.humanitarianresponse.info/system/files/documents/files/mira_revised_2015_en_1.pdf>
- **UNOCHA Humanitarian Response Needs Assessment Guidance and Tools website**
  <www.humanitarianresponse.info/en/programme-cycle/space/page/assessments-tools-guidance>

Key sectoral assessment resources

- **Child Protection Rapid Assessment Toolkit**
  Child Protection Working Group (December 2012)
  <www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf>
- **Rapid Protection Assessment Tool**
  Global Protection Cluster (July 2012)
  <www.globalprotectioncluster.org/en/tools-and-guidance/information-and-data-management.html>
- **Integrated Assessments Handbook**
  UN Department of Peacekeeping Operations (2013)
  <www.un.org/en/peacekeeping/publications/2014-IAP-HandBook.pdf>

- **The Short Guide to Rapid Joint Education Needs Assessments**
  Global Education Cluster (2010)
  <http://educationcluster.net/?get=000398%7C2013/12/ShortGuide_RJENA_EN.pdf>

General assessment resources

- **Assessment Capacities Project (ACAPS) website**
  <www.acaps.org>
- **Humanitarian Needs Assessment: The Good Enough Guide**
  The Assessment Capacities Project and Emergency Capacity-Building Project (2014)
  <http://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf>

★ See the IASC GBV Guidelines

Rapid and comprehensive GBV assessments

Minimum GBViE Response Package

Rapid and comprehensive GBV assessments consist of information gathering and analysis exercises that are focused solely on the GBV situation in a specific emergency setting. They are carried out by GBV actors, including UNICEF and partners, to identify and prioritize needs and gaps in GBV prevention and response, as well as to support the design, monitoring and evaluation of GBV interventions (see chart on page 18, 'UNICEF's role in gathering information on the GBV situation').

Generating and sharing information on GBV in an emergency may have any or all of the following objectives:

- To investigate the nature, scope and scale of GBV occurring, and to understand who is affected and how;
- To identify and address immediate needs of GBV survivors;
- To identify capacity, gaps and barriers in survivor-centred systems and services for care, support and safety;
- To investigate risk and to implement risk mitigation options for reducing girls' and women's vulnerability to GBV;
- To engage humanitarian actors across sectors in identifying, analysing and addressing risks and reducing vulnerabilities, in line with the **IASC GBV Guidelines**;
- To contribute to the development of evidence-based prevention strategies;
- To engage the community and other stakeholders in analysing and addressing the problem of GBV; and
- To generate baseline data for programme monitoring and evaluation.

Rapid GBV assessments

A rapid GBV assessment aims to collect and analyse *basic information about the GBV situation* to inform UNICEF's and partners' immediate response, in line with the **Minimum GBViE Response Package**. This minimum package contains essential humanitarian action to put coordinated life-saving response to GBV (beginning with sexual violence as the initial priority[5]) in place and to mitigate GBV risks immediately following an emergency.

In a situation where there is no existing information on the GBV situation, a rapid assessment might evaluate what types of GBV are occurring. Rapid assessments can also be used to explore a specific problem, such as sexual exploitation and abuse of adolescent girls, if appropriate.

During the acute phase of an emergency, rapid assessments are used to gather information about the immediate needs of

5 As highlighted in the IASC GBV Guidelines, the focus on responding to sexual violence as an initial priority in emergency settings is due to the immediate and potentially life-threatening health consequences of sexual violence, coupled with the feasibility of managing these consequences through medical care. At the same time, there is a growing recognition that affected populations can experience various forms of GBV during conflict and natural disasters, during displacement, and during and following return. Therefore, establishing response for other forms of GBV must occur as soon as clinical management of rape services are in place.

affected girls and women, as well as safety risks and solutions for protecting girls and women from GBV.

UNICEF may conduct a rapid GBV assessment with partners in the following circumstances:

- In the days and weeks following a sudden-onset emergency, where there is inadequate existing information and no inter-agency or sub-cluster assessments are planned; and/or
- In protracted or complex contexts where the security or humanitarian situation changes significantly and no inter-agency or sub-cluster assessments are planned.

It is important to recognize that rapid assessments reflect a 'snapshot' in time, and the findings need to be acted on as quickly as possible.

Tools

See **Rapid Assessment Tools** in the *Assessment Tools Booklet.*

Comprehensive GBV assessments

A comprehensive GBV assessment aims to collect and analyse *relevant detailed information about multiple aspects of the GBV situation* before or after an emergency, in order to inform programme design, monitoring and evaluation. Given UNICEF's role and mandate in supporting the State and building national systems and capacity, comprehensive assessments emphasize the collection and analysis of information related to national and community systems, paying attention to the legal and regulatory environment and to national systems for addressing GBV.

Comprehensive assessments can focus on one or more forms of GBV. For example, a comprehensive assessment could focus on different forms of sexual and intimate partner violence, or it could just focus on child marriage. Typically, a comprehensive assessment focused on only one form of GBV takes place when one or more previous GBV assessments have identified a specific issue as particularly problematic, and further information is needed to learn more about the problem and adequately address it.

A UNICEF country office (CO) would conduct a comprehensive GBV assessment with partners in the following circumstances:

- As part of emergency preparedness, especially in fragile contexts and countries prone to disasters;
- Following a rapid-onset emergency, when the situation has stabilized and there is inadequate existing information to inform UNICEF programming, and no inter-agency or sub-cluster assessments are planned; and/or
- At any point during a complex or protracted emergency to facilitate programme planning and systems strengthening, where there is inadequate existing information and no inter-agency or sub-cluster assessments are planned.

Tools

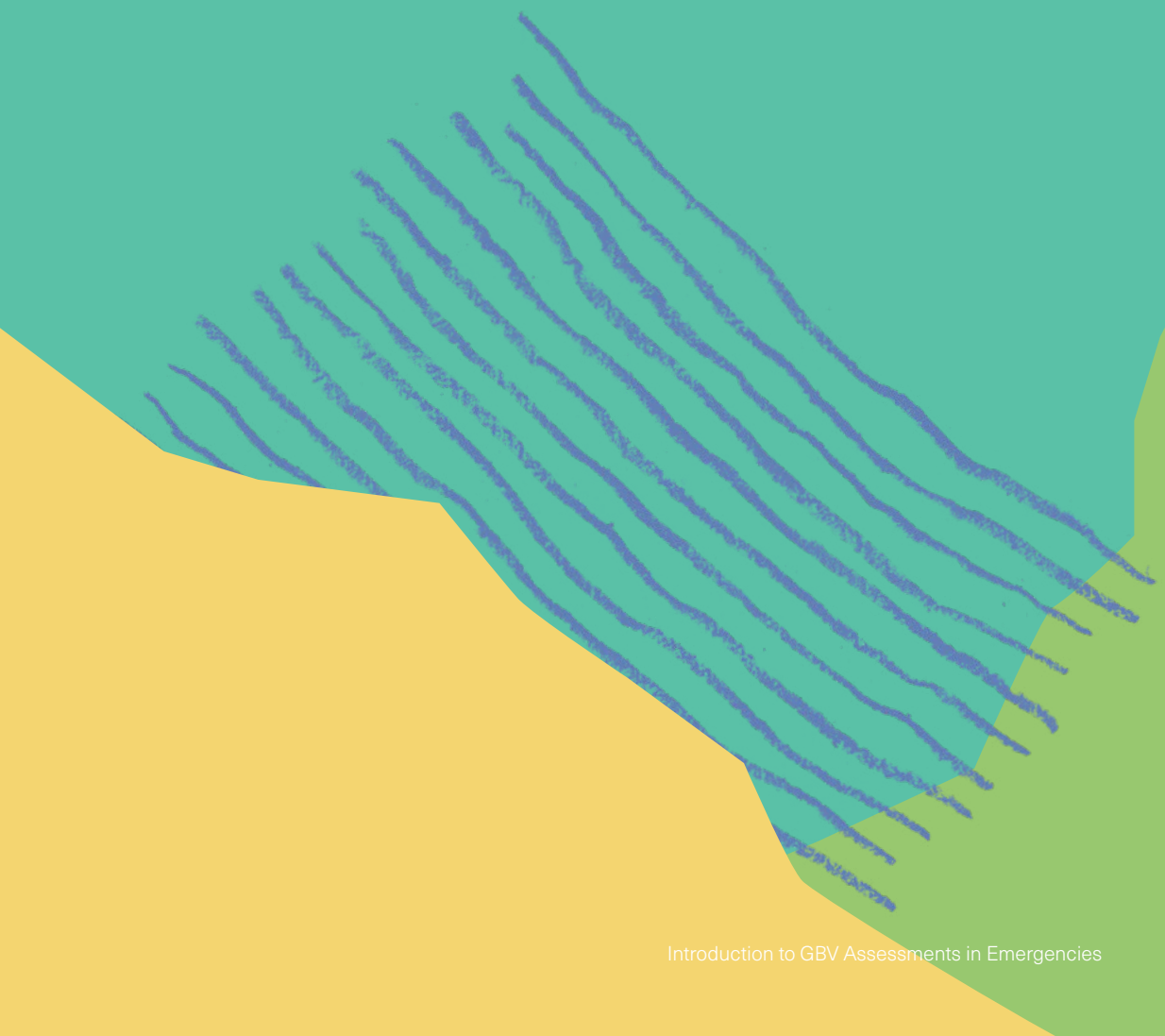
See **Comprehensive Assessment Tools** in the *Assessment Tools Booklet.*

Resources

Key GBV assessment resources

- **Researching Violence Against Women: A practical guide for researchers and activists**
  World Health Organization/PATH (2005)
  <www.path.org/publications/files/GBV_rvaw_front.pdf>
- **Gender-based Violence Tools Manual**
  Reproductive Health Reproductive Health Response in Conflict Consortium (2004)
  <http://reliefweb.int/report/world/gender-based-violence-tools-manual-assessment-program-design-monitoring-evaluation>

During the acute phase of an emergency, rapid assessments are used to gather information about the immediate needs of affected girls and women, as well as safety risks and solutions for protecting girls and women from GBV. A comprehensive GBV assessment aims to collect and analyse relevant detailed information about multiple aspects of the GBV situation before or after an emergency, in order to inform programme design, monitoring and evaluation.



UNICEF's role in gathering information on the GBV situation

Phase of emergency management	Type of assessment	UNICEF's role
Preparedness and slow-onset disasters	• Comprehensive GBV assessments	UNICEF may lead a comprehensive GBV assessment in partnership with national or local government authorities and other development or humanitarian partners to strengthen coordinated preparedness planning efforts, or to assist in developing an appropriate response to a slow-onset disaster.
Immediate response, including following renewed population displacement or other change in humanitarian circumstances in protracted settings	• Multi-sector joint assessments (e.g., MIRA) • Single or multi-agency rapid GBV assessments	UNICEF contributes resources and technical support to multi-cluster/sector assessments. UNICEF participates in inter-agency rapid assessments led by the GBV sub-cluster or other GBV coordination body. UNICEF only launches rapid GBV assessments in the following situations: • Where no coordination mechanism is established and/or no inter-agency GBV assessments are planned; • Where there is inadequate existing information to use for planning and delivering GBV interventions; and/or • Where undertaking a joint assessment would significantly delay information gathering and prevent UNICEF from timely humanitarian response.
Ongoing response in stabilized and recovery settings	• Single or multi-agency comprehensive GBV assessments	UNICEF participates in joint or inter-agency comprehensive GBV assessments led by the GBV sub-cluster or other GBV coordination body. UNICEF only launches comprehensive GBV assessments in the following situations: • Where no coordination mechanism is established and/or no inter-agency GBV assessments are planned; • Where there is inadequate existing information to use for planning and delivering GBV interventions; and/or • To inform UNICEF programming – for example an intimate partner violence or child marriage intervention – when there is inadequate existing information to inform intervention design.

Gao, Mali

Types and sources of information on the GBV situation

Primary and Secondary Data in Emergencies

Focus Group Discussions

Observation

Interviews

Secondary Data Analysis

There are two types of information collected and analysed as part of GBV assessments in emergencies: **primary and secondary data**.

Primary data consists of new information/data collected directly through first-hand experience – for instance through surveys, meetings, **focus group discussions** (FGDs), **observation**, **interviews** or other methods that involve direct contact with the respondents.

Secondary data consists of existing data that has already been collected, collated and analysed by other sectors, agencies, institution or bodies.

Secondary data

Secondary data analysis during the assessment preparation phase is essential to:

- Develop an understanding of the *pre-emergency GBV situation*. In all communities, there are forms of GBV happening prior to a disaster or conflict. Having even a basic understanding of these forms of GBV – including who is impacted and how, the cultural and social context in which they occur, and pre-emergency capacity and programmes to prevent and respond to GBV – is essential to formulating interventions in the emergency.
- Develop an understanding of what is already known about the GBV situation *after the onset of the crisis*. Existing information on the emergency and how it has impacted the GBV situation (such as conflict dynamics and drivers, security issues and threats, humanitarian access, etc.) can be used to inform GBV interventions.

There are **many types of existing information** on different aspects of GBV in a country or community prior to and following an emergency. These include:

- General information about a community and context (such as demographic information about a population; details of site and shelter conditions; access to food, water and other basic resources; presence of armed groups; etc.);
- Service and case management data on reported incidents (for example, health systems data on reported sexual assault cases, or **Gender-Based Violence Information Management System [GBVIMS]** data where the system is operational);
- Statistical and prevalence data on known forms of GBV in the country (such as the prevalence of intimate partner violence);
- Types, trends and patterns of GBV from previous disasters or conflict in the country;
- Types and patterns of GBV occurring during flight and in and around displaced settings;
- Reports about the known risk factors and drivers of GBV (for example, social, anthropological or cultural analyses of gender norms);
- The formal legal framework detailing criminal justice aspects of GBV and legal protections from GBV for girls and women;
- Customary justice frameworks and practices for dealing with GBV;
- Government policy regarding GBV-related health, child protection, social services, law enforcement and criminal justice responses; and
- Information on help-seeking behaviour and formal and informal systems of care, support and protection.

Gender-Based Violence Information Management System (GBVIMS)

Existing information can be obtained by reviewing relevant literature, research, assessment reports and findings, documents, and service delivery data from **the following sources:**

- Government ministries, authorities and bodies (including statistical offices and law reform authorities);
- National and international human rights organizations;
- International and national academic, research and policy institutions;
- International development and humanitarian actors, including cluster lead agencies and UN agencies;
- National women's and child rights organizations, including Women Lawyers Associations; and
- International and local non-government organizations (NGOs) working on GBV, violence against women (VAW), child protection, health, HIV/AIDS, education, and family and social welfare.

Resources

Population-specific assessment resources

Survivors and children born of rape

- **Research Toolkit: Understanding and addressing the needs of survivors and their children born of sexual violence in conflict**[6]
  UNICEF (2012)

Adolescent girls

- **Girls in Emergencies and Humanitarian Settings Resource List**
  Coalition for Adolescent Girls
  <http://coalitionforadolescentgirls.org/resources-by-topic-2/>
- **Girl Safety Toolkit**
  Girl Hub (2014)
  <www.girleffect.org/media?id=3050>

6 Contact UNICEF GBViE specialist staff at headquarters to obtain this resource.

- **Strong Girls, Powerful Women: Program planning and design for adolescent girls in humanitarian settings**
  Women's Refugee Commission (2014)
  <https://www.womensrefugeecommission.org/images/zdocs/Strong-Girls--Powerful-Women--2014.pdf>

Girls and women with disabilities

- **I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings**
  Women's Refugee Commission (2015)
  <www.womensrefugeecommission.org/populations/disabilities/research-and-resources/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview>
- **Including Adolescent Girls with Disabilities in Humanitarian Programs**
  Women's Refugee Commission (2015)
  <www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015>
- **Working to Improve Our Own Futures: Inclusion of Women and Girls with Disabilities in Humanitarian Action**
  Women's Refugee Commission (2016)
  <www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities>

Other

- **Rapid Humanitarian Assessments in Urban Settings**
  Assessment Capacities Project (April 2015)
  <https://www.acaps.org/library/assessment>

Primary data

Primary data, or new information on the GBV situation, is collected during the 'field-work' phase of an assessment. The purpose of collecting and analysing new data is to fill information gaps. New information collected during a GBV assessment in an emergency might include the following:

- Information on the types and patterns of GBV occurring (both new forms of GBV and those which are being exacerbated by the emergency). Details may include relationships between survivors and perpetrators, number of survivors reporting and accessing services, location, timing, etc.
- Details of the immediate needs of survivors.
- Capacity, gaps and barriers in survivor-centred systems and services for care, support and safety, including number and type of services provided.
- Risks and risk mitigation options for reducing girls' and women's vulnerability to GBV.

During the fieldwork phase, new data on the GBV situation is **obtained from the following potential sources:**

- Girls/women of different ages;
- Community representatives and leaders;
- International and national NGOs and community-based organizations (CBOs) working on issues of women's and children's rights and/or providing services to survivors;
- Health, psychosocial, law enforcement and justice services and service providers;
- Observation; and
- Risk and safety mapping.

Not all of the above sources will be used in every assessment. For example, if talking to girls and women in a setting would put community members or staff at risk of harm, data would be collected from other sources, such as service mapping, service providers, or women's and children's organizations. Risk assessment needs to be conducted in every setting each time an assessment is planned.

In practice

- GBV is always under-reported; for this reason, it is not useful to make assumptions about how widespread or prevalent GBV is based on the number of reported cases. Most survivors of sexual violence never disclose due to shame, stigma and lack of access to quality services. Furthermore, many forms of GBV (such as intimate partner violence and coerced sex) are not criminalized and are even considered normal behaviour in many communities around the world.
- In humanitarian crises, there is often pressure to count how many cases of GBV there have been. Though 'getting the numbers' may, at first glance, seem like the most logical and efficient way to understand any issue, placing too much emphasis on counting GBV cases can – for numerous reasons – actually be counterproductive. Focusing only on numbers not only fails to capture the true extent and scale of GBV that is occurring; it can also expose survivors to further harm, lead to misinterpretations of the data, and result in other, more useful sources of information being dismissed or ignored.
- In many instances, awareness-raising activities may increase the number of reported cases simply because more people begin to come forward, even though the actual incidence rate may remain the same.
- Reported cases do not reflect the actual number of incidents; they only provide information about incidents that are reported. Case-based information can only be used to understand what types of GBV are being reported and information pertaining to those cases.

Mogadishu, Somalia

Qualitative and Quantitative Information

Assessment methods

Qualitative and quantitative methods

A wide range of **qualitative and quantitative** methods are used to collect data in GBV assessments. There is no prescribed approach: deciding which methods are appropriate will depend on a variety of factors, such as assessment purpose, objectives, time, resources, access and security. The potential risks related to each tool must be carefully considered in each context. For example, key informant interviews or focus group discussions (discussed further on the following pages) may be unsafe in settings controlled by armed groups who perceive sharing of information with UN or other humanitarian actors as against their interests.

Triangulation

It is good practice to **triangulate**, or use more than one method – for example, collecting and comparing data from focus groups, key informant interviews and service mapping – wherever possible. Using different sources of information from different sources and stakeholders increases the reliability and validity of data. Obviously, if a method may increase risk to those participating or to staff, it should not be used.

Resources

- **Researching Violence Against Women: A practical guide for researchers and activists**
  - Chapter 5: Qualitative Approaches to Research
  - Chapter 8: Tools for Collecting Quantitative Data
  - Chapter 9: Tools for Collecting Qualitative Data
  - Chapter 12: Analyzing Quantitative Data
  - Chapter 13: Analyzing Qualitative Data

  World Health Organization/PATH (2005) <www.path.org/publications/files/GBV_rvaw_front.pdf>
- **Qualitative and Quantitative Research Techniques**
  Assessment Capacities Project (May 2012) <www.acaps.org/library/assessment>

A note on sampling

Sampling is the process of selecting people or other units, such as camps or communities, to participate in an assessment. Sampling is used because it is not possible to interview every person or visit every affected community. In quantitative research (such as prevalence studies where the aim is to generate reliable data that can be generalized across a whole population), using rigorous sampling strategies is very important to ensure *reliability* and *generalizability* of findings (or, whether the findings can be replicated in future assessments or applied to the entire population, respectively). In such cases, GBV and CP staff should consult those with expertise in research design. In rapid GBV assessments, where the aim is to quickly understand the situation and immediate needs and risks, rigorous statistically reliable sampling is not appropriate or necessary. In these contexts, 'purposive' sampling is used to select sites to assess and individuals to participate in interviews, focus groups or other assessment activities.

Purposive sampling enables the development of an initial understanding of a situation and is appropriate in situations where there are time and resource pressures. In this method, units of measurement – such as sites or people – are *purposefully selected* based on a set of defined criteria. It gives a measure and sense of the scale and priorities that is approximate enough to enable initial rapid prioritization and planning. Purposive sampling can provide insight into how the emergency has had a different impact on the different categories of affected groups.

In rapid GBV assessments, purposive sample is used to select affected sites where it is not possible to assess all sites, as well as to select individuals to serve as key informants. There is no rule about sample size in purposive sampling, such as how many sites or how many people; it depends on the questions, scale of the problem, size of the camp/community/population and what information is required. Consideration, however, should be given to:

- Selecting a cross-section of sites and a cross-section of the target population to participate in interviews, focus groups and participatory assessment activities such as risk mapping; and
- Making sure the perspectives of different groups are included when selecting a sample for focus groups and participatory activities based on factors such as ethnicity, religion, age, gender and disability.[7]

7 Information on sampling adapted from the following sources: Child Protection Working Group, *Child Protection Rapid Assessment Tools,* CPWG, 2012, p.16; and Assessment Capacity-Building Project, 'Purposive sampling and site selection in Phase 2', ACAPS, 2011.

Lesbos, Greece

Resources

- **Rapid Assessment Sampling in Emergencies**
  UNICEF (2010)
  <www.unicef.org/eapro/Rapid_assessment_sampling_booklet.pdf>
- **Purposive sampling and site selection in Phase 2**
  Assessment Capacities Project (October 2011)
  <www.acaps.org/resources/assessment#resource-587>
- **Researching Violence Against Women: A practical guide for researchers and activists**
  - Chapter 7: Developing a sampling strategy

  World Health Organization/PATH (2005)
  <www.path.org/publications/files/GBV_rvaw_front.pdf>

Key qualitative assessment methods

The table below summarizes some of the **key qualitative assessment data collection methods** used in GBViE assessments. More information on when and how to use them can be found in the resources listed on page 28. Sample tools to help apply different methods can be found in the *Assessment Tools Booklet* in this kit.

Method	Description	Benefits
Review of existing information	Analysis of relevant literature, research, assessment reports and findings, documents, and service delivery data on GBV pre- and post-crisis.	• Provides background and contextual information to GBV situation. • Helps scope assessment parameters and priorities. • Helps identify potential issues/problems for examination during field visits. • Helps identify information gaps and what should be covered in an assessment. • Reduces risk of duplication.
Key informant interviews (KIIs)	Structured or semi-structured interviews based on a set of predetermined questions, typically in-depth or technical in nature. May be held with: • Women and adolescents; • Representatives from community organizations/groups and NGOS; • Traditional and religious leaders and local government representatives; and/or • Service providers and those who have regular contact with children and women, including teachers, health workers, social workers, etc.	• Allows for examination of issues raised in focus group discussions (see the following page). • Provides an opportunity to verify and further identify gaps, risks or problems. • Can compare responses from different respondents.
Review of case or incident data	Analysis of service provider records, statistics or other data related to reported cases from health services, police, and community-based support organizations, as well as the Gender-Based Violence Information Management System (GBVIMS), the Child Protection Information Management System (CPIMS), or the Monitoring and Reporting Mechanism (MRM), where operational.	• Provides an overview of forms of GBV that are being documented or reported. • Provides an opportunity to determine trends in reported cases.

