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| |  | | --- | | **PRIMARY DATA COLLECTION EXERCISES THAT GENERATE DATA THAT CAN INFORM GBV DECISION-MAKING** | | | | | | | |
| **CATEGORY** | **NEEDS ASSESSMENTS** | | **GBV SERVICE PROVISION DATA** | **RESPONSE MONITORING AND EVALUATION** | **CROSS-CUTTING** | |
| **ACTOR** | **NON-SPECIALIZED GBV ACTOR (ONE-OFF & CONTINUOUS ASSESSMENTS)** | **SPECIALIZED GBV/PROTECTION ACTOR (ONE-OFF & CONTINUOUS ASSESSMENTS)** | **SPECIALISED GBV SERVICE PROVIDERS** | | **ALL ACTORS** | |
| **TYPE** | **ASSESSMENT THAT CONTAINS PROXY DATA ON GBV** | **ASSESSMENT WITH GBV/PROTECTION DATA (PROXY AND NON-PROXY)** | **INCIDENT AND CASE DATA** | **GBV RESPONSE MONITORING AND EVALUATION** | **POPULATION DATA** | **COMMUNICATING WITH (in) AFFECTED COMMUNITIES** |
| **DEFINITION** *Row cannot be modified* | A data-collection exercise either conducted at a single point in time, or systematically and continuously over time, to gain an understanding of the (underlying) multisectoral or sectoral issues, availability of resources, sources of problems and their impact on the affected population (‘snapshot’). This data collection exercise can identify: needs, risks, and solutions to inform programme interventions and response activities that are complementary with positive community coping mechanisms.  Collecting data on specific GBV incidents should NEVER be included in any of these assessments. | A data-collection exercise either conducted at a single point in time, or systematically and continuously over time to gain an understanding of the (underlying) GBV issues, availability of resources for GBV, sources of problems and their impact on the affected population – with often a focus on women and girls.  This is done to identify GBV protection needs, GBV risks, and solutions to inform programme interventions and response activities for GBV that are complementary with positive community coping mechanisms.  Collecting data on GBV incidents should NEVER be included in any of these continuous assessments. | Data collected and managed by specialized service providers during the course of provision of specialized services (e.g. health, psychosocial and case management) directly to a survivor of GBV either as a snapshot of initial intake or as a means of tracking service provision over time. Service provision data a) enables service providers to provide quality services that meet the needs of identified individuals through the management of data from initial intake to case closure, and to b) measure the health and functioning of a service or service provision system. | Continuous and coordinated review of implementation of response to measure whether planned activities deliver the expected outputs and protection outcomes and impact, both positive and negative. Evaluation is distinct, but complements monitoring by asking questions around causal linkages, looking at intended and unintended results. Evaluation is not continuous, but rather periodic and targeted. | Population data systems record the number and characteristics, disaggregated by sex, age, demographics and diversity, of a population in a specific place and time period, for the purpose of programming effective prevention and response. | Communicating with(in) communities refers to communication between, among, and with communities and/or community members with the aim of supporting participation, decision-making, access to services, feedback/complaints, transparency, monitoring and evaluation, and leadership/community capacities. |
| **SUB- CATEGORY EXAMPLES** | • Coordinated needs assessments (joint, rapid, harmonized) • Uncoordinated assessments   * Sectoral needs assessment (e.g. Food/Health/WASH)   • Continuous multisectoral assessments  Other examples are specific assessments per cluster (e.g. Health, WASH, Food security, Education, Livelihoods, etc.) that may still contain data that is useful for GBV actors | • Rapid GBV assessments • In-depth GBV assessments • Specialized GBV assessments  Continuous assessments by specialized actors (e.g. protection monitoring) | • Specialised GBV Case Management service provision  Specialised Clinical Management of Rape service provision  Specialised Psychosocial service provision | • HRP/Programme/Response/  Results monitoring • Process monitoring • Evaluation (summative, formative) | Population data at national level, i.e. census, population projection (usually outdated);  Data on affected population collected by humanitarian actors (regular and one-off);  Data on affected population collected by government (regular and one-off) | **a. Humanitarian systems (owned and operated by humanitarians)** • Accountability humanitarian activities: complaints and feedback, services, activities • Fraud reporting and tracking systems (humanitarians’ or community members) • General information systems (on humanitarian objectives or activities) • Security & safety systems (operated by humanitarians or governments)  **b. Community systems (owned and operated by the community)** • Facebook, Twitter, etc. • Misc. apps developed by the community, for community or individual decision-making  formalized/established community groups |
