The Importance of Donor Support for Gender-based Violence Programming in Emergencies, Even in the Absence of Prevalence Data

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Introduction

Donors have, understandably, a responsibility to rationalize their funding in humanitarian emergencies in order to ensure the support they provide is relevant to need. In this regard, many donors ask gender-based violence (GBV) actors for prevalence data on the magnitude of GBV in particular settings as a pre-requisite of funding.

As this learning brief describes, collecting prevalence data on GBV is not recommended in most humanitarian settings and should not be a condition of funding GBV programs. However, gathering certain types of data on GBV is very useful. GBV programming in emergencies should be based on a strong analysis of contextual information and an assessment of the needs of the affected population. Safe and ethical collection and analysis of non-prevalence data is an important part of this process and donor support for this data collection is crucial.

By funding GBV programming that uses safe data sources to inform decision-making, donors align their action with global humanitarian agreements. For example, The Call to Action on Protection from Gender-Based Violence in Emergencies[1] has developed a GBV Accountability Framework (2018) that captures responsibilities and concrete actions for stakeholders based on existing policies, guidelines and best practice**.** The framework recognizes **funding the establishment of GBV services regardless of the presence or absence of GBV data** as a clear and validated responsibility of

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[1] The Call to Action on Protection from Gender-Based Violence in Emergencies is a multi-stakeholder initiative launched in 2013 to fundamentally transform the way GBV is addressed in humanitarian emergencies. It includes nearly 90 partners, including states and donors, international organizations, and non-governmental organizations. For a full list of Call to Action Partners, see here.

donors. The Grand Bargain[2] calls on donors and aid organizations to streamline data collection for assessments to ensure compatibility, quality and comparability and **minimizing the burden on and intrusion into the lives of affected people.** To this end, rather than pushing for separate population-based data collection on GBV prevalence, donors can, for example, work with GBV actors to advocate for GBV to be adequately addressed and integrated into joint planning and strategic documents (DG ECHO, 2016; IASC, 2015a).

This learning brief is meant to serve as a tool for donors and GBV programmers alike, to support discussions around what we know already know about the scope of GBV in humanitarian settings; why collecting GBV prevalence data is not a priority in humanitarian settings; and which data sources donors and practitioners can safely rely on to inform decision-making on GBV programming.

What We Already Know About the Scope of GBV in Humanitarian Settings

Gender-based violence occurs everywhere. One out of three women globally have experienced either sexual or physical violence in their lifetime, most often perpetrated by an intimate partner (World Health Organization, 2013).[3] There are numerous population-based studies on the prevalence and scope of different forms of GBV, with data available on global and regional levels, as well as a national level for the majority of countries worldwide.[4] [5]

Data suggest that many forms of GBV are significantly aggravated during humanitarian emergencies. A meta-analysis published in 2014 found the prevalence of sexual violence among female refugees and internally displaced persons across 14 countries to be 21 percent— or approximately one in five (Vu et al, 2014, as cited in IASC, 2015b). While sexual violence tends to draw significant attention in humanitarian crisis, other forms of GBV are also prevalent. For example, a systematic review undertaken in 2011 found that overall rates of IPV tend to be much higher in humanitarian settings than rates of wartime rape (Stark and Ager, 2011, as cited in

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[2] The Grand Bargain, launched in 2016, is an agreement between donors and humanitarian organisations who have committed to improve the effectiveness and efficiency of the humanitarian action. The agreement includes 61 Signatories, including states, UN Agencies, inter-governmental organizations and NGOs, and represents 73% of all humanitarian contributions donated in 2018. For a full list of signatories, see here.

[3] For a visual infographic of the results of this survey that may be useful for advocacy, see here.

[4] For example, there are GBV-related questions in many Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), as well as dedicated surveys such as the WHO Multi-Country Study On Women's Health And Domestic Violence. For a detailed list of population-based surveys on GBV scope and prevalence see Jansen (2016a).

[5] A list of reports on the global nature and prevalence of GBV can be found at Sexual Violence Research Initiative website, here.