Method	Description	Benefits
Service mapping and audit	Identification of which services are in place for GBV survivors, and the quality of service delivery from a survivor-centred perspective.	• Provides an overview of critical gaps in availability of existing services. • Provides an audit of survivor-centred practices within each service to ensure service quality and availability is assessed.
Risk and safety audit and mapping	Use of a variety of techniques, including safety walks and visual maps, to: 1. Understand girls' and women's key safety concerns; 2. Identify safety risks and threats in the physical environment and within service delivery practices; and 3. Identify actions that can be taken to reduce risks and improve safety.	• Ensures girls' and women's experiences and perspectives are considered. • When done with women and service providers, facilitates communication between affected people and humanitarian actors, as well as joint problem solving. • Provides an opportunity for affected communities to identify locally appropriate solutions to protection threats.
Observation	Visual observation during field visits to emergency-affected areas and communities.	• Provides an opportunity to verify information from other sources, such as participatory risk mapping. • Provides an opportunity to further identify gaps, risks or problems. • Can be used if participatory risk mapping or audit is not safe.
Focus group discussion (FGD)	In-depth discussions with different groups in the community based on a semi-structured guide. Usually involve 10–12 women, girls, men or boys of similar ages and/or backgrounds (for example, religious leaders) to gain in-depth information on community beliefs, attitudes, perspectives and perceptions on different aspects of the GBV situation, such as priority problems, risks, safety, vulnerability and capacity.	• Collects opinions and perspectives from multiple groups and people with expert knowledge on the situation, including those most affected by GBV.

A note on focus group discussions

Focus group discussions (FGDs) have become a standard method for collecting information on GBV in emergencies. While they are an important tool, it is critical that they are well-designed and led by trained facilitators, and that there is a plan for recording and analysing information generated through focus groups. Too often, GBV assessment data is collected through focus groups with no plan in place or capacity for analysing large amounts of qualitative data or for triangulating it with other data. Ineffective analysis of qualitative data can lead to generalizing inappropriately from focus groups and generating assessment findings and recommendations on the opinion of individuals rather than on reliable data. This should be avoided, and CO staff and partners designing and leading assessments should consult appropriate guidance on designing, conducting and analysing focus group and other qualitative data. Putting a data analysis plan in place in the preparation phase is an important step before starting data collection. See resources on the following page for guidance materials.

In general, the following guidelines for focus groups should be considered:[8]

- Focus groups are generally considered to be most effective with about 10–12 participants.
- Participants can be matched according to age, sex, ethnic background or other characteristics that have a bearing on the kinds of information that are sought from the discussion.
- Discussions should not take more than an hour; otherwise participants may become restless. Longer sessions are particularly unfair on women with small children.
- A question guide should be developed around topics and open-ended questions, rather than structured like a questionnaire.
- A venue where participants can feel secure and will not be overheard or interrupted is a necessity. If women are invited, it may be appropriate to provide childcare.
- The facilitator should be experienced, familiar with the context and language of the group, and ideally matched with the make-up of the group (for example, an older woman for an older women's group).
- A dedicated note-taker is required, even if the group discussion is being recorded electronically, as the technology may fail or not pick up all of the voices.
- Refreshments can be served after the event, especially if people have come a long way, but not during the discussion, as eating and drinking can prove disruptive.

In practice

- Selection of methods depends on the assessment objectives, timeframe, capacity (including for data analysis) and security situation. For example, conducting a participatory safety walk may be unsafe in some environments, such as those that are highly militarized.
- Be sure to only collect information that can be easily analysed based on the timeframe and the skills and capacity of the assessment team.
- Avoid the common mistake of collecting extensive qualitative data from focus groups unless there is a plan – as well as the tools and capacity – to effectively analyse and use it.

8 Oxfam Great Britain, 'Conducting Focus Groups', Research Guidance series, Oxfam, Oxford, 2015, p. 2.

Resources

General resources on methods

- **Researching Violence Against Women: A practical guide for researchers and activists**
  - Chapter 9: Tools for Collecting Qualitative Data
  - Chapter 13: Analyzing Qualitative Data

  World Health Organization/PATH (2005)
  <www.path.org/publications/files/GBV_rvaw_front.pdf>
- **Participative Ranking Methodology: A Brief Guide, version 1.1**
  Program on Forced Migration & Health, Mailman School of Public Health Columbia University (February 2010)
  <www.alnap.org/resource/8070>

Focus groups

- **Conducting Focus Groups**
  Oxfam Great Britain (October 2015)
  <http://policy-practice.oxfam.org.uk/publications/conducting-focus-groups-578994>
- **How to Conduct a Focus Group**
  Elliot and Associates (2005)
  <http://masstapp.edc.org/guidelines-conducting-focus-group>
- **Designing and Conducting Focus Groups**
  Richard A. Krueger, Professor and Evaluation Leader University of Minnesota (2002)
  <www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf>

Interviews and observation

- **Direct Observation and Key Informant Interview Techniques for Primary Data Collection During Rapid Assessments**
  Assessment Capacities Project (October 2011)
  <www.acaps.org/resources/assessment#resource-589>

Gao, Mali

Overview of assessments

Type of assessment	When	Assessment leader	Methods
Multi-cluster, sectoral or other assessments	• **Immediately following a sudden-onset emergency** to determine scale of emergency and humanitarian needs • **During protracted situations** when there is a change in the humanitarian situation	• Generalist or specialist from any sector engaged in the response	• GBV-related questions integrated into focus group discussions and key informant interviews • Observation
Rapid GBV assessment	• **Immediately following a sudden-onset emergency** (1–3 weeks) • **During protracted situations** when there is a change in context or humanitarian situation, and there is need for new information to inform response	• GBV specialist (may be from UNICEF, sister UN agency, INGO, local NGO or government agency)	• Review of existing information • Key informant interviews with women, community leaders, service providers, etc. • Focus group discussions with community members • Service mapping • Risk and safety mapping • Observation
Comprehensive GBV assessment	• **Before an emergency** to gather detailed information on the GBV situation in emergency-prone regions and to support preparedness planning • **During response and recovery** to inform comprehensive GBV programme planning, monitoring and evaluation	• GBV specialist (may be from UNICEF, sister UN agency, INGO, local NGO or government agency)	• Extensive review of existing information • Key informant interviews with women and older adolescents, community leaders, service providers, etc. • Focus group discussions with community members of different ages; service providers; etc. • Service mapping and capacity audits • Risk and safety mapping

Info Sheets – Introduction to GBV Assessments in Emergencies

UNICEF CCCs and GBV Prevention and Response

- *UNICEF's Core Commitments for Children (CCCs) in Humanitarian Action*[1] shape UNICEF's global framework for humanitarian response. The CCCs set out minimum standards for UNICEF's response and promote predictable, effective and timely collective action for children in humanitarian settings.
- The CCCs state that UNICEF will:
  - Monitor and analyse the situation of children, adolescents and women on an ongoing basis, directly and with partners, to ensure joint rapid assessments and timely humanitarian response; and
  - Support humanitarian action based on rapid assessments conducted with partners and affected populations, including children, adolescents and women. These assessments, conducted through joint inter-agency mechanisms or independently, are the first critical step in defining humanitarian response.
- The commitments directly related to preventing and responding to GBV are shown in the following box.

CCCs related to GBV

Health Commitment 2: Children and women access life-saving interventions through population- and community-based activities.

Health Commitment 3: Key health education and behaviour change communication (BCC) messages are disseminated.

WASH Commitment: Toilets in learning environments are equipped with soap and are child-friendly, private, secure and appropriately segregated by gender.

Child Protection Commitment 1: Effective leadership is established for both the Child Protection and GBV areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Child Protection Commitment 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

Education Commitment 3: Safe and secure learning environments that promote the protection and well-being of students are established.

HIV and AIDS Commitment 2: Children, young people and women access HIV and AIDS prevention, care and treatment during crises.

Human Resources Commitment 3: Sexual exploitation and abuse by humanitarian workers is prevented.

1 See <www.unicef.org/publications/files/CCC_042010.pdf>.

IASC GBV Guidelines: Assessments

What are the IASC GBV Guidelines?

In 2015, the Inter-Agency Standing Committee (IASC) revised its *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*[1] (also known as the 'GBV Guidelines'). The purpose of these Guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disaster and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response.

Who is the audience for the revised GBV Guidelines?

All national and international actors responding to an emergency have a duty to protect those affected by the crisis, including protecting them from GBV. The revised GBV Guidelines are an essential tool for all humanitarian response sectors and operations to facilitate joint action on mainstreaming GBV prevention and risk reduction in humanitarian action. The GBV Guidelines reinforce the IASC Principals' commitment to ensuring the Centrality of Protection in Humanitarian Action,[2] and they emphasize the role of Humanitarian Coordinators, Humanitarian Country Teams and Clusters, and donors in implementing this commitment in all aspects of humanitarian action. The Guidelines also reinforce responsibilities outlined in key guidance documents such as the Sphere Handbook; the IASC Gender Equality Policy Statement; and the Women, Peace and Security thematic agenda of the United Nations Security Council.

The primary target audience of the Guidelines is non-GBV specialists – that is, agencies and individuals who work in areas of humanitarian response other than GBV. These actors may not have specific expertise in GBV prevention and response programming, but can nevertheless undertake activities that significantly reduce the risk of GBV for affected populations.

Integrating GBV-related questions into other sector assessments

The structure of the GBV Guidelines follows the humanitarian program cycle. Overall, the GBV Guidelines emphasize an *integration* approach – not only for the programming itself, but also in terms of tools and processes. In most cases, sectors should be encouraged and supported to incorporate elements from the GBV Guidelines into their existing assessment tools, monitoring and evaluation (M&E) systems and other activities, rather than creating separate mechanisms or processes – and an increased workload – solely focused on GBV.

The Assessment section of the GBV Guidelines contains sector-specific 'Areas of Inquiry,' divided into three sub-categories: (i) programming, (ii) policies and (iii) communications and information sharing. Each of these areas of inquiry are designed to be integrated into other sectors' existing assessment tools. There is also detailed guidance for each sector on who to assess, when to asses, and how to assess GBV-related issues.

1 See <http://gbvguidelines.org>.
2 See <https://interagencystandingcommittee.org/principals/content/centrality-protection-humanitarian-action>.

The following are some key points emphasized in the **Assessment section** of the GBV Guidelines:

- In general, GBV-related components of other sectors' assessments should focus on potential safety issues related to their interventions. It is important that they seek the inputs of women and girls (where safe and appropriate to do so); assess potential barriers women and girls may face in accessing services; and examine sector staffs' knowledge of available GBV services and their ability to safely and appropriately provide referrals to survivors.
- Efforts should be made to include the voices of women, girls and other potentially at-risk groups. However, assessors must take special care to ensure that consulting with certain individuals does not create additional safety risks.
- Assessments undertaken by other sectors should NOT aim to collect information related to the scale and/or scope of GBV that is occurring. Under no circumstances should assessments seek to identify individual survivors or perpetrators. Survivors should never be sought out or isolated for information collection.
- While assessments are an important foundation for program design and implementation, some essential GBV prevention, mitigation and response measures should be put in place regardless of whether or not an assessment has been conducted.[3]
- In addition to encouraging the modification of assessment tools to include GBV-related questions, another way GBV specialists can support colleagues in other sectors is by helping them analyse their existing data through a gender or GBV 'lens'. Essentially, this means taking information that may seem unrelated to GBV and examining it from the perspective of women's and girls' safety and/or access to services. For example, if sex-disaggregated nutrition data shows that malnutrition rates are higher for girls than for boys, this could be a direct indication of GBV (in the form of denying food to female children) and/or a signal of other access issues that impede female children from accessing nutrition services (for example, through school feeding programmes).

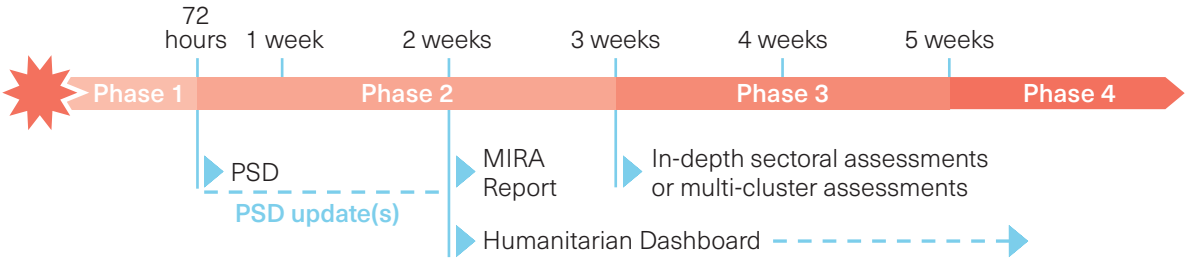
The GBV Guidelines also note: "It is important to remember that **GBV is happening everywhere. It is under-reported worldwide,** due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, **all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on recommendations**… regardless of the presence or absence of concrete 'evidence'." [4]

3 See p. 33 of the IASC GBV Guidelines for additional information, available at: <www.gbvguidelines.org>.
4 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, p. 2.

Multi-Cluster/Sector Initial Rapid Assessment (MIRA)

Adapted from: United Nations Children's Fund, *Child Protection Resource Pack: How to Plan, Monitor and Evaluate Child Protection Programmes*, UNICEF, New York, 2015, pp. 84–85.[1]

Phases of assessment following a rapid-onset emergency



Phase 1: During the first 72 hours, a **Preliminary Scenario Definition**[2] (PSD) is produced, mostly based on secondary data.

Phase 2: After 2 weeks, a **Multi-Cluster/Sector Initial Rapid Assessment** (MIRA) is launched to inform in-depth response planning.

Phase 3: Three-to-five weeks after an emergency, sectoral assessments are conducted. Sectoral assessments should be coordinationed, and they should build upon and use existing information. This can be done by conducting a situation analysis in the preparedness phase or – if this has not been done – examining information collected as part of the rapid assessment phase. Because the situation changes so rapidly during and after an emergency, it is vitally important to obtain up-to-date information to guide programmatic efforts.

The Multi-Cluster/Sector Initial Rapid Assessment (MIRA)

- The Multi-Cluster/Sector Initial Rapid Assessment (MIRA) is a joint multi-sector assessment done in the first 2–3 weeks of a crisis or change in context. It should ensure decision-makers are provided with timely, adequate, sufficiently accurate and reliable information to collectively identify strategic humanitarian priorities.[3]
- The MIRA is the first step in the humanitarian country team's response to an emergency.
- The **primary objective** of the MIRA is to gather information across sectors; provide a shared understanding of priority needs of affected persons and areas of greatest need; and inform decision-making, including information for Flash appeals.
- The **main benefit** of the MIRA is the elaboration, from the onset of the crisis, of a concerted operational picture based on the best information available from primary and secondary sources.

1 Available at: <www.unicef.org/protection/files/CPR-WEB.pdf>.
2 A Preliminary Scenario Definition reflects a shared understanding of the situation across the humanitarian community. It includes drivers of the crisis and underlying factors; the scope of the crisis and humanitarian profile; the status of populations living in affected areas; national capacities and response; international capacities and response; humanitarian access, coverage and gaps; and strategic humanitarian priorities.
3 Inter-Agency Standing Committee, 'Multi-Cluster/Sector Initial Rapid Assessment', IASC, 2012.

- This picture is expressed through two key products: a **Preliminary Scenario Definition (PSD)**, issued 72 hours after the disaster's onset, and a **MIRA Report**, released after 2 weeks.
- The MIRA is consistent with the IASC *Operational Guidance for Coordinated Assessments in Humanitarian Crises*, which calls for the implementation of a joint assessment during the first two phases of an emergency and, thereafter, the coordination of in-depth agency and cluster assessments.
- Based on its findings, humanitarian actors can develop a joint strategic plan, mobilize resources, and monitor both the situation and the response. However, the MIRA should not be expected to provide detailed information for the design of localized response projects.
- The MIRA should be carried out by a team of emergency specialists – including assessment, sectoral and GBV specialists – who are drawn from the various clusters/sectors present in the country to ensure local knowledge is included in the findings. Additional headquarters and regional support may be required, depending on the scale of the emergency.
- The MIRA proposes a Framework to guide the identification of information needs, as well as the systematic collection, collation and analysis of secondary and primary data. This Framework forms the basis of the PSD and the MIRA Report templates.
- The PSD and the MIRA Report provide assessment findings at critical intervals of the emergency. The PSD should be included in the initial Flash Appeal, whereas key findings of the MIRA Report should be captured in the Humanitarian Dashboard and included in the revised appeal to highlight the evidence on which the appeals are based.
- The UN Office for the Coordination of Humanitarian Affairs (OCHA) coordinates the assessment; supports the compilation of secondary data from the various clusters/sectors; and provides information management on behalf of the Resident/Humanitarian Coordinator. If OCHA is absent or unable to serve this function, the Resident/Humanitarian Coordinator may appoint another agency.
- GBV actors should support the *safe integration of relevant and appropriate questions into MIRA on age- and gender-based vulnerability and safety* during the initial weeks of an emergency, recognizing that the MIRA is not a tool for collecting detailed protection-related data. This means ensuring that:
    - Questions about girls' and women's risk and safety are *appropriate, relevant and culturally sensitive*;
    - There are *no direct questions on GBV in the absence of services or trained data collectors*; and
    - *Girls' and women's perspectives are obtained,* as well as those of male leaders, and data is disaggregated by age and sex. This is important because women and men often answer the same question differently, as they have different roles, experiences, information and resources. In addition, male leaders generally lack awareness of the specific protection concerns faced by women and girls.[4]

4 Refugees International, 'Philippines: New approach to emergency response fails women and girls', RI, Washington D.C, March 2014, p. 3.

Minimum GBViE Response Package

To ensure a consistent and coherent response to GBV in all emergencies, UNICEF is committed to implementing a minimum set of actions during the initial response to a humanitarian crisis.

UNICEF's **Minimum GBViE Response Package** includes essential humanitarian interventions to: put in place coordinated life-saving response services for sexual violence survivors following a crisis; build girls' and women's safety and reduce their vulnerability to GBV; and mitigate GBV-related risks across humanitarian assistance and programming.

The specific actions required to deliver the minimum package are based on the context and assessed needs in consultation with key stakeholders, including communities and governments.

UNICEF's Minimum GBViE Response Package

1. Effective Coordination to address GBV between:

- GBV actors
- All humanitarian sectors/clusters
- Other actors

2. Providing Assistance and Support to GBV Survivors through age-appropriate:

- Healthcare
- Psychosocial support
- Safety services

3. Building Safety and Resilience

- Community safety planning
- Dignity kit programming
- Safe space programming

4. Mitigating GBV Risks

Integrating essential GBV risk mitigation actions across UNICEF sectors and clusters

Resources for supporting implementation of the Minimum GBViE Response Package

Effective GBV coordination. Within this Resource Pack, **Kit 3.5: Programming – GBV Coordination in Emergencies** contains helpful information about GBV coordination in humanitarian settings. It should be read in conjunction with the GBV Area of Responsibility *Coordination Handbook*[2] – the core technical guidance document on GBV coordination in emergencies – and UNICEF's *Cluster Coordination Guidance for Country Offices*.[3]

Rapid assessment. The *Assessment Tools Booklet* in **Kit 2: Assessment** contains tools to support country offices (COs) in collecting and analysing *basic information about the GBV situation,* which can then inform immediate humanitarian response to GBV.

1 See the Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery,* IASC, 2015, available at: <http://gbvguidelines.org/>.
2 Gender-based Violence Area of Responsibility Working Group, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, Global Protection Cluster, 2010.
3 United Nations Children's Fund, *Cluster Coordination Guidance for Country Offices*, UNICEF, Geneva, 2015.

Assisting and supporting survivors. Making priority health, psychosocial and safety services universally available for child, adolescent and adult survivors of sexual violence is a humanitarian priority. **Kit 3.1: Programming – Responding to GBV Survivors in Emergencies** contains information, resources and tools to support age-appropriate health, psychosocial and safety services for sexual violence survivors as an immediate priority as part of the **Minimum GBViE Response Package**.

Building girls' and women's safety and resilience. **Kit 3.2: Programming – Building Girls' and Women's Safety and Resilience** contains sections on the three minimum essential strategies for increasing safety and resilience to GBV. These include:

- Community-based safety planning and action;
- Dignity kit programming; and
- Safe space programming;

Integrating GBV risk mitigation across UNICEF sectors and clusters. Significant progress has been made by the humanitarian community in defining responsibilities and actions for every humanitarian sector to mitigate GBV-related risks and vulnerabilities in emergency settings. These actions and responsibilities are clearly set out in the IASC *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* [4] (the 'IASC GBV Guidelines'). **Kit 3.6: Programming – Integrating GBV Risk Mitigation Across UNICEF Sectors and Clusters** contains information to help COs implement actions to mitigate GBV across all humanitarian sectors in line with the GBV Guidelines.

The relevant sections of **Kit 2: Assessment** and **Kits 3.1–3.7: Programming** highlighted here have been brought together for easy reference into a separate component of the Resource Pack called **Kit M: Minimum GBViE Response Package.** However, it is recommended to consult other components of the Resource Pack for more detailed information on conducting assessments or when implementing expanded programming beyond the minimum emergency response.

4 See <http://gbvguidelines.org/>.

Primary and Secondary Data in Emergencies

Source: Assessment Capacities Project, 'Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An introductory brief, ACAPS, Geneva, 2012, pp. 3–4.[1]

Primary data is generally understood as data gathered directly from the information source and which has not undergone analysis before being included in the needs assessment. Primary data is collected directly from the affected population by the assessment team through field work.

Primary data is most often collected through face-to-face interviews or discussions with members of the affected community or those in direct contact with them, such as service providers; however, it can also be gathered through other methods, such as phone interviews, radio communication, email exchange and direct observation.

Secondary data is information which has typically been collected by researchers not involved in the current assessment and has undergone at least one layer of analysis prior to inclusion in the needs assessment.

- Secondary data can include published research, internet materials, media reports, and data which has been cleaned, analysed and collected for a purpose other than the needs assessment (such as academic research or agency- or sector-specific monitoring reports).
- During an initial emergency assessment, the majority of data used to build a shared picture of the disaster-affected area and populations comes from secondary sources. This is largely because time constraints during the first few days following a sudden-onset disaster prohibit a large scale field data collection exercise.
- As the emergency evolves, and humanitarian stakeholders and the assessment team have greater direct access to the affected population, the proportion of primary data will increase, and the consolidated analysis of both types of data is necessary.
- Clearly understanding the information gleaned from secondary sources frees the primary data collection from a joint or coordinated needs assessment to focus on key information gaps (issues that are presently unknown) and on ensuring that the voices, needs and priorities of an affected population are captured and shared.
- All field and desk information gathering activities for needs assessments will:
    - Collect evidence on the impact of the emergency across sectors.
    - Produce findings about the disaster which are not already known.
    - Triangulate information collected to confirm or dispute findings.
    - Investigate the effect of a change of circumstance (directly or indirectly due to the disaster) on a population.
    - Use a pre-defined set of research techniques to ensure consistency in data collection, analysis and presentation of findings.

