# Information Management for GBV in Emergencies

# Alarm clock outline2hr30’

# Why does this session matter?

*Information and Analysis is fundamental to design responses for GBV in Emergencies. This session provides a basic understanding of what GBV is and what type of response activities can be done. It focuses then on how to identify the necessary information, how to gather and collect them, and analyse them, in line with the interagency best practices, GBV AoR guidance and Grand Bargain Outcomes.*

# Learning Objectives

At the end of this module, participants will be able to:

* Identify and briefly explain common information needed by GBV colleagues, what methods and sources to use for each one, who can collect them.
* List some Tips for better cooperation between IM and GBV colleagues
* Know who to ask for help on challenges related to Data and GBV

# Session Plan

[Intro (5’)](#_Introduction:_WELCOME,_OBJECTIVES)

1. [What is GBV in Humanitarian Response?](#_Part_1:_What)
2. [How can GBV and IM colleagues work together](#_Part_2:_How)?
3. [How to identify the information that GBV colleagues need?](#_How_to_identify)
4. [How can we obtain this information and who can collect this information?](#_Who_and_how)
5. [Tips of better Cooperation between IM&GBV](#_Part4:_Some_tips) colleagues

[Conclusions (5’)](#_Conclusions)

# ACTIVITIES

* Activities during the session:
  + Participants use of the chat to answer specific questions. Clarity of question is essential to enable participation. *The facilitator should decide whether or not to allow the use of the mic to answer those questions. Using the mic makes the experience more interactive, however it may be chaotic if the group is very large and if there is a lot of participation in the group.*
  + Alternatively, you can use tools like Mentimeter or Whiteboard or Mural or similar
* Knowledge Test after the session
* Evaluation after the session

# Key Resource Documents

* Primary Data Collection Exercises that inform GBV *:* [*https://gbvaor.net/im-tools-resources/informing-strategic-decision-makingneeds-assessments#analysis-framework*](https://gbvaor.net/im-tools-resources/informing-strategic-decision-makingneeds-assessments#analysis-framework)
* GBV SDR Template Draft*:* [*https://gbvaor.net/im-tools-resources*](https://gbvaor.net/im-tools-resources)
* Background Note and FAQs*:* [*https://gbvguidelines.org/en/pocketguide/-*](https://gbvguidelines.org/en/pocketguide/-) *(Available in multiple languages English, Spanish, French, Arabic)*
* IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action:[*https://gbvguidelines.org/en/*](https://gbvguidelines.org/en/)
  + The Guideline:[*https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf*](https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf)
  + Assessment in IASC GBV Guidance pp341 and 342: [*https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf*](https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf)
* GBV Analysis Framework:[*https://gbvaor.net/im-tools-resources/informing-strategic-decision-makingneeds-assessments#analysis-framework*](https://gbvaor.net/im-tools-resources/informing-strategic-decision-makingneeds-assessments#analysis-framework)
* Support for GBV Programming without prevalence data:[*https://gbvaor.net/sites/default/files/2020-08/gbv-prevalence-data-query-final.pdf*](https://gbvaor.net/sites/default/files/2020-08/gbv-prevalence-data-query-final.pdf)
* Oxfam: How lighting in or around sanitation facilities affects the risk of gender-based violence in camps
  + (Guidelines and toolkits):[*https://policy-practice.oxfam.org/resources/shining-a-light-how-lighting-in-or-around-sanitation-facilities-affects-the-ris-620605/*](https://policy-practice.oxfam.org/resources/shining-a-light-how-lighting-in-or-around-sanitation-facilities-affects-the-ris-620605/)
  + Video: [Oxfam Lighting, Gender and Safety in Emergencies](https://www.youtube.com/watch?v=TXj1wm2U-Rw&ab_channel=OxfamWater%2CSanitationandHygieneTeam): [*https://www.youtube.com/watch?v=TXj1wm2U-Rw&ab\_channel=OxfamWater%2CSanitationandHygieneTeam*](https://www.youtube.com/watch?v=TXj1wm2U-Rw&ab_channel=OxfamWater%2CSanitationandHygieneTeam)
* Video- Responding to Disclosure of a GBV Incident: *https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-responding-disclosure-gbv-incident* - (Available in English, Spanish, French, Arabic, Romanian, Ukrainian, Russian)
* Video- GBV in distribution of non-food items: [*https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-nfi-distributions-shelter-*](https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-nfi-distributions-shelter-)(Available in English, Spanish, French, Arabic, Romanian, Ukrainian, Russian)
* Methods and Information: *https://displacement.iom.int/dtm-partners-toolkit/other-tools-0*
* DTM for GBV:[*https://displacement.iom.int/dtm-partners-toolkit/guide/dtm-msla-gbv*](https://displacement.iom.int/dtm-partners-toolkit/guide/dtm-msla-gbv)
* GBV AoR - KEY GUIDANCE DOCUMENTS ON HUMANITARIAN NEEDS ASSESSMENT [*https://gbvaor.net/im-tools-resources/informing-strategic-decision-makingneeds-assessments*](https://gbvaor.net/im-tools-resources/informing-strategic-decision-makingneeds-assessments) and *https://gbvaor.net/im-tools-resources*
* PAF *Video on Methods and Sources (PAF training package) also available at:* [*https://drive.google.com/drive/folders/1pnhR4N9QOHvUEOI6o5CVT0L\_98DFhvi4?usp=sharing*](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrive.google.com%2Fdrive%2Ffolders%2F1pnhR4N9QOHvUEOI6o5CVT0L_98DFhvi4%3Fusp%3Dsharing&data=04%7C01%7Cdpavone%40iom.int%7C11b2e4488d3d4083398608d9efa9f04e%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637804335542948006%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=je66shK7rlwfMDw3TWR849tQAnXZN04kD%2FO%2BrPhpzQw%3D&reserved=0)
* Key Guidance on Incidents Disclosure:[*https://displacement.iom.int/dtm-partners-toolkit/safely-responding-incident-disclosure*](https://displacement.iom.int/dtm-partners-toolkit/safely-responding-incident-disclosure)

