

1. KEY RECOMMENDATIONS SUMMARY

- Use **sex and age disaggregated data** (SADD) throughout the Humanitarian Needs Overview (HNO). Highlight this as a key gap whenever SADD is missing.
- Ensure the GBV needs analysis is **tailored to the context**. Avoid generic descriptions of GBV taking place in country; explain what needs are specific to this emergency, who it affects, and why.
- Create a **clear qualitative narrative**. Even in the absence of figures, an evidence based qualitative narrative can give a clear overview of needs.
- Ensure better inclusion of **pre-crisis or baseline data**. Few HNOs managed to incorporate this data, while this may allow for better analysis of how GBV needs have changed or increased.
- Similarly, few needs analyses included **underlying factors** to GBV. Though direct drivers of GBV might be outlined (e.g. displacement, overcrowding), the underlying factors were not.
- Use **GBVIMS data as an illustration** where possible. Do not refer to individual cases, clarify the data does not represent the total caseload and that GBV cases are underreported.
- Advocate for the **inclusion of GBV** or gender specific needs in the **key priorities**.
- Advocate for the inclusion of GBV or gender specific needs in the **chapeau**.
- Coordinate with other clusters in country to ensure GBV is **mainstreamed** in their needs analyses and **use other clusters' data** for GBV risk analysis.
- Include **information gaps**. Often, data on GBV risk and vulnerabilities is lacking. Highlight what is missing and what data needs to be collected to better understand humanitarian needs.
- Include **gaps on service coverage**. More insight into this can be given by calculating gaps in services by analyzing 4Ws.
- **Source** and footnote your analysis. This can give more credibility to analysis and allows for scrutinization.

2. INTRODUCTION

This document outlines the representation of Gender-based Violence (GBV) in the 2017 Humanitarian Needs Overviews (HNOs). The findings and recommendations are based on the analysis of **16** HNOs published in late 2017–early 2018. HNOs form the cornerstone of the Humanitarian Response Plans. In theory, the better the needs analysis in an HNO, the easier it will be to advocate for inclusion of indicators and projects in the HRP. Throughout the document, specific topics related to GBV analysis in the HNOs are discussed, good examples taken from the HNOs are highlighted in boxes.

3. GOOD PRACTICE EXAMPLES AND RECOMMENDATIONS

HIGHLIGHTING GBV IN KEY PRIORITIES

Although HNOs are different per country, it often has a section highlighting the key priorities or key humanitarian needs in the specific country/context. Often, three to five key priorities are listed. These are on one of the first pages and give the top overview of issues which need to be highlighted according to the humanitarian community in country. It is good practice to advocate for the inclusion of GBV issues to be included into these key

Key humanitarian need 2: "Access to services and livelihoods for vulnerable people: [...] Women and girls face particular challenges due to their vulnerability to gender-based violence, their roles in protecting children and families as well as their specific needs for sexual and reproductive health services [...]" – Myanmar HNO 2017

Key humanitarian need: "Rape and other types of gender-based violence are pervasive but go largely unreported—the 1,324 cases reported in the first half of 2017 represent just a fraction of the aggressions faced mostly by women and girls, in a situation where undertaking daily survival tasks, such as collecting firewood and water, places them under threat." – South Sudan HNO 2017

priorities. This has been done (either highlighting GBV or other gender specific issues) in approximately **50%** of the 2017 HNOs reviewed.

INCLUSION OF GBV IN THE CHAPEAU

Of the HNOs reviewed, **88%** included issues on GBV or gender into the chapeau (overall needs analysis). It is encouraged for a GBV and gender lens to be used in the chapeau, as it is the top-level analysis of the document, summarizing the most pressing issues. However, analysis on GBV in the chapeau varies significantly, from separate sections highlighting the needs for women and girls overall to merely the inclusion of the word GBV without further analysis.

“The challenges faced by [1] women are particularly pronounced in [2] remote and conflict-affected areas, where [1] women and girls are exposed to various forms of [3] gender-based violence, trafficking and discrimination, including customary laws that inhibit land tenure, property ownership and inheritance. [...] In addition, numerous and repeated reports of the Special Rapporteur on the situation of human rights in Myanmar found that [3] sexual violence was widespread in [2] Kachin, northern Shan and Rakhine, as well as other areas of the country. The combination of gender inequality and exposure to violence, harassment and abuse not only remain critical protection risks but serve as a [4] significant impediment to women’s participation in decision making to support recovery, transition, peace building and development. Disabled women are particularly vulnerable and often face additional discrimination.” – Myanmar HNO 2017

Highlights [1] who is affected, [2] where, [3] by what, [4] and what the consequences are.