1 Available at: <www.acaps.org/library/assessment>.

Focus Group Discussions

Source: Heise, L. and Ellsberg, M, *Researching Violence Against Women: A practical guide for researchers and activists*, World Health Organization/PATH, 2005, pp. 132–134.[1]

Focus group discussions are a powerful method for collecting information relatively quickly. They are better suited for exploring norms, beliefs, practices, and language than for seeking information on actual behaviors or details of individual lives. The focus group is a special type of group in terms of its purpose, size, composition, and procedures. A focus group is usually composed of six to ten individuals who have been selected because they share certain characteristics that are relevant to the topic to be discussed. In some cases, the participants are selected specifically so that they do not know each other, but in many cases that is not possible, particularly when participants belong to the same community or organization. The discussion is carefully planned, and is designed to obtain information on participants' beliefs about and perceptions of a defined area of interest.

Focus groups differ in several important ways from informal discussion groups:

- Specific, predetermined criteria are used for recruiting focus group participants.
- The topics to be discussed are decided beforehand, and the moderator usually uses a predetermined list of open-ended questions that are arranged in a natural and logical sequence.
- Focus group discussions may also be carried out using participatory techniques such as ranking, story completion, or Venn diagrams. This may be particularly useful when working with groups with little formal education or when talking about very sensitive issues.
- Unlike individual interviews, focus group discussions rely on the interactions among participants about the topics presented. Group members may influence each other by responding to ideas and comments that arise during the discussion, but there is no pressure on the moderator to have the group reach consensus.

Focus groups have been used successfully to assess needs, develop interventions, test new ideas or programs, improve existing programs, and generate a range of ideas on a particular subject as background information for constructing more structured questionnaires. However, they are not easy to conduct. They require thorough planning and training of group moderators. When planning a focus group, consider the following recommendations:

- Focus groups require trained moderators. You will need three types of people: recruiters, who locate and invite participants; moderators, who conduct the group discussions; and note-takers, who list topics discussed, record reactions of the group participants, and tape-record the entire discussion (if all participants give consent). Note-takers also help transcribe the taped discussions.
- Focus groups are usually composed of homogeneous members of the target population. It is often a good idea to form groups of respondents that are similar in terms of social class, age, level of knowledge, cultural/ethnic characteristics, and sex. This will help to create an environment in which participants are comfortable with each other and feel free to express their opinions. It also helps to distinguish opinions that might be attributed to these different characteristics among groups.

1 Available at: <www.path.org/publications/files/GBV_rvaw_front.pdf>.

- If possible, experienced focus group leaders suggest conducting at least two groups for each "type" of respondent to be interviewed.
- The optimal size group consists of six to ten respondents. This helps ensure that all individuals participate and that each participant has enough time to speak. However, sometimes, it is not possible to regulate the size of a group, and successful focus group discussions have been carried out with many more participants.
- Analyze the data by group. Data analysis consists of several steps. First, write summaries for each group discussion. Next, write a summary for each "type" of group (e.g., a summary of all discussions conducted with young mothers). Finally, compare results from different "types" of groups (e.g., results from groups of young versus older mothers).
- The discussions may be taped for transcription later, but this substantially increases the time and cost of analysis. One alternative is to take careful notes during the discussion and to refer to the audiotapes for specific areas where there are doubts.

Focus groups give information about groups of people rather than individuals. They do not provide any information about the frequency or the distribution of beliefs or behavior in the population. When interpreting the data, it is important to remember that focus groups are designed to gather information that reflects what is considered normative in that culture. In other words, if wife abuse is culturally accepted, then it should not be difficult to get participants to speak frankly about it. However, some topics are very sensitive because they imply actions or orientations that are either culturally taboo or stigmatizing. For the same reason, focus group respondents should not be asked to reveal the details of their individual, personal lives in a focus group setting, especially when the subject matter of the focus group deals with sensitive issues such as domestic violence and sexual abuse. If a researcher wants information on women's individual experiences, then that should be done in private individual interviews. In many cases, facilitators ask respondents to think about the perspectives and behavior of their peers, for example, which allows them to draw on their experiences in general terms but does not ask them to reveal the details of their own behavior or experiences in a group setting.

Tips for conducting GBV-related focus groups

Source: International Rescue Committee, 'Focus Group Discussion Guide'.[2]

The team should assure participants that all information shared within the discussion will remain confidential. All potential ethical concerns should be taken into consideration before any focus group discussion, including how information is captured, for what purpose it will be used, and protocols for sharing findings from the discussions.

Note: Focus groups with individuals under the age of 15 should not be conducted unless the facilitator has specific experience interviewing and supporting children or child survivors of GBV.

The timing of a focus group discussion should be between 60 and 90 minutes.

2 Available at: <https://gbvresponders.org/emergency-response-preparedness/emergency-response-assessment/>, accessed 2 March 2017.

Ensure that facilitators understand the basic elements of effective facilitation. Successful interviewing is an art and should not be treated as a mechanical process. Each discussion is a new source of information, so make it interesting and pleasant. Interview skills develop with practice, but there are certain basic principles that should be followed by every successful facilitator when carrying out a focus group discussion. These include:

- Your sole task in conducting an assessment is gathering information. You do not yet know what kind of program you will start or where. Tell participants that you cannot make any promises about a program being set up in their area or about their receiving help for any issue they raise, but that findings will be used to inform plans of government and NGO actors working on women's protection.
- Be honest, open and explain the purpose of the discussion, this will help you build trust so people feel they can speak openly. Brief the participants on the methods you will use to record and analyze information in a way that keeps it anonymous.
- If more people than anticipated show up to participant in a focus group, do not expand your group. Instead, explain why you need a small group and politely ask people to leave.
- Ask for a commitment from the group to keep each other's views confidential. Only those who agree to keep things confidential should be allowed to stay.
- From the beginning reinforce the need to listen to each other and respect others' opinions. Listen carefully to those you interview, be friendly and interested and do not be distracted, make faces or use bad posture. Use positive affirming body language, by looking at participants when they are speaking (if appropriate), nodding your head in agreement, using open posture, sitting at the same level and facing the group. Do not interrupt unless a person is dominating conversation or you need to move on due to time constraints. If you do interrupt, apologize for the need to do so and affirm the importance of what has been said, maybe by repeating back what has already been discussed.
- Do not force any participant to answer a question. Simply encourage all participants to be involved in the discussion, remain non-judgmental, reword questions to account for sensitivity of topic, and assure the participants of confidentiality.
- Although it may be difficult to always ensure a private venue for the discussion, it is extremely important and can impact the kind of information you receive. The presence of external observers from within or outside the community can prevent you from accessing frank, honest answers. Establishing privacy from the beginning will allow the participants to be more comfortable and attentive to the questions.
- Ensure that the area for the focus group discussion is quiet with no interruptions and that the seating is comfortable and does not create imbalance. It may be most suitable to sit in a circle on the floor. Eye contact between all members of the group should be the main aim of the seating arrangement.
- Emphasize that everything you hear and opinions of all in the group are important to you. Allow all members of the group to have an equal chance to talk, irrespective of their age, ethnicity, race, religion, education, socioeconomic status, gender or disability. Do this by drawing out comments from participants, minimizing certain participants from talking too much at the risk of silencing others and ensuring that members of the group are respectful of each other's views.

- Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that facilitators remain absolutely neutral and non-judgmental when asking questions. Never appear to approve or disapprove of any of the participants' replies.
- Stick to the time you agree at the beginning of the process, remember people are busy with other activities. Thank participants for their time and contribution at the end.

Informed consent

You must always seek informed consent from all participants in a focus group discussion. Ask if they are all there voluntarily and let them know they can leave if they do not want to be there. Explain the process, what the objectives of the discussion are, what the information is needed for and how it will be used. Explain the roles of the facilitator and note taker in gathering the information, ensuring participants are happy for notes to be taken as long as they are recorded anonymously. Ensure participants are aware of the potential outcomes of the discussion, without raising expectations, and ensure they know any risks they are taking. Confirm that all participants invited to take part in the discussion are happy to be involved. Tell them that they can leave at any stage of the discussion and do not have to respond if there are any questions they are uncomfortable with.

If you would like to take photos you must ask permission beforehand, stating how you intend to use them. If even one person says no, you cannot take photos.

Role of facilitator(s)

An experienced facilitator should lead the discussion and be someone familiar with the local culture and language. Discussion can be either structured or unstructured (though it is best to have a focus group discussion guide), but keep the conversation open-ended and do not interrupt the flow of the discussion. Keep the group focused on the questions and issues at hand.

If and when possible, it is considered good practice to ensure that the facilitator (and note-taker) are the same gender as the group participants. This will further foster an environment in which participants are comfortable engaging in discussions on sensitive topics and issues.

Role of note taker

During focus groups, it is recommended that at least one other person takes notes while a facilitator leads the discussion. As much as possible, note takers should mark down what assessment participants say word for word on note pads. If meaning is not clear, ask for clarification; do not draw conclusions on your own. Note takers should make sure not to sit in a place where they may distract from the conversation of the focus group. Facilitators should never hold up the conversation so that notes can be taken and, instead, should guide the discussion at a reasonable pace so that note takers can keep up.

Note takers should:

- Record location, date, time, and place, age, gender and number of participants
- Not write down names so as to ensure confidentiality

- Keep a detailed record of content and actions including:
  - Dominant and passive participants (emphasizing how this behavior may have influenced the information shared in the discussion, or how others in the group engaged).
  - Opinions and key statements (including quotes)
  - Emotions reluctance, strong feelings, etc.
  - Additional comments after the session
  - Level of participation and interest

Sensitive issues and referrals

If a survivor of violence raises and asks for support regarding an issue that poses an immediate threat to her safety, security and/or well-being, after the discussion is over, consult privately with the individual on what they wish to do or how they wish to proceed. The assessment team should develop, prior to the onset of data collection, referral protocols for possible survivor disclosure.

Observation

Source: Assessment Capacities Project, 'Direct Observation and Key Informant Interview Techniques for Primary Data Collection During Rapid Assessments', ACAPS, October 2011, pp. 6–10.[1]

Observation is often underrated as a data collection method. Everyone collects direct observation information, knowingly or unknowingly. However, employing direct observation as an effective assessment tool requires consciously using, and recording, what is seen, heard, and smelled to help shape our understanding of a situation or a problem. Observation is also a good way to cross-check people's answers to questions. Its use may generate questions for further investigation and help form future discussions or frame questions in case of inconsistency between what the interviewer of a key informant observes and what the respondents are saying.

There are two approaches to Direct Observation. Firstly, during structured observation, the observer is looking for a specific behaviour, object or event. Structured observation can also be used to detect the nonexistence of a specific issue. To guide structured observation, a checklist is normally developed to function both as a reminder and a recording tool. Secondly, during unstructured observation, the observer is looking at how things are done and what issues exist. For instance, if an observer is interested in knowing how people move in and out of a camp, unstructured observation is an appropriate method. To guide unstructured observation, a short set of open ended questions can be developed that will be answered based on observations.

Strengths and limitations of direct observation

Direct observation can be used to rapidly collect different types of information in an emergency situation. It does not require costly resources, or detailed training, which makes it a quick data collection process that is easy to implement. However, because direct observation as a data collection technique provides a snapshot of the situation, it has limited power in a rapidly changing situation or where there is substantial population movement. Furthermore, it provides limited information about capacities or priorities of the people. Finally, while specific training is not a prerequisite for effective direct observation, some preparation is necessary to ensure that the observers are aware that their own perceptions and expectations are subjective and impact upon how they report and interpret their observations. The gender, age, ethnicity and previous disaster response experience of the observer can all effect the interpretation of data collected during observation. The technical expertise required to answer particular observation questions should match the level of technical expertise of the observers.

Dos and don'ts of direct observation

Do

- ✔ Enter the observation process without pre-conceived notions and fixed expectations.
- ✔ Note observations made and information volunteered that are related to subjects beyond formal assessment concerns. Be prepared to follow advice from people met in the locations, and use the opportunity to observe things which were not planned.

1 Available at: <https://www.acaps.org/sites/acaps/files/resources/files/direct_observation_and_key_informant_interview_techniques_for_primary_data_collection_during_rapid_assessments_october_2011.pdf>.

- ✔ Walk across the community outside of predefined routes such as roads, paths or natural boundaries to obtain a cross-section of points for observation and provide a balanced view of conditions.
- ✔ Record information which is contradictory or surprising to expectations.
- ✔ Keep focused to make useful comparisons.
- ✔ Be active and curious in the observation process. Observation is not just about seeing, but also about hearing, smelling, tasting, feeling and touching.
- ✔ Be aware of what was not seen. Note the absence of services and infrastructure.
- ✔ Respect local culture. Community members are observing you just as much as you are observing them. Follow local rules of behaviour, e.g. do not smoke during interviews. Be aware of gender dynamics and ensure that the teams reflect this. Be sensitive to local concerns, e.g. if there is a shortage of food and water, do not consume food in front of affected community members.

Don't

- ✘ Begin the observation process with a set of expectations or seek to record data primarily to prove a pre-existing hypothesis.
- ✘ Rely on remembering information. Record observations on a checklist.
- ✘ Focus solely on misery and destitution. Be aware of capacities, opportunities, and social capital within the affected community.
- ✘ Be intrusive. Take steps to be as sensitive and respectful as possible.
- ✘ Take a photograph without asking prior permission.

Interviews

Source: Heise, L. and Ellsberg, M., Researching Violence Against Women: A practical guide for researchers and activists, World Health Organization/PATH, 2005, pp. 129–132.[1]

The **personal interview** is one of the most common means for collecting qualitative data. Talking face to face with respondents on highly sensitive matters requires sensitivity, skill, and the ability to interpret and respond to both verbal and nonverbal cues. Interview styles vary from highly structured or semistructured formats to highly fluid and flexible exchanges. In addition to recording the content of the interview, interviewers may wish to keep a **field log**, where they keep track of their own observations, reflections, feelings, and interpretations. Because the skills required for gathering qualitative data are quite different than those needed for survey interviews, preparation of field staff also needs to be quite different.

Structured interviews

Use **structured interviews** when it is important to collect the same information from every informant. Structured interviews rely on a standardized interview guide that permits easy aggregation of responses across respondents. Because the structured interview guides allow less latitude, interviewers need not be as skilled as those who conduct unstructured interviews. In structured interviews, the wording and order of interview questions are determined ahead of time. Interviewers are instructed to cover every question included in the guide.

Semistructured interviews

Semistructured interviews use an open framework that allows focused yet conversational communication. They are useful for collecting information about historical events, opinions, interpretations, and meanings. Unlike a survey questionnaire, in which detailed questions are formulated ahead of time, semistructured interviews start with more general questions or topics. Relevant topics such as violence or women's participation on the community council are initially identified and organized into an **interview guide** or **matrix**. Not all questions are designed and phrased ahead of time. Most questions arise naturally during the interview, allowing both the interviewer and the person being interviewed some flexibility to probe for details or to discuss issues that were not included in the interview guide. Semistructured interviews require skill on the part of the interviewer, so it is a good idea to carry out some practice interviews to become familiar with the subject and the questions.

If possible, tape all interviews and then either transcribe them later or develop detailed notes of the conversation based on the tapes. If you cannot tape the interviews, take brief notes during the interview and complete and expand the notes immediately after the interview. It is best to analyse the information at the end of each day of interviewing. This can be done with the interview team or group.

Unstructured interviews

Unstructured interviews allow the interviewer and respondent the most flexibility.

Questions are open-ended, and the interviewer lets the respondent lead the conversation. The interviewer asks additional questions to gain as much useful information as possible. Unstructured interviews are based on a loosely organized interview plan that lays out the

1 Available at: <www.path.org/publications/files/GBV_rvaw_front.pdf>.

purpose of the interview and includes a list of topics to be explored. The flow of the conversation – not what is written in the guide – determines the timing and sequence of topics. One type of qualitative inquiry called "narrative analysis" particularly relies on unstructured interviews. In this case, the interviewer attempts to obtain a detailed story from a respondent about a specific event or aspect of his/her life. This is a story with a beginning, middle, and an end, although it might not be presented in that order during the interview.

As unstructured interviews allow a lot of freedom, they require especially skilled interviewers. You need to be especially alert for inconsistencies, pieces of the story that seem to be missing, and new angles that might provide additional information, and then probe accordingly. When conducting in-depth interviews with survivors of violence, beware of the temptation to slip from "interview" mode to "counseling" mode. Because of their conversational style, in-depth interviews tend to encourage emotional disclosure and intimacy. This increases the need for interviewers to stay true to their role, monitor their boundaries, and be attentive to levels of distress of the respondent. One advantage of unstructured interviews is that they can yield very rich and nuanced information. The downside is that data analysis may be more complex and time-consuming than in the case of structured interviews.

Secondary Data Analysis

Adapted from: Assessment Capacities Project, 'Summary Secondary data review and needs assessment', ACAPS, Geneva, 2011, p. 7.[1]

- A GBV assessment should include a desk review of available information on GBV in the affected communities. This is sometimes called secondary data. It is information (pre-crisis or in-crisis) collected by actors not involved in the current assessment and which has undergone at least one layer of analysis.
- The quality and extent of secondary data dictates the scope of primary data collection. In affected areas where secondary data gives a clear picture of the impact of the disaster, primary data may be largely limited to verifying or filling in the gaps of the secondary data.
- In other situations, such as complex humanitarian situations characterised by population displacement, available secondary data will be unlikely to provide sufficient current information. In these cases, primary data collection will be necessary to get an accurate picture of the situation, such as the situation-specific risks that women and girls face.
- Key types of information to look for include:
  - Types of GBV occurring before the crisis;
  - Patterns and trends, including who was affected by different types of GBV (in protracted or disaster-prone settings, this will include patterns and trends in previous emergencies);
  - Key attitudes and social norms pertaining to GBV that might affect information collection and survivor access to care and support;
  - Community responses to GBV, including positive and harmful responses; and
  - Systems responses (e.g., capacity of health, psychosocial and protection systems).

During a secondary data review, there is usually a large amount of data from different sources available. Data and information come in different types and formats (numeric, text, interview, video, photo, tabular, unstructured, etc.); are applicable to different timeframes (pre-crisis, in-crisis, or forecast); and require different degrees of verification, depending on the research method (quantitative or qualitative) used to obtain them.

Key principles for secondary data analysis

Scrutinize information and identify the underlying details of important facts, patterns, trends, significant differences or anomalies that are not always readily visible.

Ensure there is enough time to turn data into information. Often a great deal of time is spent collecting information, while too little time is given to preparing for data collection or analysing data.

1 Available at: <www.acaps.org/resources/assessment#resource-575>.

Challenge your own assumptions and conclusions. Discuss your findings with your colleagues and reach consensus on conclusions.

Be careful of the actual meaning of terms used. Definitions may change over time, and when this is not recognized, erroneous conclusions may be drawn. Be mindful to provide clear definitions for potentially confusing or sensitive terms.

Make sure you define different types of GBV and specify which type of GBV you are referring to.

See related Info Sheet on:

Primary and Secondary Data in Emergencies

Gender-Based Violence Information Management System (GBVIMS)

Source: GBVIMS Steering Committee, 'Overview of the Gender Based Violence Information Management System (GBVIMS)', 2010.[1]

The GBVIMS is an inter-agency partnership between the United Nations Population Fund (UNFPA), the International Rescue Committee (IRC), and the United Nations High Commissioner for Refugees (UNHCR), in consultation with the Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action and the Gender-Based Violence Area of Responsibility Working Group of the Protection Cluster.

Introduction

The Gender-Based Violence Information Management System (GBVIMS) enables those providing services to GBV survivors to effectively and safely collect, store, analyze and share data related to the reported incidents of GBV. The GBVIMS includes:

- **GBV Classification Tool:** provides definitions for a set of six core types of GBV that enables uniform terminology for GBV data collection. The tool uses a standardized process to reliably classify reported incidents of GBV by the core type of GBV that occurred.
- **Intake and Initial Assessment Form:** ensures that all GBV actors using this standard intake form are collecting a common set of data points in a consistent format. The form allows for local and institutional customization.
- **Incident Recorder:** an Excel database designed to simplify and improve data collection, compilation and analysis.
- **Inter-Agency Information Sharing Protocol Template:** provides a framework to guide the creation of a customized Information Sharing Protocol based upon guiding principles on the safe & ethical sharing of GBV data and best-practice.

Background

Before the GBVIMS was created, the humanitarian community did not have a common approach to the effective and safe collection, storage, analysis and sharing of GBV-related data. This significantly hampered the use of data generated through service provision to inform programming and impeded the humanitarian community's capacity to obtain a reliable picture of GBV being reported. The sensitive nature of GBV incident data and concerns by many frontline actors has impacted information-sharing between key stakeholders and GBV coordination.

Purpose

The GBVIMS was created to harmonize data collection by GBV service providers in humanitarian settings and provide a simple system for GBV service providers to collect, store and analyze their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with diverse agencies to facilitate broader trends analysis and improved GBV coordination.

1 Available at: <http://gbvims.com/wp/wp-content/uploads/Overview-of-the-GBVIMS2.pdf>.

i. Data Compilation & Statistical Analysis Using standardized incident report forms and a globally-standardized incident classification system, GBV service providers can enter data into the Incident Recorder which will automatically produce statistical tables and charts that enables them to analyze their data, identify correlations between data fields and reveal trends in their reported data. These automatically-generated reports include statistics on the incidents, survivors, and to a lesser extent on the alleged perpetrators. They also include a snapshot of referral pathways and actions taken.

ii. Data Sharing Providing a safe and ethical mechanism for primary service providers to share and access compiled GBV data is one cornerstone of good GBV coordination. At a minimum, actors should be clear on what data will be shared, for what purpose, who will compile the data, and how and when actors will be able to access the compiled statistics. The GBVIMS Incident Recorder anonymizes and standardizes reported GBV data in order to facilitate the compilation and sharing of sensitive information between humanitarian actors in a safe manner. Comprehensive guidelines for developing data-sharing protocols, as well as information on all of the ethical and safety issues that must be considered before sharing data are an integral part of the GBVIMS project.

Limitations

In its current format, the Incident Recorder is an analysis tool that will let the user store and analyze data on reported GBV incidents. The Incident Recorder cannot replace existing case management systems used by service providers. The Incident Recorder is not an appropriate tool for Human Rights monitoring, nor is it appropriate for monitoring the quality of program interventions because it does not capture this level of information. Furthermore, the data pertains only to reported incidents; thus it may not be a reflection of the actual prevalence of GBV in a given community. It is only one method of data collection in a situation that requires mixed-method analysis.

Qualitative and Quantitative Information

Source: Assessment Capacities Project, 'Qualitative and Quantitative Research Techniques for Humanitarian Needs Assessment: An Introductory Brief,' ACAPS, Geneva, 2012, pp. 3–4.[1]

During the initial days of an emergency response, both qualitative and quantitative information may be collected to develop a shared understanding of how people are affected by the emergency.

Quantitative information helps actors understand the magnitude and scale of a crisis by providing a numeric picture of its impact upon affected communities. It addresses the questions: *how many and how much.*

Qualitative information, on the other hand, focuses on determining the nature of the impact of a disaster upon affected populations. Qualitative data answers questions of *how* and *why* coping strategies have adapted, or failed to adapt, to the changed circumstance.