Holmes and Bhuvanendra, 2014).[6] Child marriage, female genital mutilation, sexual exploitation and trafficking also have the potential to increase in humanitarian emergencies.[7]

Why Collecting GBV Prevalence Data Is Not a Priority in Humanitarian Action

> *"We must ensure* that *our response is not contingent upon increased individual disclosure, but instead remain accountable to victims or survivors in light of* the *widespread nature of this problem. In other words, we need to reverse the burden of proof for sexual violence." (Sutrich, 2020)*

The only way to achieve reliable prevalence data that represents the magnitude of an issue is through population-based surveys that collect data from a subset of the population to find out what is happening in the entire population. For GBV prevalence, this means that survey teams interview large numbers of women in the general population (Jansen, 2016b).

While prevalence data has a role in understanding GBV, measuring the nature of GBV in a crisis is complex and sensitive. Collecting GBV prevalence data requires asking women and girls to disclose their, often traumatic, personal experiences of violence. When considering whether to collect prevalence data during an emergency, donors and practitioners must ask: are the risks (notably, the very real risks to women's safety) worth the effort for the data that we get back? Most of the time, the answer to this question is 'no'.[8]

First, it is not ethical to collect GBV data when there are no services in place. Basic health care and psychological first aid must be locally available and accessible before commencing any activity that may involve women and girls disclosing information about their experience of GBV (WHO, 2007: 15). Making funding for GBV services contingent upon the collection of primary prevalence data could delay the implementation of life-saving services, potentially by months; this would go against humanitarian commitments related to the centrality of protection.

Even when there are services already in place, prevalence studies can put women and girls at heightened risk. Answering questions on experience of violence, or

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[6] Even these high figures are likely underestimations of true prevalence given the multiple existing barriers associated with disclosure. The culture of impunity and silence due to fear of reprisal and shame is exacerbated by the erosion of structural protection systems in the event of natural disasters or armed conflict (GBV AoR, 2019).

[7] See IASC (2015b: 7) for a list of statistics and Annex 5 for a list of data on GBV in humanitarian emergencies globally, regionally and by country. For more on the scale, scope and impact of GBV in emergencies, see GBV AoR (2019: 8-10), DFID (2013: 2-8), UNICEF (2019: 36-37).

[8] See UNFPA (2019: 124) for a list of challenges related to GBV data collection in humanitarian settings.

reporting GBV incidents, can cause further trauma or stigmatization for survivors. There are also risks of retaliation by perpetrators and/or the community if women are suspected of having disclosed violence, particularly in situations of insecurity and conflict.

From a logistical standpoint, to be useful for decision-making in humanitarian settings, programmers need information quickly and must use their staff and resources efficiently. Prevalence studies, however, are costly, time-consuming, and require a large team of specialized staff to implement properly. National population-based surveys may need a sample size of up to 30,000 households to be considered representative, and they can take months to prepare.[9] To ensure that women and girls feel comfortable talking about sensitive issues and that their data is protected, staff involved in data collection in emergency situations must be carefully selected, receive appropriate training and have expert knowledge of the ethics and challenges associated with research on GBV. A shortage of qualified, female data collectors is a common challenge. In addition, emergency contexts may be characterized by displacement, a breakdown of systems, and security issues in general, all of which make large-scale data collection extremely difficult, if not impossible.

In terms of what we get back for this effort and risk, GBV prevalence data is not without inconsistencies. Under-reporting of GBV makes it difficult to obtain an accurate picture of the magnitude of the problem, as the recorded cases represent only a small fraction of the overall incidence. There are many valid reasons that women may choose not to disclose their experience of violence during data collection, particularly if women do not feel safe in doing so. Instability, fear, loss of autonomy, the breakdown of law and order, and widespread disruption of support systems, may make women living in emergencies even less likely to disclose incidences of GBV, particularly with researchers who are unknown to the survey participants. Until there are services in place, there is little opportunity for GBV actors to establish trust with affected populations in order to support disclosures, and there is little reason for women to put themselves at risk by disclosing their experience of GBV.

