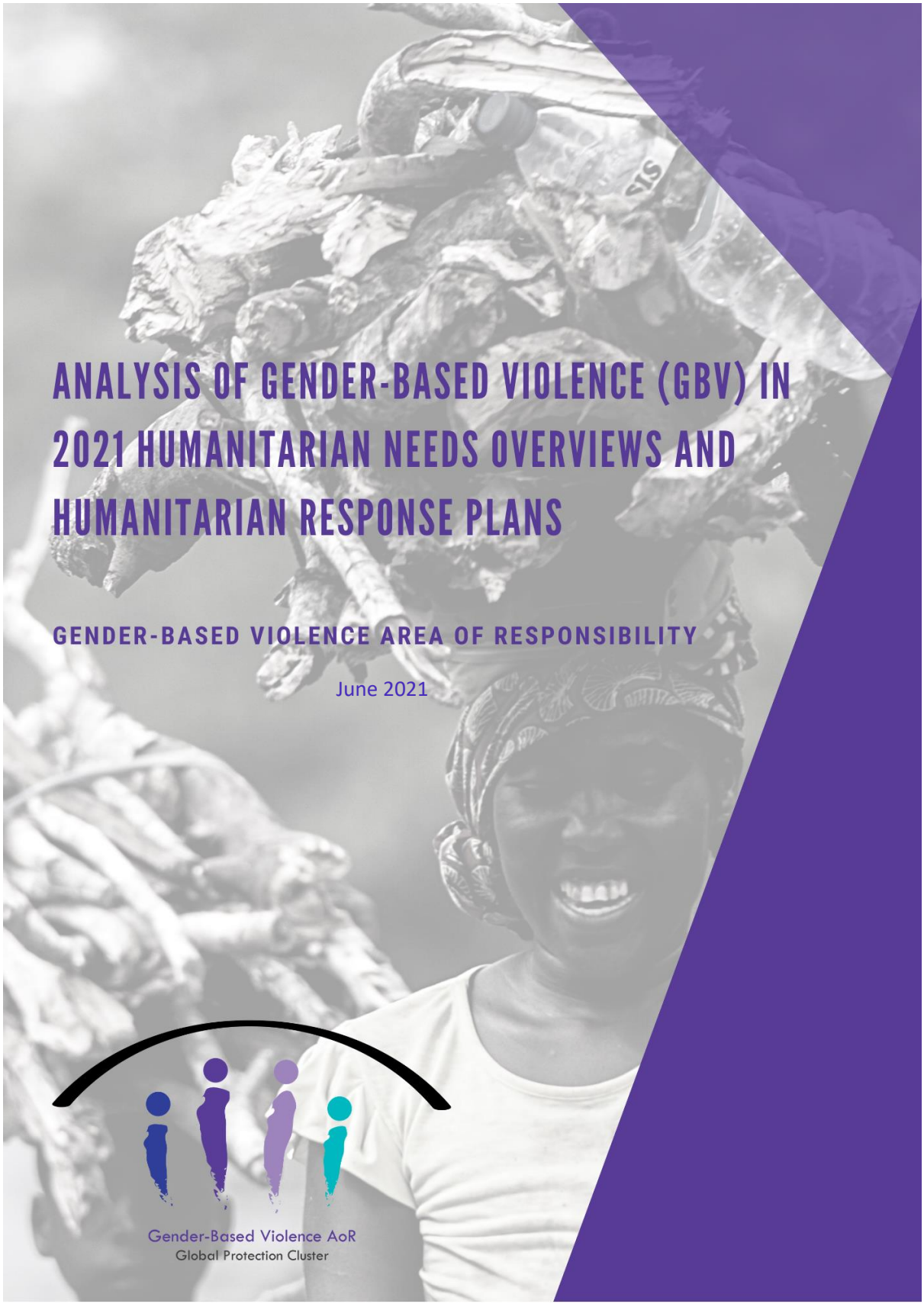

ANALYSIS OF GENDER-BASED VIOLENCE (GBV) IN 2021 HUMANITARIAN NEEDS OVERVIEWS AND HUMANITARIAN RESPONSE PLANS

GENDER-BASED VIOLENCE AREA OF RESPONSIBILITY

June 2021

Gender-Based Violence AoR
Global Protection Cluster

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INTRODUCTION

Humanitarian Need Overviews (HNOs) provide a comprehensive analysis of the overall situation and needs in a given context and form the cornerstone of the Humanitarian Response Plans (HRPs). In theory, the better the needs analysis in an HNO, the easier and more accurate the planning is to set priorities, indicators, targets, financial ask, and projects in the HRP for an effective response. HRPs, in turn, are used to communicate the scope of and strategy for the emergency response, thus serving as an advocacy and resource mobilization tool. HRPs also establish the response monitoring framework, which provides parameters to measure the achievement of HRP goals and targets.

New templates for both the HNO and HRPs were introduced in the Humanitarian Programme Cycle (HPC) 2020 and revised in 2021, standardizing the inclusion of a dedicated space (yet limited) to GBV AoR narrative as well as separate People in Need (PIN) figures, target, financial requirements, and response strategy analysis for GBV. This was the result of global advocacy efforts to improve GBV representation and integration into the HPC; efforts that - at large - aimed at promoting an effective and transparent response that addresses the particular needs of GBV survivors, women and girls and other groups at risk of GBV during emergencies in the frame of The Call to Action on the Protection from GBV in Emergencies, The GBV Accountability Framework, and The IASC Protection Policy.

This analysis was conducted to evaluate how GBV needs have been analyzed and how the GBV response has been planned in 2021 HNOs and HRPs and how agreed-upon changes translated into better GBV representation and integration. Specifically, this process:

- Evaluated the GBV sectoral needs analysis, including indicators and methodologies.
- Assessed the level of GBV integration into other parts of HNO and HRP 2021 (intersectoral and other sectors' parts).
- Identified common challenges during the 2021 HNO & HRP processes.
- Identified best practices and areas of improvement to inform the 2022 HPC cycle.
- Reinforced country-level attention and investment in the upcoming HPC cycle.
- Identified key messages for advocacy purposes to increase attention to GBV in global directions and policy documents determining how HNOs and HRPs are developed.

The analysis employed the following methodology:

- Desk review of the HNO & HRP documents published in early 2021 using a predefined checklist (Annex A). The checklist examined in detail the GBV section under the Protection sectoral part as well as looked at GBV integration in the intersectoral and other non-GBV sectors parts.
- Secondary data review of the 2020 HNOs and HRPs analysis and findings for comparative analysis where possible.
- Follow-up Key Informant interviews (KIIs) with a number of GBV country coordination teams to better understand methodologies behind GBV narratives and identify key challenges experienced during the HNO and HRP 2021 processes.

In total, 19 HNOs and 18 HRPs published before mid-April 2021 were analyzed. That is 70% of the contexts with HNO and 66% with HRPs. This report outlines the findings and recommendations from this analysis and includes comparisons with the 2020 the analysis findings where possible. Throughout the document, examples and best practices taken from the 2021 HNOs and HRPs are also highlighted to support the analysis and provide tips for 2022 HPC.

Region	Country	HNO Available?	HRP Available?
Asia and the Pacific	Afghanistan	Yes	Yes
Asia and the Pacific	Myanmar	Yes	Yes
Asia and the Pacific	Cox's Bazaar*	No	No

East and South Africa	Burundi	Yes	Yes
East and South Africa	Democratic Republic of Congo (DRC)	Yes	Yes
East and South Africa	Ethiopia	Yes	No
East and South Africa	Mozambique	No	No
East and South Africa	Somalia	Yes	Yes
East and South Africa	South Sudan	Yes	Yes
East and South Africa	Zimbabwe	No	No
East Europe and Central Asia	Ukraine	Yes	Yes
Latin America and the Caribbean	Colombia	No	No
Latin America and the Caribbean	Haiti	Yes	Yes
Latin America and the Caribbean	Venezuela	No	No
Middle East & Arab States	Iraq	Yes	Yes
Middle East & Arab States	Libya	Yes	Yes
Middle East & Arab States	Palestine (oPt)	Yes	Yes
Middle East & Arab States	Sudan	Yes	Yes
Middle East & Arab States	Syria	No	No
Middle East & Arab States	Yemen	Yes	Yes
West and Central Africa	Burkina Faso	No	No
West and Central Africa	Cameroon	Yes	Yes
West and Central Africa	Central African Republic (CAR)	Yes	Yes
West and Central Africa	Chad	No	No
West and Central Africa	Mali	Yes	Yes
West and Central Africa	Niger	Yes	Yes
West and Central Africa	Nigeria	Yes	Yes
	Total Available	19	18

Table 1: Overview of countries analyzed for HNO & HRP.

Chapter 1: GBV IN 2021 HUMANITARIAN NEEDS OVERVIEWS

The 2021 HNO template presents the analysis in the following structure[1]:

- Summary of Humanitarian Needs and Key Findings: This section provides a summary of the current humanitarian conditions within a crisis and their evolution, centered on selected priority population groups and sub-groups and geographic areas.
- Part 1-Impact of the Crisis and Humanitarian Conditions: This section provides a brief overview of the crisis context, describes key shocks and their impacts, and the resulting Humanitarian Conditions for the groups of people and individuals, and geographic locations covered in the HNO.
- Part 2-Risk Analysis and Monitoring of Situation and Needs: This part projects the evolution of current Humanitarian Conditions and needs described in Part I, including types, numbers, and locations of people in need, based on a risk, vulnerabilities, and capacities analysis.
- Part 3-Sectoral analysis: This part provides complementary information on sectoral needs and how these contribute to the identified Humanitarian Conditions in Part I.

[1] 2021 Humanitarian Needs Overview - Annotated Template https://assessments.hpc.tools/km/2021-humanitarian-needs-overview-annotated-template

- Part 4- Annexes: This part provides transparent information on data collection and analysis methods, and the limitations of the data and analysis.

From the Protection sector and AoRs' perspectives, the new changes in the template resulted in 1) more space and visibility for AoRs (a separate sub-section for each AoR under the Protection sectoral analysis (Part 3), and 2) new guidance and space to emphasize joint analysis of protection risks in the inter-sectoral analysis, particularly in the context analysis to define the scope of needs and key underlying factors driving the humanitarian conditions (Part 1).

The following sections will examine the integration of GBV into the inter-sectoral and other sectors' parts and look in more depth at the GBV analysis and documentation in the sectoral part.

INTERSECTORAL NEEDS ANALYSIS

The narrative in Part1 of the HNO template (Impact of the Crisis and Humanitarian Conditions) tells the inter-sectoral story by providing a background of the crisis context and then describing the shocks and impact. This part analyzes the main contributing factors to the crisis to identify which groups and sub-groups present different types of Humanitarian Conditions and why, with an emphasis on the combination of needs and factors that coexist for the same people, including gender inequality, disability, ethnicity, and displacement status[2]. The drafting of this part is led by OCHA and done jointly between all sectors, using indicators from secondary data review and primary data collection.

From a GBV standpoint, this part offers many opportunities and space to integrate analysis of GBV and underline the main risks of GBV arising in a specific context as well as the underlying factors that increase the vulnerability to GBV in relation to age, gender, disability, identity and other contextually relevant characteristics. Integrating a GBV-sensitive analysis in this part of the HNO can increase visibility of GBV prevention, response and risk mitigation related needs and reinforce the centrality of protection as well.

The following two sections will look more closely at GBV integration in the inter-sectoral analysis, particularly in the analysis of the crisis context and impact as well as the relevant humanitarian conditions sections.

CRISIS CONTEXT AND IMPACT

It is well known that emergencies have a disproportionate impact on women and girls. This part of the inter-sectoral analysis is the best place to highlight this impact by drawing on data available via gender analysis, multi-sectoral, or GBV assessments on gender norms, roles, and capacities (before and during the crisis). Relevant findings from non-GBV sectoral assessments (e.g., Wash surveys, FSL data and assessments, Education assessments, etc.) can also be used to inform the analysis under this part and to paint a picture of the gender impact and the pre-existing and emerging contributing factors to GBV in the context.

