Bridging Gaps

Essential Gender Data Toolkit
for Humanitarian Action

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United Nations
Economic Commission for Africa

UN WOMEN

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The toolkit has been produced under the leadership of UN Women. Its primary users will be gender and information management specialists who may not have specialized gender statistics skills or are new to working in humanitarian settings.

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Acronyms

AAP	Accountability to affected populations
CCCM	Camp Coordination and Camp Management
CRS	Catholic Relief Services
CP	Child Protection
CSOs	Civil society organizations
DRR	Disaster risk reduction
DTM	Displacement Tracking Matrix
DEEP	Data entry, exploration platform
ECA	(United Nations) Economic Commission for Africa
ESARO	East and Southern Africa Regional Office
FAO	Food and Agriculture Organization
FGs	Focus groups
GBV	Gender-based violence
GiHA	Gender in Humanitarian Action Working Group
GRG	Gender Reference Group
HAC	Humanitarian Action for Children
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDX	Humanitarian Data Exchange
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRBAD	Human Rights Based Approach to Data
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDPs	Internally displaced persons
IER	Individual emergency registration
ILO	International Labor Organization
IOM	International Organization for Migration

MIRA	Multi-Sector Initial Rapid Assessment
NGO	Non-governmental organizations
NSO	National statistics office
NSS	National statistical system
ODK	Open Data Kit
PAF	Protection Analytical Framework
PSEA	Protection from sexual exploitation and abuse
ROAS	Regional Office of the Arab States
SADD	Sex and age disaggregated data
SEA	Sexual exploitation and abuse
SOGIESC	Sexual orientations, gender identities, gender expressions and sex characteristics
TWG	Technical working group
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UNHCR	United Nations High Commission for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, sanitation and hygiene
WCARO	Western and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization
WLO	Womenled organizations
WRO	Women's rights organizations

1 Introduction

A humanitarian crisis or emergency refers to a singular event or a series of events in a country or region that causes serious disruption to the functioning of a society resulting in human, material, or environmental losses which exceed the ability of affected people to cope using their own resources. A crisis may be further classified according to its speed of onset (sudden or slow), its length (protracted) or cause (natural or man-made hazard or armed conflict)[1], These can be the consequences of natural disasters such as earthquakes, tsunamis, flooding, volcanic eruption, and drought, and armed conflicts including civil war, ethnic cleansing, genocide, and rebellions/uprisings.

However, there are also some instances where humanitarian settings are not necessarily associated with a breakdown in the functioning of public institutions. These include national, regional, and international health crises (for example, COVID-19, Ebola, cholera, and monkey pox), disasters such as damage from flooding or a cyclone, as well as instances where countries experience a sudden and large influx of refugees from neighboring countries. In these types of crises, public institutions usually remain in place but may not be functioning as effectively as

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1   Inter-Agency Standing Committee. (2015). *Introduction to humanitarian action: A brief guide for resident coordinators.* Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

What makes gender data different in humanitarian settings?

Humanitarian crises are fluid and dynamic, which makes data collection a challenge especially where partner capacity is limited. Even if gender data is a priority, it is still just one priority in a sea of other competing, very urgent issues that need to be addressed. Depending on the context, awareness of different gender concepts might be limited with the term gender is also often still used interchangeably with sex. Although there is more awareness of gendered social roles and responsibilities, our understanding of how these link to gender inequality and existing gender inequality exacerbates genzdered vulnerabilities during a crisis. This includes an understanding of longer-term impacts for resilience and recovery.

Gender data itself is perhaps not a well understood concept in the humanitarian space. The term is often limited to an understanding of sex and age disaggregated data and may be thought of only as a requirement rather than a tool to be used to strengthen programming. Although most agencies make provision for the collection of sex and age disaggregated data (SADD), it doesn't always happen, or it is collected inconsistently. This may relate to a lack of capacity, lack of political will, or, sometimes, lack of access to affected people. In some cases, it is simply not prioritized because its use for targeting and programming is not clear.

Source: Amy Henderson, GENCAP, Somalia

previously due to the prevailing situation. During a health crisis, population movements may be restricted through lockdown, travel restrictions, and other measures, while in instances of a large influx of refugees, the country hosting these refugees may face some logistical and financial resource challenges.