The strength of prevalence data is that can give an indication, even if not always perfectly accurate, of the scale of GBV in a population over a certain time period. However, as outlined above and documented over years of GBV research, we already know that GBV is widespread. While GBV prevalence contributes a part, it does not provide a complete picture of what is happening to women in girls in crisis, the risks related to violence, and the needs of survivors, and so is limited in terms of what GBV actors need to develop strong response programming (GBVIMS, 2018). Annex 1 provides a review of guidance related to undertaking prevalence studies in humanitarian settings.

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[9] According to Jansen (2016a), many population-based prevalence studies are only recommended to be carried out every 5-10 years due to the complexity and high cost of data collection.

What Data Can We Use (Safely) to Inform GBV Programming in Emergencies?

> *"When you have a conversation with people about the other types of data (qualitative data, secondary data, etc.) that are available and why that data is more useful than the numbers of reported cases, they start to get it." (Key informant interview, Global Protection Cluster, 2014: 29)*

When considering what GBV data is useful and needed to inform decision-making on GBV programming, the first step is to clarify what questions need to be answered: Why do you want to collect data and how will it be used?[10]

Perhaps the most fundamental question is whether GBV programs are needed; to this question, the answer is always 'yes.' Addressing GBV is considered life-saving and meets multiple humanitarian donor guidelines and criteria, including the Central Emergency Response Fund (CERF). While data is important for program design and implementation, it is not required in order to put in place essential GBV prevention, response and risk mitigation measures prior to or from the onset of an emergency (IASC, 2015b:33). **A lack of available data on the occurrence of GBV should not be interpreted to mean that GBV is not a major issue.**

GBV actors must still analyze the context and needs of the population to inform the development of programming. Where data on GBV does not exist, data collection should aim to refine programming rather than establishing whether or not GBV is occurring. When the focus of data collection is shifted away from prevalence and population-based surveys, there is a wide range of data collection techniques that can gather reliable and relevant information quickly and efficiently, while at the same time prioritizing women's safety. When information is collected through community-based, participatory approaches that align with safe and ethical approaches for researching GBV, the research can improve the impact and outcomes of humanitarian interventions (UNFPA, 2019). Wherever possible, researchers should draw from secondary data sources; many questions can be answered without the need for collecting new data and using secondary sources can save time and resources at the onset of a crisis.

The tables below show data sources and data points that can be drawn from these sources that are more available, safer and quicker to access at the onset of a crisis. These include both quantitative and qualitative sources and demonstrate more practicable alternatives to GBV prevalence data.

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[10] For a visualization of the considerations on whether it is safe and useful to collect GBV data, UNFPA has a decision tree for the context of COVID-19 that may be applicable in humanitarian situations as well, see here.

Data sources that can be analyzed or collected quickly and safely in humanitarian contexts

GBV-specific Data Sources	***Service-based Data Sources***
• Consultations with women and girls • Focus group discussions with community members that are age-, gender-, and culturally appropriate • GBV assessments • Safety audits (can provide basic information on potential risk factors) • Consultations with of local experts on GBV, including relevant grass-roots women's organizations, civil societies and government agencies	• Mapping of GBV response services • Client satisfaction surveys • Survey among service providers • Administrative data, including records kept by health and social services, legal aid services and police • Services delivery statistics[11]
Inter-sectoral Humanitarian Response	***Common Secondary Data Sources***
• Humanitarian monitoring tools • Non-GBV sector assessments (e.g. WASH, Nutrition) on accessibility of basic necessities such as food and water can often provide useful insights into context and risk factors • Joint planning and strategic documents such as the Humanitarian Program Cycle, the OCHA Minimum Preparedness Package, the Multi-Cluster/Sector Initial Rapid Assessment (MIRA), and Strategic Response Plans (Note: even when GBV is not well-integrated in these documents, they can be useful to understand basic protection risks.)	• Household surveys (such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS)) • Academic studies, especially by local researchers • Media reports • Previous needs assessments, situation reports • IDP/refugee registration data • National legal frameworks related to GBV (and whether they are sufficiently implemented to provide protection to women and girls)