GBV ANALYSIS IN THE HNOs

“GBV” (or “Gender-based Violence”) was mentioned an average **12.3** times in reviewed HNOs from 2017. The inclusion of the word GBV and subsequent analyses differed greatly among the documents: the lowest number of mentions for “GBV” within the needs analysis was **one** time, the highest number of mentions was **35**. It is possible that the HNO with only one mention of GBV was limited in analysis due to a lack of access to the country. Yet, for other countries the low mention of GBV throughout the

document could be more indicative of a lack of analysis rather than a lack of data.

The write up of the analysis/the amount of analysis done on GBV also varied greatly: In some HNOs the GBV analysis went into great detail, outlining specific GBV needs according to sex and age, using a multi-sectoral approach. In other HNOs, analyses were reduced to shorter, generic sentences that do not inform the end user on the GBV situation in country.

An example of a generic write up includes the following:

*“Violations of international human rights and humanitarian law, including violations of children and women’s rights, are widespread, including but not limited to **various forms of sexual and gender-based violence (SGBV)**, [...] and other ill-treatment.”*

Although this sentence does not give any misinformation, it is not context specific. This paragraph could have been included in *any* HNO, as it does not give the end user any information on the specific GBV needs, who is affected, and why. As a general rule, **GBV analysis should be tailored to the context**, wherever possible.

Though in some countries it is not possible to include very context-specific details on GBV into the HNO, attempt to give an overview that still highlights what GBV means in this context. For example, kidnapping of women and girls can be specific to the Boko Haram crisis in Nigeria, while trafficking of women and girls in Cox’s Bazar might be more specific to the Rohingya situation.

Though the inclusion of **sex and gender disaggregated data (SADD)**, has long been advocated for, this lens has not always been used in the GBV sections of the HNO. This refers to both quantitative data (where possible), but also to the qualitative narrative. For example, acts of GBV perpetrated against women and girls are usually grouped together (e.g. women and girls face rape and sexual exploitation). More analysis is needed on *who* is affected and *why*. Do girls aged 12–17 have the same need for protection from GBV as women aged 60+?

“Displaced boys and girls are most likely to be exposed to specific protection risks, such as [...] early and forced marriage. Women PoCs are in turn exposed to specific risks as well – in some cases derived from negative (or harmful) cultural practices – [...] It is known that women PoCs are more exposed to GBV incidents during displacement [...]” – Afghanistan HNO 2017

“Women and girls from ethnic or religious minorities, as well as stateless women, remain especially vulnerable and often suffer multiple forms of abuse. Human trafficking and sexual slavery abroad also remain serious concerns, especially for younger women.” – Myanmar HNO 2017

Other HNOs benefitted from the clear use of pre-crisis or baseline data to strengthen the analysis. These figures can help fill the gaps in analysis. Examples of this include:

“Gender-based violence (GBV), especially sexual violence, [1] is grossly under-reported due to very legitimate fears of retaliation by the perpetrator, stigmatisation by communities and family members, and limited availability and confidence in response services, particularly within the Health sector. According to the [2] 2013 Nigeria Demographic and Health Survey, 45 per cent of women who experienced violence never sought help or told anyone about the violence.” – Nigeria HNO 2017

Backing up an [1] assumption with older [2] baseline data.

INCLUSION OF GBV IN THE HNO

Overall, of the HNOs reviewed, **81%** had a paragraph specifically on GBV. However, it should be noted that the quality and length of these paragraphs differ greatly, as the inclusion of GBV into the HNO is also dependent upon the larger coordination structure in country. Some HNOs had over two pages specifically focused on GBV needs and analysis. In other documents, the inclusion of GBV consisted of a very small paragraph included under the Protection cluster's needs analysis section.

Different approaches were used in the HNOs to adequately represent and analyze GBV needs. The inclusion of separate sections or an integrated protection/GBV analysis in all sectors depends on coordination and dynamics in country. **Sectors are expected to mainstream GBV according to the IASC GBV Guidelines. In addition, a separate section**

on a GBV needs analysis needs to be included. This ensures that both GBV risks per sector are understood, *and* that there is a sound analysis on the different needs of protection from GBV.