Humanitarian action cannot be effective and equitable without the participation of women, men, girls, and boys in all their diversity. Furthermore, the human rights-based approach (HRBA) to humanitarian action requires a better understanding of the needs, capacities, and priorities of these sub-groups particularly women and girls who are often overlooked.

Some of the factors that contribute towards their marginalization include:

1. **Lack of gender-sensitive data**[2]**:** humanitarian responses frequently lack comprehensive data disaggregated by gender and age, which is crucial for understanding the specific needs of women and girls. Without this data, their unique vulnerabilities and capacities are not adequately addressed.

2. **Underfunding of gender-specific programs**[3]**:** programs targeting the needs of women and girls often receive insufficient funding. For example, only 39 per cent of the funding requested for gender-targeted programming is typically met compared to 69 per cent for overall appeal requests. This financial gap limits the ability to implement effective gender-responsive interventions.

3. **Limited participation in decision-making**[4]**:** Women and girls are frequently excluded from decision-making processes in humanitarian settings. This exclusion means their perspectives and needs are not fully integrated into the planning and implementation of humanitarian responses.

4. **Focus on immediate needs**[5]: Humanitarian efforts often prioritize immediate needs such as shelter, water, and food, while the specific needs of women and girls, such as protection from gender-based violence (GBV) and access to reproductive health services, are treated with less urgency.

5. **Cultural and social norms**[6]: pre-existing gender inequalities and cultural norms can exacerbate the marginalization of women and girls in crisis situations. These norms often limit their access to resources and opportunities, further entrenching their vulnerabilities.

6. **Increased care burden**[7]: Iin many humanitarian contexts, women and girls take on increased care responsibilities, such as providing food and water and caring for the sick. This additional burden restricts their ability to engage in other activities including education and economic opportunities.

2   UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief.* Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

3   Inter-Agency Standing Committee. (2020). *The gender handbook for humanitarian action.* Retrieved from https://interagencystandingcommittee.org/sites/default/files/migrated/2020-09/The%20Gender%20Handbook%20for%20Humanitarian%20Action.pdf

4   IASC. (2020). *The gender handbook for humanitarian action.* Retrieved from https://interagencystandingcommittee.org/sites/default/files/migrated/2020-09/The%20Gender%20Handbook%20for%20Humanitarian%20Action.pdf

5   ReliefWeb. (n.d.). *Women's and girls' rights and agency in humanitarian action.* Retrieved from https://reliefweb.int/attachments/0f6815fa-e912-3b57-8eec-4f2454b0472a/Women's-and-girls'-rights-and-agency-in-humanitarian-action-A-life-saving-priority.pdf

6   IASC. (2020). *The gender handbook for humanitarian action.* Retrieved from https://interagencystandingcommittee.org/sites/default/files/migrated/2020-09/The%20Gender%20Handbook%20for%20Humanitarian%20Action.pdf

7   UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief.* Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

Addressing these challenges requires a concerted effort to integrate gender considerations into all aspects of humanitarian action ensuring that the voices and needs of women and girls are heard and met.

Figure 1 illustrates how differing roles of women and men in society can constrain their access to the resources necessary for resilience and recovery. The differential roles of women and men before a crisis continue and may even deepen during a humanitarian crisis and, as a result, the crises can impact differently on women and men, girls and boys. In many instances, a crisis may even further exacerbate women's ability to access the resources needed for resilience and recovery. Furthermore, protection risks are exacerbated for women and girls, particularly GBV in the form of intimate partner violence, early/child marriage, and sex for survival/negative coping strategies. Given the differtial ways in which

women and men, girls and boys are affected by crises, humanitarian responses will only be inclusive, effective, efficient, and empowering if women and girls are included in defining needs and crafting solutions.

There is a range of publications that explore gender dynamics in humanitarian and conflict settings[8] with examples including increases in risks and stressors that lead to sexual exploitation and abuse of women and girls and early or forced marriages.