In 2021, efforts to integrate GBV throughout the crisis context and impact sections were noticeable in 89% of HNOs. This shows a remarkable improvement compared to the 2020 HNOs analysis where only 52% of HNOs showed similar efforts. This said, the integration was not at the same level of quality or depth everywhere. In 68% of HNOs where GBV was integrated, the narrative included a specific analysis of the crisis impact on women and girls, including an overview of the main risks and forms of GBV in the context. The remaining 21% of HNOs had a lower integration which was limited to only mentioning women and girls among the most vulnerable (sub) groups or included a general mention of protection risks.

[2] 2021 Humanitarian Needs Overview - Annotated Template https://assessments.hpc.tools/km/2021-humanitarian-needs-overview-annotated-template

Tips for 2022 HPC: The inter-sectoral analysis of the crisis context and impact should describe the crisis impact on different gender and age groups, including their access and control of resources; the constraints each group experiences relative to each other; and the specific protection and GBV risks facing them. The GBV AoR and gender actors should collaborate to have this data ready - through secondary data reviews. The IASC Gender Handbook for Humanitarian Action and The IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action include recommendations on the types of information and sources that can inform the analysis of the impact of emergencies on women, girls, men, and boys. A repository of context, shock and impact example indicators can also be found in the JIAF guidance (Annex 3).

The GBV AoR should work and advocate to ensure that perspectives of all genders, diversity and age groups, especially those of women and girls, are included in the data collection as well as into the analysis of the crisis context and impact. This will allow identifying their unique needs and inform gender-responsive programming.

Good examples on GBV integration in crisis context and impact of 2021 HNOs Included:

Somalia 2021 HNO included a comprehensive analysis of the gender impact, GBV risks and forms, challenges, and gaps with GBV service provision integrated into the analysis of different affected population groups in the context and impact sections. In addition, the scope of analysis included a narrative on women and girls under those at 'High Risk of Being Left Behind':

"*Women and Girls: Women and girls of Somalia bear the unequal brunt of hardships prompted by poverty and conflict, exacerbated by religious and cultural beliefs and weak clan identity which reinforce their lack of power. Inequality excludes women from formal decision making. Women's access to justice is restricted within formal, clan-based as well as sharia-based judicial systems. Despite women historically having a pivotal role in Somali society, women and girls remain particularly vulnerable to the consequences of insecurity, lack of opportunities and climate shocks. GBV is exacerbated by emergencies and displacement and is a serious rights violation that often goes unredressed. In Somalia, vulnerable women and GBV survivors in particular face serious protection risks, especially as response services are limited. Ninety-six percent of reported GBV survivors in Somalia are women and girls, of which 76 per cent are IDPs. Women and girls have unique health concerns and protection needs in situations of displacement. From menstrual hygiene to life-threatening complications related to pregnancy and childbirth, to unwanted pregnancies and unsafe abortions. Somalia has one of the highest maternal death rates in the world, despite most maternal deaths being preventable. Care for expectant mothers throughout their pregnancy remains particularly poor, with only 33 percent of births attended to by skilled health personnel*."

South Sudan 2021 HNO included one page with an infographic on 'Spotlight on women and girls' highlighting main figures for women and girls (e.g., "*50% Early marriage is common, with half of girls getting married before the age of 18*").

Haiti 2021 HNO included analysis of the main forms of GBV and drivers listing the main age groups at higher risks of GBV.

"*Les violences basées sur le genre (VBG), y compris le viol et la violence conjugale, persistent, contribuant aux inégalités profondes en Haïti. Selon l'EMMUS VI, la violence physique touche 29% des femmes en âge de procréer, dont 26,2% sont des filles de 15 à 17 ans. En 2016, 12% des femmes haïtiennes ont déclaré avoir subi des violences sexuelles, dont environ un quart sont des filles âgées de*

15 à 17 ans. La banalisation de différentes formes de violence, les normes sexistes, la perpétuation des stéréotypes basés sur le genre, le manque d'éducation sexuelle à l'école, l'absence de mécanismes de justice tenant compte du genre, l'impunité pour les VBG et l'absence d'un environnement protecteur pour les filles et les femmes aggravent la situation d'inégalité basée sur le genre."

Iraq 2021 HNO included analysis of the impact on women under 'Different people – different impact' with a mention of GBV risks and a needs comparison of female-headed versus male-headed households

"*women face specific challenges resulting from the impact of the pandemic. Prior to COVID-19, only 16 percent of women participated in Iraq's formal labour force. COVID-19 measures, including quarantine and school closures, have added to the disproportionate amount of time that women already spent on unpaid domestic care work compared to men. At the same time, the risk of domestic and gender-based violence during home confinement has also increased, while women have faced additional challenges in accessing health care, including due to lack of female medical staff or the cultural/normative requirement to be accompanied by a male guardian*."

HUMANITARIAN CONDITIONS

The Humanitarian Conditions section is where the consequences or impact of shocks/events on people are identified in terms of the nature of the humanitarian needs, size and severity. The severity of humanitarian conditions is estimated by considering the three humanitarian conditions sub pillars 1) Living Standards, 2) Coping Mechanisms, and 3) Physical and Mental Wellbeing. This is new compared to the 2020 template when four sub pillars were used (physical and mental well-being, living standards, protection and resilience and recovery). In addition, the inter-sectoral PiN was not calculated separately by the sub pillars in 2021 (as was the case in the 2020 HNO). Instead, one inter-sectoral PiN figure was calculated by combining all humanitarian conditions sub pillars.

Whether or not GBV is included under this part is important from different standpoints: (1) Visibility and advocacy: if GBV is included as e.g. an important factor to physical and mental-wellbeing, it can communicate a stronger sense of urgency and (2) if GBV indicators (this does not pertain to the narrative under the pillar) are included in the severity model, it can influence whether or not GBV is incorporated into the overall inter-sectoral severity analysis and PiN calculations.

Tip for 2022 HPC: GBV can be integrated into this part from different points of analysis. GBV can be presented as a life-threatening, global health and human rights issue. Its impact on individuals and groups can vary based on GBV types and includes physical health, psychological or/and socio-economic consequences and will require immediate life-saving interventions as in the case of sexual violence incidents. Poor living conditions resulting from a shock can expose women and girls to GBV risks. This requires all sectors' attention and collaboration to assess barriers to access their services and enable safe access. Poverty and economic hardship resulting from a crisis can also be drivers for harmful coping mechanisms such as survival sex, trading sex for humanitarian assistance or families marrying their girls at an early age to reduce the financial burden. Furthermore, GBV core services should be available from the onset of any emergency as part of the essential lifesaving services. Therefore, analysis of the availability and accessibility to these services is important to identify the impact on the humanitarian conditions of those affected or at risk of GBV.

In 2021, not all HNOs had a separate section for each of the Humanitarian Conditions sub pillars; some had one overall section that described the main needs. Therefore, the inclusion of GBV across sub-pillars is not comparable across all countries. The section below highlights how GBV was mentioned in the needs analysis across the various sub pillars where applicable.

LIVING STANDARDS

This section describes the ability of the affected population to meet their basic needs. This is generally measured using indicators of a population's access to essential goods and services. **In 2021, 47% of HNOs integrated GBV under the Living Standards sub pillar.** Where GBV was included in this sub-pillar, the narrative often referred to the main barriers for women and girls to access basic services including GBV risks. Examples included the following:

"*More broadly, protection concerns continue to affect the ability of households to access basic humanitarian assistance, with 57 percent of non-IDP households stating they faced a protection-related barrier when trying to access basic services like markets, water, sanitation, hygiene, or nutrition*"- Somalia HNO 2021.

"*Overcrowding of shelters, lack of privacy, insufficient energy supply, unsafe WASH facilities, and limited access to health, Mental Health and Psychosocial Support (MHPSS) and education services, have resulted in an increased level of distress and insecurity for women and girls and contributed to increased risk to exploitation and abuse*."- Myanmar HNO 2021.

"*Lack of secure sanitation facilities, safe firewood collection, and overall protective systems in some camps and camplike settings heighten GBV risks*."- Nigeria HNO 2021.

In very few HNOs, the narrative touched upon GBV services and the main gaps and challenges related to the availability and accessibility of these services. One such example is Somalia 2021 HNO:

"*Access to GBV services by survivors also remains limited compared to the large population in need. Further, existing services are under threat due to violent targeting of service providers and the limited capacity of security personnel to apply a survivor-centered approach and guide the prosecution process to ensure access to justice. The COVID-19 pandemic further shrunk availability of service provision and access for survivors as a result of movement restrictions and closure of services*."

COPING MECHANISMS

This section assesses and describes the degree to which individuals, households, communities, and systems are coping or facing challenges with impact recovery. It provides an understanding of the severity of the coping strategies they are relying on to cope with Living Standards issues.

In 2021, 53% of HNOs showed efforts to integrate GBV under this sub pillar, highlighting forms of GBV that increased during the crisis as negative strategies to cope with the lack of basic services or as protection mechanisms for women and girls. This included forced/child marriage, girls dropping out of school, transactional sex or sexual exploitation and abuse. Examples in HNOs include the following:

"*Women were more likely to adopt crisis or emergency coping strategies than men, with 37 per cent of women reported using coping strategies that fell into either the crisis or emergency categories, compared to only 28 percent of men. Female-headed households, and migrant and refugee women with limited financial options are more vulnerable to sexual exploitation and abuse due to pre-existing discrimination and exacerbated by the current economic situation, including survival sex, enforced by landlords, taxi drivers, and/or public service providers. Movement restrictions have negatively impacted on women, making them even more dependent on their male family members and exposing them and children to heightened risk of domestic violence with detrimental effect on mental health and wellbeing. A UN Women survey highlighted that 46 percent of the sampled women expressed a fear of increased outbursts of anger at home due to their partners' constant presence and the increasing economic pressure*"- Libya HNO 2021.

"*Some of the vulnerable women and girls opt to exploitative survival sex in exchange for basic needs. Affected communities are adopting different coping mechanisms to avoid violence including relocating, restricting movements and remaining silent about concerns for fear of reprisal*" - South Sudan HNO 2021.

PHYSICAL AND MENTAL WELLBEING

This section describes information about the physical and mental health of the affected population such as morbidity and mortality data, malnutrition outcomes, psychosocial or physical impairment, injuries and trauma, etc. In addition, grave human rights violations such as killing, maiming, rape, arbitrary detention and disappearances can also be considered under this category.

In 2021, 47% of HNOs integrated GBV under this sub pillar. Where GBV was included here, the narrative touched upon how GBV impacted affected populations, described its consequences at the individual level, what services were needed by GBV survivors for their healing and recovery process and what were the main challenges related to these services. Examples from HNOs included:

"*Reporting of GBV cases that fall under criminal legal provisions to law enforcement by healthcare staff in Libya is still mandatory, which can deter survivors from reporting the case and seeking help. The investigation that follows such reports can be highly re-traumatizing and poses a high risk of retaliation, especially when perpetrators are affiliated with authorities, military or militias. Survivors can also be indicted for adultery and face punishment under the legal framework on extramarital intercourse if they fail to prove the absence of consent. In terms of services, there are significant geographical limitations. Specialized GBV case management services, in line with global standards, are currently only available in Tripoli and Misrata in the west, Benghazi in the east and Sebha in the south. Safe houses for survivors are non-existent."-* Libya HNO 2021.

"*One in ten households is worried about threats of sexual exploitation and abuse at the community level. Gender-based violence continues to be predominantly directed against women and girls with or without disabilities, with access to psychological, health and legal support services severely limited.*" - Yemen 2021 HNO.

"*..Displaced women and girls continue to bear the brunt of GBV. A third of people displaced live in communities where women and girls avoid certain areas due to fear for their safety, while basic GBV risk mitigation measures around sanitation facilities remain extremely rare outside large IDP camps. IDP women also reported feeling unsafe due to congestion in the camps, given that it leads to a lack of privacy which contributes to increased risk, and actual occurrence of, sexual violence…*"- South Sudan 2021 HNO.

"*The limited access to health services remains a challenge for GBV survivors who require timely medical services to prevent and mitigate longer-term consequences to their well-being*" -Myanmar 2021 HNO.