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[11] For specific considerations on survivor data in the context of GBV services, see UNFPA (2019: 106-113) Standard 14: Collection and Use of Survivor Data and Robinette K. (2020) Handling GBVIMS data sharing requests from external actors. London, UK: GBV AoR Helpdesk

Data points that can be used to inform GBV programming decisions, and can be gathered from the data sources above [12]

Nature of GBV	***GBV Response Services***	***Inter-sectoral Services***
• Women and girls' perceptions about their own safety • Non-identifying information on the types of GBV occurring • Harmful consequences of GBV for survivors • Protective and risk factors for specific forms of GBV • Higher risk or early warning indicators, such as data on female headed households or unaccompanied children. • Safety and security risks for particular groups within the affected population • Information about women and girls' mobility, e.g. can they safely move inside the area; attend distributions, gather firewood, go to women-friendly spaces, etc. • Shifts in social and gender norms as a result of the humanitarian crisis	• Gaps in quality and scale of multisectoral services • Barriers to women's and girls' access to services, unequal access to services for women, girls and other at-risk groups • Mapping of community systems and structures, existing community resources and capacities • Capacities for empowerment and support, e.g. women-lead organizations, previous activities with a protection or GBV focus • Whether GBV program actors have the appropriate level of resources and capacity to respond • Preferences of women and girls for locations and types of services • Participation of women and girls in decision-making processes and their recommendations for programming	• Access to information about availability of humanitarian services, including food distributions, shelter, health services (including reproductive health), etc. • Whether sector standards related to protection, rights and GBV risk reduction that are applied, and the link with GBV-related risks

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[12] Compiled from UNFPA (2019: 123), IASC (2015b: 37), GBV AoR (2019: 96-97)

Annex 1: Global Guidance on Collecting GBV Prevalence Data

Guidance from GBV specialized agencies	
Inter-Agency Standing Committee (IASC). (2015b) *Guidelines for Integrating Gender- Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.*	*"It is important to remember that GBV is happening everywhere. [...] all humanitarian personnel ought to assume that GBV is occurring and threatening affected populations; treat it as a serious life-threatening problem [...], regardless of the present or absence of concrete 'evidence'." (IASC, 2015b: 2)* *"Obtaining prevalence and/or incidence data on GBV in emergencies is not advisable due to the methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings." (IASC, 2015b: 7)* See also • *The Obligation to Address GBV in Humanitarian Work (page 14)* • *Guidance on Assessment, Analysis and Planning, including DOs and DON'Ts for Conducting Assessments That Include GBV-Related Components (pages 33-38)*
UNFPA. (2019) *Inter-agency Minimum Standards for GBV in Emergencies Programming*.	*"Any type of survivor data should be collected in the framework of service provision." (UNFPA, 2019: 106)* *"All multisectoral assessments include questions relevant to GBV service provision… while avoiding questions regarding GBV incidents or prevalence." (UNFPA, 2019: 117)* *"In emergencies, GBV-specialized agencies must ensure that services are available* ***before*** *pursuing GBV-focused information-gathering activities, and that persons tasked with collecting data on GBV are trained in the survivor-centered approach and able to advise survivors on available services..." (UNFPA, 2019: 122)* *"Assessments do not aim to identify individual or groups of survivors or whether GBV is happening." (UNFPA, 2019: 126)* See also • Standard 14: Collection and Use of Survivor Data (pages 106-113), with an explanation of prevalence data vs. incidence data • Standard 16: Assessment, Monitoring and Evaluation (pages 122-130)