Regular gender statistics frameworks, and traditional data collection methods are often no longer applicable in these circumstances characterized by urgent data needs in a geographic and demographic landscape that is rapidly changing due to fluid security and other settings. Quite often, the national

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8   Humanitarian Library. (2024). Updated - Integrating gender in the context of conflict. Retrieved from https://www.humanitarianlibrary.org/collection/updated-integrating-gender-context-conflict
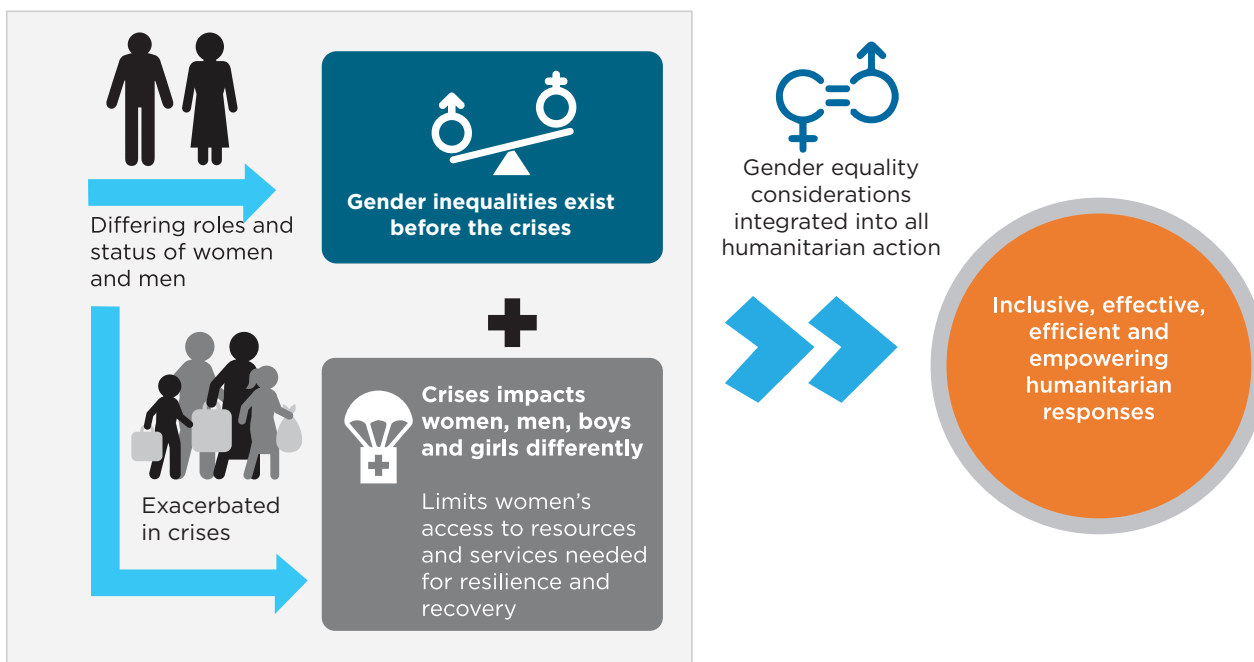

Figure 1: Gender within the humanitarian context

Source: Adapted from the Gender Handbook for Humanitarian Aid, published by IASC, 2018.

statistics office (NSO) collects data irregularly or collects data that is not focused on the humanitarian crisis. In many instances, NSOs also only continue with operations in areas where the physical safety of data collectors can be guaranteed. Broadly speaking, humanitarian actors collect data at output level while NSOs focus more on outcome data if they are present in the area affected by a crisis.

Given the need for urgent activity and output data, the humanitarian community (UN aid agencies, non-governmental organizations (NGOs), international organizations, civil society, the Red Cross and the Red Crescent movement, among others. play a more prominent role in the production and use of data and statistics. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) present in a particular country will lead the development of a Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) in partnership with partners. As an entity dedicated to supporting women's needs worldwide and working with Member States and civil society to achieve gender equality and women's empowerment (GEWE). UN Women contributes towards GiHA coordination processes, which include the promotion of SADD collection and analysis, advocacy within UN-led coordination system processes is often tasked with ensuring that gender issues are mainstreamed in the HRP[9] in humanitarian settings.