# Before the session

As part of preparation for the session, send email to the participants sharing the below listed resources/links. Make sure to share them at least one week before the session (or when the invitation is sent).

1. GBV and DTM data in short (4-pager document): DTM&Partners Toolkit – *(Available in English, French, Spanish)*

<https://displacement.iom.int/dtm-partners-toolkit/gbv-0>

# CONTENT slide by slide

## Introduction: WELCOME, OBJECTIVES and AGENDA

Activity on slide 1: For Webinars/Virtual sessions:

* This slide remains on the screen while wating for the participants to join
* Remind that the session is recorded, and that they should write their name on the chat, with job title and location, as a means of introduction.
* Ground rules: if you have a question during the presentation, write it in the chat. Somebody will monitor the chat to ensure no question is missed. However, When the presenter gives you space to ask questions, you can unmute your mic and ask your question directly.

*Organizer Introduces facilitators*

Slide 2 includes all the training sessions, adapt and use the slide if giving more than one session, delete if you are giving only one session

Explain [WHEN APPLICABLE] that this webinar fits in the series we are conducting, the objective of the training and run through agenda.

Slide 3 includes the self-study material included in the final exams, include if you are giving trainings for the whole series. Otherwise, move to resources

Handover to first Facilitator

## What is GBV in Humanitarian Response?

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| Slide 6: First let us see what we mean by GBV in Humanitarian Response. Let us watch the video. |
| Slide 7: GBV, GENDER-BASED VIOLENCE, is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering or threats of such acts, coercion, and other deprivations of liberty. This can occur in *public or private*. |
| Slide 8: Use the chat to give us examples of What types of GBV are common in the country you work in? Do Not use any specific case, just typologies of GBV, No NAMES no specific STORIES |

## How can GBV and IM colleagues work together?

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| Slide 9: Let us first look at the modality of collaboration between GBV & Information Management colleagues. How can we work together? |
| Slide 10: We have a shared understanding on a joint Cooperation Approach between Data providers (IM and assessment experts) and data users (in this case, GBV actors and colleagues). First principle of this approach is that Cooperation is a shared responsibility that starts from the planning phase.  There are clear roles and responsibilities at each step of the process. Some responsibilities can be defined at global level as common across responses, and you can find them in the Grand Bargain outcomes and in the *DTM&Partners cooperation guide* on the *DTM&Partners Toolkit*). Others should be agreed upon in country, depending on the situation, resources and coordination structures in place. ROLES and RESPONSIBILITIES are specific and complementary between IM and GBV actors. |
| Slide 11: Remember the other fundamental principles for cooperation between GBV & IM   * 1. At all times the link between collected datasets, their analyses and their use for humanitarian response should be clear.   2. Each information will be collected through the appropriate method (and by the appropriate actor)   3. Complementarity GBV actors have a variety of information sources at their disposal, including DTM, for analysis and response planning. This ensures that specific *decision-making is based on data that can support it*.  A shared understanding of complementarities amongst different methodologies is critical for sound analysis. |