UNICEF. (2019) *Gender-Based Violence in Emergencies Operational Guide*.	*"It should be noted that reliable prevalence data on the scale of GBV in humanitarian settings remain difficult to obtain. This is particularly true in conflict-related settings due to insecurity, lack of GBV services, lack of safety for survivors, and access issues including isolation imposed on survivors by their families or other restrictions on movement. As such, levels of GBV in emergencies are often higher than reports suggest due to underreporting." (UNICEF, 2019: 37)*
GBV Area of Responsibility (AoR). (2019) *Handbook for Coordinating Gender-based Violence Interventions in Emergencies*.	*"Obtaining data on prevalence (total number of cases in the population) of sexual or other forms of GBV should not be the priority of GBV partners at the onset of an emergency. There is a high level of under-reporting and the security risks associated with obtaining data in these settings are significant. The first priority is to establish prevention and response measures, then establish safe and ethical data systems as conditions allow." (GBV AoR, 2019: 10)* *"The purpose of an assessment is to more clearly understand the situation and how it affects the lives of the affected population in order to design appropriate and effective interventions across multiple sectors. It is not for collecting prevalence information in order to make the case for GBV interventions." (GBV AoR, 2019: 92)* *"Donors, cluster members, government representatives and other actors need to understand that collecting data on the specific number of GBV incidents IS NOT a priority in an emergency. The absence of such data should have no bearing on scaling up efforts to mainstream GBV prevention and mitigation across all sectors, or developing multi-sector response services for survivors …The most important consideration for all types of GBV data collection for assessments (by GBV partners or other sectors) is this: "How can the information be used to safely promote protection for those at risk?" (GBV AoR, 2019: 92)* See also Assessments (page 92-102)
Call to Action on Protection from Gender-Based Violence in Emergencies. (2018) *The GBV Accountability Framework: All Humanitarian Actors Have a Role to Play.*	*"Accountability of Donors: Fund the establishment of GBV services regardless of the presence or absence of GBV data." (Call to Action, 2018: 2)* Partners in the Call to Action include USAID, UNHCR, UNICEF, UNFPA, IRC, OCHA, Care, NorCap, IOM, UKAID
Guidance from Donors, Inter-agency	
Department for International Development (DFID). (2013) *Violence against Women and Girls in Humanitarian*	*"Any data collection in emergencies is challenging, but given the highly sensitive nature of VAWG it is vital that approaches to information collection are in line with the internationally accepted guidance and 'do no harm' principles... Data collection methods, such as household*

Emergencies, CHASE Briefing Paper.	*surveys, are very difficult in humanitarian emergencies due to under-reporting, displacement, a breakdown of systems, and safety and security issues. Information should be collected with the aim of informing program design and ensuring that interventions are responsive to the needs of women and girls. It is also important to look beyond a focus on quantitative data." (DFID, 2013: 9-10)*
European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO). (2016) *Humanitarian Protection: Improving protection outcomes to reduce risks for people in humanitarian crises.* DG ECHO Thematic Policy Documents.	This document underscores that assessments and monitoring of activities for general protection (under which GBV programming falls) focus on assessments of threats, vulnerabilities and capacities of the affected populations, as well as the behavior and capacity of duty-bearers. From a protection standpoint, gathering prevalence is not required or even included in recommended data sources, though information on availability of protection services (capacity of duty-bearers) is included, as well as the "feeling safe" indicator that captures the perception of affected people of the risk they are facing as an outcome indicator for a protection intervention. See also 6. Monitoring, Evaluation and Indicators, page 26-27
Inter-Agency Standing Committee (IASC). (2015a) *Tool: Multi-Sector Initial Rapid Assessment (MIRA) Guidance.* IASC Needs Assessment Task Force.	This tool underscores that the MIRA approach is not meant to provide statistically representative primary data for quantitative analysis on humanitarian needs. The Analytical Framework does not include or advocate for prevalence data to understand the scale and scope of the crisis. It also emphasizes the role of secondary data analysis to determine the extent of the crisis and the number of people affected, and the role of community level assessments (via direct observation and key informants) in integrating the needs and priorities as perceived by affected communities into strategic humanitarian priorities.

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