Collection, collation, analysis and synthesis of qualitative and quantitative information – using appropriate sources, sampling, tools and methods – is the cornerstone of rapid needs assessments that allow decision makers to plan a timely, appropriate and coordinated emergency response. When undertaking a needs assessment, a combination of different *types* and *sources* of data is required to build a holistic picture of the affected population.

Both primary and secondary data can be either qualitative or quantitative; the difference lies in the type of information collected, the questions and information requirements that the data is meant to address, and the methods used to analyse it.

During initial humanitarian assessment, there will be limited primary quantitative data collected from a joint field assessment process (i.e. a multi sector assessment with the buy-in and support of multiple agencies) because of time and access constraints. Quantitative information collected through primary data collection will be relevant only to the visited sites and cannot be generalized for all affected areas and groups. It will tell little about the big picture due to the limited sample size and sampling methodology. For example, if in 30 sites visited for primary data collection, it is found that the number of newly arrived IDPs is twice the total number of pre-disaster inhabitants, this does not mean IDPs now comprise twice the pre-disaster population in *all* affected communities. Despite these limitations, quantitative information *will* enhance a better understanding of the situation at the *site* level and help stakeholders recognise trends resulting from the disaster's impact.

1 Available at: <https://www.acaps.org/library/assessment>.

Quantitative and qualitative methods in research on violence against women and girls

Source: Ellsberg, M. and Heise, L., *Researching Violence Against Women: A Practical Guide for Researchers and activists*, World Health Organization, PATH, Washington DC, 2012, pp. 54–55.[2]

Quantitative research methods produce information that can be presented and analyzed with numbers, such as the percentage of women who report feeling unsafe attend shelters for battered women. Quantitative methods are used to measure the frequency of a problem and its distribution in a population (e.g., how many women in a community have experienced violence and which age groups are most affected). Quantitative surveys can also be used to obtain information about people's opinions and behaviour. The disadvantage of surveys is that they provide superficial information and do not contribute to a deeper understanding of complex issues.

Qualitative methods gather information that is presented primarily in text form through narratives, verbatim quotes, descriptions, lists and case studies. Qualitative methods are used when the aim is to gain understanding about a process or when an issue is being studied for the first time in a particular setting. Although you cannot say that the findings of qualitative research are true for everyone in the community, you can uncover meaning for different groups – this is particularly important when studying human behaviour and how it interacts with beliefs, attitudes and perceptions.

A note on sampling

Sampling is an important aspect of assessments, especially, quantitative methods. In rapid GBV assessments 'purposive' sampling is used to select sites to assess and individuals to participate in interviews, focus groups or other assessment activities. It is important to recognise that findings cannot be generalized beyond those the sampled population represents. This is particularly important for GBV, as some of the most hidden and/or hard-to-reach populations often left out of sampling frames (ie those living on the street, trafficked, sex workers, children in institutions, people being trafficked, unaccompanied children, etc.) may also be the most vulnerable to abuse including GBV.

2 Available at: <www.acaps.org/library/assessment>.

Triangulation

Source: Ellsberg, M. and Heise, L., *Researching Violence Against Women: A Practical Guide for Researchers and activists*, World Health Organization, PATH, Washington DC, 2012, pp. 55, 213–214.[1]

Triangulation refers to the use of more than one method to look at the same issue. It can also involve the use of one method on different study populations. Triangulation helps to ensure that your findings are trustworthy, or convincing to others.

The use of multiple sources, methods, and investigators to explore the same topic can increase credibility. For example, if the goal of a study is to assess the quality of care given to survivors of abuse in a community clinic, it might be useful to compare the views of health-care providers with women who have used the services.

The use of multiple sources might reveal important differences, not only as to the overall level of client satisfaction, but also in the way that clients and providers define quality of care.

A mix of methods, for example, combining an exit survey of clients with in-depth interviews, focus groups, or reviews of medical charts, might provide additional insight.

Having two different researchers code interview transcripts and compare results afterwards is another form of triangulation that may increase the credibility of the findings

Summary of types of triangulation that can be used in GBV assessments:

Methods triangulation: checking the consistency of findings generated by different data collection methods, for example, comparing data from focus groups, observation and interviews.

Triangulation of sources: examining the consistency of different data sources from within the same method, for example, comparing information from three focus groups made up of people of similar age, background, etc.

Analyst triangulation: using multiple people to review findings or using multiple observers/assessors and comparing their analysis, observations, etc.

1 Available at: <www.path.org/publications/files/GBV_rvaw_front.pdf>.

Bamako, Mali

Good Practice in GBViE Assessments

Summary

This section overviews good practice principles that underpin all GBV assessments in emergency contexts.

When to use this section

Type of emergency	Phase of response	Population location
• Rapid-onset natural disaster	• Preparedness	• Urban/peri-urban
• Slow-onset natural disaster	• Immediate response	• Rural
• Cyclical disaster	• Ongoing response	• Community/formal settlement
• Armed conflict	• Recovery	• Camp
• Political violence/instability	• Post-conflict development	• Informal/spontaneous settlement
• Public health emergency		• In transit/on the move
• Complex emergency		
• Protracted emergency		

Materials included in this section

Info Sheets

GBV Guiding Principles
Levels of Participation
Confidentiality
Dos and Don'ts with GBV Data
Child Participation in Assessments
Survivor-Centred Principles

Sapa, Vietnam

Introduction

GBV Guiding Principles

All assessments inquiring about GBV in an emergency setting must be designed and conducted based on **GBV guiding principles** and good practices to ensure that:

- An appropriate level of **participation** is adopted, ensuring the greatest amount of age-appropriate participation by children and women and by different groups in the community as the circumstances allow;
- **No harm** is done to individuals, communities or those collecting information during or because of an assessment; and
- **The rights and safety of survivors** are promoted.

Levels of Participation

Quetta, Baluchistan, Pakistan

As with all aspects of GBV work, the knowledge, skills and attitudes of staff conducting assessments are critical elements for success. Conducting effective and safe assessments requires that UNICEF and partner staff involved in planning and carrying out assessments have appropriate training. This includes training on survivor-centred principles; ethics and safety, including responding to survivors who disclose violence; and assessment tools and methods. Paying attention to staff knowledge, skills and attitudes is especially important in settings where there is limited existing GBV programming or capacity and the issue is new to staff.

UNICEF COs should take the following minimum actions to (1) promote **participation,** (2) adhere to standards of **ethics and safety**, and (3) maintain a **survivor-centred approach** in all information collection activities that inquire about GBV in emergencies.

Participation in assessments

✔ **Ensure the appropriate level of community participation in the assessment.**

GBV assessments should be participatory to the extent that is possible and safe. Ensuring meaningful community participation in GBV assessments has multiple benefits, such as:

- Ensuring the problem is properly understood and assessed;
- Ensuring girls' and women's experiences and perspectives are at the centre of problem analyses and solutions;
- Ensuring the vulnerabilities, capacities, needs and rights of vulnerable groups are recognized and reflected in programming;
- Raising awareness of the problem in the community by sharing information, creating dialogue and increasing ownership of the issue; and
- Ensuring community capacity, strengths and positive coping mechanisms are supported and strengthened.

The nature and impact of an emergency, as well as the type and timeframe for the assessment, will determine the level of community participation possible.

✔ **Obtain appropriate consent for children and young people to participate.**

When involving children and young people in GBV assessments, find out who should give consent for adolescents and children to participate in assessment activities. For example, is parental consent needed as well as informed consent of the young person?

In general, children will not be included in rapid GBV assessments. Guidance from the Child Protection Rapid Assessment Toolkit[1] states that children should not be involved in rapid assessment exercises because of ethical concerns and individuals not having the required skills to address sensitive topics with children, who are likely to still be exhibiting signs of distress. There may, however, be occasions where children are involved, for example in mapping risks of GBV related to school attendance and participation (see **'Follow ethical guidelines for child participation in GBV assessments**', on the following pages.)

✔ **Provide communities with feedback on assessment findings.**

Where appropriate and safe, information and action generated by assessments should be shared with communities. Not only is assessment information helpful for communities as they act to improve the care, support and safety of children and women; communities also have a right to information collected about them. Care must be taken, however, to never breach confidentiality, reveal the identity of key informants, or place informants at risk in any way (see **Ethics and safety** on the following page).

Resources

- **A Toolkit for Monitoring and Evaluating Children's Participation: Children and young people's experiences, advice and recommendations**
  Save the Children (2014)
  <http://resourcecentre.savethechildren.se/library/toolkit-monitoring-and-evaluating-childrens-participation-children-and-young-peoples>
- **The Participation of Children and Young People in Emergencies**
  UNICEF (2007)
  <www.unicef.org/eapro/the_participation_of_children_and_young_people_in_emergencies.pdf>
- **Guidelines for Children's Participation in Humanitarian Programming**
  Save the Children (2013)
  <http://resourcecentre.savethechildren.se/library/guidelines-childrens-participation-humanitarian-programming>
- **Actions on the Rights of the Child Resource Pack**
  - Foundation Module 4: Participation and inclusion analysis

  Inter-Agency (2009)
  <http://resourcecentre.savethechildren.se/library/arc-resource-pack-actions-rights-children-english-version>
- **Participation Handbook for Humanitarian Field Workers**
  Groupe URD/ALNAP (2009)
  <www.alnap.org/system/files/content/resource/files/main/alnap-groupe-urd-participation-handbook-2009.pdf>

1 See <www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf>.

Ethics and safety in assessments

✔ **Do not ask girls or women directly about their experience of GBV.**

For ethical reasons, crisis-affected girls and women should not be asked directly about their *personal* experiences of GBV. Doing so can be dangerous and traumatic. Instead, ask general questions about patterns of GBV in their location. For example, rather than asking girls or women if they have personally experienced violence, ask questions related to general trends of safety or violence in the area.

Of course, if individuals choose to disclose their personal experience of GBV during an assessment, assessment team members have an obligation to respond appropriately and to provide relevant information about available services and supports. Ensure resources are available to meet the immediate needs of children and women who do disclose experiences of GBV. In the case of children, resources and procedures need to be in place for protective intervention where the child is at imminent risk of further sexual violence, abuse or exploitation. It is very important that all information related to individual disclosures is kept confidential.

Dos and Don'ts with GBV Data

✔ **Explain confidentiality and its limits to those participating in assessment activities.**

Confidentiality

At the start of every data collection exercise involving girls and women, make sure **confidentiality** and its limits are explained so that participants can make informed decisions about what information, if any, they wish to share during interviews or focus groups. This is particularly important in settings where there are mandatory reporting laws. (See also **Kit 1: Getting Started**, *Section 4: Foundations for GBV Programming.)*

✔ **Ensure participation in GBV assessments is voluntary.**

All individuals who participate in GBV assessments must be informed of the purpose of the activity, that their participation is voluntary, and that they can stop participating at any time. Participants must also be informed about how, when, where and with whom the assessment data will be used.

✔ **Consider potential safety risks that may arise during and after data collection.**

Potential safety problems arising from collecting and disseminating GBV-related information must be avoided. Consider the safety implications for individuals and communities seen giving sensitive information about GBV issues, especially when GBV is being perpetrated by armed actors. It is vital that everyone involved in GBV assessments understands the basic **'dos and don'ts' with GBV data** collection, security and sharing. Be aware that it is not possible to guarantee confidentiality of information that is discussed during focus groups, and there is therefore a need to consider this when planning and facilitating focus groups.

Remember that safety considerations extend beyond the data collection phase of an assessment. It is essential to consider, for example, the risks of insecurely storing sensitive data, such as data pertaining to sexual violence that constitutes a war crime or a crime against humanity. It is also essential to consider potential safety risks created by disseminating GBV-related information inappropriately. Any written reports should *not* give information that may reveal the identity of key informants, breach their confidentiality, or place them at risk in any way. This means that only de-identified information about incidents should be included in assessment documents and reports.

In practice

In some settings, such as those where sexual violence is being used by parties to the conflict, **de-identifying data** includes making sure that even information about geographical location is not included in reports or made public in other ways. This is important to protect community members from reprisals and to safeguard humanitarian access. For example, in one setting, an organization made public information of sexual violence by members of an armed group in the area collected during an assessment. Soon after, the armed group entered the camp and assaulted adults and children as reprisal for reporting incidents against them. The armed group also expelled the organization from the camp.

Child Participation in Assessments

✔ **Follow ethical guidelines for child participation in GBV assessments.**

In general, children under 16 should not be involved in rapid GBV assessments. They may, however, participate in comprehensive GBV assessments during stabilized phases of response and recovery. Where children are involved in GBV-related information collection, there is need for input from qualified personnel to address ethical issues such as balancing the risks and protection of children while promoting their participation in research. Children's right to participation must be weighed against the principles of *do no harm* and *the best interests of the child,* as well as recognizing the different developmental capacities and stages of younger children and older adolescents. Before including children and adolescents in assessments, the following **minimum actions** must be taken:

- Ensure reporting and referral services are in place to assist children with GBV-related needs.
- Assess the capacity of data collectors.
- Consult with local staff and partners to understand the context.
- Consult with groups and organizations who reflect the views of marginalized children, such as children with disabilities.
- Obtain permission from the child and their parent/guardian for all interviews (some exceptions may apply for older adolescents).
- Ensure children have themselves agreed to participate in the assessment and that they are informed that they can withdraw at any time.
- Provide children with comprehensive, age-appropriate information about the assessment process and how the information will be used.
- Use age-appropriate methodologies, and ensure facilitators and interpreters are trained in working with children.[2]

Resources

- **Ethical Research Involving Children Guidance**
  Southern Cross University and UNICEF (n.d.)
  <http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Researcher-support-section-only.pdf>
- **What We Know About Ethical Research Involving Children: An overview of principles, the literature and case studies**
  UNICEF Office of Research (June 2016)
  <www.unicef-irc.org/publications/pdf/IWP_2016_18.pdf>
- **WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies**
  World Health Organization (2007)
  <www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf>

2 Global Protection Cluster, *Protection of Conflict-Induced IDPs: Assessment for Action*, GPC, February 2008, p. 63.

- **Researching Violence Against Women: A practical guide for researchers and activists**
  - Chapter 2: Ethical Considerations

  World Health Organization/PATH (2005) <www.path.org/publications/files/GBV_rvaw_front.pdf>

Survivor-Centred Principles

- **Putting Women First: Ethical and safety recommendations for research on domestic violence against women**

  World Health Organization (2001) <www.who.int/gender/violence/womenfirtseng.pdf>

Gao, Mali

A survivor-centred approach in assessments

✔ **Train data collectors and translators on survivor-centred principles and ensure that they have appropriate support throughout the assessment.**

In case of disclosure of GBV during an assessment, data collectors need to understand their responsibilities toward ensuring the survivor's rights to safety, confidentiality and self-determination. In the case of child survivors, data collectors must also know how to apply the principle of the best interests of the child.

✔ **Ensure same-sex data collectors and translators are available when asking sensitive questions about GBV.**

It is important to have same-sex data collectors and translators available, especially when asking community members sensitive questions about GBV.

✔ **Ensure basic services are available and referral protocols are in place.**

Before starting a GBViE assessment or programme intervention, make sure basic medical and psychosocial services are in place to provide care and protection to survivors who disclose GBV, and ensure there is an agreed referral protocol in place. Even where there are few services available, make sure there is access to basic medical care at minimum.

Info Sheets – Good Practice in GBViE Assessments

GBV Guiding Principles

UNICEF's GBViE programming is based on evidence and learning from multiple settings on effective approaches and strategies for addressing GBV against girls and women. This evidence and learning is captured in a set of principles that underpin UNICEF's GBV programming.

These principles include the following:

1. GBV is a fundamental and unacceptable violation of human rights, and efforts to address it should be grounded in a rights-based approach.

All girls and women have the right to live free from GBV, including in situations of conflict and disaster. Survivors have the right to health, safety, protection from further violence, and justice. Duty bearers, including the international community, have obligations to uphold these rights, including in emergencies.

2. Ending GBV involves tackling gender inequality and harmful social norms.

Preventing GBV involves promoting gender equality and supporting beliefs and norms that foster equitable, respectful and non-violent relationships. Ending discrimination and inequality based on gender lies at the heart of ending GBV against girls and women.

3. Comprehensive approaches are required to address GBV.

A comprehensive approach bridges development and emergency programming and involves adopting a coordinated, multi-level and multi-sectoral approach. A multi-level approach highlights the importance of structural-, systemic-, community- and individual-level interventions, while a multi-sectoral approach emphasizes the need for coordinated engagement across sectors for preventing, mitigating and responding to GBV.

4. Strong partnerships are essential for holistic, coordinated action against GBV.

No single agency, organization or sector has the skills, resources or mandate to address GBViE alone. Preventing and responding to GBV requires collaborative action and partnerships across sectors/clusters and must involve States, affected communities and other stakeholders. Partnerships must be built and fostered across UNICEF sectors and programmes; across humanitarian actors and clusters; with State and non-State duty bearers; and with civil society and communities.

5. Participation is vital for effective GBV prevention.

Genuine participation by rights holders and communities is empowering, fosters ownership of the problem and ensures locally appropriate solutions to it. The participation and agency of affected people – especially children, adolescents and women – are central in all GBViE efforts throughout programme assessment, design, implementation and monitoring. Without genuine and significant participation from girls, boys and women, major risks may go unidentified, and prevention strategies and suitable responses will be inadequate.

6. Ethical and safety considerations are paramount.

Humanitarian actors have an ethical obligation to do no harm. Ethical and safety dimensions of *all* GBV activities must be considered prior to taking action. Safety of survivors, their supporters, community members and staff is a priority consideration in GBV assessments, programming, monitoring and evaluation in emergencies.

7. A survivor-centred approach is a cornerstone of GBV work.

The safety, rights, dignity and empowerment of GBV survivors is a priority at all times. A survivor-centred approach aims to make sure that each survivor's rights are at the forefront of all action; that each survivor is treated with dignity and respect; and that the person's agency is recognized and supported.

A survivor-centred approach is applied in practice by making sure quality services are available and accessible, and by applying a set of survivor-centred principles to guide the work of everyone – no matter what their role is – in all interactions with survivors.

There are four interrelated and mutually reinforcing principles or standards for behaviour that apply at all times to all actors: *promoting safety, confidentiality, self-determination* and *non-discrimination.*

When working with child survivors, additional considerations for being survivor-centred include making sure that staff are trained in obtaining permission from a child to collect information in an age-appropriate manner.

Levels of Participation

Source: Active Learning Network for Accountability and Performance in Humanitarian Action and Groupe URD, *Participation handbook for humanitarian field workers – Involving crisis-affected people in a humanitarian response*, ALNAP, London, 2009, pp. 39–44.[1]

- In humanitarian situations, a participatory approach means involving crisis-affected people in the humanitarian response in whatever way, and to whatever extent is possible, in a given context.
- Participation makes a humanitarian response more efficient, effective and relevant to real needs, and it can help identify the most appropriate way of meeting those needs.
- Crisis-affected people can be directly involved in humanitarian responses on an individual level or indirectly via community representatives. In both cases, special care should be taken to ensure that the most vulnerable and socially marginalised people are involved, and that this involvement is done with care and intentionality so as not to risk further harm to these populations.
- There are different ways to involve people in humanitarian responses, and different approaches can be used to continually improve participation throughout the life cycle of a project.
- In order to adopt a genuinely participatory approach, we must not think of those who are affected by a crisis as 'victims', 'beneficiaries, or 'recipients', but as dynamic social actors with capacities and strengths are able to take an active role in decisions affecting their safety and welfare. This shift in perception is of fundamental importance.
- The following table outlines a typology of participation that reflects the different ways humanitarian organizations interact with crisis-affected people, from simply informing them about a humanitarian response, to providing support for local initiatives.

Typology of participation (adapted from Pretty, J.)

Type of participation	Description
Passive participation	The affected population is informed of what is going to happen or what has occurred. While this is a fundamental right of the people concerned, it is not one that is always respected.
Participation through the supply of information	The affected population provides information in response to questions, but it has no influence over the process, since survey results are not shared and their accuracy is not verified.
Participation by consultation	The affected population is asked for its perspective on a given subject, but it has no decision-making powers and no guarantee that its views will be taken into consideration.

1 Available at: <www.alnap.org/resource/8531>.

Type of participation	Description
Participation through material incentives	The affected population supplies some of the materials and/or labour needed to conduct an operation, in exchange for payment in cash or in kind from the aid organization.
Participation through the supply of materials, cash or labour	The affected population supplies some of the materials, cash and/or labour needed for an intervention. This includes cost-recovery mechanisms.
Interactive participation	The affected population participates in the analysis of needs and in programme conception, and has decision-making powers.
Local initiatives	The affected population takes the initiative, acting independently of external organizations or institutions. Although it may call on external bodies to support its initiatives, the project is conceived and run by the community; it is the aid organization that participates in the people's projects.

Tips for promoting participation

Source: Groupe URD, *Participation by Crisis-Affected Populations in Humanitarian Action: A Handbook for Practitioners*, ALNAP, London, 2003, pp. 15–16.

Successful participation relies first and foremost on the attitude of those engaged in humanitarian action.

Be aware… of the local context and its social and cultural dynamics, of political divisions and lines of power, and of the stakes and potential pitfalls. Being conscious of this enables one to be cautious without being suspicious, to tailor one's expectations to current realities and to avoid undue disappointments. It is central to gaining the respect of those whom you seek to engage.

Listen, observe… with your eyes and with your ears, but, also, with the eyes and the ears of those who you are trying to understand, assist or protect. Bear in mind that affected populations have a holistic and integrated view of their own needs and strategies, and that the earlier you involve them, the greater their motivation to engage in a joint venture. Empathy and reflected understanding can go a long way to making a complex process manageable.

Pay attention to the human factor. Despite all efforts to develop and apply methods to improve the process of participation, successes and failures can often be attributed to the presence of the right person with the right attitude, understanding and skills, being in the right place at the right time. Pay utmost attention to the composition of your team, and allow time to breathe and to deliberate.

Enjoy! At the heart of participation is a meeting of different individuals, cultures, skills, beliefs and values. This is an opportunity to learn and to share experiences; humanitarian aid workers can benefit as much as affected populations.

Confidentiality

What is confidentiality?

- Confidentiality refers to the right of a person to have any information about them treated privately and with respect. Confidentiality is a basic principle of working with survivors of GBV; it is important for restoring the dignity of the survivor and for reducing social stigma and blame. Survivors have the right to keep information about themselves private in the same way every person has the right to privacy regarding personal information, such as health status.
- Information about a GBV incident or case should never be shared publicly. Those involved in responding to GBV should never discuss details of a case outside of their work or with anyone not related to the case.
- People sometimes think that confidentiality means never telling anyone anything about a case. This is not what confidentiality means. For example, a case worker might discuss issues related to a case with her supervisor. She needs to do this in order to get supervision and make sure she is providing the best possible service.
- People involved in a case may discuss details about the case with each other to make sure they are coordinating and meeting all of a survivor's needs and rights.
- At all times, it is essential that we inform a survivor or her caregiver about who will be involved in a case and why. If they object, we must take their objection seriously and look at why they are objecting; they likely have a good reason for objecting, and we need to listen and find out more.

Limited confidentiality

- 'Limited confidentiality' refers to situations in which there may be legal or other obligations that override the individual's right to confidentiality. Such 'limited confidentiality' applies in the following circumstances:
    - When there are concerns about a person's safety and well-being or the safety of others; and/or
    - When it is believed a criminal offence has been committed, and there are laws that obligate reporting to police or other authorities. In situations in which legal requirements override the person's permission, the survivor or her caregiver should be made aware of the legal requirements.