- **MAINSTREAMING OF PROTECTION/GBV ANALYSIS**

It is good practice to mainstream GBV and other protection needs into the needs analysis of all clusters, as this will highlight the responsibility of other clusters to prevent and mitigate risks of GBV and how humanitarian needs are different for people depending on sex and age. and In the Yemen HNO, the approach was taken to include a “related protection needs” section in each cluster's needs analysis. In some of these sections, GBV was also highlighted. In addition, a long paragraph on women and girls was included in the chapeau, as well as a separate section on protection with specific paragraphs on GBV. Illustrations of the mainstreaming include:

“La centralité de la protection dans les actions EHA à travers le suivi du respect des 5 engagements concernant le genre, la protection, la sécurité et la dignité, avec une surveillance des VBGs au niveau des infrastructures EHA” – HNO CAR 2017, WASH Section

“WASH facilities in settlements are still under strain with most facilities lacking basic protection measures including gender segregation and are in locations not easily accessible for women. The risk and fear of GBV for women when accessing latrines at night has been reported. Open defecation (women reportedly wash and defecate inside their shelters) poses a serious health risk.” – JNO/JRP Bangladesh 2017, WASH Section

“Crowded, poor conditions will intensify psychosocial and mental distress, increase community tensions and the prevalence of Gender-Based Violence (GBV) and domestic violence against women and children. Additionally, lack of lighting puts women and girls at risk of harassment or GBV [...]” – JNO/JRP Bangladesh, Site Management Section

In other HNOs it was apparent that mainstreaming was also done, albeit at an ad hoc basis. Even though it was not mainstreamed throughout all clusters' needs analyses, it is already good practice that it is included in some. Examples of these include:

“Women, children, the elderly and disabled are at greater risk of losing access to health services. Appropriate services – including outreach services, separated spaces and availability of female health workers – which are necessary for women and children to access health care generally and more specifically as victims of gender-based violence (GBV), are sadly lacking.” – Yemen HNO 2017

- **SEPARATE PAGE ON GBV NEEDS ANALYSIS**

Several HNOs had one (or more) separate page(s) on GBV in the HNO. This means that they did not have a paragraph in the protection section, but had their own dedicated space inside the document. The GBV analysis done in these instances was more substantial. Since all HNOs are context specific, highlighting GBV in separate sections of the document was done in various ways:

- **Nigeria:** 2,5 pages on GBV analysis were included in the document. This meant that the analysis allowed for more detail, including outlining needs for different groups (e.g. for women, adolescent girls), using baseline data to reinforce assumptions or compare overtime, and highlighting different humanitarian needs as a result of GBV.
- **Cameroon:** A dedicated page to the GBV sub-sector was included in the HNO. The need for protection from GBV was broken down for different population groups (e.g. refugees from CAR and Nigeria, IDPs, IDP returnees, and host communities). Key humanitarian needs were also given.
- **oPT:** The HNO for the oPT was not traditionally divided into sections according to clusters. Instead, a long analysis on “gender analysis and priority gender needs” was included. In this section, a multisectoral analysis was done to look at the different effects of the crisis on women, men, girls, and boys in several areas: gender and food and livelihood concerns, gender and resilience, gender and access to basic services, and gender and community engagement

Using a gender lens when looking at the situation contributed to better analysis, for example:

“The general decline in the access of people to basic services (observed in 2017), especially in Gaza in relation to water and electricity, has undermined the ability of women and girls to engage in income generating activities. This is directly linked to the customary division of labour in Palestinian society, where women and girls bear the primary responsibility for the functioning and maintenance of households, which has become more time-consuming. This division of labour continues to apply to married women with disabilities, who face additional hardship.” – oPT HNO 2018

- **LONG PARAGRAPHS**

Within the protection section, long paragraphs (e.g. half a page) were also dedicated to GBV. Shorter paragraphs could also work, as long as sound analysis on gender and GBV is also integrated into the chapeau.

USAGE OF GBVIMS DATA

Half (**50%**) of the HNOs reviewed had clear indications that GBVIMS data was used. Sometimes, GBVIMS data was reflected within the chapeau, which further contributes to highlighting GBV as a key issue.

The GBV AoR continuously stresses that GBVIMS data should be used as follows in the HNO process:

- In compliance with local Information Sharing Protocols (ISP), GBVIMS data can be used to give an overview of the number and types of incidents reported, **to support** the needs analysis (e.g., a percentage breakdown of which population groups account for most reported incidents,, what type of GBV is most reported, as well as which population groups and types of GBV are not reported, and which services are accessed).
- This also means that GBVIMS data cannot be used as a standalone; **an accompanying qualitative narrative** should explain the figures and build a clearer contextual picture.
- It should be specified that this data **does not represent** prevalence, incidence, or total caseloads. For example, not all survivors report GBV and access services.