"*Une augmentation drastique des cas de VBG a aussi été enregistrée, sans compter les menaces et incidents contre le personnel humanitaire. Dans un tel contexte, il est compréhensible que la détresse psychosociale touche quatre fois plus de ménages en 2020 qu'en 2019 (passant de 4% à 17%)*"- CAR 2021 HNO.

SECTORAL ANALYSIS

GBV PiN estimates: The template first introduced in HPC 2020 allowed a dedicated space for GBV sectoral analysis, including a separate PiN estimate. Despite this change in the template, 22% (5/22) of the HNOs analyzed in 2020 did not have a separate PiN for GBV. **In 2021 HNOs, 16% (3/19) of HNOs still had no PiN calculated separately for GBV** but rather integrated into the overall Protection PiN.

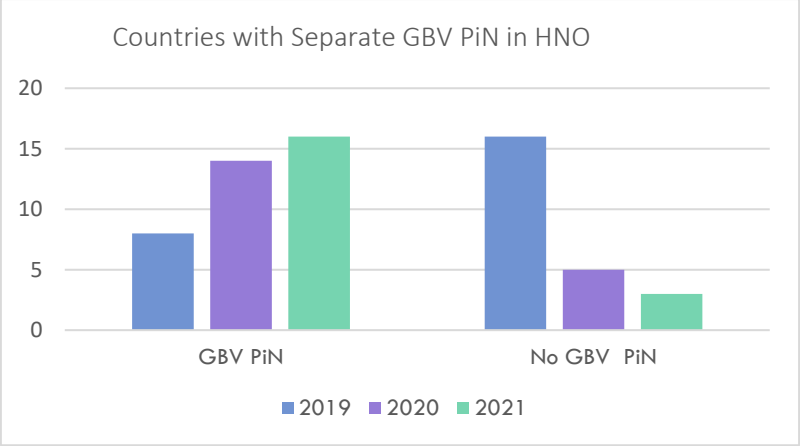

Figure 1: Number of HNOs with separate GBV PIN in 2019, 2020 and 2021

Figure wise, **the total GBV PiN in 2021 was approximately 50% of the total Protection PiN and 19.5% of the total inter-sectoral PiN. 74% (14/19) of HNOs witnessed an increase in GBV PiN in 2021 compared to 2020.** The main reason for the increase was referred to as either 1) Exacerbation of GBV as an impact of COVID-19, 2) New natural disasters or continued conflict, or 3) Change in the methodologies, strategies & the overall PiN. The below table shows the figures for both years.

Country	GBV 2021 PiN	GBV 2020 PiN
Afghanistan	7,200,000	3,600,000
Myanmar	No GBV PiN	520,000
Burundi	176,000	166,000
DRC	7,000,000	7,600,000
Ethiopia	2,500,000	2,200,000
Somalia	1,700,000	1,200,000
South Sudan	2,000,000	1,900,000
Ukraine	No GBV PiN	
Haiti	230,000	817,000
Iraq	1,300,000	1,280,000
Libya	153,000	166,000
oPt	No GBV PiN	-
Sudan	2,300,000	1,800,000
Yemen	6,300,000	-
Cameroon	1,000,000	1,600,000
CAR	1,100,000	1,070,000
Mali	1,500,000	1,800,000
Niger	287,000	322,000
Nigeria	1,500,000	1,900,000

Table 2: GBV PiN by country in 2021 and 2020

In terms of the methodology to calculate GBV PiN, 84% (16/19) of HNOs used one or more indicators from the Joint Inter-sectoral Analysis Framework (JIAF) indicator reference table. Of which, 56% (9/16) also used a GBV indicator in the inter-sectoral severity of needs caseload. When asking the country coordination teams about the main challenges experienced related to PiN calculation, lack of clarity

and guidance, delay in initiating the process, and the short timeframe allocated were reported by most of the field teams interviewed.

GBV separate narrative and size: In total, **95% of 2021 HNOs had a separate space for GBV.** Of which, 68% had a separate sub-section for GBV under the Protection chapter, and 26% had a stand-alone section with the same size and structure of a full sector chapter. The size varied between 1/4 page to 3-page size. **This shows an improvement compared to 2020, where 71% of HNOs had a separate narrative for GBV.**

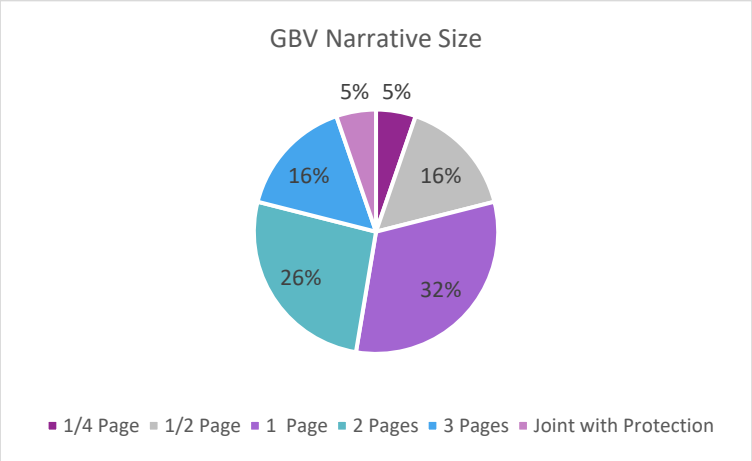

Figure 2: % of HNOs by the size of GBV narrative

The standard template gives a minimum of half a page per AoR which explains the reason for four HNOs having no more than that. Other countries managed to have a full sector space and structure.

Countries	Space	Size
Afghanistan	Separate sub-section	1 Page
Myanmar	Separate sub-section	1/3 Page
Somalia	Separate sub-section	2 Pages
South Sudan	Separate sub-section	1/2 Page
Burundi	Separate sub-section	1 Page
Democratic Republic of Congo (DRC)	Stand-alone section	2 Pages
Ethiopia	Separate sub-section	1/2 Page
Ukraine	Separate sub-section	1 Page
Haiti	Stand-alone section	3 Pages
Iraq	Separate sub-section	1 Page
Libya	Separate sub-section	1 Page
Palestine (oPt)	Combined within Protection	
Sudan	Stand-alone section	3 Pages
Yemen	Separate sub-section	1/2 Page
Cameroon	Stand-alone section	3 Pages
Central African Republic (CAR)	Separate sub-section	2 Pages
Mali	Separate sub-section	2 Pages
Niger	Separate sub-section	1 Page
Nigeria	Stand-alone section	2 Pages

Table 3: GBV narrative space and size by country

It is worth mentioning here that increased space positively affected the quality and depth of GBV analysis, allowing integration of analysis of specific needs and risks related to GBV and description of how these needs and risks vary by different geographic areas and affected population groups. More will be discussed in the following analysis.

Quality of GBV narrative: To adequately address GBV in a given emergency, it is important to understand **what specific types** of GBV occur in that context, whether or not there are new threats or forms of GBV that emerged because of the emergency, **why** they might exacerbate during the emergency, and **what groups** or areas are at particular risk of GBV or more vulnerable to harm than others. This analysis should also understand **specific types of service needs and barriers**. The GBV sectoral narrative in HNOs is expected to present this information based on evidence from the primary and secondary data sources.

Key point: It is well recognized and acknowledged that prevalence data on GBV in emergencies is not needed for effective response planning as it is often not methodologically possible to obtain reliable prevalence data in humanitarian settings, due to time, access and resource constraints. There is also a high level of under-reporting and the security risks associated with obtaining data in these settings are significant (The IASC GBV Guidelines, Managing Gender-based Violence Programmes in Emergencies , WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies). Data collected within the context of service provision (such as GBVIMS) can help to show the statistical trend at the service provision points and inform programming but is still insufficient alone to inform representative needs analysis and response planning. As such, GBV needs analysis in the HNO should derive more information about the nature, scope, risks, and drivers of GBV in humanitarian contexts from the partners' qualitative and quantitative GBV assessments, Rapid Gender Analysis (RGA), safety audits and humanitarian or protection monitoring tools, MSNAs, and/or other sectors assessments that integrated gender needs, service barriers and GBV risks.

The quality of GBV needs analysis in 2021 HNOs was assessed using the following indicators:

1. Are specific GBV types in the context mentioned in the GBV narrative (trend analysis)?
2. Are the underlying factors for GBV described in the GBV narrative (including service needs and barriers)?
3. Is the severity of GBV needs analyzed by different affected population groups (e.g., IDPs in camps, IDPs in informal settlements, IDPs out of camp, Returnees, etc.) or\and their geographic areas?
4. Are specific needs or vulnerable groups at higher risk of GBV identified explicitly in the GBV narrative?
5. Are available primary and secondary data sources used efficiently to provide evidence of the main GBV types, risks, underlying factors, and needs (e.g., GBVIMS, National data, Sector-led assessment, Partners` assessments, MSNA/MCNA or other sectoral assessments)?

Are specific GBV types in the context mentioned in the GBV narrative (trend analysis)?

Findings from the analysis of this indicator showed that **89% (17/19) of HNOs included a description or a trend analysis** of the most reported types of GBV among the affected population. Service provision data was the primary data source used. For example, Niger 2021 HNO presented percentages of the main reported GBV types to GBV service providers, "*Tous les types d'incidents perpétrés sont rapportés, mais on relève que les viols occupent 11% et les agressions sexuelles 19%. Les plus fréquents sont les mariages d'enfants (20%) et l'agression physique (19%).*".

Key point: Trend data collected at service provision points (e.g., GBVIMS) only represents cases reported by survivors who chose to disclose their experiences to a GBV service provider. This data can help in organizing specialized GBV service, however it is not prevalence data and cannot be considered exhaustive and comprehensive information for the analysis of the situation and severity of needs (GBViE Minimum Standards). A broader analysis of the existing GBV risks, drivers and needs should complement services trends data.

Are the underlying factors for GBV described in the GBV narrative* (including service needs and barriers)*?

An adequate analysis of the **main underlying factors for GBV was present in 73% (14/19) of HNOs.** While 16% (3/19) included partial analysis and 11% (2/19) did not include such analysis at all. Moreover, **63% (12/19) of HNOs described the additional impact of COVID-19 on GBV among the underlying factors**. Overall, the underlying factors varied and can be categorized as follows:

- Pre-existing: exists independent of, or prior to an emergency. For instance, child marriage was mentioned in more than half of the HNOs (68%) as a pre-existing traditional practice that continued/increased during the emergency such as in Iraq, Afghanistan, Myanmar, Yemen, and Niger.
- Emergency-related: specific to or resulting from the disaster or conflict such as lack of privacy and overcrowding site/shelters, or lack of safe access to basic needs. Examples included:
  "*Lack of livelihoods, chronic poverty, presence of armed actors, existing socio-cultural and gender inequalities, barriers to freedom of movement, recurrent displacement as well as the use of drugs and alcohol are risk factors for increased levels of violence. COVID-19-related restrictions and measures have further exacerbated GBV risks by hindering access to life-saving services and by forcing survivors to be confined at home with their abusers. The living conditions in displacement, such as overcrowding of shelters, lack of privacy, insufficient energy supply, unsafe WASH facilities, and limited access to health, Mental Health and Psychosocial Support (MHPSS) and education services, have resulted in an increased level of distress and insecurity for women and girls and contributed to increased risk to exploitation and abuse.*"- Myanmar 2021 HNO.
  "*..La recherche d'eau et de bois, le travail aux champs, la pauvreté des femmes et filles, les pratiques traditionnelles néfastes et le statut de femme/fille vivant seule constitue des facteurs de risques majeurs de VBG.*"-DRC 2021 HNO.
- Humanitarian-related: caused directly or indirectly by the humanitarian environment such as increased vulnerability and dependence; introduction of new power dynamics as with humanitarian actors; and exploitation. Examples included transactional sex reported in Iraq 2021 HNO and sexual exploitation mentioned in Somalia 2021 HNO.