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9   OCHA. (2022). *Humanitarian response plan guidance - Humanitarian programme cycle 2023*. Retrieved from https://www.unocha.org/attachments/b901be5c-edc5-420d-a60b-f6f05c036c98/1._hpc_2023-stepbystep_guide_0.pdf

This toolkit is aimed at providing an easily accessible compendium of resources available for the production and use of gender data in humanitarian settings. It is tailored to build capacity and provide guidance to governments, civil society organizations (CSOs), humanitarians working with data, information managers, managers, decision-makers, statisticians, and users of gender statistics. The tools contained in the toolkit can be used to support key humanitarian planning and operational processes including advocacy, strategy and policy formulation, planning, resource allocation, monitoring, and evaluation.

The intended users of the toolkit are gender statistics practitioners, policy and decision-makers who work for national parliaments, governments, NSOs, humanitarian organizations including UN agencies, international non-governmental organizations (INGOs) and national NGOs, civil society organizations (CSOs), academic institutions, and researchers.

The toolkit consists of this introduction, followed by Section 2 which highlights concepts and definitions. Section 3 explores engendering the statistical value chain and emphasizes the unique characteristics of data collection in crisis settings. Section 4 is organized around gender-specific thematic areas and includes gender based violence, food security, shelter and protection, humanitarian assistance for children, livelihoods, and health.

2 Principles, concepts, and ethics in humanitarian settings

While the production of statistics should always be guided by ethical considerations, the complexity of humanitarian settings often results in some of these being overlooked for expediency. The following key guiding principles, concepts, and ethics are important for gender data production in humanitarian settings.

2.1 Guiding principles in humanitarian settings

1. **Human rights-based approach to data[10]:** According to the UN, the human rights-based approach to data (HRBAD) helps identify inequalities, discrimination, and unbalanced power relations. Based on human rights principles, this approach emphasizes *participation, data disaggregation, self-identification, transparency, privacy, and accountability* of all actors in the decision-making process, with a particular focus on under-represented groups such as women, girls, boys, disabled people, the elderly, and minority groups. Participation has long been an important pillar in humanitarian settings. The Gender Handbook for Humanitarian Action (February 2018 IASC Reference Group), recommends that women and men should be empowered using participatory mechanisms to play an essential role in their own development and that of their communities.

2. **Gender equality accelerators[11]:** UN Women identifies ten essential solutions that have the potential of speeding up the achievement of SDG 5 and related gender equality objectives. Women's Leadership, Access, Empowerment, and Protection in Humanitarian Coordination and Response (Gender Equality Accelerator 8, GEA8) and gender data (GEA10) have been identified as two of these accelerators and should therefore form an integral part of humanitarian interventions.

3. **Partnerships and complementarity[12]:** advancing partnerships, collaboration, and complementarity with other humanitarian actors including UN sister agencies (i.e., UNHCR, OCHA including GenCap, UNFPA, WFP, and IOM), INGOs (e.g., Care International), governments, and local women's organizations.

4. **Intersectionality[13]:** incorporating a gender analysis that considers intersecting identities throughout all phases of humanitarian programming is essential. This approach aims to address those affected by crisis such as women and girls who may have diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC), disabilities and/or migratory status.

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10 OHCHR. (2018). *Human rights based approach to data*. Retrieved from https://www.ohchr.org/sites/default/files/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf

11 UN Women. (2024). *Gender equality accelerators*. Retrieved from https://www.unwomen.org/en/what-we-do/gender-equality-accelerators

12 UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief*. Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

13 UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief*. Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

5. **Leave no one behind[14]:** it is necessary to protect and uphold the dignity, equality, and rights of women and girls while combating discrimination and addressing intersectional inequalities. In data collection, it is important to recognize and account for the vulnerability of the most marginalized in all phases of planning, collection, usage and storage.

6. **Do no harm and conflict sensitivity[15]:** by preventing consequences that put women and girls at risk and addressing common gender biases in conflict analysis, one needs to provide a more accurate and comprehensive understanding of the root causes, triggers, and drivers of conflict.

7. **Accountability to affected populations (AAP)[16]:** collaborating with communities to identify and address their specific challenges and placing a strong emphasis on meaningful involvement of crisis-affected women and girls in decision-making processes across the humanitarian programme cycle. It aligns with the IASC Revised Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse by taking account of, giving account to, and being held to account by the people that UN Women supports.