- When using the GBVIMS data it must be specified that GBV incidents are underreported, due to various constraints (this varies per country and should be specified in the context specific analysis), and that GBVIMS Data Collecting Organizations may only represent a subsection of all service providers.

Good practices from the HNOs in 2017 were for example highlighting the GBVIMS data in the chapeau, which gives more substance to the analysis.

“A Bangui, le Système de gestion de l’information sur la violence sexuelle (GBVIMS) enregistrait un pic de 34% des cas de violences sexuelles sur la totalité des 739 cas de VBG reçus. De ceux-ci, seulement 36% des survivantes accèdent à une prise en charge plus d’un mois après l’incident” – HNO CAR 2017

This inclusion of GBVIMS data shows the total number of cases registered in the system. The added analysis from the used data shows the **gap in accessing services**.

“The 1,324 cases of sexual and gender-based violence that were reported in the first half of 2017 are the tip of the iceberg of aggressions that largely go unreported and unchecked. These chiefly affect women and girls, who represent 95 per cent of the reported cases, while 19 per cent are children.” – South Sudan HNO 2017

This inclusion of the GBVIMS gives an overview of the cases registered so far, while simultaneously highlighting how cases go underreported, and giving a clearer picture on **who is most affected**.


GBV ASSESSMENTS AND REPORTS

In general, throughout the needs analysis of the HNO (including the key priorities, the chapeau, and the sector specific needs analysis either in the Protection section or a separate GBV section), it was only clear in **38%** of HNOs that specific needs assessments on GBV were used as sources. This can partly be explained by a lack of sourcing and footnoting throughout some documents. Yet, there was also limited variety in data used (whether qualitative or quantitative), possibly explained by a lack of secondary data reviews or assessments done.

For this reason, it is recommended to use **footnotes and sources** while writing the needs analysis. Not including sources in footnotes can lead end users to believe that no proper secondary data review has taken place to form a coherent needs analysis. Even though no evidence is needed from the outset to implement GBV programming in emergencies, as GBV is always taking place, evidence is still needed to inform programming ([IASC GBV Guidelines 2015](#)). In that sense, having a variety of sources shows a clear investment in looking for (quantitative or qualitative) data, and gives the end user the opportunity to see how analysis was done and whether it was based on evidence.

Furthermore, it was indicated in only **13%** of HNOs that further assessments on GBV specific needs or information gaps would be undertaken. This was not specific to GBV only; many HNOs simply did not have a section included on information gaps and further assessments needed/planned. However, since reflecting data in GBV analysis is difficult, it is important to **highlight information gaps**. Especially when analysis is limited, it should be highlighted what is unknown; increasing the opportunities for organizations to conduct more targeted needs assessments. A good example of including information gaps and needs comes from the oPT HNO (2018):

Screenshot of information gaps – oPT HNO 2018.

 GENDER (CROSS-CLUSTER)	
GAP	PLAN
Gender issues are rarely prioritized in data collection and analysis beyond basic sex disaggregation in quantitative assessments. However, gender issues should be considered as integral elements of humanitarian assessments in order to assess gender-based sectoral vulnerabilities for which information is lacking such as gender biases in property rights, invisibility of women's contribution to livelihoods and food security, protection concerns related to adolescent boys and girls, biases facing women with disabilities, vulnerability of widows and abandoned women, impact of displacement on protection of women and girls, impact of lack of water and energy on women's livelihoods and health.	<p>A number of assessments and reviews are underway to inform humanitarian and development interventions:</p> <p>GVC, a member of the WASH Cluster, is assessing the gender differentiated impact of WASH programmes using the program "Emergency Supply of Water Trucking to Area C of the West Bank" as a case study.</p> <p>UN Women is finalizing a research on GBV Services in Gaza.</p> <p>UN Women in cooperation with humanitarian clusters is collecting and documenting women's stories shedding light on the impact of the blockade and the need for multi-sectoral responses.</p> <p>UN Women in collaboration with UNFPA is developing an assessment of to examine the gender-differentiated impact of the Occupation in Areas C and in the Old City of Hebron H2 on the lives of women, girls and youth</p> <p>UNFPA and other actors have just published a working paper on Tackling violence against women and girls in Gaza</p>