Tip for 2022 HPC: Analysis of causes of GBV and the factors that increase it within a specific humanitarian setting should be presented in all HNOs. GBV AoR coordination teams should map this information from the existing data sources before and during the crisis. Any gaps in this information should be identified and discussed with the relevant actors at the first stage of preparing for the HNO to ensure proper and timely inclusion in any data collection initiated to inform the HNO.

Is the severity of needs analyzed by different affected population groups (e.g., IDPs in camps, IDPs in informal settlements, IDPs out of camp, Returnees, etc.) or\and their geographic areas?

The GBV narrative should describe the different impacts and highlight the main GBV risks and needs and their severity for each group and\or geographic areas to better inform prioritization and programming in the HRP, especially in contexts with scarce resources or limited humanitarian capacity. **In 2021, 63% (12/19) of HNOs included some sort of such analysis in the narrative;** however, this will need further attention and improvement - The limited space could have been a reason for the shortcomings in this area.

Tip for 2022 HPC: GBV types and risks can vary across different affected population groups or\and their geographic areas in a specific context; therefore, the severity of their needs can be different. For example, IDPs in camps or informal settlements can be at heightened risk of GBV than those in private shelter settings due to lack of 1) privacy, 2) security, or 3) gender segregation. Furthermore, specific geographic areas could have been impacted more severely by an armed conflict or have gone out of the coverage of the national protection services, which could be reasons for increased GBV risks and needs. Considering such analysis is vital to plan a better targeted and effective response.

Are specific needs or vulnerable groups at higher risk of GBV identified explicitly in the GBV narrative?

96% of HNOs had specific mention of (sub) groups at risk of GBV and their vulnerability characteristics (e.g., adolescent girls, IDP women, or women with disabilities, etc.). For instance, in Nigeria 2021 HNO the GBV narrative specified risks and vulnerabilities related to (1) displacement: "*Within the context of IDP camps, women and girls face a high risk of transactional sex in exchange for otherwise-unobtainable mobility, safety and access to resources*.", and (2) gender or age group: "*Adolescent girls, female or child-headed households, and orphaned girls living with foster carers among others are at particular risk of GBV*", and (3) disability: *".. persons with disabilities remain the demographic groups most at risk of GBV in north-east Nigeria.*",

Tip for 2022 HPC: GBV needs analysis should highlight those most at risk of different GBV types beyond just women and girls and be specific in describing their situation, coping mechanisms and needs.

Are available primary and secondary data sources used efficiently to provide evidence of the main GBV types, risks, underlying factors and needs (e.g., GBVIMS, National data, Sector-led assessment, MSNA/MCNA or other sectoral assessments)?

In 2021 HNOs, the GBV narrative was supported by data from GBVIMS in 37% (7/19) and national data in 53% (10/19). Other multisectoral or non-GBV sectoral assessments (such as MSNA, DHS, JMCNA, KAP survey, FSNMS or GBV partners` assessments.) were referenced in 74% (14/19). Evidence from sectoral-led assessments was included in only 26% (5/19) of HNOs. This can be linked to the fact that GBV-specific assessments were not advisable in many contexts due to COVID-19 and increased risks of conducting assessments in person and remotely. In some HNOs, good data on GBV appeared in the inter-sectoral or other non-GBV sectors; however, they were not utilized or referenced in the GBV part. It was also noticed that citations were insufficiently used in some places, and were sometimes inaccurate or partial.

Tip for 2022 HPC: When developing the GBV narrative for the HNO, it should be based on findings from available reliable data sources. The generic description of GBV that could be applied to any context is not recommended. Referencing evidence adds more credibility to the narrative and, at the same time, shows actors' efforts and commitment to understand the context and identify its needs to inform evidence-based planning and programming.

Overall, the following is a summary list of the unrecommended practices observed in some GBV needs analysis: 1) no analysis of GBV types/trends; 2) inaccurate use of GBV typologies and terms; 3) generic analysis of underlying factors that are not tied with data or examples; 4) no or limited needs analysis by population groups or geographic area; 5) incomplete or vague statistics; 6) describing response approach rather than focusing on needs; 7) inaccurate or absence of citation; 8) data from secondary data review were not fully utilized.

Needs Monitoring Indicators: After the sectoral analysis, there is a space for a monitoring framework that details the needs monitoring indicators. In 2021, 15 HNOs (79%) provided indicators to monitor the change in GBV protection needs compared to 13 HNOs in the previous year. The types of indicators can roughly be grouped as follows: 1) indicators that measure the number or percentage of GBV survivors or incidents (e.g., GBVIMS trends data), 2) indicators that measure service availability/referral pathway (e.g., 4/5Ws response data), and 3) indicators from multi-sectoral assessments such as MSNA and DTM that were used for severity analysis (e.g., % of women and girls who avoid areas because they feel unsafe, %of households that report fear of sexual violence for their boys, girls, women). Most of the included needs indicators either count the number of survivors or are collected through annual assessments.

Tips for 2022 HPC: The number of survivors should NOT be used for needs monitoring as it can be easily misinterpreted as prevalence and does not accurately represent the range of GBV service provision or needs of the survivors who do not have access or safety to report (GBViE Minimum Standards). Alternatively, the percentage of GBV cases by type can be used as an indicator to monitor changes in the GBV service access trends and therefore inform programme design. Indicators on the unavailable multi-sectoral services for GBV survivors are another good example that can be monitored through service data reporting tools such as GBVIMS, service mapping and referral pathways. In addition, other data collection mechanisms can be utilized to give more frequent updates and not measure survivors, such as safety audits and other protection monitoring tools.

Examples of good indicators from 2021 HNOs included:

Needs Monitoring Indicator	Data Source(s)
% of girls/women without access to GBV-related services.	Service mapping and population data
Number of risk factors where IDPs reported safety concerns and risk factors related to GBV reported in accessing humanitarian assistance.	Safety Audits/DTM/Protection Monitoring
% of HHs reporting safety risks in accessing basic needs/services and humanitarian assistance (includes distance, security, design, lack of gender disaggregated service delivery/facilities).	DTM/ Protection Monitoring
% of women of reproductive age reporting no access to dignity items.	DTM
% of locations without access to GBV-related services/referral pathway.	DTM/ Service mapping
% of women and girls without safe/close access to essential services (incl. more than one hour's distance from village).	WOA/ Partner needs assessments, MRM
Number of affected people who have no access to minimum protection services.	Service mapping

% of households using community latrines not segregated by sex on sites.	CCCM
% of areas with no protection services (legal, medical, psychosocial)	Cartographie des, services de protection, générale, VBG
% of GBV survivors who did not have access to one or several GBV services in the previous month.	GBVIMS/UNFPA

Table 4: Example indicators for GBV needs monitoring included in 2021 HNOs

NON-GBV SECTORS

It is a good practice to mainstream GBV and other protection needs in the needs analysis of all sectors/clusters, as this will 1) describe how humanitarian needs are different for people depending on sex and age for different sectors, 2) identify the main barriers to access services and protection/GBV risks associated with other sectors, and 3) highlight the responsibility of other sectors to prevent and mitigate risks of GBV.

Key point: GBV integration is owned and driven by the sector itself. GBV coordinators` key role is to support inter-agency action and accountability to mitigate the risks of GBV, while encouraging non-GBV clusters to lead GBV integration initiatives within their areas of sectoral expertise The Handbook for Coordinating Gender-Based Violence Interventions.

Overall, there was a **higher inclusion of gender needs and GBV risk analysis noticed in 2021 HNOs in the following sectors: Health in 68% of HNOs, Education in 67% and Camp Coordination and Camp Management (CCCM) in 50%.** Fewer HNOs had similar integration in the Emergency Livelihoods sector (38%), Nutrition (37%) and Water, Sanitation & Hygiene (WASH) (37%). Food Security and Shelter sectors achieved the least inclusion with only 27% and 26% of HNOs respectively having GBV mainstreamed in their sectoral needs analysis.

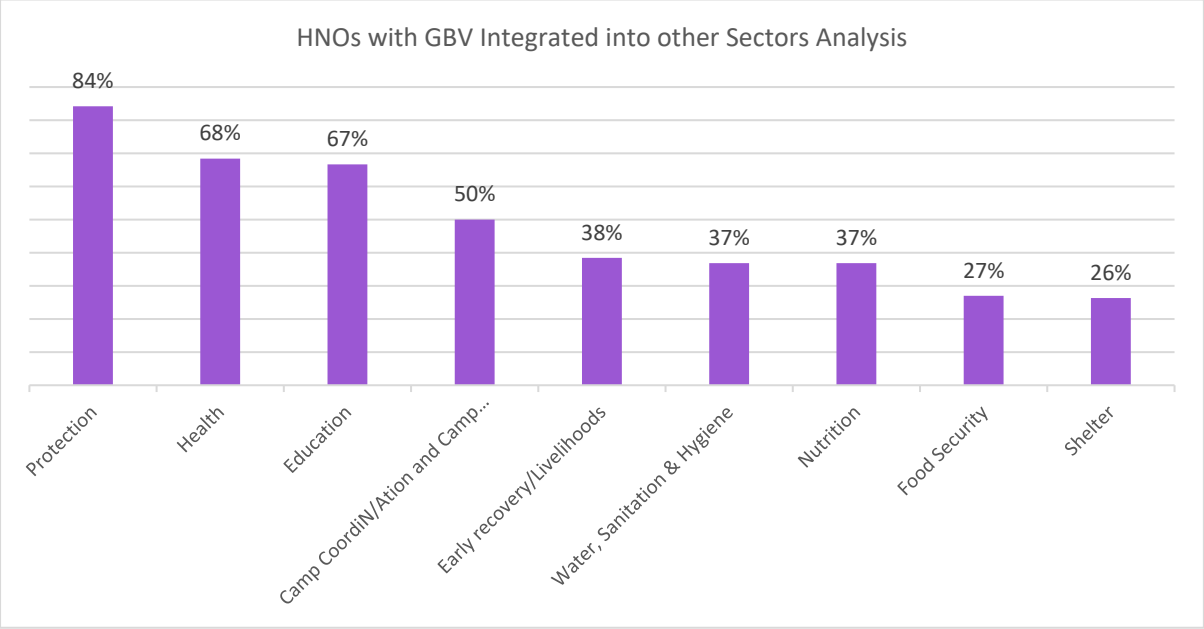

Figure 3: % of HNOs integrated GBV in non-GBV sectors in 2021 HNOs

Tips for 2022 HPC: Supporting GBV integration is part of the GBV AoR's work across the core coordination functions as explained in The Handbook for Coordinating Gender-Based Violence Interventions. As such, the GBV AoR should support non-GBV sectors to assess and analyze GBV risks in their sectors. For example, GBV coordination teams can advise other sectors on needs indicators that can capture gender needs, barriers and GBV risks associated with their services. They can also take the lead to conduct joint planning and implementation of safety audits or other types of assessments with key sectors, such as CCCM and WASH. The IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action include practical sector-specific recommendations for GBV risk analysis and mitigation across all phases of the humanitarian programme cycle.

Good Examples of GBV integration in other sectors included:

Health:" *Women and girls living in remote areas have little or no access to reproductive health services, adequate antenatal care, or emergency obstetric care – leading to unwanted pregnancies and potential for serious health consequences in cases of complicated deliveries. Across Sudan, around seven million women of reproductive age lack access to basic emergency obstetric and new-born care services and comprehensive emergency obstetric and new-born care services. Clinical management and psychological support to gender-based violence survivors, including clinical management of rape, is still burdened by lack of services and a weak referral system, stigma, lack of awareness, and lack of qualified staff both at the facility and community level*."-Sudan 2021 HNO.

CCCM: "*the frequent lack of gender-segregated facilities (latrines and washrooms) puts women and girls at a particular risk of harassment and GBV. Lack of adequate lighting increases insecurity and limits freedom of movements at night*" - Yemen 2021 HNO.

Education: "*Of the affected children, 50.8 percent are girls, who are often not educated in conflict zones, exacerbating the risk of early marriage and pregnancy as well as their exposure to different forms of violence gender-based (GBV)"* Democratic Republic of Congo (DRC) 2021 HNO.