Communicating with survivors about confidentiality

- Guaranteeing confidentiality can be an important way of building trust, particularly with adolescents. However, it is not acceptable to promise confidentiality and then break it. In fact, we should never start a conversation with survivors by promising that we will not tell anyone what they have said. What we *do* explain to them is what the limits of confidentiality are in that context.

- The first step in addressing complex issues of confidentiality, trust and the rights of survivors is to identify what the limits to confidentiality are in your context.
  - How is confidentiality related to cases of GBV being dealt with now?
  - Does it reflect the best interests of child survivors?
- After agreeing between actors about the limits of confidentiality, it is important to make sure this information is communicated to survivors at the beginning of an interview.

Mandatory reporting

- All response actors need to understand the laws and obligations on mandatory reporting of sexual violence and other forms of GBV.
- Mandatory reporting can conflict with ethical principles in working with survivors of GBV, including confidentiality and self-determination. It can be complex: for example, when for example, when mandatory reporting results in an action that is not in the survivor's best interest, such as being removed from her family and placed in an institution or punished.

See related **Info Sheet** on:

Mandatory Reporting of Child Abuse

Dos and Don'ts with GBV Data

Adapted from: Gender-Based Violence Information Management System Steering Group, 'Guidance Note: GBVIMS Dos and Don'ts';[1] and UN Action Against Sexual Violence in Conflict, 'Dos and Don'ts: Fact Sheet on Sexual Violence,' UN Action, New York, 2008.

Data security

DO store, use, and share GBV data safely and securely.

- ✔ Always check and double check security of data; do not assume data is safe.
- ✔ Assess data protection and ensure major identified gaps are filled before collecting GBV incident information.
- ✔ Store case files in a locked cabinet.
- ✔ Protect electronic files with a password.
- ✔ Only share case-based data to designated persons for clear, necessary reasons.
- ✔ Put a plan in place for destroying paper-based files in the event of evacuation in highly insecure environments.
- ✘ **Don't** assume that data is safe because there are no names on files or the data is only used within your organization (for example, piling case files on a desk or asking a colleague to carry intake forms in an unsealed envelope to another office).
- ✘ **Don't** ignore the importance of creating a sound coding system.

Data sharing

DO establish an Information Sharing Protocol with other organization before data is shared.

- ✔ Establish an Information Sharing Protocol with other actors to determine how data will be shared, protected and used, and for what purpose, before data is shared. This includes with Child Protection Working Groups, MRM and MARA Working Groups, PSEA Networks and any other relevant coordination mechanisms.
- ✘ **Don't** start sharing or asking for GBV data unless proper and agreed upon protocols are in place.

DO share GBV data in the form of aggregated statistics for purposes of identifying trends in GBV incident reporting.

- ✔ When decided as part of an Information Sharing Protocol or when agreed upon with all service providing organizations, it is appropriate and encouraged to share GBV data for purposes of identifying trends in GBV incident reporting, facilitating coordination, improving services and monitoring programmes. Be sure shared data is anonymised,

1 Available at: <www.gbvims.com/wp/wp-content/uploads/GBVIMS-Guidance-Note-Dos-and-Donts-Final.pdf>.

meaning no names, addresses or other directly identifiable information is included. Also, consider that just because such information is not shared, it does not mean data is safe and truly anonymous, respecting survivor confidentiality. For instance, sharing that a disabled child in Block A of the camp reported an incident may be identifying information even though the name is not included. Each and every instance of data sharing should be scrutinized by users to ensure confidentiality and safety for survivors, their communities and the organizations assisting them. Information on individual survivors, including their name and other identifiable information, is often shared for inappropriate reasons and without survivor consent.

✕ **Don't** share or ask for identifiable data (such as name) as a regular practice.

✕ **Don't** publish or share GBV statistics if doing so will cause any security or safety issues for survivors, their communities, organizations or agencies.

DO add context about any shared or published GBV statistics, as appropriate.

✓ Caveats on what GBV data represents must be issued with any analysis of GBV data, including that the statistics are based on the reporting of incidents to a particular type of service provider. Users must emphasise that GBV data cannot provide a clear understanding of incidence or prevalence in a given population. The analysis should also give perspective on the programmatic circumstances and relevant security, cultural and political context during the specified period concerned by the data.

✕ **Don't** publish or share GBV statistics without accompanying contextual analysis.

DO limit the sharing of individual case information to service provision referrals and only with the survivor's informed consent.

✓ There are times when it is necessary to share individual case information through a referral form to facilitate referral and access to a service without the survivor having to repeat the information about the incident already given to the first service provider. Using a survivor-centred approach means that the survivor has control at all times over the information related to the GBV incident. Detailed information about the specific case should only be shared outside the service provider to a specific actor for a determined purpose if the survivor consents. In rare situations, it may be necessary to share a case file, for example:

- If total care/support of a survivor is being transferred because an organization is pulling out or the survivor is moving to a new location where another organization will provide support (with survivor consent); or
- If it is a case of sexual exploitation and abuse involving a child.

✕ **Don't** mandate that service providers submit individual case files (i.e., intake or incident report forms) as routine reporting.

✕ **Don't** share case files without the consent of the survivor and only on extraordinary occasions according to the needs of the survivor.

Reporting

- ✓ **Do assess the risks associated with sharing data.** For example, if an assessment report details allegations of sexual violence by armed groups, is there a risk that the armed groups indicated will retaliate against the community?
- ✓ **Do keep in mind the audience and possible use.** If information on GBV is being shared with the media, donors or policymakers, make sure clear and comprehensive guidance is offered on the interpretation of the information. Briefing notes may help.
- ✓ **Do label all tables, charts and maps appropriately** to avoid being taken out of context, and clearly state the sources for any data cited.
- ✗ **Don't share data that may be linked back to an individual or group of individuals.**
- ✗ **Don't take data at face value:** assess original sources, including their quality/reliability.
- ✗ **Don't assume reported data on GBV or trends in reports represent actual prevalence in GBV.**

Child Participation in Assessments

Adapted from: Child Protection Working Group, *Child Protection Rapid Assessment Toolkit*, CPWG, December 2012;[1] O'Kane, C., *Guidelines for Children's Participation in Humanitarian Programming*, Save the Children, London, 2013;[2] and Save the Children Alliance, 'Actions on the Rights of the Child: Foundation modules' and 'Participation and inclusion', Save the Children, London, 2005.

- In all contexts, but most especially in emergency settings, there are potential risks and ethical concerns regarding the participation of children in assessments. This is particularly true for assessments enquiring about highly sensitive and sometime traumatic issues.
- Following an emergency, children are especially vulnerable because of the potential for heightened distress and a lack of understanding of what has taken place.
- Any participatory activities may involve a certain level of risk to the children engaged. It is critical that assessment planners weigh the risks and benefits for children of their engagement in these processes.
- To decide the involvement of children in any needs assessment process, assessment planners should adhere to the following:
    - Assess the skills and capacity of all staff and those involved in delivering the assessments.
    - Carry out a risk assessment, mapping all possible dangers and mitigation strategies.
    - Carry out in-depth consultation with local staff and partners to gain a full understanding of the local socio-political, cultural, religious and geographic contexts. This should establish if child participation could be considered appropriate within the context.
    - Map any existing community-level participatory initiatives and community-based organizations (CBOs) that engage children, as well as services to which child participants can be referred if needed. *Children should not be included in assessments if there are no services available for them.*
    - Work with children's groups, disabled people's organizations, women's groups, ethnic minority representatives, and other CBOs who may reflect the views of the most marginalized children.
    - Carry out sensitization and awareness-raising activities on the value of understanding children's opinions, targeting children, families and communities, as well as humanitarian responders and service providers.

Two scenarios where **children should not be involved** in a GBV assessment or situation analysis include:

1. When, after assessing the skills and training of staff involved in assessments, it is found that none have previous experience, skills or training in working with children, including child survivors, or in implementing meaningful participatory methods or providing psychosocial support to children.
2. A risk assessment is carried out involving local staff and partners, and the risks identified are too great. If assessment of the situation indicates that risks of harm to children outweigh the benefits of their participation, children's participation should not be supported. For example, if the assessment is focusing on sexual violence against girls formerly

1 Available at: <www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf>.
2 Available at: <https://resourcecentre.savethechildren.net/library/guidelines-childrens-participation-humanitarian-programming>.

associated with armed groups, and the armed groups are likely to be made aware of the assessment, the risks to girls would be too great to proceed.

The Child Protection Working Group greatly discourages involving any children in data collection during the rapid assessment phase. The Child Protection Rapid Assessment Toolkit states: "Regarding children, in most cases it is unlikely that trained staff is available to conduct such highly sensitive interviews. While children's participation can contribute to a better understanding of the situation of children in a post emergency context, inexperienced assessors may unintentionally put children in harm's way." [3]

If it is decided that children will participate in GBV assessments, it is recommended that children below 16 years of age are not included. In addition, the following practice standards should be adhered to:

- Those planning and conducting the evaluation are familiar with the recommendations pertaining to children contained in the World Health Organization's *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*.[4]
- There is transparency, honesty and accountability toward children.
  - Children's participation is relevant and voluntary.
  - Parental/carer consent is obtained, where relevant.
  - A child-friendly, enabling environment is established.
  - There is equality of opportunity for all children, encouraging the involvement of those children who are most often excluded.
  - Staff are effective and confident.
  - Participation promotes the safety and protection of children during and after the assessment.
  - Follow-up and evaluation of children's participation are recognized as integral components.

See related **Info Sheet** in **Kit 1: Getting Started** on:

Children's Right to Participation

3 Child Protection Working Group, *Child Protection Rapid Assessment Toolkit*, CPWG, December 2012, p. 20.
4 See <www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf>.

Survivor-Centred Principles

A survivor-centred approach to GBV response is based on a set of guiding principles that guide the work of all helpers – no matter what their role is – in all of their interactions with GBV survivors.

Survivor-centred principles are interrelated and mutually reinforcing; for example, confidentiality (principle 2) is essential to promote safety (principle 1) and dignity (principle 3). The principles are described below.

Principle 1: Right to safety

Safety refers to both physical security as well as a sense of psychological and emotional safety. It is important to consider the safety and security needs of each survivor, their family members and those providing care and support.

In the case of conflict-related and politically motivated sexual violence, the security risks may be even greater than usual.

Every person has the right to be protected from further violence. In the case of child survivors, every child has the right to be protected from sexual and other violence; as adults, we all have responsibilities to uphold that right.

Why is safety important?

Individuals who disclose sexual violence or other forms of GBV may be at high risk of further violence from the following people:

- Perpetrators;
- People protecting perpetrators; and
- Members of their own family due to notions of family 'honour'.

Principle 2: Right to confidentiality

Confidentiality promotes safety, trust and empowerment. It reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned.

Why is confidentiality important?

- Confidentiality promotes safety, trust and dignity.
- Confidentiality reflects the belief that survivors, including children, have the right to privacy and to choose who should know about what has happened.
- Breaching confidentiality inappropriately can put the survivor and others at risk of further harm.
- If service providers and other helpers do not respect confidentiality, other survivors will be discouraged from coming forward for help.

Exceptions to confidentiality

In several situations there are exceptions to confidentiality, and it is very important that survivors, including children and their caregivers, are not led to believe that nothing they say will be shared.

Helpers need to understand and communicate the exceptions to confidentiality, such as:

- Situations in which there is the threat of ongoing violence or harm to a child, and the need to protect the child overrides confidentiality;
- Situations in which laws or policies require mandatory reporting of certain types of violence or abuse;
- Situations in which the survivor is at risk of harming themselves or others, including thoughts of suicide; and
- Situations involving sexual exploitation or abuse by humanitarian or peacekeeping personnel.

Principle 3: Dignity and self-determination

GBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in supporting their dignity and self-determination. For example, survivors have the right to choose whether or not to access legal services and other support services.

Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness and shame, reduce the effectiveness of interventions, and cause re-victimization and further harm.

Principle 4: Non-discrimination

All people have the right to the best possible assistance without unfair discrimination on the basis of sex, gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

Best interests of the child principle

Every child is unique and will be affected differently by violence. Decisions and actions affecting them should reflect what is best for the safety, well-being and development of that particular child.

The primary purpose of intervening is to provide care, support and protection for individual children – not to meet other objectives.

Strategies for ensuring the best interests of the child include the following:

- Take an approach that takes the individual circumstances of each child into account, including their family situation and their particular vulnerabilities and strengths, and prioritize their needs for safety, protection, and physical and mental health above other needs.
- Listen to the voice and perspective of the child and take their wishes into consideration.

- Protect the child from further emotional, psychological and/or physical harm.
- Empower children and families.
- Examine and balance benefits and potentially harmful consequences of each decision or action affecting a child.
- Promote recovery and healing.

See related **Info Sheets** on:

Mandatory Reporting of Child Abuse

Working with Child Survivors of Sexual Abuse

Obtaining Permission from a Child

Ta Oi, Lao People's Democratic Republic

How to do GBViE Assessments

Summary

This section outlines assessment phases and steps to take for safely integrating GBV considerations into multi-cluster and sectoral assessments, as well as for carrying out UNICEF-led rapid and comprehensive GBV assessments in emergency contexts.

When to use this section

Type of emergency	Phase of response	Population location
• Rapid-onset natural disaster • Slow-onset natural disaster • Cyclical disaster • Armed conflict • Political violence/ instability • Public health emergency • Complex emergency • Protracted emergency	• Preparedness • Immediate response • Ongoing response • Recovery • Post-conflict development	• Urban/peri-urban • Rural • Community-based/ formal settlement • Camp-based informal/ spontaneous settlement • In transit/on the move

Materials included in this section

Info Sheets

Secondary Data Analysis

Pre-Testing Tools

At-Risk Groups

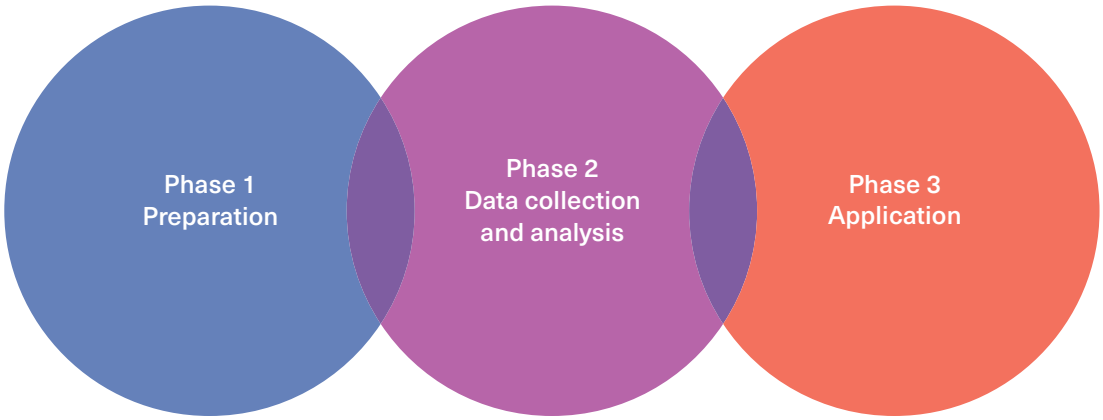
Assessment Reports

Maiduguri, Nigeria

North Darfur, Sudan

Assessment phases

All assessments follow three phases, each with defined tasks:



The **preparation phase** involves laying the groundwork for the assessment by reviewing all existing relevant information on GBV; engaging stakeholders; clearly defining the objectives, scope and methodology for the assessment; and planning resources, timeframe and logistics.

The **data collection and analysis phase** (also known as the fieldwork phase) involves training the assessment team; collecting new information; and collating primary and secondary data to gather information on GBV perpetration and victimization, as well as risks and resources required to support preventative and responsive action.

The **application phase** involves using the assessment findings to improve the situation for survivors of GBV and to reduce the risk of further violence by determining programming priorities, disseminating findings and advocating to influence the work of others.

Assessment steps

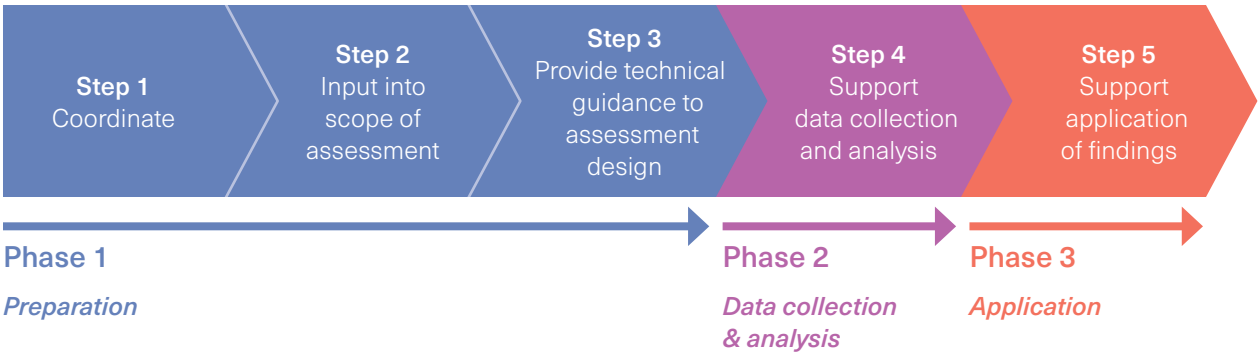
The flowchart below shows the five steps in GBV assessments. The first column shows the process for GBV specialists to safely integrate questions about GBV into multi-cluster and sectoral assessments, while the second column shows the steps to follow in UNICEF-led rapid or comprehensive GBV assessments. Following this are diagrams that illustrate how each of these steps are linked to the assessment phases above.

Including GBV considerations in multi-cluster, sectoral and other assessments

This guidance is for UNICEF GBV specialists to support safe integration of questions about GBV into multi-cluster, sectoral or other emergency-related assessments.

Emergency preparedness

Where possible, relevant aspects of the preparation phase should be incorporated into preparedness planning activities. This includes coordinating with and building capacity of other actors, such as government disaster management agencies, and collating and sharing briefings on the GBV situation and on GBViE prevention and response. Preparedness is especially important in disaster-prone and complex emergency settings.



Step 1: Coordinate

✔ **Coordinate with the following actors** to advocate for safe and appropriate integration of questions about GBV into multi-cluster, sectoral and other assessments:

- *UNICEF Child Protection, Health, HIV/AIDS, WASH, Education and Nutrition sectors involved in emergency response*. Encourage each sector to gather relevant information on GBV in assessment and programme planning processes to implement UNICEF's GBV obligations in the CCCs.
- *Clusters, alternative sectoral coordination groups, and multi-cluster needs assessment task forces within the humanitarian system.* Provide clusters and sectors with information on sector standards and actions set out in the **IASC GBV Guidelines** and Child Protection Minimum Standards, and encourage each cluster or sector to integrate questions about GBV into inter-agency assessments.
- *Peacekeeping or other military forces through dedicated civ-mil coordination arrangements.* Encourage them to seek expert input when carrying out protection-related assessments.

★ See the IASC GBV Guidelines

Step 2: Input into scope of assessment

✓ **Share information with non-GBV sectors and actors** planning an assessment about what is already known about the GBV situation in the area to be assessed. This reduces the risk of duplication or unnecessary data collection and ensures the assessment team has relevant knowledge about the GBV context.

✓ **Make sure the aim and objectives of collecting GBV information are clearly defined**. Clarify how information generated through the assessment will be used to directly improve the safety, dignity and protection of girls and women.

✓ **Make sure the assessment team is aware of ethical and safety dimensions** of asking about GBV in emergencies. Confirm with the team:

- Systems are in place to ensure the process does not cause harm;
- Consideration has been given to the potential risks to survivors, or to girls and women at risk of violence, of asking certain questions or participating in the process; and
- Services and procedures are in place to refer survivors who disclose specific incidents of GBV.

Where these issues have not yet been considered, support the team to put these considerations into practice.

Step 3: Provide technical guidance to assessment design

✓ **Ensure data collection, analysis and information dissemination tools are appropriate,** and that they:

- Are ethical and safe – for example they do not ask direct questions about personal experiences of GBV;
- Reflect gender- and age-based considerations and data;
- Reflect meaningful participation of girls and women; and
- Are survivor-centred – for example, there is a plan for appropriate response to disclosure of violence.

✓ **Help develop appropriate and relevant questions** for key informant interviews and focus group discussions. Ensure these questions meet assessment objectives, reflect ethical and safe practice, and seek to only obtain relevant *new* information that GBV and other actors really need to address GBV – rather than very general information that is not helpful (for example, 'is gender-based violence occurring?') or information that is already available from other sources.

✓ **Ensure both male and female informants are included in interviews and focus groups** and that data collection tools have space to identify the gender of informants. Women and men often answer the same question differently as they have different experiences and access to different information. In addition, male leaders may lack awareness of the specific protection concerns faced by girls and women.

✓ **Provide information and/or training for data collectors** on GBV, how to ask sensitive questions on GBV, what to do when someone discloses GBV and how to safely refer them to appropriate services.

East Timor

Step 4: Support data collection and analysis

- ✓ **Contribute resources to inter-agency multi-cluster or sector assessments** if appropriate, such as vehicles and personnel for data collection.
- ✓ **Provide real-time advice and support on GBV issues** as they arise during UNICEF Child Protection, Health, WASH and Education assessments. For example, provide advice on the course of action to take if a case of child sexual abuse is detected, or options for responding to risks identified during assessment.

Step 5: Support application of findings

- ✓ **Use assessment findings to advocate for the integration of GBV prevention and response initiatives across sectors** and across other affected geographic areas.
- ✓ **Provide technical support to clusters/sectors and other actors to take immediate action** to address gaps in survivor-centred health, psychosocial care and safety; and/or to implement strategies to reduce identified risks and improve safety and security for girls and women.
- ✓ **Identify areas for further investigation,** for immediate action or for launching a comprehensive GBV assessment.

Summary of phases and steps for including GBV in multi-cluster, sectoral and other assessments

Phase 1: Preparation

Step 1: Coordinate

- ✔ Coordinate with the following actors to advocate for safe and appropriate integration of GBV into multi-cluster, sectoral and other assessments:
  - UNICEF Child Protection, Health, HIV/AIDS, WASH, Education and Nutrition sectors involved in emergency response.
  - Clusters, alternative sectoral coordination groups, and multi-cluster needs assessment task forces within the humanitarian system.
  - Peacekeeping or other military forces through dedicated civ-mil coordination arrangements.

Step 2: Input into scope of assessment

- ✔ Share information with non-GBV sectors and actors planning an assessment about what is already known about the GBV situation in the area to be assessed.
- ✔ Make sure the aim and objectives of collecting GBV information are clearly defined.
- ✔ Make sure the assessment team is aware of ethical and safety dimensions of asking about GBV in emergencies.

Step 3: Provide technical guidance to assessment design

- ✔ Ensure data collection, analysis and information dissemination tools are appropriate, ethical and safe, and reflect meaningful participation of women and girls.
- ✔ Help develop appropriate and relevant questions for key informant interviews and focus group discussions.
- ✔ Ensure both male and female informants are included in interviews and focus groups.
- ✔ Provide information and training for data collectors on GBV, what to do when someone discloses GBV and how to safely refer them to appropriate services.

Phase 2: Data collection and analysis

Step 4: Support data collection and analysis

- ✔ Contribute resources to inter-agency multi-cluster or sector assessments, if appropriate.
- ✔ Provide real-time advice and support on GBV issues as they arise during UNICEF Child Protection, Health, WASH and Education assessments.