## How to identify the information that GBV colleagues need?

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| Slide 12: Let us now try to understand How to identify the information that GBV colleagues need |
| Slide 13: In order to ensure we always keep the link between the use of an information and the data we collect, we walk backwards, starting not from the questions in a questionnaire, but rather from the use, the decisions to be made, and then we look at the **information needed** to make such decisions, that the data users do not have. Only at that point we consider the **right method** and source of the data and **design the questions for the questionnaire**. [*CLICK* when mentioning each step] |
| Slide 14: Let us see what it means to walk backwards. As you remember from a previous session, there are three types of decisions we make in our work: strategic, programmatic and operational. Let us take for example one of the most common STRATEGIC DECISIONS: Where should we work? What areas should we prioritize for our response?  [*Click*] In this example, we have to decide: Where we should work, which areas we should prioritise. |
| Slide 15: once we identify the decision we need to make, then we identify what information we need to make those decisions.  What information do I need in order to decide what areas GBV response will prioritize? This can be difficult, as I cannot prioritize locations based on number of reported incidents (do we all agree on that?). So how can I do it? [ask participants for ideas]: Use the chat or mic to suggest what information we need. What information do I need in order to decide what areas GBV response will prioritize? [*CLICK* *after some participants have provided some ideas]*  We can for example consider the locations where risk of GBV is higher as locations to prioritize. So, we can identify the Factors that increase the risk of GBV and GBV incidents and prioritize the Locations where these factors are present and therefore the risk of GBV is higher. |
| Slide 16: When I know the information I need, I can look at what is the most appropriate method and source to collect that information. Use the chat or mic to suggest what method and source we can use.  [*CLICK* after some participants have provided some ideas]. A good method to get factors that impact risks in a specific context is GBV colleagues conduct EXPERT INTERVIEWS with NGOs specialized on GBV and Child Protection (CP), Social workers, Health workers and GBV staff in the field. Alternatively, if we have more time, GBV colleagues could also conduct Focus Group Discussions with women, girls and boys.  And then what method and source is most appropriate to identify in what locations these factors are present? (Second information we need). [ask participants for ideas]: Use the chat or mic to suggest what method and source we can use. [*CLICK* after some participants have provided some ideas]. For this, we can use Key Informants Interviews with non-specialized key informants) as we are not asking anything specific to GBV. Enumerators conduct Key Informant Interviews in all locations to identify in which locations these factors and actors are present. This method is often used by DTM and called Village assessment, site assessment, MSLA. |
| Slide 17: ON this slide You can see some examples of Factors increasing GBV risk, proxy indicators for risk. As you see, none of them mentions GBV directly, and they all relate to other sectors (WASH, Shelter, Health…). Overcrowding, doors separating males/females or families, locks on shelter, locks on latrines and showers, electricity and lighting, presence of armed groups, presence of security provider, and then available protection and GBV services. These and more are in the DTM Field Companions, that you find in the DTM&Partners toolkit. |
| Slide 18: What do we do once we have the results of these questions for all locations? We analyse the information, mapping all the locations that present risk factors, and identify what locations or areas have higher risks and should be prioritised for GBV intervention.  So, if we look at what this is like in practice, this is something that IM and GBV actors can do to work together. Let’s say in context (X) I have a number of camps. In all of them, I’d like to - at a minimum - mitigate the GBV risks in all of these sites, so I decide I have to do safety audits. But there are many sites, and I am a lone GBV actor. DTM – because of its access to/ presence in many sites, can provide me information. This is often based on a key informant; so perhaps it will not give me *everything* I need to know, but it can point me to *prioritizing where* I am going to start my safety audits.  For example, if I combine several indicators from DTM (up to the discretion of a GBV actor) to make an index of where I think there are high risks, I can start prioritizing.  Based on different indicators, *for example* risks at latrines, availability of GBV services, distance to water source, etc. I can now see that there are a few sites where my key informant(s) indicate that none of this is available or functioning well – or my red flags. In other sites, my key informants indicate it is fine. This will help GBV colleagues prioritize where to go to conduct more in-depth safety audits, assessments and response. |
| Slide 19: This is an example of the process we described, done by DTM and GBV AoR in Iraq. |
| Slide 20: Another important way of ensuring that we collect the data GBV colleagues need is to make an Analysis Plan before starting data collection. Remember that you would never start building a house without knowing what the end result would look like. Don’t start data collection without knowing what the end result would look like, just like when you build a house! GBV actors are like the client, and they should verify that this is the house they need! |