"*Anecdotal evidence confirms that families prioritize boys' education over girls due to safety concerns, a lack of female teachers and gender-sensitive WASH facilities, and distance to the nearest school. These issues are driving higher drop-out rates among girls, which increases the risk of early marriage and domestic violence*."-Yemen 2021 HNO.

Emergency Livelihoods: "*Among the conflict-affected population, women, youth and people with a disability are disproportionately affected by the COVID-19 crisis, due to loss of jobs and income – even if only temporary – exacerbating an already fraught socioeconomic situation where these population groups continue to face significant barriers to full participation in the labour market. 2) In addition to spending savings and incurring debt, there are also reports of other more harmful coping mechanisms, including in-camp IDPs selling items received through humanitarian assistance, borrowing money to survive, early marriage etc. Female-headed households in camps are also more likely to resort to harmful activities as they are generally relying on less stable livelihood sources, leaving them exposed to exploitation and a wide range of protection risks. About 63 per cent of female headed households are unable to afford to meet their basic needs compared to 59 per cent of male-headed households. This is against a backdrop of female headed households already reporting lower wages*."-Iraq 2021 HNO.

WASH: *"Lack of gender-segregated sanitation facilities is a challenge. Menstrual hygiene management is often not prioritized, negatively impacting girls' attendance and enrolment in schools. Women and*

girls are often tasked with the management of water for their households. Access to water – in terms of distance, time and cost – has an impact on their safety, available time for livelihoods or education and economic options."-Sudan 2021 HNO.

"*The WASH safety index shows that protection issues when accessing or using WASH services are a concern for 2 percent of boys or girls at household level. This composite index captures and aggregates twelve sub-indicators related to safety, protection and accountability pertaining to various vulnerable groups including women, boys, girls, elderly persons and persons with disabilities. It also highlights that only 38 percent of households reported access to latrines with walls and locks on doors, while only 17 per cent reported having access to latrines with internal sources of light. Lack of locks and less solid structures do not allow privacy and increase risks of GBV, especially for women and girls.*" -Somalia 2021 HNO.

Nutrition: "*How do gender issues affect nutritional status?• In crisis situations where food is in short supply, women and girls are more likely to reduce their food intake as a coping strategy in favor of other household members. This can contribute to under-nutrition among women and girls. • Women often face constraints in accessing humanitarian services, including food, as a result of insecurity, cultural discrimination and limited mobility. • Women, especially those who are pregnant or lactating, may be disproportionately affected by under-nutrition due to their increased physiological requirements. Teenage pregnancy can lead to poor health and nutritional status for both the baby and the mother. In affected regions, more than 15 percent of the women of reproductive age are at risk of malnutrition or malnourished, a percentage which rises to more than 20 per cent for pregnant women. • ...• Women are especially vulnerable, as they have less access to assets and resources, and receive lower salaries, while their domestic work burden increases or stays the same. In the worst scenarios, limited opportunities leave many women and girls with untenable options for their own and their families' survival, including exchanging their bodies for food and basic commodities, and early or forced marriages for daughters. Gender-based violence is the most extreme manifestation of gender inequality and a fundamental human rights violation*."-Cameroon 2021 HNO.

Shelter: "*Women and children remain especially vulnerable to protection risks due to lack of shelter. According to DTM data, vulnerable members of the displaced communities include single parents, female-headed households, older persons and physically disabled; women represent 50 per cent, 19 per cent are children under five), and older persons 20 per cent. Those groups are more prone to domestic violence and exploitation and COVID-19 primary and secondary consequences*." Ethiopia 2021 HNO.

Chapter 2: GBV IN HUMANITARIAN RESPONSE PLANS

The HRP template presents the response plan in the following structure[3]:

- Response Plan Overview: Provides a summary of the response plan, strategic objectives, key figures, and historic trends.
- Part 1-Strategic Response Priorities: Describes the HRP scope based on needs, humanitarian conditions and underlying factors identified in the HNO. States the strategic priorities to address these needs, the specific objectives, and the response approach.
- Part 2- Response Monitoring: Presents a coordinated approach to response monitoring and identifies which data, indicators and other information must be monitored in order to assess progress against strategic objectives.
- Part 3- Sectoral Objectives and Response: Gives complementary information on sectoral responses, indicating how these contribute to the collective response to achieve the strategic and underpinning specific objectives as well as the role played by each sector.
- Part 4- Refugee Response Plan: This part (where applicable) presents sectoral objectives that are linked with strategic objectives and consistent with the targeted population groups/sub-groups, geographic locations, and intended achievement of humanitarian outcomes.
- Part 5-Annexes: The Annexes provide additional and transparent information on the prioritization process, response analysis, list of participating organizations, planning figures and analysis of 'What if We Fail to Respond'.

The analysis below will look at the GBV integration in the overall inter-sectoral (Part1) and other non-GBV sectors parts, and examine in more detail the GBV narrative under the Protection sectoral part. The structure of the 2021 HRP template changed from 2020 so the comparison is not possible for some parts but will be included where applicable.

INTERSECTORAL STRATEGIC RESPONSE PRIORITY

The overall inter-sectoral analysis provides a rationale to justify the strategic priorities of the HRP based on the severity, magnitude, underlying causes, trends and projections and people's priority needs identified in the HNO. It also determines the most critical protection risks that create or aggravate living standards, coping mechanisms and physical and mental wellbeing. GBV should be integrated into this part by describing the main GBV forms, risks and underlying factors, highlighting the most vulnerable groups and subgroups to be targeted with the GBV response and other multi-sectoral services based on the needs identified in the HNO. In addition, GBV mainstreaming, as a shared responsibility, should be articulated in this part to reinforce the centrality of protection across the response. Furthermore, GBV activities and outcomes should be integrated under the overall strategic objectives and the linked specific objectives and response approach parts. GBV can also be mentioned directly or indirectly (under the protection umbrella), as appropriate, in the formulation of the overall strategic objectives or the linked specific objective.

Key point: GBV mainstreaming is not the sole responsibility of GBV AoRs, but rather the responsibility of everyone. While GBV AoR coordination teams should focus on integrating their AoR needs and response in the inter-sectoral objectives and response priority, they should also support in ensuring GBV risk mitigation approach is reflected in the inter-sectoral response priorities and throughout the whole HRP. See IASC Protection Policy.

[3] 2021 Humanitarian Response Plan - Annotated Template, https://assessments.hpc.tools/km/2021-humanitarian-response-plan-annotated-template

In 2021, **GBV was mentioned in the text under humanitarian conditions and underlying factors or the description of the strategic objectives in the majority of HRPs (79%)**. Examples included: "*Limited access to basic services exacerbates protection risks and can increase the likelihood of family separation as well as exposure to human trafficking, risky or dangerous migration, gender based violence (GBV) and sexual exploitation and abuse. . In some locations, close proximity to armed actors presents additional protection risks including conflict-related sexual violence, GBV, arbitrary arrest or detention, forced labour, recruitment and use and other grave violations against children*" Myanmar 2021 HRP, and "*More than 2.5 million people remain internally displaced. Amongst these, over 900,000 are women and girls face protection risks, including Gender-Based Violence (GBV), harassment, rape, Female Genital Mutilation (FGM) among others*" Sudan 2021 HRP.

In addition, **68% of HRPs mentioned women and girls in general and 63% mentioned GBV survivors explicitly among the priority targeted groups**. Examples included "*Partners will provide a range of MHPSS services to vulnerable IDPs and returnees, including children, GBV survivors and victims of accidents related to explosive ordnance*." - Iraq 2021 HRP, and "*specialized protection services, particularly for children, women and girls at risk and GBV survivors, including case management, mental health and psychosocial support and legal counselling, will be expanded*" Libya HRP 2021.

In five HRPs, GBV was mentioned directly in the phrasing of the specific objectives which achieved higher visibility for GBV. Examples included:

Somalia 2021 HRP: GBV was mentioned in the Specific Objective 1.3 "*Provide access to specialized age, gender and disability sensitive services – including MHPSS, child protection, GBV, and mine action victim assistance services – for 400,000 persons including boys, girls, adolescents, persons with disabilities, and older persons, who are facing life-threatening risks of abuse, neglect, violence, exploitation, injury and severe distress, by the end of 2021*"

South Sudan 2021 HRP**:** GBV was mentioned in the Specific objective 4: "*Reduce the suffering of girls, boys, women, men, older persons, persons with disabilities, and other persons with specific needs at risk of, or who experienced violence, abuse, exploitation and neglect, including gender-based violence, through the provision of specialized protection and multi-sectoral services*"

Myanmar-2021 HRP: GBV was mentioned in the Specific Objective 1.2 "*856,000 people (335,300 displaced and 520,700 non-displaced people) in targeted locations are protected from further harm and the risks they face are mitigated and/or responded to through improved access to quality and inclusive protection services, including mental health and psychosocial support, child protection, gender-based violence and mine action activities.*"

In some instances, GBV was not explicitly mentioned in the objective title but rather encompassed under protection services in the strategic objectives. An example is from Somalia HRP 2021 where GBV was mentioned in the Strategic Objective 1 "*Reduce loss of life for 3.1 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse and violence by the end of 2021*".

'**What if We Fail to Respond'** is another place in the HRP where GBV can be mentioned as failing to address GBV needs could lead to severe humanitarian consequences. **In 2021, GBV was included in this part in 68% of HRPs**. While the inclusion of GBV under this section in many HRPs consisted of only generic information, some narratives described in more nuanced detail the impact of lack of achievement of the prioritized GBV services on GBV survivors and other vulnerable groups and how it would increase their exposure to GBV risks. Examples included:

"*More than 100,000 vulnerable displaced Yemenis will not have access to critical assistance and protection services such as legal assistance, psychosocial support, prevention and response to gender-based violence" and "Safe spaces for survivors of sexual violence and gender-based violence will be closed and hundreds of thousands of women and girls will no longer have access to the specialized services they require. More than a million of the most vulnerable women will lose access to gender-based violence and mental health services, increasing their risk to life-threatening violence and exploitative practices for survival*" - Yemen 2021 HRP.

"*For GBV, shortfalls in funding will mean that immediate lifesaving GBV activities will be put before longer-term prevention and empowerment programming. This means that second and third tier activities – such as community dialogues, gender responsive livelihood activities, among other activities – will be missed. Without immediate protection and multi-sectoral support, the lives of hundreds of women and children will be put at urgent risk. Without assistance, many destitute families will resort to negative coping strategies, putting the lives of more children at risk as a result of being sold, forcibly married young, or forced to do hazardous work. Without safe places to turn for support, women will bear a disproportionate brunt of the crisis as their exposure to GBV will increase drastically during measured lockdowns or periods of financial stress*"-Afghanistan HRP 2021.

Lastly, use of survivors' data in an unrecommended way, considering good practices and GBV standards, should not be included in the HRPs. For instance, in the intersectoral part there is a comparison between the number of reported GBV cases in 2020 and 2021. Data on the number of survivors is not representative and cannot reflect the real prevalence or needs[4] "*In 2020, over 3,700 cases of GBV were reported; this was a 15% decrease from 2019, but under-reporting and likely weaknesses of systems to detect and track such incidents may make this an illusory decline*"-Nigeria HRP 2021.