Phase 3: Application

Step 5: Support application of findings

- ✔ Use assessment findings to advocate for integration of GBV prevention and response across sectors and geographic areas.
- ✔ Provide technical support to clusters/sectors and other actors to take immediate action to address gaps in survivor-centred healthcare, psychosocial care and safety; and/or to implement strategies to reduce risks and improve safety and security for girls and women.
- ✔ Identify areas for further investigation, for immediate action or for launching a comprehensive GBV assessment.

Kiryandongo, Uganda

Bamyan, Afghanistan

Emergency preparedness

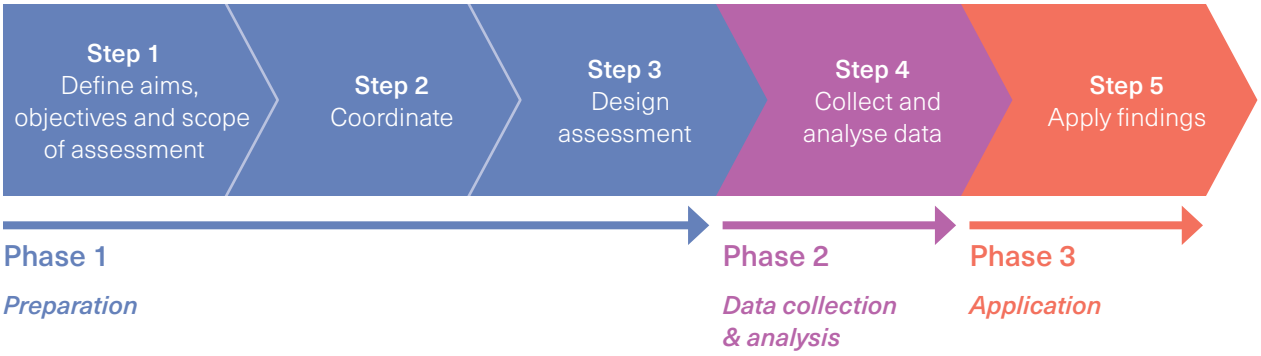
Where possible, relevant aspects of the preparation phase should be incorporated into preparedness planning activities. This includes coordinating with and building capacity of other actors, such as government disaster management agencies, and collating and sharing briefings on the GBV situation and on GBViE prevention and response. Preparedness is especially important in disaster-prone and complex emergency settings.

Rapid and comprehensive GBV assessments

This section provides information and guidance to help UNICEF GBV and CP specialists plan and implement both rapid and comprehensive GBV assessments. Where possible, inter-agency assessments should be prioritized. However, when inter-agency assessments are not viable, UNICEF and partners may conduct a GBV assessment.

Before launching a UNICEF-led GBV assessment, make sure the following criteria have been satisfied:

- There is no established coordination mechanism and/or no single agency, joint or inter-agency GBV assessment planned; *and*
- There is inadequate existing information to use for planning and delivering life-saving GBV interventions; *and*
- Undertaking a joint assessment would significantly delay UNICEF from delivering timely humanitarian response; *or*
- UNICEF and partners need population-specific information to develop a programme response – for example, to learn about vulnerabilities, capacities, needs and rights of adolescent girls or of survivors and their children born of rape.



Step 1: Define aims, objectives and scope of assessment

Secondary Data Analysis

✔ **Review existing relevant information on the GBV and humanitarian situation** in the country or setting. A thorough review of **secondary data** at the beginning of the process has multiple benefits, including:

- Minimizing the risk of duplication or collecting unnecessary data;
- Helping to determine assessment priorities and define objectives; and
- Identifying information to include in the analysis of the situation.

Review of secondary data can include reading assessment reports from other sectors – such as Shelter, non-food items (NFIs), WASH, Nutrition, Health, etc. – that contain important information about the population make-up, living conditions, access to resources and other relevant circumstances. In addition, make sure to communicate directly with colleagues from other sectors within the CO and at an inter-agency level, as they can provide important additional information regarding affected communities and shed light on assessment findings documented in reports. Conducting interviews with other humanitarian actors will also help to build their knowledge and awareness about GBV.

Resources

▶ **Secondary Data Review**
Assessment Capacities Project (May 2014)
<www.acaps.org/sites/acaps/files/resources/files/secondary_data_review-sudden_onset_natural_disasters_may_2014.pdf>

✔ **Develop a clear aim and specific objectives** for the assessment that spell out how the information will be analysed and used to inform interventions, programming and advocacy linked to concrete outcomes for girls and women. *One common pitfall in GBV assessments is collecting too much data with no clear plan for how to analyse or apply* it. Having a clearly defined aim and objectives will help to determine what information is needed and will help to avoid collection of a lot of information that you do not have the capacity to analyse and use.

✔ **Identify the target areas and populations** with whom the assessment will be carried out. Think carefully about locations and check the following:

- Whether the community has already been assessed;
- The risks of GBV posed to girls and women in the area, such as proximity to military groups, security forces, etc.; and
- Whether there are any accessible support services for survivors.

Different geographic boundaries for assessments can include the National level; Governorate/Province/State level; District/County level; and camp, settlement and community level.

Remember, the geographic scope of an assessment will influence the timeframe, resources and logistics, including the amount of data that will be collected, processed and analysed.

Step 2: Coordinate

✓ **Communicate with other GBV, Child Protection and Protection actors about the assessment** to reduce the risk of duplication, wasting resources and subjecting communities to multiple information gathering exercises. In complex or protracted contexts, discuss the assessment with other sectors, as multiple assessments in communities can cause a negative response in the community and can be unethical. Coordinating with others when preparing for a GBV assessment has the following additional benefits:

- It increases access to information about the GBV situation and develops a more accurate and comprehensive picture of the situation, including information gaps;
- It improves coordinated response planning and programming;
- It increases capacity of others to conduct GBV assessments safely and appropriately;
- It promotes shared ownership over GBV-related problems and solutions;
- It promotes consistency between and within clusters/sectors; and
- It builds awareness and magnifies advocacy efforts.

Port-au-Prince, Haiti

✓ **Identify relevant stakeholders.** Stakeholder engagement is about putting participation into practice. It encourages ownership of the problem, the assessment process and the findings by a wider group of actors, including the community itself.

Stakeholder engagement in GBV assessments is important for several reasons, including (but not limited to): ensuring assessment aims, objectives and methods are relevant and appropriate; facilitating access to communities; and providing important contextual information and secondary data about the GBV situation. Making sure relevant stakeholders are involved will save time and ensure the collection of useful, relevant and accurate information. Potential stakeholders in GBV assessments can include:

- National/local authorities;
- Cluster/sector lead agencies;
- Cluster/sector coordinators;
- Local NGOs and CBOs;
- Women's and children's networks and groups;
- Networks and groups representing specific populations, such as people with disabilities; and/or
- Community leaders.

✓ **For comprehensive assessments, consider convening an advisory group**, especially for assessments conducted as part of preparedness planning to facilitate access to resources, provide guidance, and obtain buy-in, ownership and input from key national actors. The advisory group should include representatives from Government ministries and bodies, UN agencies and other civil society actors, and academics and researchers.

Step 3: Design assessment

- ✓ **Define the information required to meet each objective, and develop a data collection plan and a data analysis plan.** Consider how to best decide the sample of sites and people. Consider how each data element collected will be compiled, aggregated, analysed and disseminated to create information. The data analysis plan allows the assessment team to ensure all the data collected can be analysed and is useful, as well as develop information management requirements.

- ✓ **Determine how assessment findings will be reported.** It is important at the planning stage of an assessment to identify who is responsible for compiling assessment reports and other information products, as well as the format these documents will take.

Pre-Testing Tools

- ✓ **Select, adapt and pre-test data collection tools.** Review GBV Rapid and Comprehensive tools in this section, and identify which ones to use, adapt and pre-test as appropriate. It may be necessary to use or adapt additional tools. For assessments targeting a specific population, it will be necessary to consult additional relevant resources.

Resources

- **Questionnaire Design for Needs Assessments in Humanitarian Emergencies**
  Assessment Capacities Project (July 2016)
  <www.acaps.org/resources/assessment#resource-759>

- **Compared to What? Analytical Thinking and Needs Assessment**
  Assessment Capacities Project (August 2013)
  <www.acaps.org/resources/assessment#resource-577>

- **How Sure Are You? Judging Quality and Usability of Data Collected During Rapid Needs Assessments**
  Assessment Capacities Project (August 2013)
  <www.acaps.org/library/assessment>

Tools

See the *Assessment Tools Booklet* for sample tools for rapid and comprehensive GBViE assessments.

- ✓ **Plan human resource needs.** Identify assessment team members, roles and responsibilities, and capacity strengthening needs.

  Much of the rigour and quality of the assessment will depend on the abilities of the assessment team leader and the team. The assessment team leader should have previous experience in designing, conducting, analysing and reporting on qualitative and quantitative assessment methods in humanitarian settings.[1]

  The profile of the assessment team should include women and should reflect appropriate ages, ethnicities, language skills, etc. Ideally, there should be a mix of people with GBV technical and community expertise and a mix of older and younger people. Decide how data collection teams will be structured, making sure each team has a supervisor and a focal point for taking reported cases of GBV during the assessment.

  Assessment team members who will be involved in conducting interviews and focus groups must be able to relate well to and be trusted by people they will interact with. They should have participatory research skills and specific

1 United Nations High Commissioner for Refugees and World Health Organization, *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for humanitarian settings*, WHO, 2012, p. 9.

experience in engaging children if it is intended to have focus groups with those less than 18 years old.

Resources

- **Building an Effective Assessment Team** *Assessment Capacities Project (May 2012)* <www.acaps.org/resources/assessment#resource-584>

At-Risk Groups

- ✓ **Set out an assessment timeline with logistics needs.** Develop a timeline of what will happen when and where. Against this timeline, plan the logistics, including listing all the materials, transport and accommodation for data collectors.

- ✓ **Put in place a communications and security plan.** Make sure to consult with UNICEF logistics, relevant security advisors, the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the UN Department of Safety and Security (UNDSS).

- ✓ **Review ethics and safety.** Assess potential risks to girls and women during and after the assessment, and share referral plans and information.

- ✓ **Make sure there is an appropriate level of participation** of girls and women, especially those from **at-risk groups**.

- ✓ **Prepare the site.** Communicate with relevant authorities and community members to get permission for the assessment. Identify which members of the community will participate, and arrange timeframe and logistics for assessment activities. Ensure this is dealt with in a sensitive manner, so as not to put those who will carry out or participate in the research at risk.

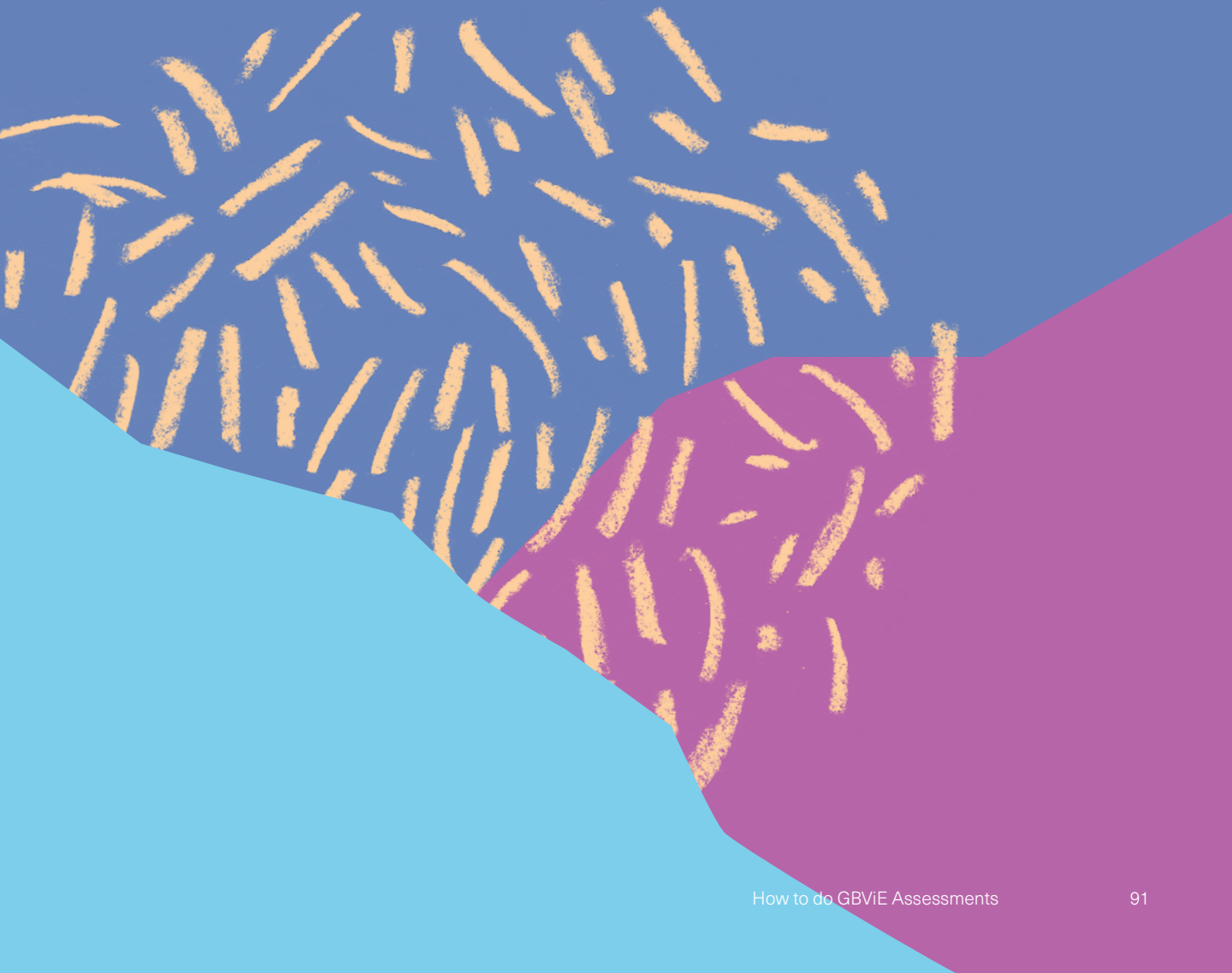
Step 4: Collect and analyse data

- ✓ **Train data collectors on:**
  - Basic information about GBV, including GBV guiding principles and elements of response;
  - Ethics and safety;
  - Participation (for both adults and children);
  - Administering data collection tools, including roles and responsibilities of lead facilitators, note-takers, etc.; and
  - Procedures for responding to disclosure, including responding with compassion and providing referral information for GBV survivors.

- ✓ **Conduct primary data collection according to the plan.** Support data collectors to conduct key informant interviews, focus group discussions, observation, participatory mapping and other assessment techniques. Ensure secure data storage for sensitive data, such as password-protected databases or files for any quantitative or qualitative data that will be transcribed and stored on computers. Ensure any sensitive handwritten notes from interviews, group discussions, observations, etc. are filed in lockable storage space.

- ✓ **For rapid assessments, brief and debrief data collectors each day.** Make sure there is a system for communicating with data collectors before and after assessment activities each day to identify and troubleshoot problems that arise and discuss issues and trends in findings. Be mindful also that the data collectors may hear and bear witness to difficult stories and situations, as well as having potentially gone through the emergency firsthand. Data collectors themselves may therefore need some form of psychosocial support. Group discussions should address this, but assessment staff or volunteers showing greater signs of distress may themselves need referrals to services.

Much of the rigour and quality of the assessment will depend on the abilities of the assessment team leader and the team. The assessment team leader should have previous experience in designing, conducting, analysing and reporting on qualitative and quantitative assessment methods in humanitarian settings.



- ✔ **Conduct preliminary analysis of new data** and prepare a summary of key findings.

- ✔ **Review ethics and safety considerations associated with sharing assessment data or findings.** Consider potential backlash or repercussions against those who directly participated in the assessment, members of communities assessed, or staff and other humanitarian actors. At this point it may be determined that it is appropriate to only share findings with a limited audience and to not make any or all findings publicly available due to security concerns or potential problems with other actors.

Assessment Reports

- ✔ **Validate findings from the assessment.** For rapid assessments, review and verify the findings with relevant stakeholders. This may include members of the GBV working group, selected key informants, representatives from women's or children's organizations, or others with expert knowledge on GBV in the context. For comprehensive assessments, validation of findings can also be done with the advisory group.

- ✔ **Elaborate findings with detailed analysis** of new data, synthesize it with existing information based on assessment objectives, and document key trends and conclusions.

Resources

- **Technical Note: How Sure Are You? Judging Quality and Usability of Data Collected During Rapid Needs Assessments**
  Assessment Capacities Project (2013)
  <www.acaps.org/library/assessment>

Lucknow, India

- ✔ **Produce an assessment report and other information products for relevant audiences.** Consider with whom the information should be shared and how it should be presented to different audiences, including:
  - Key findings and recommendations for GBV actors;
  - Key findings and programme recommendations for other sectors (e.g., WASH, Camp Management, Shelter, Food Security, Child Protection and Protection);
  - Advocacy messages to key humanitarian donors and decision-makers;
  - Advocacy message to duty bearers; and
  - Feedback to communities, where it is safe and appropriate to do so.

Resources

- **Documenting Methods and Data in Rapid Needs Assessments**
  Assessment Capacities Project (2013)
  <www.acaps.org/sites/acaps/files/resources/files/documenting_methods_and_data_in_rapid_needs_assessments_may_2012.pdf>

Step 5: Apply findings

✔ **During immediate response, use rapid assessment findings** to:

- Advocate with donors and mobilize resources to ensure a minimum package of services is in place to meet immediate needs of survivors and reduce identified risks of GBV.
- Advocate with other clusters, sectors and actors about relevant actions required to prevent and respond to GBV. Provide technical support on the integration of GBV considerations into programme plans of other sectors in line with the **IASC GBV Guidelines**.
- Identify issues for further investigation, and assess the need and plan for comprehensive GBV assessments.
- Prioritize and guide CO programming.

★ See the IASC GBV Guidelines

✔ **During preparedness, use comprehensive assessment findings** to design a GBV emergency preparedness plan with relevant national actors.

✔ **During ongoing response and recovery, use comprehensive assessment findings** to:

- Advocate with donors and mobilize resources;
- Design the CO's ongoing GBV prevention, protection and response programme; and
- Inform and advocate with other clusters, sectors and actors about actions required to prevent and respond to GBV.

Nowshera, Pakistan

Summary of phases and steps for rapid and comprehensive GBV assessments

Phase 1: Preparation	
Before launching an assessment	✔ Ensure the following criteria for launching a UNICEF-led GBV assessment are satisfied before proceeding: • There is inadequate existing information on the GBV situation; • Other GBV actors have been consulted; and • There is no other agency, inter-agency or sub-cluster GBV assessment planned or underway.
Step 1: Define aims, objectives and scope of assessment	✔ Review existing relevant information on the GBV and humanitarian situation. ✔ Develop a clear aim and specific objectives. ✔ Identify the target areas and populations.
Step 2: Coordinate	✔ Communicate with other GBV, Child Protection and Protection actors about the assessment. ✔ Identify relevant stakeholders for the assessment. ✔ For comprehensive assessments, convene an advisory group.
Step 3: Design assessment	✔ Define the information required to meet each objective, and develop a data collection and analysis plan. ✔ Determine how assessment findings will be reported. ✔ Select and adapt data collection tools. ✔ Plan human resource needs. ✔ Set out an assessment timeline with logistics needs. ✔ Put in place a communications and security plan. ✔ Review ethics and safety. ✔ Review level of community participation. ✔ Prepare the site. ✔ Agree on team composition to ensure GBV trained staff are on the team and that teams are appropriate (factoring age, sex, ethnicity, religion, etc.) to the community. ✔ Assess GBV referral systems that are in place, and ensure actors are aware of potential referrals due to the assessment.

Phase 2: Data collection and analysis

Step 4: Collect and analyse data

- ✔ Train data collectors on GBV, ethics and safety, participation, administering tools, roles and responsibilities, and procedures for responding to disclosure of GBV.
- ✔ Conduct primary data collection according to plan.
- ✔ For rapid assessments, brief and debrief data collectors each day.
- ✔ Conduct preliminary analysis of new data and prepare a summary of key findings.
- ✔ Review ethics and safety considerations from findings, and assess any potential backlash on participants, communities or staff.
- ✔ Validate findings from the assessment.
- ✔ Elaborate findings with detailed analysis, and document key trends and conclusions.
- ✔ Produce a report and other information products for relevant audiences.

Phase 3: Application

Step 5: Apply findings

- ✔ Use rapid assessment findings to:
  - Advocate with donors and mobilize resources to ensure a minimum package of services is in place to meet immediate needs of survivors and reduce identified risks of GBV.
  - Advocate with other clusters, sectors and actors on relevant actions required by them to prevent and respond to GBV.
  - Identify issues for further investigation, and assess the need and plan for a comprehensive GBV assessment.
  - Prioritize and guide CO programming action.
- ✔ Use comprehensive assessment findings to:
  - Design a GBV emergency preparedness plan with national actors.
  - Advocate with donors and mobilize resources.
  - Design the CO's ongoing GBV prevention, protection and response programme.
  - Advocate with other clusters, sectors and actors on relevant actions required by them to prevent and respond to GBV.

Info Sheets – How to do GBViE Assessments

Secondary Data Analysis

Adapted from: Assessment Capacities Project, 'Summary Secondary data review and needs assessment', ACAPS, Geneva, 2011, p. 7.[1]

- A GBV assessment should include a desk review of available information on GBV in the affected communities. This is sometimes called secondary data. It is information (pre-crisis or in-crisis) collected by actors not involved in the current assessment and which has undergone at least one layer of analysis.
- The quality and extent of secondary data dictates the scope of primary data collection. In affected areas where secondary data gives a clear picture of the impact of the disaster, primary data may be largely limited to verifying or filling in the gaps of the secondary data.
- In other situations, such as complex humanitarian situations characterised by population displacement, available secondary data will be unlikely to provide sufficient current information. In these cases, primary data collection will be necessary to get an accurate picture of the situation, such as the situation-specific risks that women and girls face.
- Key types of information to look for include:
  - Types of GBV occurring before the crisis;
  - Patterns and trends, including who was affected by different types of GBV (in protracted or disaster-prone settings, this will include patterns and trends in previous emergencies);
  - Key attitudes and social norms pertaining to GBV that might affect information collection and survivor access to care and support;
  - Community responses to GBV, including positive and harmful responses; and
  - Systems responses (e.g., capacity of health, psychosocial and protection systems).

During a secondary data review, there is usually a large amount of data from different sources available. Data and information come in different types and formats (numeric, text, interview, video, photo, tabular, unstructured, etc.); are applicable to different timeframes (pre-crisis, in-crisis, or forecast); and require different degrees of verification, depending on the research method (quantitative or qualitative) used to obtain them.

1 Available at: <www.acaps.org/resources/assessment#resource-575>.

Key principles for secondary data analysis

Scrutinize information and identify the underlying details of important facts, patterns, trends, significant differences or anomalies that are not always readily visible.

Ensure there is enough time to turn data into information. Often a great deal of time is spent collecting information, while too little time is given to preparing for data collection or analysing data.

Challenge your own assumptions and conclusions. Discuss your findings with your colleagues and reach consensus on conclusions.