| Slide 21: The way to do this with data is making mock ups of results using fake data. Mock-ups help save money, time and get the data you need. GBV actors (those that need the information) will have to try and use the results, to verify that IM will collect the right and useful data.  *CLICK* GBV colleagues will have to check the mock up to see if the data is indeed what they need for decision-making. If it is not, the questions must be changed and re-checked. Only at that point we can start collecting data |
| Slide 22: Let us now look at roles and responsibilities. Use the chat to tell us: Who does WHAT?  **Whose role is it to identify the DECISIONS to be made and why? GBV colleagues or IM colleagues?**   * *CLICK:* GBV Colleagues/Partner, as they know what decision they have to make, the USE of the information & tell IM/Assessment colleagues   **Whose role is it to identify the Information they need to make those decisions and why? GBV colleagues or IM colleagues?**   * *CLICK:* GBV Colleagues/Partner, as they know what information they need but do not have & tell IM   **Whose role is it to identify the methodology to be made and why? GBV colleagues or IM colleagues?**   * *CLICK:* IM /Assessment colleagues identify the methodology to use in the context, and/or tell GBV if the information needed can be collected with that methodology   **Whose role is it to develop the Data Collection Tools (questionnaires and data analysis plans) to be made and why? GBV colleagues or IM colleagues?**  *CLICK:* IM (with GBV colleagues/ Partner) IM/Assessment colleagues design the questions and mock-up analysis, GBV colleagues’ advice on languages and GBV colleagues verifies that they can use the analysis for their purpose.  What should happen is the following: The GBV colleagues will have to make decisions related to the response and realize they are missing some crucial information to take that decision. They will approach the IM/Data collection team and explain to them the information needed and why (the use). The IM colleagues should be advising about what method and source to use to collect such information, and together they identify who should collect the information (IM, enumerators, DTM teams or GBV experts).  IM colleagues will design the data collection tools they will use, but GBV colleagues will advise on language and verify that the expected results correspond to the information they need.  What may also happen is that IM colleagues are about to start a new data collection exercise, for ex. DTM is about to revise their questionnaire. They approach GBV actors to ask about their info needs, and GBV colleagues consider the decisions they have to make and explain what information they need to the IM colleagues, and the process continues as before.  In those cases when GBV colleagues collect the information themselves, for example for a GBV /Protection assessment or monitoring, using FGD, they will develop the data collection tools, and IM can support, if needed. |
| Slide 23: Who is a GBV expert: it is important to clarify who a GBV expert is. It is not enough to know something about GBV or having attended a training, to become a GBV expert. These are some minimal essential characteristics to be considered a GBV expert.  Experience in managing specialized GBV programming including managing GBV assessments, provision of assistance to survivors of GBV and/or other component of GBV work as addressing root causes.  Experience in practical application of knowledge and skills around GBV in programming and can guide others around their specializations.  Has received training on GBV in Emergencies and WHO Guidance on GBV in Humanitarian settings. Understands the GBV Minimum Standards. |
| Slide 24: What is the information that GBV colleagues usually need for their analysis and response?  *CLICK* We have a tool that helps us: the GBV Analysis Framework (AF) developed by the Global GBV AoR. An analysis framework is a model to support logical thinking and structure analysis. This helps us identify information needs and gaps, and analyse and interpret the findings. AF is like an organized wardrobe, helps you organize information (your clothes), so that you know what you need, what you have, what you are missing (and should find).  So, the GBV analysis framework helps us remember what information we need for GBV and how to use it in the analysis.  As you can see, our AF is organized around types of data that we need on these three levels: from society, to community, to individual.  It is organized on levels: first level includes   1. Context background, where we look at contextual risk factors, *CLICK* 2. Impact of the crisis, crisis related risk drivers, *CLICK* 3. GBV in Emergency, the situation *CLICK*   The second level includes, for example under IMPACT:   1. Threats and Vulnerabilities *CLICK* 2. Systems and Services, *CLICK* 3. Negative coping mechanisms *CLICK*   Each of them has more details, for example, under SYSTEMS and SERVICES, we can find:   1. Humanitarian Access, *CLICK* 2. GBV Services and *CLICK* 3. Availability, Quality, Access, awareness and use of basic services and goods.   *The other parts of the AF also have specific details.*  *AT the end, and very important, we have CLICK*  Capacity to address GBV, at the individual, community and National/International level  Let us look now to these parts and how we can collect data for each part of the Analytical Framework . Let us start with Legal System and Justice, when it relates to GBV. |