SECTORAL RESPONSE

GBV separate narrative and size: **82% of HRPs had a separate space for GBV in 2021**. Of those, **62% had a stand-alone section for GBV with an equivalent length and structure as any other sector**, while 35% had a separate sub-section for GBV under the Protection chapter. It is worth noting that **the same percentage (82%) was reported in 2020 analysis**. Haiti HRP did not follow the standard template structure; however, it was noticed that GBV was given the same space as other sectors under the relevant strategic objectives. In terms of size**, 78% (14/18) of HRPs had a minimum one-page size. This is a clear improvement in GBV visibility compared to 2020, when only 37% of the analyzed HRPs managed to have the same size.**

[4] GBViE Minimum Standards

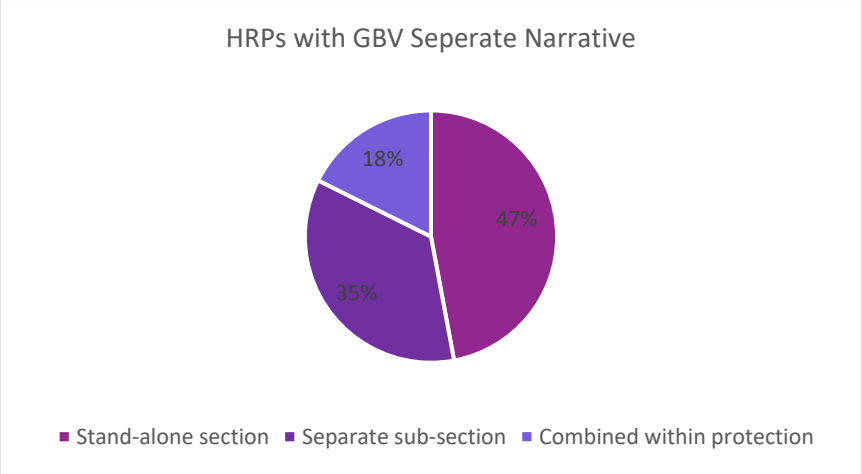

Figure 4: % of HRPs included separate narrative for GBV in 2021

Country	Space	Size	GBV Specific Objective(s)	Separate GBV Target?
Afghanistan	Separate sub-section	1 Page	Yes	Yes
Myanmar	Separate sub-section	1 Page	Combined within Protection	Yes
Burundi	Separate sub-section	1 Page	Combined within Protection	yes
DRC	Stand-alone section	5 Pages	Yes	Yes
Somalia	Stand-alone section	3 Pages	Yes	Yes
South Sudan	Separate sub-section	1/2 Page	Yes	Yes
Ukraine	Combined within Protection			
Haiti	Separate narratives	-	Yes	Yes
Iraq	Separate sub-section	1 Page	Yes	Yes
Libya	Stand-alone section	1 1/2 Page	Yes	Yes
oPt	Combined within Protection	1/3 pages	Combined within Protection	Combined within Protection
Sudan	Stand-alone section	3 Pages	Yes	Yes
Yemen	Separate sub-section	1 Page	Yes	Yes
Cameroon	Stand-alone section	4 Pages	No	Yes
CAR	Stand-alone section	3 Pages	Yes	Yes
Mali	Stand-alone section	2 Pages	Combined within Protection	Yes
Niger	Stand-alone section	1 1/2 Page	Yes	Yes
Nigeria	Stand-alone section	2 pages	Combined within Protection	Yes

Table 5: GBV narrative size, objectives, and target in 2021 HRPs per country

GBV target and financial requirement figures: **16 out of 18 HRPs (89%) had a separate target for GBV in 2021**. The targets ranged from 16% to 94% of the total number of GBV people in need estimates. Two HRPs (Ukraine and oPt) did not have a separate target for GBV. This can be linked to the absence of specific PiN figures for GBV in HNO, making it difficult to estimate a separate target for the GBV response. In Myanmar 2021 HNO, no PiN figure was stated separately for GBV. However, HRP included both PiN and target figures for GBV separately. This shows inconsistency and lack of linkage with HNO and might raise questions about the methodology behind calculating this figure. At the same time, it provided more visibility for GBV in the HRP and enabled a clear estimation of the financial requirement.

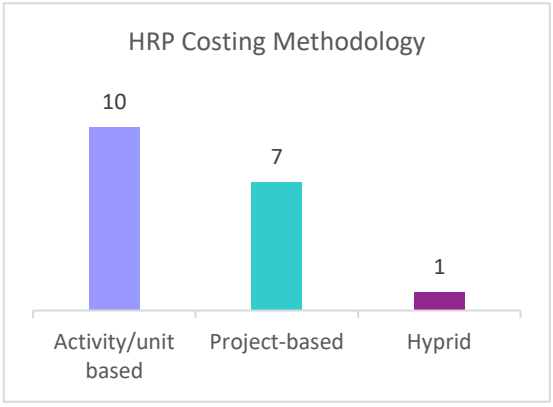

Figure 5: Number of HRPs per costing methodology in 2021

In terms of the required funding, **all HRPs except one (oPt) had a clear financial ask for the GBV response.** Activity or unit-based costing was applied as the methodology for response costing in 55% of HRPs (10\18), 39% of HRPs used the project-based approach while only one HRP used the hybrid approach (Mali). Ten HRPs witnessed an increase in the GBV response financial requirements compared to 2020. The overall increase is at approximately 17%. The reason for the increase was explained in some of the HPRs and referred to either an increase in the overall and GBV PiN and target estimates or change in the overall methodology to calculate the baseline figures.

The below chart & table show the detailed figures by country response.

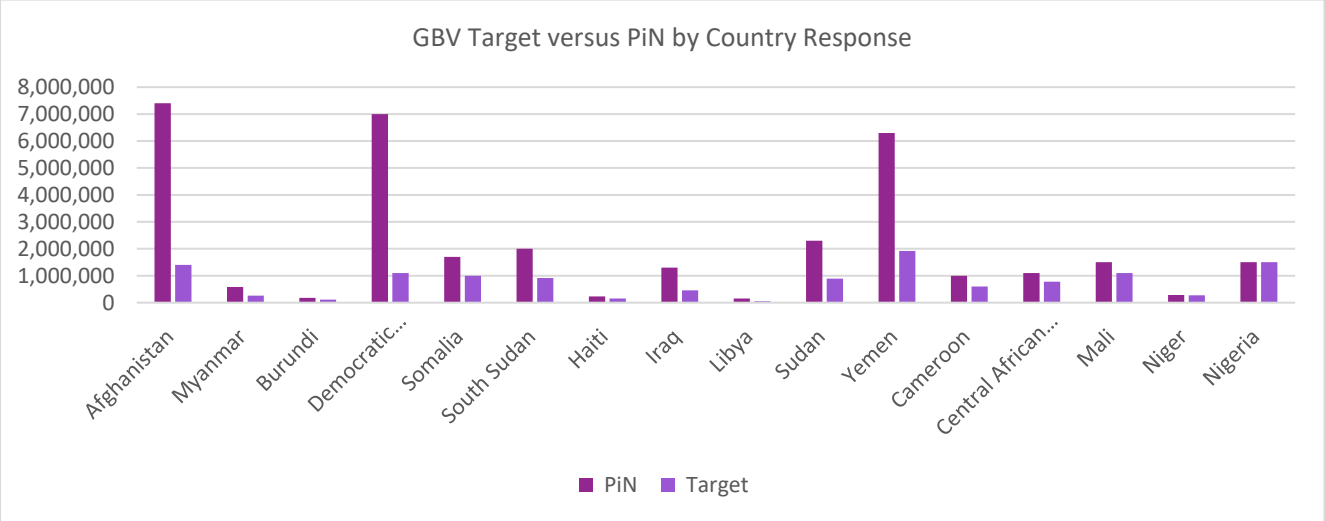

Figure 6: GBV target & PiN figures in 2021 HNOs & HRPs

Country	PiN	Target	% PiN Targeted	Financial Requirement ($)	Costing Methodology
Afghanistan	7,400,000	1,400,000	19%	38,700,000	Activity-based
Myanmar	582,311	260,000	45%	7,800,000	Activity-based
Burundi	176,000	112,000	64%	3,400,000	Activity-based
DRC	7,000,000	1,100,000	16%	46,900,000	Activity-based
Ethiopia	2,500,000		HRP not Published		

Somalia	1,700,000	1,000,000	59%	29,000,000	Activity-based
South Sudan	2,000,000	916,000	46%	30,000,000	Project-based
Ukraine	Joint with Protection			900,000	Project-based
Haiti	230,000	151,500	66%	4,200,000	Unit-based
Iraq	1,300,000	460,000	35%	38,400,000	Activity-based
Libya	153,000	54,000	35%	8,400,000	Project-based
oPt	Joint with Protection				Project-based
Sudan	2,300,000	890,000	39%	32,900,000	Activity-based
Yemen	6,300,000	1,920,000	30%	46,700,000	Activity-based
Cameroon	1,000,000	600,000	60%	17,500,000	Project-based
CAR	1,100,000	780,000	71%	14,120,000	Project-based
Mali	1,500,000	1,100,000	73%	19,800,000	Hybrid
Niger	287,000	270,000	94%	11,700,000	Unit-based
Nigeria	1,500,000	1,500,000	73%	37,600,000	Project-based

Table 6: GBV PiN and response target, financial requirement, and costing methodology for 2021 HPC

Quality of GBV narrative: The following indicators were used in this analysis to assess the quality of the GBV sectoral response narrative:

1. Does the GBV response narrative include clear sectoral strategic objectives addressing the identified needs and most affected groups and areas?
2. Is there a linkage established between the response priorities and the findings from the needs analysis in HNO in the GBV response narrative?
3. Does the GBV response narrative describe clear response strategies and modality prioritizing the most needed GBV services?
4. Is there a mention of collaboration with other sectors on GBV mainstreaming in the GBV response narrative?
5. Is there a mention of localization and strengthening the national systems or capacity building of the local actors in the GBV response narrative?

Here is a summary of the findings per indicator:

Does the GBV response narrative include clear sectoral strategic objectives addressing the identified needs and most affected groups and areas?

In addition to the inter-sectoral overall strategic objectives, all sectors/clusters can list their own strategic objectives in their sectoral sections. The sectoral objectives should be formulated based on findings of sectoral and intersectoral needs analysis (HNO) and tie into the overall strategy. For the GBV sectoral part, **66% (12/18) of HRPs had at least one objective that was GBV-specific. This shows a slight increase compared to 2020 (63%)**. On the other hand, 28% of HRPs had no GBV-specific objectives listed in the sectoral response strategy. This can be linked to the limited space given that led to integrating GBV in the overall protection objectives. One HRP (Myanmar) had separate GBV objectives in the sectoral response part, but those were the same as the Protection objectives with only the targets in those objectives adjusted. In terms of prioritization, the GBV response strategy included identifying specific targeted areas in 66% of HRPs and prioritization by affected population groups in 83% of the HRPs.

Is there a linkage established between the response priorities and the findings from the needs analysis in HNO in the GBV response narrative?

Although most HRPs had GBV specific PIN and target figures, the narrative often lacked a linkage with the findings from the GBV sectoral needs analysis in the HNO. This may be due to the limited space allocated to GBV or the fact that this part was combined within the overall Protection narrative. In cases where GBV was given enough space, a summary of the main GBV needs and underlying factors identified in the HNO was included, helping to set the scene and lay out the evidence base that informed response priorities. In Sudan HRP GBV was given a full chapter and this allowed presenting the complete picture of the GBV situation, including the main GBV drivers and needs, before outlining the response priorities and approach.

"*Gender Based Violence (GBV) continues to be a major concern in Sudan. Some 2.3 million people need GBV prevention, risk mitigation and response interventions. Women and girls suffer the most due to insecurity, violations of basic human rights, low economic status, lack of livelihood opportunities, and lack of community awareness on women's rights. In conflict affected states, about 55 per cent of IDPs are women and girls, with 27 per cent of these women below the age of 18. Presence of armed men, communal conflicts, tribal tensions and attacks on farms expose them to protection risks, such as threats, harassment, physical and sexual violence as they engage in daily activities. Women and girls account for over 90 per cent of GBV survivors, with few cases of sexual violence against men and boys reported. COVID-19 has exacerbated key risk factors for GBV in Sudan. During the lockdown, there was a marked increase in reports of multiple forms of violence against women and girls, fueled by survivors confined with perpetrators. Despite in 2020 a GBV hotline was established, women and girls in many affected areas lack access to mobile phones or internet . The GBV partners will target 890,000 people in 100 localities with information, capacity strengthening and access to multi-sectoral services for GBV survivors and those at risk of GBV, particularly women and girls, female headed households, child survivors of GBV, and persons with disabilities through health, psychosocial, legal, safety and security interventions. The GBV Sub Sector objectives for 2021 are:…"* -Sudan 2021 HRP.

Does the GBV response narrative describe clear response strategies and modality prioritizing the most needed GBV services?