Be careful of the actual meaning of terms used. Definitions may change over time, and when this is not recognized, erroneous conclusions may be drawn. Be mindful to provide clear definitions for potentially confusing or sensitive terms.

Make sure you define different types of GBV and specify which type of GBV you are referring to.

See related Info Sheet on:

Primary and Secondary Data in Emergencies

Pre-Testing Tools

Source: Tools4Development, 'How to pretest and pilot a survey questionnaire'.[1]

It's important to test your questionnaire, interview or focus group guide before using it to collect data. Pretesting and piloting can help you identify questions that don't make sense to participants, or problems with the questionnaire or interview guide that might lead to biased answers.

Any testing is better than no testing. People often think that testing a survey takes a long time. They think they don't have the time or resources for it, and so they end up just running the survey without any testing. This is a big mistake. Even testing with one person is better than no testing at all. So if you don't have the time or resources to do everything in this guide, just do as much as you can with what you have available.

How to pre-test a survey questionnaire or interview guide

As a general rule, you should aim to pre-test all your surveys and forms with at least 5 people. Even with this small number of people you'll be surprised how many improvements you can make. Piloting is only really needed for large or complex surveys, and it takes significantly more time and effort.

Find 5–10 people from your target group

Once you've finished designing your survey questionnaire or interview guide, find 5–10 people from your target group to pretest it. If you can't get people from your exact target group then find people who are as close as possible. Try to get a range of different people who are representative of your target group. For example, if your target group is young people aged 15–25, try to include some who are younger, some who are older, boys and girls with different socioeconomic backgrounds.

Although 5–10 people might not sound like many, you will usually find that most of them have the same problems with the survey. So even with this small number of people you should be able to identify most of the major issues. Adding more people might identify some additional smaller issues, but it also makes pretesting more time consuming and costly.

Ask them to complete the survey/answer the questions while thinking out loud

Once you've found your testers, ask them to complete the survey one at a time. The testers should complete the survey the same way that it will be completed in the actual project. So if it's an online survey they should complete it online, if it's a verbal survey you should have a trained interviewer ask them the questions, if it's a focus group, they should be in a group.

While they are completing the survey ask them to think out loud. Each time they answer a question they should tell you exactly what comes into their mind. Take notes on everything they say.

1 Available at: <www.tools4dev.org/resources/how-to-pretest-and-pilot-a-survey-questionnaire/>, accessed 2 March 2017.

Observe how they complete the survey/respond to questions

You should also observe them completing the survey/responding to questions. Look for places where they hesitate or make mistakes, such as the example below. This is an indication that the questions and layout are not clear enough and need to be improved. Keep notes on what you observe.

Make improvements based on the results

Once all the testers have completed the survey or interview review your notes from each session. At this point it's normally clear what the major problems are so you can go about improving the survey to address those problems. Normally this is all that's needed. However, if major changes are needed to the questions or structure it might be necessary to repeat the pretesting exercise with different people before starting the survey.

At-Risk Groups

Source: Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, pp. 11–13.[1]

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population. This is because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized. The IASC GBV Guidelines use the term 'at-risk groups' to describe these individuals.

When sources of vulnerability – such as age, disability, sexual orientation, religion, ethnicity, etc. – intersect with gender-based discrimination, the likelihood of women's and girls' exposure to GBV can escalate. For example, adolescent girls who are forced into child marriage – a form of GBV itself – may be at greater risk of intimate partner violence than adult females. In the case of men and boys, gender-inequitable norms related to masculinity and femininity can increase their exposure to some forms of sexual violence. For example, men and boys in detention who are viewed by inmates as particularly weak (or 'feminine') may be subjected to sexual harassment, assault and rape. In some conflict-afflicted settings, some groups of males may not be protected from sexual violence because they are assumed to not be at risk by virtue of the privileges they enjoyed during peacetime.

Not all the at-risk groups listed in the following table will always be at heightened risk of gender-based violence. Even so, they will very often be at heightened risk of harm in humanitarian settings. Whenever possible, efforts to address GBV should be alert to and promote the protection rights and needs all of these groups. Targeted work with specific at-risk groups should be in collaboration with agencies that have expertise in addressing their needs. With due consideration for safety, ethics and feasibility, the particular experiences, perspectives and knowledge of at-risk groups should be solicited to inform work throughout all phases of the programme cycle. Specifically, humanitarian actors should:

- Be mindful of the protection rights and needs of these at-risk groups and how these may vary within and across different humanitarian settings;
- Consider the potential intersection of their specific vulnerabilities to GBV; and
- Plan interventions that strive to reduce their exposure to GBV and other forms of violence.

1 Available at: <www.gbvguidelines.org>.

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Adolescent girls	• Sexual assault • Sexual exploitation and abuse • Child and/or forced Marriage • Female genital mutilation/ cutting (FGM/C) • Lack of access to education	• Age, gender and restricted social status • Increased domestic responsibilities that keep girls isolated in the home • Erosion of normal community structures of support and protection • Lack of access to understandable information about health, rights and services (including reproductive health) • Being discouraged or prevented from attending school • Early pregnancies and motherhood • Engagement in unsafe livelihoods activities • Loss of family members, especially immediate caretakers • Dependence on exploitative or unhealthy relationships for basic needs
Elderly women	• Sexual assault • Sexual exploitation and abuse • Exploitation and abuse by caregivers • Denial of rights to housing and property	• Age, gender and restricted social status • Weakened physical status, physical or sensory disabilities, and chronic diseases • Isolation and higher risk of poverty • Limited mobility • Neglected health and nutritional needs • Lack of access to understandable information about rights and services
Woman and child heads of households	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage (including wife inheritance) • Denial of rights to housing and property	• Age, gender and restricted social status • Increased domestic responsibilities that keep them isolated in the home • Erosion of normal community structures of support and protection • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Girls and women who bear children of rape, and their children born of rape	• Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Social exclusion	• Age, gender • Social stigma and isolation • Exclusion or expulsion from their homes, families and communities • Poverty, malnutrition and reproductive health problems • Lack of access to medical care • High levels of impunity for crimes against them • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities
Indigenous women, girls, men and boys, and ethnic and religious minorities	• Social discrimination, exclusion and oppression • Ethnic cleansing as a tactic of war • Lack of access to education • Lack of access to services • Theft of land	• Social stigma and isolation • Poverty, malnutrition and reproductive health problems • Lack of protection under the law and high levels of impunity for crimes against them • Lack of opportunities and marginalization based on their national, religious, linguistic or cultural group • Barriers to participating in their communities and earning livelihoods
Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons	• Social exclusion • Sexual assault • Sexual exploitation and abuse • Domestic violence (e.g. violence against LGBTI children by their caretakers) • Denial of services • Harassment/sexual harassment • Rape expressly used to punish lesbians for their sexual orientation	• Discrimination based on sexual orientation and/or gender identity • High levels of impunity for crimes against them • Restricted social status • Transgender persons not legally or publicly recognized as their identified gender • Same-sex relationships not legally or socially recognized, and denied services other families might be offered • Exclusion from housing, livelihoods opportunities, and access to healthcare and other services • Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities • Social isolation/rejection from family or community, which can result in homelessness • Engagement in unsafe livelihoods activities

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Separated or unaccompanied girls, boys and orphans, including children associated with armed forces/groups	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage • Forced labour • Lack of access to education • Domestic violence	• Age, gender and restricted social status • Neglected health and nutritional needs • Engagement in unsafe livelihoods activities • Dependence on exploitative or unhealthy relationships for basic needs • Early pregnancies and motherhood • Social stigma, isolation and rejection by communities as a result of association with armed forces/groups • Active engagement in combat operations • Premature parental responsibility for siblings
Women and men involved in forced and/or coerced prostitution, and child victims of sexual exploitation	• Coercion, social exclusion • Sexual assault • Physical violence • Sexual exploitation and abuse • Lack of access to education	• Dependence on exploitative or unhealthy relationships for basic needs • Lack of access to reproductive health information and services • Early pregnancies and motherhood • Isolation and a lack of social support/peer networks • Social stigma, isolation and rejection by communities • Harassment and abuse from law enforcement • Lack of protection under the law and/or laws that criminalize sex workers
Women, girls, men and boys in detention	• Sexual assault as punishment or torture • Physical violence • Lack of access to education • Lack of access to health, mental health and psychosocial support, including psychological first aid	• Poor hygiene and lack of sanitation • Overcrowding of detention facilities • Failure to separate men, women, families and unaccompanied minors • Obstacles and disincentives to reporting incidents of violence (especially sexual violence) • Fear of speaking out against authorities • Possible trauma from violence and abuse suffered before detention

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Women, girls, men and boys living with HIV	• Sexual harassment and abuse • Social discrimination and exclusion • Verbal abuse • Lack of access to education • Loss of livelihood • Prevented from having contact with their children	• Social stigma, isolation and higher risk of poverty • Loss of land, property and belongings • Reduced work capacity • Stress, depression and/or suicide • Family disintegration and breakdown • Poor physical and emotional health • Harmful use of alcohol and/or drugs
Women, girls, men and boys with disabilities	• Social discrimination and exclusion • Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Denial of access to housing, property and livestock	• Limited mobility, hearing and vision resulting in greater reliance on assistance and care from others • Isolation and a lack of social support/peer networks • Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers • Exclusion from accessing washing facilities, latrines or distribution sites due to poor accessibility in design • Physical, communication and attitudinal barriers in reporting violence • Barriers to participating in their communities and earning livelihoods • Lack of access to medical care and rehabilitation services • High levels of impunity for crimes against them • Lack of access to reproductive health information and services
Women, girls, men and boys who are survivors of violence	• Social discrimination and exclusion • Secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.) • Heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation and abuse, etc.	• Weakened physical status, physical or sensory disabilities, psychological distress and chronic diseases • Lack of access to medical care, including obstacles and disincentives to reporting incidents of violence • Family disintegration and breakdown • Isolation and higher risk of poverty

Assessment Reports

The amount of detail and length of a report will depend on whether it is a rapid or comprehensive assessment. In general, assessment reports should follow the following format:

1. Executive summary	• A brief and well-written summary of the entire report
2. Introduction and methodology	• Goal and objectives of the assessment • Who was involved in the assessment • Methods and approaches, including sampling and data collection methods • Timeframe • Sites assessed • Assumptions and limitations • Gaps and further assessment/information needs • Relevant information on the humanitarian, social and political context (for example, the drivers of conflict; GBV perpetrated by parties to a conflict; humanitarian situation and needs; humanitarian access; etc.) • Overview of the GBV situation prior to the conflict/disaster/displacement, including types and scope of GBV. In conflict-affected settings, include information on the use of sexual violence by parties to a conflict, where relevant. In disaster-prone settings, include information about GBV dynamics in previous disasters, such as intimate partner violence, trafficking, etc. • National capacity (for example, status of national prevention and response efforts, GBV policy, capacity for health response to sexual violence, etc.)
3. Findings	• Narrative analysis • Data presented as tables, graphs, pictures, etc.
4. Key recommendations	• Priority advocacy and programming actions and recommendations • Areas requiring further assessment/action
5. Annexes	• Any additional information needed to understand the assessment, including information regarding the assessment method, process and findings, as well as other relevant information regarding the GBV situation

Somali Region, Ethiopia

Introduction to Rapid GBViE Assessment Tools

Summary

This section contains an introduction to the tools to support UNICEF and partner staff in carrying out rapid GBV assessments in emergencies.

When to use this section

Type of emergency	Phase of response	Population location
• Rapid-onset natural disaster • Armed conflict • Political violence/ instability • Public health emergency • Complex emergency • Protected emergency	• Immediate response • Change in circumstances/context	• Urban/peri-urban • Rural • Community/formal settlement • Camp • Informal/spontaneous settlement • In transit/on the move

Materials included in this section

Info Sheets

At-Risk Groups

Tools

Tools referenced in this section can be found in the *Assessment Tools Booklet* of this Kit.

Rapid Assessment Tool 1: Good Practice Checklist

Rapid Assessment Tool 2: GBV Service Mapping Tool

Rapid Assessment Tool 3: GBV Service Capacity and Quality Audit Tool

Rapid Assessment Tool 4: Barriers to Care Analysis and Planning Tool

Rapid Assessment Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide

Rapid Assessment Tool 6: GBV Risk and Safety Focus Group Discussion Guide

Rapid Assessment Tool 7: GBV Risk and Safety Key Informant Interviews

Rapid Assessment Tool 8: Participatory Safety Mapping Exercise

Rapid Assessment Tool 9: Participatory Safety Walk Guide

Rapid Assessment Tool 10: GBV Risk and Safety Observation Guide

Rapid Assessment Tool 11: Community Safety Planning Guide

Introduction to rapid GBViE assessment tools

This section contains an introduction to tools to assist COs and partners in undertaking rapid GBV assessments in emergency contexts. A rapid GBViE assessment aims to collect and analyse *basic information about the GBV situation* to inform UNICEF's and partners' *immediate response* to GBV, and advocate for humanitarian actors and duty bearers to act to meet the needs of survivors and prevent further GBV from occurring.

During the acute phase of an emergency, rapid assessments are used to gather information about the immediate needs of affected girls and women, as well as problems and solutions for protecting girls and women from GBV.

When to do rapid assessments

UNICEF may undertake a rapid GBV assessment in the days and weeks following an emergency, where there is inadequate existing information and no inter-agency or sub-cluster assessments are planned; as well as when the security or humanitarian situation changes significantly in complex contexts, and there are no inter-agency or sub-cluster assessments planned.

UNICEF uses information generated from rapid assessments to inform the following priority actions:

1. To design and deliver a **Minimum GBViE Response Package**; and
2. To advocate on behalf of girls and women with clusters/sectors, government and other duty bearers for action to improve GBV care and support services and to prevent GBV.

Sindhupalchowk, Nepal

Koh Paed Island, Vietnam

Minimum GBViE Response Package

The eleven tools overviewed in this section are designed to facilitate rapid collection of relevant information to enable UNICEF and partners to deliver a **Minimum GBViE Response Package.** Elements of the Minimum Response Package include:

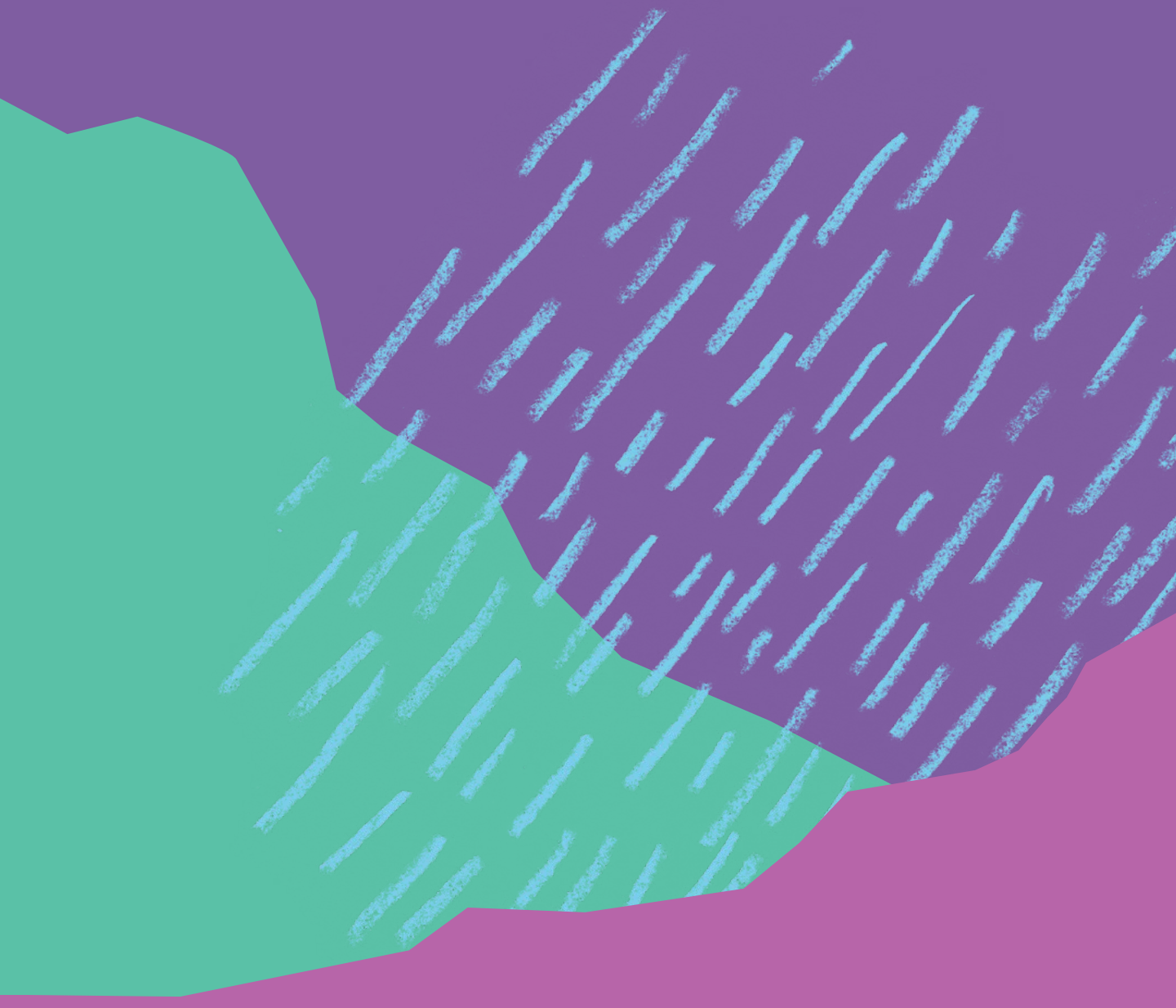
- Age-appropriate clinical and crisis care for sexual violence survivors;
- Community safety assessments and safety plans;
- Dignity kits;
- Safe space programming;
- GBV risk mitigation across UNICEF sectors and clusters in line with the IASC GBV Guidelines; and
- Effective coordination of humanitarian action to address GBV.

★ See the IASC GBV Guidelines

Assessment tools included in this kit that are associated with different aspects of the **Minimum GBViE Response Package** are listed in the following table.

Minimum GBViE Response Package	Rapid GBV Assessment Tool
Age-appropriate clinical and crisis care for sexual assault	Tool 2: GBV Service Mapping Tool Tool 3: GBV Service Capacity and Quality Audit Tool Tool 4: Barriers to Care Analysis and Planning Tool
Dignity kits	Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide
Community safety assessments and plans **GBV risk mitigation across clusters and sectors**	Tool 6: GBV Risk and Safety Focus Group Discussion Guide Tool 7: GBV Risk and Safety Key Informant Interviews Tool 8: Participatory Safety Mapping Exercise Tool 9: Participatory Safety Walk Guide Tool 10: GBV Risk and Safety Observation Guide Tool 11: Community Safety Planning Guide

Before an assessment, analyse all existing information on the humanitarian and GBV situation, including information about the affected population and their circumstances, what is known about GBV before the crisis/ emergency, and information generated since.



Before an assessment

- **Analyse all existing information on the humanitarian and GBV situation**, including information about the affected population and their circumstances, what is known about GBV before the crisis/emergency, and information generated since. Make sure to review literature, research, reports, service data, etc.
- **Plan the assessment carefully**, identifying the objectives, timeframe, proposed tools and resources required, including the size of the team and their training needs.
- **Conduct a risk assessment,** considering risks associated with the assessment itself, as well as risks associated with specific assessment activities and methods, such as focus group discussions with affected communities and safety walks.
- **Adapt the tools** to meet the assessment objectives, the context and the culture. Always consider the balance between the need to collect data from multiple sources and the need to collect and analyse information quickly to take immediate action to improve girls' and women's safety.
- **Make sure that the circumstances and needs of marginalized groups are reflected** in assessment objectives and tools (see Info Sheet on **at-risk groups**).
- **Identify how information will be fed back to the community**.

At-Risk Groups

Resources

Population-specific assessment resources

Survivors and children born of rape

- **Research Toolkit: Understanding and addressing the needs of survivors and their children born of sexual violence in conflict**[1]
  UNICEF (2012)

Adolescent girls

- **Strong Girls, Powerful Women: Program planning and design for adolescent girls in humanitarian settings**
  Women's Refugee Commission (2014)
  <www.womensrefugeecommission.org/images/zdocs/Strong-Girls--Powerful-Women--2014.pdf>
- **Girl Safety Toolkit**
  Girl Hub (2014)
  <www.girleffect.org/media?id=3050>
- **Girls in Emergencies and Humanitarian Settings Resource List**
  Coalition for Adolescent Girls
  <http://coalitionforadolescentgirls.org/resources-by-topic-2/>

Girls and women with disabilities

- **I See That It Is Possible: Building Capacity for Disability Inclusion in Gender-based Violence (GBV) Programming in Humanitarian Settings**
  Women's Refugee Commission (2015)
  <www.womensrefugeecommission.org/populations/disabilities/research-and-resources/945-building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview>
- **Including Adolescent Girls with Disabilities in Humanitarian Programs**
  Women's Refugee Commission (2015)
  <www.womensrefugeecommission.org/girls/resources/1252-girls-disabilities-2015>
- **Working to Improve Our Own Futures: Inclusion of Women and Girls with Disabilities in Humanitarian Action**
  Women's Refugee Commission (2016)
  <www.womensrefugeecommission.org/disabilities/resources/1342-networks-women-disabilities>

Other

- **Rapid Humanitarian Assessments in Urban Settings**
  Assessment Capacities Project (April 2015)
  <www.acaps.org/resources/assessment#resource-572>

1 Contact UNICEF GBViE specialist staff at Headquarters to obtain this resource.

Overview of the tools

Tool	Purpose
Tool 1: Good Practice Checklist	To assist UNICEF and partner staff in undertaking rapid GBV assessments in line with **good practice** principles.
Tool 2: GBV Service Mapping Tool	To map **availability** of existing GBV response services and document information about them. The tool will help UNICEF and partners to: • Identify which services are currently available for adult and child GBV survivors in a geographical area; • Identify key service gaps; and • Develop a directory of services and begin the process of developing inter-agency referral protocols.
Tool 3: GBV Service Capacity and Quality Audit Tool	To assess the **capacity and quality** of health, psychosocial and safety services for GBV survivors. The tool will help UNICEF and partners to: • Learn about types of GBV being reported to service providers; and • Identify gaps in survivor-centred clinical management, crisis care and immediate safety services for sexual violence survivors and those at-risk.
Tool 4: Barriers to Care Analysis and Planning Tool	To help identify and address **barriers** faced by different groups in the community in accessing GBV services. The tool will help UNICEF and partners to: • Learn from the community about barriers to service; and • Identify solutions to the barriers.
Tool 5: WASH and Dignity Kit Sample Focus Group Discussion Guide	To assess the needs and preferences of adolescent girls and women to guide procurement of **Family Hygiene and Dignity Kits**. The tool will help UNICEF and partners to: • Learn about menstrual hygiene management practices and preferences; and • Identify appropriate gender-sensitive non-food items (NFIs) to increase dignity and safety for adolescent girls and women.
Tool 6: GBV Risk and Safety Focus Group Discussion Guide	To use semi-structured in-depth discussions with different groups of females and other community members to learn about **GBV risks and responses**. This tool will help UNICEF and partners to learn more about: • Perceptions of GBV risk and safety solutions in the community; • Types of GBV community members are concerned about; and • Community responses to sexual violence.