## How can we obtain this information and Who can collect this information?

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| Slide 25: How can we obtain the information we need for GBV response? Let us look at some components of the Analysis Framework to identify the method & source you can use! |
| Slide 26: NOTE that Some information can be collected by enumerators who are not GBV experts.  However, some information must only be collected by GBV experts, to avoid harm and to ensure the information is useful. You will notice that this is specified in the examples in this session |
| Slide 27: Let us start from the Analysis Framework and look at Legal System and Justice *[CLICK]* |
| Slide 28: If you need to know Legal System and Justice issues related to GBV, what method and source would you use? Household structured Interviews? Focus Group Discussions? Non-Specialized Key Informants interviews? Secondary Data Review? Interviews with legal & GBV experts?  Use chat or mic to answer. [*CLICK* Answers 4 and 5: *Secondary Data Review and Interviews with legal & GBV experts.*  Who would collect this? IMOs/data collectors/enumerators of GBV experts? *[CLICK]* GBV experts! |
| Slide 29: If you know about Legal System and Justice issues related to GBV... how can you use it for your response? Use the chat or the mic to tell us! |
| Slide 30: Let us look now at the part of the Analytical Framework dealing with Demographic landscape. |
| Slide 31: If you need to know number of people in a country or a location, by sex and age, what method and source would you use? Household structured Interviews? Focus Group Discussions? Non-Specialized Key Informants interviews? Interviews with Health service providers? Interviews with GBV experts and service providers? Analysis of administrative data from case management?  *CLICK*  Answers: 3. Non-specialized Key Informants Interviews (KII, for ex DTM MSLA Multi Sectoral Location Assessment): KII can get the total number of people and estimates of Sex and Age however not prevalence of Persons with Disabilities.  *CLICK*  Answer: 1. Households (HH) structured survey done using a generalizable sample: Cannot get the total number of people, however, it can get % of Sex and Age and Persons with Disabilities (using the Washington Group Questions). |
| Slide 32: *CLICK* Let us look now at the part of the Analytical Framework dealing with threats and Vulnerabilities of Specific Groups |
| Slide 33: For example, If you need to know the specific risks for women and girls with disabilities, what method and source would you use?Would interviews with Households, where respondents are usually the Head of HH, or other members speaking in front of the HH, be able to tell you about domestic violence? Focus Group Discussions? Non-Specialized Key Informants interviews? Can you collect it through asking three non-specialist key informants per location? Will a man be able to tell you what girls and women main concerns are? Would a member of the ethnic majority be able to tell you about the concerns and difficulties of the minority group? Or can you use Interviews with Health service providers? Interviews with GBV experts and service providers? Analysis of administrative data from case management? Would the observation by enumerators, who are in the location for a limited time be able to provide the same information?  Likely not. *CLICK* - Answer 3: Focus Group Discussions (FGD)  This is why you could use here FGD, which are semi-structured discussions with specific groups-separately from other groups, not simply a group of people from the community. For example, women alone, children alone, elderly alone,… This is because a group, for example, Women, may not speak in front of men /other group as much as they would when they are amongst other women.  *CLICK* - Note that these FGD should be carried out ONLY by GBV/Protection experts .  Using the wrong method and source, as in the examples above, will result in misleading data, that will not be able to provide necessary support, thus doing harm. Using some methods, like HH interviews to ask questions related to domestic violence, can actually cause harm to the victims of violence, if perpetrators become suspicious of the reasons behind the questions. |
| Slide 34: If you know the specific risks for women and girls with disabilities...how can you use it for your response? Use the chat or the mic to tell us! |
| Slide 35: Let us look now at the part of the Analytical Framework dealing with accessing Basic Needs and Services |
| Slide 36: what would you use, if you need to know about access to education, healthcare, food, shelter, water, sanitation)?  [*Wait for the answer.* *Then CLICK].*  We can use ALL of them, each one will give you an aspect, availability, quality, use, awareness, access and appropriateness. We can use Non-Specialized Key Informants interviews for availability of basic goods and services,but they cannot give us info on use, most barriers and quality, for example. So, we need to use HH Interviews to know BARRIERS, USE, AWARENESS, or Focus Group Discussions for barriers and appropriateness, and Facility Assessments (Education, Health…) for quality. We use various methods and source that each bring a piece of information, and then analyse the results. |
| Slide 37: If you need to know what GBV services are in a location, what method and source would you use? Use the chat or the mic to tell us. Would you use *Non-Specialized Key Informants interviews? Household Interviews? Focus Group Discussions? Service mapping with service providers?*  *CLICK: Answers 1,3 and 4.* We need to differentiate between Availability, Access, Quality, Appropriateness, use and Awareness. We will use KII though enumerators to identify AVAILABILITY, which means *whether the service is present or not. But KII cannot tell us about the quality, the barriers that specific groups face in accessing those services and so on.* FGD done by GBV experts can help us understand BARRIERS, APPROPRIATENESS, AWARENESS & Use. We can use expert interviews and service mapping with providers to identify QUALITY. This can only be done b*y GBV experts.* So, all these methods can give us some information about access to GBV services. *CLICK* However, on this case, we cannot use Household interviews. It is dangerous to ask HH, due to who answers. Imagine asking about GBV services for survivors in a HH where there is domestic violence. What would you think the perpetrator may think? And would you say that the other members of the HH and the enumerators could be at risk by the question alone? |
| Slide 38: If you know what GBV services are available, accessible, of good quality and appropriate, how can you use it for your response? Use the chat or the mic to tell us! |
| Slide 39: Let us look now to the part of the Analytical Framework on capacities to address GBV |
| Slide 40: If you need to know community’s self-protection mechanisms, what method and source would you use? Household structured Interviews? Focus Group Discussions? Non-Specialized Key Informants interviews? Existing Secondary Data (research reports…) Interviews with GBV and Gender experts Interviews with legal aid practitioners.  *CLICK:* Answer 2, FGD. Who conducts these FGD and WHY*? CLICK* GBV experts, as they need to know the subject matter well in order to obtain useful information. |