100% of HRPs outlined the GBV response priorities and described the core services related to GBV response, risk mitigation and prevention. However, in some HRPs with limited space allocated to GBV such as oPt and South Sudan, the GBV text only briefly explained the contextualized response strategies and approach, which affected the clarity of the GBV response plan. In terms of types of activities included, all HRPs mentioned the specialized GBV activities (e.g., Case management, Psychosocial Support and Referrals), **61% (11/18) included Cash and Voucher interventions, and 61% (11/12) included empowerment activities to support GBV survivors and other women and girls in need.** In relation to response adaptation to the **COVID-19 context, only 56% (10/12) explained how the response delivery would be adapted.**

> **Tip for 2022 HPC:** When laying out the response priorities, it is recommended to avoid listing services without explaining how or why more emphasis should be put on particular types of services compared to others.

Is there a mention of collaboration with other sectors on GBV mainstreaming in the GBV response narrative?

50% (9/18) of the HRPs mentioned integration of child/adolescent survivors, and/or working closely with Child Protection AoR. In addition, **67% of HRPs included collaboration with other sectors**. This varied from a quick and general reference to GBV mainstreaming with all sectors to a more specific plan that focused on certain sectors. Examples included:

oPt HRP 2021 has specific mention of Child Protection and Health Cluster" *They will work closely with other Clusters, in particular the Child Protection Working Group and Health Cluster, and continue to use health and psychosocial support services as the best entry point for detection, treatment and referral of GBV cases*.".

Iraq HRP 2021 mentioned collaboration with the Cash Working Group, Livelihoods and Food Security. It also mentioned strengthening referral mechanisms with the Health Cluster "*The GBV Sub-Cluster will mainstream and integrate GBV intervention in the CWG, and Emergency Livelihoods and Food Security Clusters as per IASC guidelines*." "*Increased collaboration with the Health Cluster, the Sexual and Reproductive Health Working Group and specialized UN agencies will be reinforced in order to measure and strengthen the existing capacities of health responders and systems for clinical management of rape cases and improve survivors' access to healthcare services at the district level*"

DRC 2021 HRP mentioned collaboration with the Health Cluster "*La prise en charge médicale des survivant(e)s de violences sexuelles en collaboration avec le Cluster Santé : 100 pour cent des survivant(e)s de violences sexuelles sont ciblées (soit 246 000 personnes). L'accessibilité des survivant(e)s aux services de santé de la reproduction, y compris aux kits post-viol, sera améliorée grâce aux cliniques mobiles*."

Other HRPs mentioned collaboration in general such as South Sudan 2021 HRP "*Essential GBV actions will be integrated across multiple sectors to save lives and maximize protection*.", Myanmar 2021 HRP *"..and GBV mainstreaming by coordinating with other key clusters/sectors*", and Cameroon 2021 HRP "*Prevention and mitigation of GBV risks will be key, including across humanitarian sectors. The prevention and response strategy will be regularly informed by the results of the security audits*."

61% (11/18) included a reference to PSEA or link\referrals between GBV response and victims assistance (e.g., Nigeria "*GBV prevention and integration of GBV risk mitigation aimed at promoting dignity and safety in humanitarian action; and emphasis on upholding zero tolerance for sexual exploitation and abuse (SEA) across the humanitarian system through promoting accountability, prevention measures and support to survivors.*").

Tip for 2022 HPC: It is a good practice to identify specific sectors in each HPC cycle to focus on and explain in the HRP why they were prioritized, how the collaboration will happen and on what.

Is there a mention of localization and strengthening the national systems or capacity building of the local actors in the GBV response narrative?

Reference to localization, strengthening the national system and capacity building for local actors was noticed in 83% (15/18) of HRPs. In Cameroon 2021 HRP, for instance, there is one paragraph on Nexus and localization "*Humanitarian – Development – Peace Nexus The humanitarian response to gender-based violence will be anchored in the national and regional social protection schemes as part of the humanitarian-development-peace nexus and continuum approach. Capacity building of service providers including Government actors, and of communities will ensure the sustainability of the ongoing emergency response and linkages with development programs. The involvement of communities in the prevention and response to GBV will be placed at the center of interventions in 2021 with a view to contributing to the establishment of a solid and lasting community mechanism. In addition, Government leadership in coordination structures at the national, regional and divisional levels will help strengthen the national ownership system*".

Sudan HRP 2021 included a sub section on 'Engagement with Government' "*As part of building sustainability, GBV partners will engage with government institutions through advocacy, sensitization*

on GBV as well as continued strengthening of government coordination mechanisms through the Unit for Combating Violence Against Women (CVAW). The GBV AoR will work closely with the GoS in implementation of different mechanisms aimed at protecting vulnerable population from GBV, including the Framework of Cooperation (FoC) on Conflict Related Sexual Violence, the National Action Plan for UNSCR1325 and the Protection of Civilians (PoC) strategy."

OTHER NON-GBV SECTORS' RESPONSE

This analysis looked very lightly at whether or not other sectors addressed the identified barriers for women and girls to access their services and/or included measures to mitigate GBV risks in their sectoral response strategies. Findings revealed that **Health, Education and Nutrition were the top sectors that included such information in their sectoral response in 94%, 89% and 71% of HRPs, respectively**. GBV risk mitigation was also mentioned in the WASH sector in 67% of HRPs, in each of the Emergency Livelihoods and Food Security sectors in 50% of HRPs, and in the Shelter sector in 39% of HRPs. Very few HRPs (28%) had GBV mainstreamed in the CCCM sector.

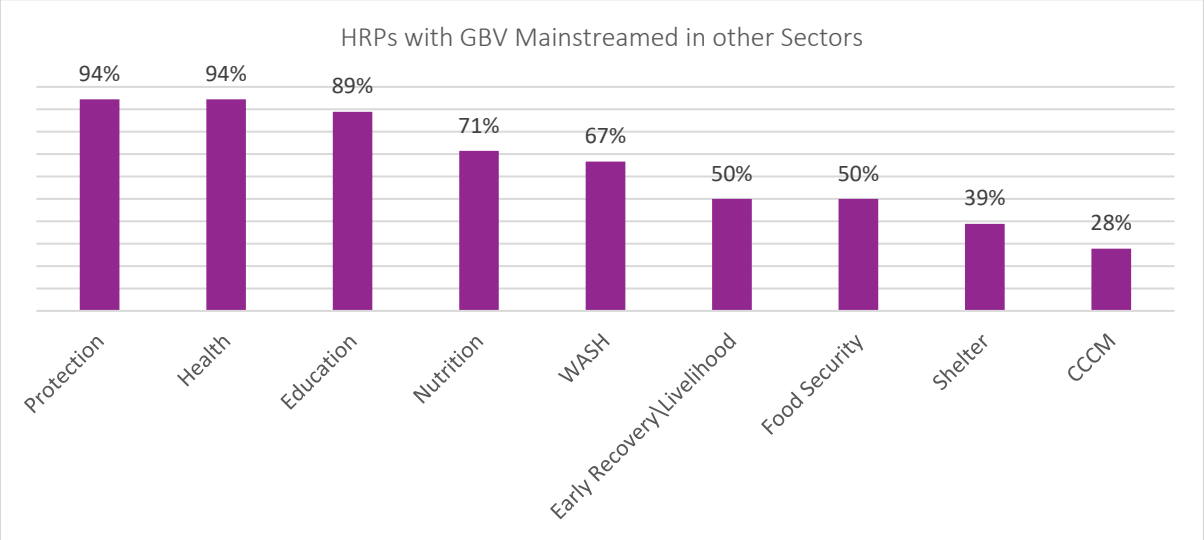

Figure 6: % of HRPs with GBV mainstreamed in non-GBV sectors

Tip for 2022 HPC: The GBV AoR is responsible for advocating and supporting non-GBV sectors to assess and analyze GBV risks in their sectors and share information with practical ideas to mitigate those risks. The IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, as well as The IASC Gender Handbook for Humanitarian Action include practical sector-specific recommendations for gender and GBV integration across the HPC.

Good examples of HRPs included GBV mainstreaming in other sectors response are:

Health: "*Needs for sexual and reproductive healthcare services, including interventions targeting SGBV survivors remain high, particularly during the lockdown associated with the COVID-19 outbreak. The Health Cluster will work to ensure access to sufficient and quality healthcare and family planning that prevents maternal and newborn morbidity and mortality. Gender sensitive case management procedures will be embedded into routine healthcare services for women, infants, children and adolescents. 2) An integrated response to SGBV will also be coordinated with the Protection Cluster as SGBV encompasses protection, psychosocial and medical elements, with the Health Cluster focusing*

more on the medical aspects at the facility level to ensure appropriate SGBV detection, Clinical Management of Rape (CMR) and referral."- oPt 2021 HRP.

Food Security: "*Food Security Sector will work in collaboration with other sectors, to incorporate protection and gender-based violence (GBV) measures throughout all planned activities. The sector is aware that food or cash distributions may unintentionally contribute to GBV, and thus prevention strategies informed by protection and GBV assessments will be incorporated as mitigation.*"-Myanmar 2021 HRP.

WASH: "*The Cluster will increase its efforts to promote gender equity by utilising female-led focus group discussions to more systematically consult women and girls in decisions on the location of WASH infrastructure (collective water points, toilets and showers, handwashing points), but also through the design of the related equipment and improvements to the content of the hygiene kits (sanitary pads, soap, containers, purification tabs or sachets etc). The Cluster will also engage closely with the GBV Sub-Cluster to ensure GBV mitigation is fully integrated into WASH activities*." - Afghanistan 2021 HRP.

Nutrition: "*Furthermore, the roll out of the nutrition and GBV action plan will help address the GBV related concerns raised through the GBV safety audit that was performed in 62 per cent of the nutrition sites*"- Somalia 2021 HRP.

Education: "*Assessments showing that out-of-school girls, particularly IDP and returnee girls, are at an increased risk of early or forced marriage and other types of GBV. The education cluster will strengthen the localization of the response by including training to School Management Shuras on the importance of education, especially for girls, as well as to increase awareness on issues pertaining to gender, disability inclusion and negative socio-cultural practices (such as early or child marriage..)*"- Afghanistan 2021 HRP.

"*To reduce the risk of violence against facility users, part**[1]**ners will ensure water and sanitation are constructed close to dwellings and that toilets are lockable. A universal design will be adopted to ensure water and sanitation facilities are accessible to all, including persons with disabilities*" Somalia 2021 HRP.

Livelihoods Emergency: "*The Emergency Livelihoods Cluster will target the most vulnerable, including female-headed households, households with people with disabilities, households with children who consistently have lower incomes and experience challenges in accessing services, while also being at increased risk of exposure to protection violations, such as child labour or child marriage, as their families engage in negative coping mechanisms to afford basic expenses*."-Iraq 2021 HRP

Shelter: "*PSEA trainings and sensitizations are provided to staff, volunteers, local labourers who participate in the sector response to affected populations to pass on the protection, prevention, response and mitigation knowledge and risk reduction of GBV and sexual exploitation and abuse*."- Nigeria 2021 HRP.

CCCM: "*Additional information to inform the monitoring and evaluation of the cluster include ad hoc shelter needs assessments, NFI needs assessments and post distribution monitoring reports, as well as quarterly (more detailed) site profiles in central Rakhine and annual camp profiling exercises in Kachin and northern Shan states. Gender based violence partners conduct regular safety audits of camps and sites to monitor and address protection concerns particularly for women and girls related to GBV."-* Afghanistan 2021 HRP.