| **METHODS** | • Primary data collection at individual, household, community and institution level • Observation (safety walk, safety audits) • Key informant interviews  Household interviews  • Focus group discussions (structured, unstructured, Delphi) • Profiling • Survey • Participatory assessment methods | • Observation (safety audit, safety walk) • Key informant interview • Focus group discussion • Individual / household interview • Profiling • Survey •  • Participatory assessment methods | Direct service provision only | • Hardly observation in this case no?  • Survey • Key informant interview • Focus groups discussions • Pre and post action / activity/assistance monitoring • Iterative review • Logic models and frame- works | • Estimation - remote (satellite, aerial, key informant, social media, communications data, statistical projections, Delphi method) • Estimation - on site (flow-monitoring & move- ment tracking, headcount, shelter count, key informant, community lists) • Registration (prima facie, household or individual) or census/population registers • Profiling or Survey • Triangulation of sectoral and other data sources | **a. Humanitarian methods** •Observation •Profiling or Survey •Reports  •Referrals •Focus group discussions •Interview: Key informant, individual or household •Monitoring: internet, media, or social platforms used by the affected population or communities  **b. Community methods** • Observation or face to face communication • Monitoring: internet, media, or social platforms used by humanitarians or affected population or communities |
| **SPECIFIC EXAMPLES** | One-off Multisectoral:  • Joint rapid needs assessment (MIRA, OCHA) • Rapid protection assessment (NARE, UNHCR)  Continuous multisectoral  • Displacement Tracking Matrix (IOM)  One-off/continuous sector specific:  NFI and Core Relief Supply and Distribution Systems • TWINE (UNHCR and partners) • Global Health Observatory Data (WHO) • Mortality Database (WHO) • PAHO Regional Core Health Data Initiative • SCOPE, VAM (WFP) • LENS (various partners)  Camp/Site profile (CCCM)  Regular incident reporting by other sector/agency | One off GBV assessments by GBV or protection actors (e.g. one-off Focus Group Discussion)  Continuous assessments by SPECIALIZED GBV Actors (e.g. regular FGDs, continuous Safety audits)  • Specialized GBV assessments (e.g. Focus Group Discussion)   * Whole of Syria “Voices” | •GBVIMS  •Primero/GBVIMS+    While different actors may use different incident and case management data systems, the GBVIMS represents a global gold standard in safe and ethical incident and case management data management, including standardized incident classification; standardized intake and consent forms and procedures; safe and confidential data storage and protection procedures, and safe and ethical information sharing processes. | • ActivityInfo  • 3/4/5/6Ws (who, what, where, when, with whom, how) • In general, agency and inter-agency monitoring systems would be an example | • Displacement Tracking Matrix (IOM) • SCOPE (WFP) • Operational and population data portals (UNHCR) • ProGres (UNHCR)  Registration  Population census | • Internet: YouTube, Facebook, Twitter etc. • Telephone (hotlines, direct calls, SMS) • Broadcasts: radio or tv • Print media: leaflets, posters |
| **OUTPUT (DATA AND INFORMA- TION)** *Row cannot be modified* | Quantitative and qualitative multisectoral data or sector-specific data. This can contain PROXY data and information on the GBV protection needs at a specific time and place (as defined by the scope and scale of the assessment); or on the GBV environment and risks to GBV over time. Other information is can be provided on: • PROXY risks to GBV (e.g. no food increases negative coping mechanisms; no light at the latrine increases risk)  • Capacities and coping strategies • Life-saving assistance or immediate support needed  **Data needed for decision-making:** See above  **Common units of analysis:** Specific population group; locations; sectors/sub-sectors, time, and the focus/purpose of the assessment. | Qualitative and quantitative data and information (both proxy and non-proxy) on the GBV situation (threats, capacities, vulnerabilities) at a specific time and place (as defined by the scope and scale of the assessment), providing info on:  • GBV Protection Needs  • risks to GBV  • GBV perceptions and gender roles/norms  • Accessibility/availability of GBV services • Capacities and coping strategies • Life-saving assistance or immediate support needed  **Data needed for decision-making:** See above  **Common units of analysis:** Specific population group; locations; sectors/sub-sectors, | Information on GBV health and protection needs, GBV risks and incidents at the individual level, and at the aggregate statistical level, the corresponding actions needed and taken by whom, and when, subject to the principles of confidentiality and consent.  **Data needed to inform decision-making:** • At the service provider practitioner level: Data pertaining to the individual at the different stages of service provision in order to facilitate service provider decision-making  •At the service provider organizational level: Aggregate trends on case management and service provision performance (based on key performance indicators) • At the inter-agency level: Trends on incident reporting and service provision, based on aggregate, anonymized statistics of reported cases, which may include datasets on sex, age, type of violence, location, services provided, for which consent has been obtained to share such data.  \*\*DOES NOT PROVIDE PREVALENCE OR INCIDENCE DATA\*\*  **Common units of analysis:** Individual, report, case, risk / need, response / action, partner / actor, time. | Qualitative and quantitative data and information related to the actual outcomes and outputs of the GBV response against the planned activities/expectations.  **Data needed to inform decision-making:** • Data on specific output (performance) and outcome (impact) indicators. • Availability of GBV services  • Best practices and lessons learned (from evaluations)  **Common units of analysis:** Location, operation, time, response objective, analytical framework. | Snapshot or reoccurring information on population figures, preferably disaggregated by age, sex and location (where people are or were located). It can also include: data on the humanitarian profile typology, specific needs, vulnerabilities, or other demographic characteristics including education, skills, occupation, and living conditions. **Data needed for decision-making:** •Population figures (demographics of those affected) •Age and sex disaggregation (including ‘as of’ date) •Location •Sources of and  methodologies used for gathering population figures •Life-saving assistance or support needed  **Common units of analysis:** Population groups, locations, time. | Data and information on: • Common and appropriate sources of information and communication channels within communities; • Community capacities, needs, resources, skills; • Local contextual information (e.g. cultural sensitivities, languages used); • Priority information needs and concerns of the affected populations; • Updates on factors which affect the protection nature of the response (such as context, logistics, political, social and economic information)  **Data needed to inform decision-making:** • Situational awareness • Understanding, tracking and possibly responding to community-driven data and info needs  **Common units of analysis:** Location, population group, information needs partners / actors. |
| **SHARED DATA** | • Proxy indicator data is shareable  The proxy indicators for GBV can be pulled from the dataset and analyzed overtime to analyze:   * Risks and other factors that may increase GBV * Priority sectors where GBV actors may advocate for mainstreaming and/or reduction of risks to GBV.   Population’s coping mechanisms & capacities | As much as possible, and based on an analysis and assessment of GBV needs data outputs should be shared with the humanitarian community, in a structured format, and with personally identifiable information removed  Information on GBV Protection needs including life-saving assistance or immediate support • GBV trends and risks  • Population’s coping mechanisms & capacities | • Individual survivor data may be shared only between service providers and according to Standard Operating Procedures for the sharing of identifiable data, e.g. in the case of referrals or transfers between service providers, and with a survivor’s informed consent, and in formats adherent with data protection policies.  • Aggregate-level, anonymized statistics, for which informed consent has been obtained from survivors, may be shared at the inter-agency level where deemed safe and ethical, in accordance with an inter-agency Information Sharing Protocol, reviewed periodically to reflect changes in the operating environment. | • Data on specific output (performance) and outcome (impact) indicators. | • Population figures (demographics of those affected) • Age and sex disaggregation and ‘as of’ date • Location • Sources of and methodologies for gathering population figures | • Situational awareness  • Priority data and information needs of affected populations, and their preferred communication channels and modalities • Community-identified protection priorities & concerns, incl. their data & information needs |
| **SOURCES** | • Community leaders • Affected and host populations • National and local government • National protection actors and civil society • International protection organizations • International protection agencies • UN agencies and organizations • Social media/news media | Community leaders • Affected and host populations (women’s groups, adolescent girls, etc.) • National and local government • National protection actors and civil society • International protection organizations • International protection agencies • UN agencies and organizations • Social media/news media | • Survivors of GBV  • Service provision organisations  • GBVIMS reports | • Any person targeted by the GBV protection response • People not targeted by the response but affected by it, directly or indirectly (e.g., local communities) • Staff of respective organizations and agencies • Implementing partners • National and local governments | • Population census / national registries • National and local government • Affected and host populations  National and international organizations | • Communities (individuals, households, specific groups) • Established committees , incl. groups of community leaders • Community-Based Organizations, civil society and local NGOs • National social networks (e.g., youth groups; scouting groups) • Private sector (e.g., media and telecommunication companies) • Social media/news media |