| Slide 41: If you know community’s self-protection mechanisms, how can you use it for your response? Use the chat or the mic to tell us! |
| Slide 42: Let us look now to the parts of the Analytical Framework that indicates Types of GBV |
| Slide 43: what would you use, if you need to know types of GBV? *Household structured Interviews? Focus Group Discussions? Secondary Data (existing research, reports…)? Interviews with GBV experts and service providers? Interviews with Health service providers? Analysis of administrative data from case management?*  *CLICK* Answer 3,4, 5 and 6. Sometimes you can also use FGD, but the issue can be too sensitive, so it needs careful consideration.  Who collects these data? *CLICK* GBV experts, not IM or DTM!  Why would you not use HH interviews to ask about types of GBV? (*Answer: same risk as in the previous example on GBV services, we can put people at risk if the perpetrator of domestic violence hears the question)* |
| Slide 44: If you know types of GBV, how can you use it for your response? Use the chat or the mic to tell us! |
| Slide 45: If you need GBV Prevalence Data, what method would you use? Prevalence means how many incidents or survivors and victims of GBV there are in a location/country? What can we use? Key Informants interviews (non-protection experts)? Experts Interviews and service providers personnel (protection, GBV, CP…)? Official government statistics & Police records? Case Management Data from GBV, CP and Protection actors? Interviews with Household representatives? Interviews with individuals (specifically with women and children)? ….others?  This is a trick question: In fact, we cannot and do not collect prevalence of GBV. Let me clarify: we may obtain the number of married children, through carefully phrased and collected interviews with HH (Demographic roster), but we will not be able to know how many children, women or men have been raped, maltreated, trafficked, involved in hard labour... and other such information are not going to be collected in most of the contexts where we work, regardless of the method and source used.  The reason is that these phenomena are hidden, taboo and crimes: the people interviewed will not be able to answer honestly or openly or with precise information because they either do not know or do not dare to respond.  Some of our protection experts on the call may wonder whether they can use aggregated case management data (or data from the police on reported cases) as prevalence. The answer is also No. Aggregate case management data tell us about beneficiaries of child protection services, rather than the number of child victims or survivors. It only tells us about the incidents that have been REPORTED to a Child Protection Implementing Partner that is doing case management or to police. These data tell us the number of cases that were reported, which are far fewer than the actual cases. The limitation with using this aggregate data is that firstly, all incidents are under reported so case management data doesn’t capture unreported cases. Also, remember that case management data only captures incidents reported in places where we or another organization already work, and where there is trust in the reporting system, so it won’t provide information in locations where no one is working.  So even if we consider the police records or the cases of service providers, we can only know the number of cases that were reported, which are far fewer than the actual cases. If we communicate reported cases and donors interpret them as prevalence, we can also contribute to lower funding for protection programs. |
| Slide 46: The good news is that the usefulness of this type of data - prevalence data - is deeply overestimated:  We do not need to know how many cases of violence there are in a community to decide to open a service to help survivors. There is an agreement in the humanitarian community, written in the 2015 Inter-Agency Standing Committee (IASC) Guidelines on Gender-Based Violence (GBV), which states this, saying: “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 sector recommendations in these Guidelines, regardless of the presence or absence of concrete ‘evidence’.” So let's learn to program, work and survive without prevalence data, and collect the data we really need.  Think of what you want to decide, and consider whether or not you need to know the total number of incidents: you will quickly find out that you don’t. You need other types of information for your decisions on where to work, what do and how to implement. Don’t you?  For example, we can use Focus Groups and interviews with experts to understand common patterns of protection incidents, which groups are most at risk for each type of violence, and which elements increase or decrease the risk of violence for each group. You can use data on reported cases to obtain qualitative information on the types of child protection incidents that are being reported and the dynamics, modalities of incidents.  As another example, the number of reported cases can help us estimate how many social workers we need to hire and how much money we need. However, these are NOT prevalence data: they are reported cases, a much smaller sub-set of the actual incidents.  If your donors are pressuring you to collect this information, remind them that the Inter-agency Standing Committee directs humanitarian service providers to assume that gender-based violence is happening in every community, and that emergencies create harmful living conditions and break down social protective structures that increase risk. And show them your data on GBV risks, dynamics, resilience mechanisms and gaps in response. |
| Slide 47: Remember that, When we do not use the appropriate method and source, we risk to DO HARM! |
| Slide 48: [Tell participants that this is the final exercise on the methods and source. You will show them groups of information that are needed for GBV, and they will have to identify what is the method and source that is appropriate for each group of information. [Then, *CLICK* once to visualize the first list, let participants answer and then *CLICK* to get the answer]   * Availability of GBV services and Availability of Healthcare services [*CLICK*] = Key Informants Interviews; * Existence of referral pathways, GBV dynamics, Quality of GBV services [*CLICK*] = GBV Experts Interviews [*CLICK AGAIN ]-*  carried out by GBV, not IM or DTM! * HH composition, Overcrowding of shelters, Access to work for women, Access to communication means, Wash in the house, Access to healthcare for women and girls, Documentation, Access to education (boys vs girls) [*CLICK*] = Household Interviews * Safe transportation, Access to items for girls (pads/make up), Access to communication means, Access to healthcare for women and girls [*CLICK*] = Focus Group Discussions with Girls and Women, [*CLICK AGAIN ]-*carried out by GBV experts, not IM or DTM! |