CONCLUSION AND RECOMMENDATIONS

There is an overall improvement in the inclusion of GBV into 2021 HNOs and HRPs compared to 2020. GBV was increasingly integrated into the inter-sectoral analysis in the vast majority of countries' responses. In addition, the GBV dedicated space and figures in the sectoral sections allowed more visibility and, most importantly, strengthened the planning process by having precise baseline figures for people in need, target, financial ask, response strategy and monitoring plan. However, there are still some areas that could be strengthened in the following parts:

Inter-sectoral Part

- GBV in the crisis context and impact section of the HNO: It is a good practice to have a standing sub-section under this part to highlight the gender-specific impact and protection concerns, including GBV risks analysis. Indicators from secondary data reviews can be utilized to inform this part. The IASC Gender Handbook for Humanitarian Action and The IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action include recommendations on the types of information and sources that can inform the analysis of the impact of emergencies on women, girls, men, and boys. A repository of context, shock and impact example indicators can be found in the JIAF context-shocks-impacts guidance (Annex 3).
- GBV in the humanitarian conditions overall or sub pillars sections (Living Standards, Coping Mechanisms and Physical and Mental Wellbeing): Inclusion of GBV indicators that are linked to humanitarian conditions is imperative to ensure representation of GBV issues in the inter-sectoral needs analysis of the affected population in this part. The JIAF Indicators Reference Table includes examples of unique GBV needs indicators that can be used in the inter-sectoral model. This document also included some useful tips, examples and best practices from the 2021 HNOs that can be used as a supportive reference.
- GBV in the inter-sectoral severity and PiN calculation: It is very important for the GBV coordination teams to participate actively in the development of the inter-sectoral analysis plan and ensure the inclusion of GBV indicators in the primary data collection initiated to inform the HNO different analysis parts, with a focus on the humanitarian conditions that are translated into severity ranking and PiN figures. Useful examples can be found in the GBV AoR guidance on key GBV questions and indicators in the MSNA/MCNA.
- GBV needs monitoring indicators: Whether they are included in the inter-sectoral or sectoral part, GBV indicators need to be strengthened by using a range of indicators related to trends, which do not use the number of survivors. GBV AoRs should also consider including more frequent data collection methods such as safety audits, protection monitoring, or joint service mapping and referral pathways.
- GBV in the inter-sectoral overview and the strategic response priorities parts of the HRP: GBV response strategies should tie to the inter-sectoral strategic and specific objectives and framework and include clear activities and indicators. GBV survivors and other people at risk of GBV should be among the priority subgroups to ensure access to their multi-sectoral needs and support their recovery. GBV risk mitigation should also be adopted and articulated in the overall response strategy.

Sectoral Part

There has been a noticeable increase in the space allocated to the GBV narrative in the sectoral part in many HNOs and HRPs, which improved the visibility of GBV and delineated GBV requirements and approach within the overall Protection frame. Yet, it was limited in the majority

of HNOs and HRPs and missed the sectoral structure. In addition, the following points will require more attention from the field team and more support from the global and regional teams:

- According to reports by field teams (in the KIIs), it seems that the process of identifying needs indicators for the GBV sectoral severity analysis and PiN calculation was not smooth everywhere. The reported challenges related to lack of guidance, resistance and limitations with the selection of GBV indicators, or tight time allocated to the process.
- GBV needs by different affected groups and geographic are still insufficiently visible. The GBV narrative in the sectoral needs analysis will consequently require more efforts from the field team to provide such analysis. The limited space could be another bottleneck to take in consideration in developing a more comprehensive and structured analysis in one place.
- The GBV narrative and response monitoring framework in the HRP were missing comprehensiveness and clarity when there was not enough space allocated to GBV. In such cases, the GBV narrative appeared condensed, partial or integrated under the overall Protection objectives or other shared parts. Additionally, the GBV narratives often had light linkages with needs analysis done in the HNO further affecting comprehensiveness and rationality of the GBV response.
- GBV response specific objectives and strategies in the HRP should follow and tie to the inter-sectoral strategic and specific objectives and framework with clear activities and indicators that can be reported easily by GBV partners.
- On the inclusion of collaboration with other sectors, many HRPs had a general reference to GBV mainstreaming in the GBV response part. It is good practice to be more detailed and focus on specific sectors with a clear integration or collaboration plan.
- Reference to localization, strengthening the national system and capacity building for local actors was noticed in the majority of HRPs, which is a good practice to be reinforced. The GBV AoR promotes and supports a more extensive role of WLOs in its 2021-2025 strategy. More focus on women`s led organizations can also be referenced to promote their roles and support advocacy.
- Although there has been a shift to using activity-based costing to estimate the response financial requirement, the methodology and its implementation have raised many challenges and weaknesses. More guidance and support are needed for this purpose.

Non-GBV Sectors Parts:

GBV mainstreaming was effective in some sectors, particularly in the Health and Education sectors and especially in the HRPs. However, more work is required in the HNOs and more advocacy and collaboration are needed to include GBV risk analysis and mitigation measures into other sectors' responses.

Next Step: Field coordination teams will use this report to identify areas of improvement in their respective contexts. The global and regional teams will use the findings from this report to inform designing the field support plans for the upcoming HPC cycle, in consultation with country teams. Technical guidance notes with supporting tools will be developed, followed by a series of webinars targeting field coordination teams to address the identified areas of support and reinforce best practices.

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ANNEXES

Annex A-2021 HNO & HRP Data collection Checklist and Tool

1-HNO

General Information

Note: If any of the information listed below is not available in the HNO or HRP documents, collect it during the KI interview.

HNO Year (multi-year)				
Crisis type				
Crisis start year				
Total population (if available)				
# of Affected population				
Affected population groups (list all)				
Total PiN	Total:	Women%:	Children%:	PwD%:
Total Protection PiN	Total:	Women%:	Children%:	PwD%:
Overall PiN Methodology (JIAF-Data Scenario A,..B,NCT, SDRs..)				
Primary data collection tools for severity and PiN analysis *(MCNA/MSNA (HH), (KII)Area-based assessments, FGDs)*				

GBV Sectoral Analysis

Separate PIN for GBV? *(Yes, Joint with PC, No)*				
GBV PIN	Total:	Women%:	Children%:	PwD%:
GBV Acute PiN (if available)				
Did GBV PiN increase\decrease compared with the previous HNO? (increased\decreased\no change\NA)				
Reasons for the change?				
Separate section\narrative for GBV? *(one-page, half-page, Joint with Protection, none)*				
Are the most prevalent GBV types\forms mentioned in the narrative (trends analysis)? (Yes/No)				
If yes, what are the GBV types\forms mentioned in the narrative? (list all)				
Is GBVIMS analysis included? (Yes/No)				
Is National data on GBV used? (Yes/No)				
Is the number of GBV cases used? (Yes/No)				
Is sector-led assessment used? (Yes/No) (Example, qualitative assessments)				
If yes, describe.				
Are underlying factors\GBV risks described in narrative? (Yes/No)				

If yes, what underlying factors\GBV risks? (list all)	
Is an analysis of the impact of COVID-19 pandemic on GBV and service provision included? (Yes/No)	
Is there an indication of GBV exacerbation because of COVID-19? (Yes/No)	
If yes, describe the impact?	
Are specific needs\vulnerable groups identified? If yes, list them(e.g., adolescent girls, FHHs..)	
Is need analysis by different affected population groups included? (Yes/No)	
Describe the overall quality of the GBV narrative in the protection/GBV section	
Good examples/practices. (highlight if there are)	1- 2- 3-
Data sources used in the GBV narrative	
Any other observations?	

What are the GBV needs indicators & thresholds used for GBV analysis and PiN calculation. Check if the GBV needs indicator was used in the intersectoral analysis & PiN calculation

GBV Needs indicators					Severity Scale				
Indicator	Data source	(HH/KI/FGD)	Used for the intersectoral PiN?	Sub pillar	1	2	3	4	5

GBV indicators for needs monitoring

Needs Monitoring Indicator	Data Sources

GBV Integration in Other Parts

Overall\ Intersectoral Parts:

Does the HNO include a gender analysis of the impact of the crisis and highlight the key needs and risks for women and girls?	

Are women and girls mentioned among the vulnerable or priority groups?	
Are other groups at risk of GBV mentioned? If yes, what groups?	
How is GBV mainstreamed throughout HNO different parts? (Please specify if GBV was mentioned explicitly or only analysis by gender needs was included)	
GBV in Overall Impact of the Crisis and Humanitarian Conditions (Yes/No - describe)	
GBV in shock and impact pillar (Yes/No -describe)	
GBV in Humanitarian conditions pillar and sub pillars (Yes/No)	
Describe GBV in intersectoral severity of needs and drivers of severity in:	
Living Standards sub pillar (Yes/No -describe)	
Coping Mechanism sub pillar (Yes/No -describe)	
Physical and mental wellbeing sub pillar. (Yes/No -describe)	

Other Sectors

Is GBV risk\gender analysis included in other sectors? (Yes/No – describe) *Hints: Check if other sectors specific parts include specific needs analysis for women and girls including main barriers to access their services and the associated GBV risks.*	
Camp Coordination and Camp Management	
Education	
Emergency Livelihoods	
Food Security	
Health	
Shelter	
Water, Sanitation & Hygiene	
Nutrition	
Protection	

2-HRP

General Information

HRP Year (multi-year)	
Type of Response Plan (HRP, Joint)	

2021 Target	Total:	Women%:	Children%:	PwD%:
2021 Total financial requirements				
% funded in 2020				
% People Reached in 2020				
Costing Approach 2021 (ABC, Project based, Hybrid)				
Strategic Objectives (SOs) (list all)				

GBV Sectoral Narrative

GBV AoR in HRP *(Stand-alone, Joint with protection, none)*				
Size *(half-page, one page,..)*				
GBV specific objective *(Yes/Joint with PC/No)*				
Copy GBV/PC SO here				
Separate target for GBV? (Yes/Joint with PC/No)				
GBV Target (if not available, use PC target)	Total:	Women%:	Children%:	PwD%:
Did the target increase/drop compared with the previous HRP? (Increased\Decreased)				
If yes, reasons?				
Estimated GBV financial requirement in HRP				
Did the financial requirement increase\decrease compared with the previous HRP?				
Costing approach (ABC, Project-based, Hybrid)				
Number of total affected areas				
Number of targeted areas for GBV response				
Are specific needs groups/priorities mentioned in response?				
Is there a mention of capacity building of local partners?				
Is there a mention of women's led org?				
Is there a mention of localization and strengthening the national systems and capacity?				
Is there a mention of adaptation of response to the context of COVID-19 pandemic? (describe)				

Was GBV response recognized as part of the essential services under COVID-19 response?	
Integration of child/adolescent survivors? And/or CP? (Yes/No)	
Is there a mention of integration with any other cluster in the GBV narrative? (Yes/No-list)	
Is there a mention of PSEA or link\referrals between GBV response and victims assistance? (Yes/No)	
Are specialized GBV activities included in the response plan? (Yes/No)? (CM & referrals, PSS, AW,DK)	
Empowerment activities (Yes/No)	
Cash assistance?	
Capacity Building activities (Yes/No)	
Feedback mechanism in place (Yes/No-describe)	
Linkage with the needs analysis in HNO (Yes/No)	
Describe the overall quality of the GBV AoR narrative and response approach including activities and response indicators.	
Good examples	

List all activities\cost\response indicators

Activity	Response Monitoring Indicator	Indicator Type (Output/ Outcome/ Quality)	Unit cost	Currency	Target	Overall cost

GBV Integration in other Parts

Overall Parts:

Is GBV mentioned directly in the overall SOs? (Yes/No/Indirectly)	
If yes or indirectly, how? Copy the SOs	
Is GBV mentioned in the overall parts? (Overview, Strategic Response Priorities and	

Humanitarian Conditions and Underlying Factors)-Describe	
Is there a mention of GBV survivors among the priority groups?	
Is there a mention of women & girls or other groups at risk of GBV among the priority group? (Yes/No-describe)	
Does “What if We Fail to Respond” part include impact on GBV? (Yes/No-describe)	

Other Sectors

Is GBV risk mitigation/gender mainstreamed through other sectors response plans? (Yes/No-describe for each sector below) *Hints: Check if the HRP (sector specific part) includes(1) specific needs of women and girls and (2) corresponding responses which address identified barriers and risks including GBV risks in HNO (3) GBV related response monitoring indicators used* *(Findings to be crosschecked with other sectors analysis too) (Yes/No – describe by sector)*	
Camp Coordination and Camp Management	
Education	
Emergency Livelihoods	
Food Security	
Health	
Shelter	
Water, Sanitation & Hygiene	
Nutrition	
Protection	