Tool	Purpose
Tool 7: GBV Risk and Safety Key Informant Interviews	To collect information from different community members and camp management actors/local authorities about **service-related GBV risks** in the setting. This provides UNICEF and partners with an opportunity to learn about: • Different perceptions of girls' and women's risk and safety in the community; • Danger zones in the setting; • Existing strategies for improving safety; and • Specific risks associated with basic services such as shelter, food, water and security.
Tool 8: Participatory Safety Mapping Exercise	To learn from different groups of girls and women about: • Their key **safety concerns** in the community; • Locations where they feel safe and unsafe, and threats that contribute to this; and • Strategies for improving their safety and protection.
Tool 9: Participatory Safety Walk Guide	To enable adolescent girls and women to identify and articulate the **safety concerns and problems** they face in particular geographical areas and in accessing services. Where safe and appropriate to do so, this tool empowers them to communicate directly with service providers and other duty bearers regarding their safety needs and to engage in joint problem-solving and decision-making regarding safety and protection.
Tool 10: GBV Risk and Safety Observation Guide	To assist in the collection and recording of observations related to girls' and women's **safety and security** in a camp or community to help build an understanding of the GBV situation. The tool may be used in one of two ways: • To triangulate information generated through other rapid assessment activities – for example, to complement information collected in focus group discussions and key informant interviews; or • As the main information collection method in insecure environments where asking community members questions about the GBV situation might put them at risk – for example, in settings where there is a military presence within a camp or community.
Tool 11: Community Safety Planning Guide	To bring community stakeholders together to analyse gaps in safety and accountability identified through the rapid assessment process, and to strategize how to make changes to enhance the safety of girls and women and develop **safety action plans**. This tool helps to: • Mobilize affected communities to improve girls' and women's safety and protection from GBV; • Strengthen the capacities of rights holders to make their claims; • Strengthen the capacities of duty bearers to meet their obligations toward the protection of emergency-affected populations; and • Promote girls' and women's voices, visibility and agency in humanitarian relief planning and management.

Info Sheets – Introduction to Rapid GBViE Assessment Tools

At-Risk Groups

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1 Available at: <www.gbvguidelines.org>.

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Elderly women	• Sexual assault • Sexual exploitation and abuse • Exploitation and abuse by caregivers • Denial of rights to housing and property	• Age, gender and restricted social status • Weakened physical status, physical or sensory disabilities, and chronic diseases • Isolation and higher risk of poverty • Limited mobility • Neglected health and nutritional needs • Lack of access to understandable information about rights and services
Woman and child heads of households	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage (including wife inheritance) • Denial of rights to housing and property	• Age, gender and restricted social status • Increased domestic responsibilities that keep them isolated in the home • Erosion of normal community structures of support and protection • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities

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Girls and women who bear children of rape, and their children born of rape	• Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Social exclusion	• Age, gender • Social stigma and isolation • Exclusion or expulsion from their homes, families and communities • Poverty, malnutrition and reproductive health problems • Lack of access to medical care • High levels of impunity for crimes against them • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities
Indigenous women, girls, men and boys, and ethnic and religious minorities	• Social discrimination, exclusion and oppression • Ethnic cleansing as a tactic of war • Lack of access to education • Lack of access to services • Theft of land	• Social stigma and isolation • Poverty, malnutrition and reproductive health problems • Lack of protection under the law and high levels of impunity for crimes against them • Lack of opportunities and marginalization based on their national, religious, linguistic or cultural group • Barriers to participating in their communities and earning livelihoods
Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons	• Social exclusion • Sexual assault • Sexual exploitation and abuse • Domestic violence (e.g. violence against LGBTI children by their caretakers) • Denial of services • Harassment/sexual harassment • Rape expressly used to punish lesbians for their sexual orientation	• Discrimination based on sexual orientation and/or gender identity • High levels of impunity for crimes against them • Restricted social status • Transgender persons not legally or publicly recognized as their identified gender • Same-sex relationships not legally or socially recognized, and denied services other families might be offered • Exclusion from housing, livelihoods opportunities, and access to healthcare and other services • Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities • Social isolation/rejection from family or community, which can result in homelessness • Engagement in unsafe livelihoods activities

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Separated or unaccompanied girls, boys and orphans, including children associated with armed forces/groups	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage • Forced labour • Lack of access to education • Domestic violence	• Age, gender and restricted social status • Neglected health and nutritional needs • Engagement in unsafe livelihoods activities • Dependence on exploitative or unhealthy relationships for basic needs • Early pregnancies and motherhood • Social stigma, isolation and rejection by communities as a result of association with armed forces/groups • Active engagement in combat operations • Premature parental responsibility for siblings
Women and men involved in forced and/or coerced prostitution, and child victims of sexual exploitation	• Coercion, social exclusion • Sexual assault • Physical violence • Sexual exploitation and abuse • Lack of access to education	• Dependence on exploitative or unhealthy relationships for basic needs • Lack of access to reproductive health information and services • Early pregnancies and motherhood • Isolation and a lack of social support/peer networks • Social stigma, isolation and rejection by communities • Harassment and abuse from law enforcement • Lack of protection under the law and/or laws that criminalize sex workers
Women, girls, men and boys in detention	• Sexual assault as punishment or torture • Physical violence • Lack of access to education • Lack of access to health, mental health and psychosocial support, including psychological first aid	• Poor hygiene and lack of sanitation • Overcrowding of detention facilities • Failure to separate men, women, families and unaccompanied minors • Obstacles and disincentives to reporting incidents of violence (especially sexual violence) • Fear of speaking out against authorities • Possible trauma from violence and abuse suffered before detention

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Women, girls, men and boys living with HIV	• Sexual harassment and abuse • Social discrimination and exclusion • Verbal abuse • Lack of access to education • Loss of livelihood • Prevented from having contact with their children	• Social stigma, isolation and higher risk of poverty • Loss of land, property and belongings • Reduced work capacity • Stress, depression and/or suicide • Family disintegration and breakdown • Poor physical and emotional health • Harmful use of alcohol and/or drugs
Women, girls, men and boys with disabilities	• Social discrimination and exclusion • Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Denial of access to housing, property and livestock	• Limited mobility, hearing and vision resulting in greater reliance on assistance and care from others • Isolation and a lack of social support/peer networks • Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers • Exclusion from accessing washing facilities, latrines or distribution sites due to poor accessibility in design • Physical, communication and attitudinal barriers in reporting violence • Barriers to participating in their communities and earning livelihoods • Lack of access to medical care and rehabilitation services • High levels of impunity for crimes against them • Lack of access to reproductive health information and services
Women, girls, men and boys who are survivors of violence	• Social discrimination and exclusion • Secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.) • Heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation and abuse, etc.	• Weakened physical status, physical or sensory disabilities, psychological distress and chronic diseases • Lack of access to medical care, including obstacles and disincentives to reporting incidents of violence • Family disintegration and breakdown • Isolation and higher risk of poverty

Harar, Ethiopia

Introduction to Comprehensive GBViE Assessment Tools

Summary

This section contains an introduction to tools that support UNICEF and partner staff in carrying out GBV assessments in stable humanitarian situations.

When to use this section

Type of emergency	Phase of response	Population location
• Rapid-onset natural disaster • Slow-onset natural disaster • Cyclical disaster • Armed conflict • Political violence/ instability • Public health emergency • Complex emergency • Protracted emergency	• Preparedness • Ongoing response • Recovery	• Urban/peri-urban • Rural • Community/formal settlement • Camp • Informal/spontaneous settlement

Materials included in this section

Info Sheets

At-Risk Groups

Pre-Testing Tools

Tools

Tools referenced in this section can be found in the *Assessment Tools Booklet* of this Kit.

Comprehensive Assessment Tool 1: Good Practice Checklist

Comprehensive Assessment Tool 2: GBV Assessment Preparation Checklist

Comprehensive Assessment Tool 3: GBV Assessment Outline and Data Collection Guide

Comprehensive Assessment Tool 4: GBV Service Mapping Tool

Comprehensive Assessment Tool 5: Participatory Service Audit Guide

Comprehensive Assessment Tool 6: Service Barriers Focus Group Discussion Questions

Comprehensive Assessment Tool 7: Guide to Designing Community Assessment Activities

Iridimi Camp, Chad

Introduction to comprehensive GBViE assessment tools

This section of the UNICEF GBViE Programme Resource Pack provides an overview of the tools included in this kit to assist COs and partners in planning comprehensive GBV assessments in stable emergency-affected settings. A comprehensive GBV assessment aims to collect and analyse *relevant detailed information about specific aspects of the GBV situation* to inform humanitarian programming.

UNICEF conducts GBV assessments in stabilised humanitarian settings with partners in the following circumstances:

- As part of emergency preparedness, especially in fragile contexts and countries prone to disasters;
- Following a rapid-onset emergency, when the situation has stabilized and there is inadequate existing information to inform UNICEF programming, and no inter-agency or sub-cluster assessments are planned; and
- At any point during a complex or protracted emergency to facilitate programme planning where there is inadequate existing information, and no inter-agency or sub-cluster assessments are planned.

There is no 'one size fits all' prescription for comprehensive GBV assessments; what is investigated will depend on the purpose of the assessment and what information is already available about the GBV situation. For example, in circumstances where little is known about the GBV situation, the focus of a comprehensive assessment may be on learning more about what types of GBV are occurring in the community, the capacity of services to address GBV, and community attitudes and priorities for addressing GBV. In circumstances where there is existing information about the problem and the responses to it, UNICEF and partners may undertake a targeted assessment to obtain in-depth information to learn about a specific form of GBV occurring, as well as the State and community responses to it, for the purpose of designing a specific programmatic response. For this reason, there is no standard set of data collection tools for comprehensive GBV assessments – they must be developed in line with the purpose and objectives of each GBV assessment.

Below are some common objectives for undertaking comprehensive GBV assessments:

1. To identify national and international responses to GBV;
2. To understand the legal and policy environment related to GBV in a particular country/context, and to identify areas for system-strengthening through reform or implementation support;

At-Risk Groups

3. To collect information about capacity and gaps in availability, accessibility and quality of GBV response services, and to identify areas for capacity-building;
4. To identify GBV-related vulnerabilities, capacities and coping skills amongst at-risk groups in order to inform programming for reducing risk and building resilience against GBV; and
5. To investigate community attitudes, beliefs, perceptions and behaviours in relation to some form(s) of GBV in order to inform prevention strategies and programming.

Before an assessment

- **Review the assessment purpose and objectives carefully.** It is essential to be very thorough at this point to reduce the likelihood of wasting time collecting unnecessary data. At an early stage, really think through what data is needed and why, as well as how it will be collected, analysed and used. These decisions will be context-specific. For example, in some settings it will not be possible to collect detailed information about the legislative and policy environment due to time constraints. However, where possible, collection of comprehensive information is encouraged, especially in protracted settings, as such information is vital to a system-strengthening approach.
- **Plan carefully.** Consider the geographical area, the population to be assessed, and the appropriate tools, timeframe and resources required, such as the size of the data collection team and their training needs.
- **Conduct a thorough risk analysis**, considering all potential risks associated with the assessment.
- **Identify how to include representatives from at-risk groups** and those most vulnerable to GBV safety concerns in the assessment (see Info Sheet on **at-risk groups**).
- **Identify how information will be fed back to the community.**

Overview of the tools

Pre-Testing Tools

The comprehensive GBViE assessment tools in this kit's *Assessment Tools Booklet* aim to guide UNICEF and partners in planning for GBV assessments in stabilized settings. While sample data collection tools are included, they are intended as a guide only. Assessment team leaders will need to adapt – and, where relevant, pre-test – the tools, as well as consult other relevant resources when designing data collection tools (see Info Sheet on **Pre-Testing Tools**).

Name	Purpose
Tool 1: Good Practice Checklist	To assist UNICEF and partner staff in conducting comprehensive GBV assessments in line with **good practice** principles.
Tool 2: GBV Assessment Preparation Checklist	To assist UNICEF and partner staff in **planning and preparing** comprehensive GBV assessments.
Tool 3: GBV Assessment Outline and Data Collection Guide	To provide an overview of and **information about data collection** and analysis for four common areas of investigation within GBV assessments. This tool covers: • Background and contextual information; • The legal and policy framework; • GBV response services; and • Community knowledge, attitudes, beliefs and behaviours.
Tool 4: GBV Service Mapping Tool	To **map GBV response services** and document information about them. This tool will help UNICEF and partners to document: • Which services are currently available for GBV survivors in a geographical area; • What they provide and for whom; and • Key gaps in essential services.
Tool 5: Participatory Service Audit Guide	To outline a process for conducting a participatory **audit of GBV services** against good practice standards, for the purpose of identifying critical gaps in GBV service quality and potential solutions for addressing those gaps.
Tool 6: Service Barriers Focus Group Discussion Questions	To assist in designing a focus group discussion to investigate **GBV-related help-seeking behaviour and barriers** to accessing GBV services in the community. This tool will help UNICEF and partners learn more about: • Help-seeking behaviours; • Community responses to GBV; and • Barriers faced by different groups in accessing GBV services.
Tool 7: Guide to Designing Community Assessment Activities	To assist in designing assessment activities for learning about **community understanding and perspectives** in relation to GBV based on assessment objectives.

Info Sheets – Comprehensive GBViE Assessment Tools

At-Risk Groups

Source: Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, IASC, 2015, pp. 11–13.[1]

In any emergency, there are groups of individuals more vulnerable to harm than other members of the population. This is because they hold less power in society, are more dependent on others for survival, are less visible to relief workers, or are otherwise marginalized. The IASC GBV Guidelines use the term 'at-risk groups' to describe these individuals.

When sources of vulnerability – such as age, disability, sexual orientation, religion, ethnicity, etc. – intersect with gender-based discrimination, the likelihood of women's and girls' exposure to GBV can escalate. For example, adolescent girls who are forced into child marriage – a form of GBV itself – may be at greater risk of intimate partner violence than adult females. In the case of men and boys, gender-inequitable norms related to masculinity and femininity can increase their exposure to some forms of sexual violence. For example, men and boys in detention who are viewed by inmates as particularly weak (or 'feminine') may be subjected to sexual harassment, assault and rape. In some conflict-afflicted settings, some groups of males may not be protected from sexual violence because they are assumed to not be at risk by virtue of the privileges they enjoyed during peacetime.

Not all the at-risk groups listed in the following table will always be at heightened risk of gender-based violence. Even so, they will very often be at heightened risk of harm in humanitarian settings. Whenever possible, efforts to address GBV should be alert to and promote the protection rights and needs all of these groups. Targeted work with specific at-risk groups should be in collaboration with agencies that have expertise in addressing their needs. With due consideration for safety, ethics and feasibility, the particular experiences, perspectives and knowledge of at-risk groups should be solicited to inform work throughout all phases of the programme cycle. Specifically, humanitarian actors should:

- Be mindful of the protection rights and needs of these at-risk groups and how these may vary within and across different humanitarian settings;
- Consider the potential intersection of their specific vulnerabilities to GBV; and
- Plan interventions that strive to reduce their exposure to GBV and other forms of violence.

1 Available at: <www.gbvguidelines.org>.

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Adolescent girls	• Sexual assault • Sexual exploitation and abuse • Child and/or forced Marriage • Female genital mutilation/ cutting (FGM/C) • Lack of access to education	• Age, gender and restricted social status • Increased domestic responsibilities that keep girls isolated in the home • Erosion of normal community structures of support and protection • Lack of access to understandable information about health, rights and services (including reproductive health) • Being discouraged or prevented from attending school • Early pregnancies and motherhood • Engagement in unsafe livelihoods activities • Loss of family members, especially immediate caretakers • Dependence on exploitative or unhealthy relationships for basic needs
Elderly women	• Sexual assault • Sexual exploitation and abuse • Exploitation and abuse by caregivers • Denial of rights to housing and property	• Age, gender and restricted social status • Weakened physical status, physical or sensory disabilities, and chronic diseases • Isolation and higher risk of poverty • Limited mobility • Neglected health and nutritional needs • Lack of access to understandable information about rights and services
Woman and child heads of households	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage (including wife inheritance) • Denial of rights to housing and property	• Age, gender and restricted social status • Increased domestic responsibilities that keep them isolated in the home • Erosion of normal community structures of support and protection • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Girls and women who bear children of rape, and their children born of rape	• Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Social exclusion	• Age, gender • Social stigma and isolation • Exclusion or expulsion from their homes, families and communities • Poverty, malnutrition and reproductive health problems • Lack of access to medical care • High levels of impunity for crimes against them • Dependence on exploitative or unhealthy relationships for basic needs • Engagement in unsafe livelihoods activities
Indigenous women, girls, men and boys, and ethnic and religious minorities	• Social discrimination, exclusion and oppression • Ethnic cleansing as a tactic of war • Lack of access to education • Lack of access to services • Theft of land	• Social stigma and isolation • Poverty, malnutrition and reproductive health problems • Lack of protection under the law and high levels of impunity for crimes against them • Lack of opportunities and marginalization based on their national, religious, linguistic or cultural group • Barriers to participating in their communities and earning livelihoods
Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons	• Social exclusion • Sexual assault • Sexual exploitation and abuse • Domestic violence (e.g. violence against LGBTI children by their caretakers) • Denial of services • Harassment/sexual harassment • Rape expressly used to punish lesbians for their sexual orientation	• Discrimination based on sexual orientation and/or gender identity • High levels of impunity for crimes against them • Restricted social status • Transgender persons not legally or publicly recognized as their identified gender • Same-sex relationships not legally or socially recognized, and denied services other families might be offered • Exclusion from housing, livelihoods opportunities, and access to healthcare and other services • Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities • Social isolation/rejection from family or community, which can result in homelessness • Engagement in unsafe livelihoods activities

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Separated or unaccompanied girls, boys and orphans, including children associated with armed forces/groups	• Sexual assault • Sexual exploitation and abuse • Child and/or forced marriage • Forced labour • Lack of access to education • Domestic violence	• Age, gender and restricted social status • Neglected health and nutritional needs • Engagement in unsafe livelihoods activities • Dependence on exploitative or unhealthy relationships for basic needs • Early pregnancies and motherhood • Social stigma, isolation and rejection by communities as a result of association with armed forces/groups • Active engagement in combat operations • Premature parental responsibility for siblings
Women and men involved in forced and/or coerced prostitution, and child victims of sexual exploitation	• Coercion, social exclusion • Sexual assault • Physical violence • Sexual exploitation and abuse • Lack of access to education	• Dependence on exploitative or unhealthy relationships for basic needs • Lack of access to reproductive health information and services • Early pregnancies and motherhood • Isolation and a lack of social support/peer networks • Social stigma, isolation and rejection by communities • Harassment and abuse from law enforcement • Lack of protection under the law and/or laws that criminalize sex workers
Women, girls, men and boys in detention	• Sexual assault as punishment or torture • Physical violence • Lack of access to education • Lack of access to health, mental health and psychosocial support, including psychological first aid	• Poor hygiene and lack of sanitation • Overcrowding of detention facilities • Failure to separate men, women, families and unaccompanied minors • Obstacles and disincentives to reporting incidents of violence (especially sexual violence) • Fear of speaking out against authorities • Possible trauma from violence and abuse suffered before detention

At-risk groups	Examples of violence to which these groups might be exposed	Factors that contribute to increased risk of violence
Women, girls, men and boys living with HIV	• Sexual harassment and abuse • Social discrimination and exclusion • Verbal abuse • Lack of access to education • Loss of livelihood • Prevented from having contact with their children	• Social stigma, isolation and higher risk of poverty • Loss of land, property and belongings • Reduced work capacity • Stress, depression and/or suicide • Family disintegration and breakdown • Poor physical and emotional health • Harmful use of alcohol and/or drugs
Women, girls, men and boys with disabilities	• Social discrimination and exclusion • Sexual assault • Sexual exploitation and abuse • Intimate partner violence and other forms of domestic violence • Lack of access to education • Denial of access to housing, property and livestock	• Limited mobility, hearing and vision resulting in greater reliance on assistance and care from others • Isolation and a lack of social support/peer networks • Exclusion from obtaining information and receiving guidance, due to physical, technological and communication barriers • Exclusion from accessing washing facilities, latrines or distribution sites due to poor accessibility in design • Physical, communication and attitudinal barriers in reporting violence • Barriers to participating in their communities and earning livelihoods • Lack of access to medical care and rehabilitation services • High levels of impunity for crimes against them • Lack of access to reproductive health information and services
Women, girls, men and boys who are survivors of violence	• Social discrimination and exclusion • Secondary violence as result of the primary violence (e.g. abuse by those they report to; honor killings following sexual assault; forced marriage to a perpetrator; etc.) • Heightened vulnerability to future violence, including sexual violence, intimate partner violence, sexual exploitation and abuse, etc.	• Weakened physical status, physical or sensory disabilities, psychological distress and chronic diseases • Lack of access to medical care, including obstacles and disincentives to reporting incidents of violence • Family disintegration and breakdown • Isolation and higher risk of poverty

Pre-Testing Tools

Source: Tools4Development, 'How to pretest and pilot a survey questionnaire'.[1]

It's important to test your questionnaire, interview or focus group guide before using it to collect data. Pretesting and piloting can help you identify questions that don't make sense to participants, or problems with the questionnaire or interview guide that might lead to biased answers.

Any testing is better than no testing. People often think that testing a survey takes a long time. They think they don't have the time or resources for it, and so they end up just running the survey without any testing. This is a big mistake. Even testing with one person is better than no testing at all. So if you don't have the time or resources to do everything in this guide, just do as much as you can with what you have available.

How to pre-test a survey questionnaire or interview guide

As a general rule, you should aim to pre-test all your surveys and forms with at least 5 people. Even with this small number of people you'll be surprised how many improvements you can make. Piloting is only really needed for large or complex surveys, and it takes significantly more time and effort.

Find 5–10 people from your target group

Once you've finished designing your survey questionnaire or interview guide, find 5–10 people from your target group to pretest it. If you can't get people from your exact target group then find people who are as close as possible. Try to get a range of different people who are representative of your target group. For example, if your target group is young people aged 15–25, try to include some who are younger, some who are older, boys and girls with different socioeconomic backgrounds.

Although 5–10 people might not sound like many, you will usually find that most of them have the same problems with the survey. So even with this small number of people you should be able to identify most of the major issues. Adding more people might identify some additional smaller issues, but it also makes pretesting more time consuming and costly.

Ask them to complete the survey/answer the questions while thinking out loud

Once you've found your testers, ask them to complete the survey one at a time. The testers should complete the survey the same way that it will be completed in the actual project. So if it's an online survey they should complete it online, if it's a verbal survey you should have a trained interviewer ask them the questions, if it's a focus group, they should be in a group.

While they are completing the survey ask them to think out loud. Each time they answer a question they should tell you exactly what comes into their mind. Take notes on everything they say.

1 Available at: <www.tools4dev.org/resources/how-to-pretest-and-pilot-a-survey-questionnaire/>, accessed 2 March 2017.

Observe how they complete the survey/respond to questions

You should also observe them completing the survey/responding to questions. Look for places where they hesitate or make mistakes, such as the example below. This is an indication that the questions and layout are not clear enough and need to be improved. Keep notes on what you observe.

Make improvements based on the results

Once all the testers have completed the survey or interview review your notes from each session. At this point it's normally clear what the major problems are so you can go about improving the survey to address those problems. Normally this is all that's needed. However, if major changes are needed to the questions or structure it might be necessary to repeat the pretesting exercise with different people before starting the survey.

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