## tips for better cooperation between IM & GBV colleagues

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| Slide 49: Let us now hear some tips for better cooperation between IM & GBV |
| Slide 50: First tip to consider when designing the questionnaire: Will the answer tell me something I don’t already know?  Do you need to ask KI or HH to confirm that child marriage is happening if we already know it’s a cultural phenomenon?  DO we need to interview women migrants in Libya, to find out than many Nigerian women are trafficked to Europe for prostitution? Do we need to ask them about the violence they experienced when we already have that info from stories of the ones who escaped the traffickers in Italy and are now safe?  Don’t forget to read other studies, including academia, local civil society and other UN agencies: GOOGLE the issue before you start collecting data and ask your colleagues also in other organizations and local NGOs and research centres. |
| Slide 51: If you do not know how to use a piece of information, do not include it in the questionnaire. If you do not have a clear plan on how to use the results, you DO NOT NEED that information! |
| Slide 52: Questions must not contain technical lingo or words/concepts influenced by culture. An Examples of Technical & cultural lingo is the term GBV, for example, who understands what *GBV services* are? The services must be listed in the question, using a very clear language that can be understood by non GBV experts. Other examples are: Head of household: Is unclear for many on whether this is the economic-head of the household, or the oldest family member, the care-giver, the decision-maker or a combination of several of the above. Unaccompanied or Separated Children, and even CHILD as in many cultures 16 year-old are not considered children.  In several countries, we tried including glossaries in the enumerator package, however it did not work. You need to write the questions clearly and simply in the question text. It is advised to have national staff check the language for clarity. For example, asking “are there unaccompanied children in this location” to a key informant, and having the definition in a glossary, doesn’t work. The question needs to be worded “are there any children under 18 years here, without their mother or father or any other adult family member?”. As it is in the DTM Field Companion for Child Protection, available on the DTM and Partners Toolkit page. |
| Slide 53: Also to consider when designing the questionnaire: Check questions with national staff for risk assessment/ sensitivity. Culturally, we may not know what is taboo. In Iraq for example, we could ask about armed persons in or near the camps, but the question on pregnant and lactating women was very hard for the enumerators to ask, and probably did not give us very good data. |
| Slide 54: Before data collection starts: Prepare your IM colleagues to safely manage GBV Disclosures. There is a separate session on this, but it is essential to remember already that you have to Prepare for Protection Incident Disclosure: this is more than a tip: we must do this in our planning.  Enumerators should be equipped to respond to incidents disclosures and need the support from Protection colleagues in referring to services. They should be ready to know how to safely respond to incidents disclosures before they go to the field. It means knowing what to do and what NOT to do, and having the up-to-date information to share on available services, and know who to reach in the protection team for advice if needed.  1)Look:   * Address urgent medical and safety needs and * Consider Immediate safety – safe place? Comfortable talking to you?   2) Listen   * Listen to people and help them to feel calm * Do not ask details about the incident (There should not be *any* questions directly asking people about experience of gender-based violence and Enumerators should be trained to never ask for details even when the person is volunteering the information. No noting down details about a violence case: enumerators should not remain and listen to the details. The enumerators should explain to the person that s/he is not an expert, but can refer them to an expert they can talk to) * Ask about people’s needs and concerns   3) Link:   * Provide the survivor the information of available services, including GBV of CP focal point if there is one in the area. * Linking means sharing Information on available help with survivors   There is an Essential role of GBV and Protection colleagues: 1) ensuring the services are available and accessible and that there is a referral mechanism, 2) share updated lists of services and focal points with enumerators, and 3) train enumerators on how to refer/share information |
| Slide 55: Any humanitarian actor may face the situation where a beneficiary tells you that they have experienced some form of gender-based violence. In particular, Data collectors often reach communities where other humanitarian actors are not present. There are important guidelines for the appropriate way to handle this situation so that you do not cause further harm to the survivor. Let us have a look at this short video, that summarizes what to do and what not to do in case of a disclosure:Responding to Disclosure of a GBV Incident *-* [*https://www.youtube.com/watch?v=n\_YhXzMv1E4*](https://www.youtube.com/watch?v=n_YhXzMv1E4)  [*Ask the participants to give you the main messages from the video. Some answer may be:* *]*   * Address urgent needs immediately * Find a safe location for you and the survivor * Listen carefully and remember all information is confidential * Do not ask details about the incident or record any information * Inform the survivor about available services * Ensure informed consent * Use referral pathway / know who your service providers are (Health, MHPSS, Safety, Justice) * Do not counsel or force assistance * Remind the survivor they can seek services later * Do not share any details about the incident without prior approval from the survivor – if the survivor does NOT wish to have her/his details shared with the service provider(s), DO NOT share details (unless the survivor is visibly at eminent risk of death or is a threat for others) |
| Slide 56: When collecting data: Use Gender-balanced enumerators teams. having men and women helps in interviews and observation as different people observe different things, and respondents may react differently to the question depending on who asks it. |
| Slide 57: When analysing- IM colleagues present their main findings to GBV colleagues.It helps analysing and using the data if the GBV experts are gathered in a room and IM presents the results. |
| Slide 58: Always: Respect each other's competencies & work together.Data collection, IM and GBV are specific professional competencies.  For example, GBV colleagues do not design KII questionnaires & IMOs do not handle GBV cases or ask sensitive questions. |

## Conclusions

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| Slide 59: Let us now conclude. |
| Slide 60: Remember:   * Collect ONLY the information that you need to make decisions and ONLY what you DO NOT already know! * Each information should be collected through the appropriate method and source & by the colleagues with the right expertise * Use all useful data, including existing data from other actors and data collected through different methods and sources * Focus on data on GBV risks & what impacts risks * **DO not ASK people about their traumatic experience, if you are not a GBV expert and are managing a case** * **DO NOT TRY TO COLLECT PREVALENCE DATA** |
| Slide 61: Where do I find tools and more info? |
| Slide 62: You can find support material on the DTM and Partners Toolkit, under DTM for GBV. |
| Slide 63: Using DTM for GBV: 4-page guide by Global GBV AoR |
| Slide 64: Tools: Identify appropriate methods & sources |
| Slide 65: Secondary Data Review - GBV AoR Website |
| Slide 66: Key guidance on Incidents Disclosure |
| Slide 67: Videos and Mini Videos (3 min). On the DTM&Partners Toolkit YouTube Channel, additional videos are uploaded regularly. |
| Slide 68: These are other resources related to IM and GBV |
| Slide 69: You can contact HQ for support [include Regional or Country contacts] |
| Slide 70: Did we reach our Objectives? Check with participants if, at the end of this module, they feel able to:   1. Identify common information needed by GBV colleagues, what methods and sources to use for each one, who can collect them. 2. List some Tips for better cooperation between IM and GBV colleagues 3. Know who to ask for help on challenges related to Data and GBV |
| Slide 71: Now, it is reflection time: Provide your feedback in the EVALUATION and do the knowledge test |
| Slide 72: Goodbye, see you at the next webinar, on XXX, on this date (XXX) |