8. **Prevention of sexual exploitation and abuse (PSEA)[17]:** this includes prioritizing the protection of individuals from sexual exploitation and abuse (SEA) through robust governance frameworks and operations. With a survivor-centred approach aligned with the IASC's core principles on SEA, PSEA promotes compliance with humanitarian standards and advances for gender equality, women's empowerment, and the protection of women's rights in humanitarian action.

14   UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief*. Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

15   UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief*. Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

16   UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief*. Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

17   UN Women. (2023). *UN Women humanitarian strategy 2022-2025: In brief*. Retrieved from https://www.unwomen.org/sites/default/files/2023-08/un-women-humanitarian-strategy-2022-2025-in-brief-en.pdf

2.2 Key gender and humanitarian assistance concepts

The table below summarizes the main gender and humanitarian assistance concepts:

Table 1: Key gender, gender statistics and humanitarian concepts

Term	Definition
Context analysis	Context analysis enables humanitarians to better understand the socio-cultural, political, economic, and geographic factors that give rise to crisis and will either hamper or enable their response.
Gender[18]	The term refers to socially constructed differences in the attributes and opportunities associated with being female or male and social interactions and relationships between women and men.
Gender and age marker (GAM)[19]	The IASC GenCap project developed the GAM, which examines the extent to which essential Gender Equality Measures form part of programming. It identifies gender- and age-related differences in humanitarian response. This makes use of an automatic coding system which is summarized in Table 1.
Gender analysis	Refers to examination of the differences in gender roles, responsibilities, needs, opportunities, and rights of women, men, girls, boys, and persons of other genders in various contexts. Gender analysis helps to identify major areas of gender-based inequality, discrimination, and exclusion and specific challenges and constraints, as well as the actions needed to address them; and it is the starting point for gender mainstreaming. Gender analysis can improve the overall identification and analysis of the underlying factors in a humanitarian situation and should form an integral part of the analysis of the overall vulnerabilities of populations affected by humanitarian crises.
Gender-based violence (GBV)	Gender-based violence (GBV) is a serious violation of human rights and a life-threatening health and protection issue; and may include physical, sexual and psychological violence, such as rape, sexual abuse, trafficking and forced prostitution. And although anyone – women, girls, men and boys – can fall victim to violence simply because of their sex or gender, women and girls are especially at risk. Other forms of violence that may be exacerbated in humanitarian situations are economic violence and harmful traditional practices.
Gender-based violence in emergency (GBViE) programming[20]	This refers to the GBV interventions (prevention, risk mitigation, and response) in emergency settings.

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18   United Nations. (2016). Integrating a gender perspective into statistics. Retrieved from https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/gender/Integrating-a-Gender-Perspective-into-Statistics-E.pdf
19   IASC. (2019). Gender age marker. Available from IASC-gam@un.org
20   *Interagency Minimum Standards for GBV in Emergencies Programming Gender-Based Violence Area of Responsibility*. (2019). Retrieved from https://gbvaor.net/gbviems

Term	Definition
Gender data and statistics[21]	The UN defines gender statistics as statistics that adequately reflect differences and inequalities in the situation of women and men in all areas of life. Gender statistics are defined by the sum of the following characteristics: (i) data is collected and presented disaggregated by sex as a primary and overall classification; (ii) data reflects gender issues; (iii) data is based on concepts and definitions that adequately reflect the diversity of women and men and capture all aspects of their lives; and (iv) data collection methods take into account stereotypes and social and cultural factors that may introduce gender biases.
Gender data gap	Refers to non-available gender data for planning and monitoring progress towards the achievements of Agenda 2030 on the Sustainable Development Goals (SDGs), the African Union (AU) Agenda 2063, WPS Agenda in Africa, and the SENDAI framework.
Gender equality	This means equal opportunities, rights and responsibilities for women and men, girls and boys. Gender equality does not mean that women and men are the same but that women's and men's opportunities, rights and responsibilities do not depend on whether they are born or identify themselves as female or male. It also implies that the interests, needs, and priorities of both women and men must be taken into consideration in all processes, projects, programmes, and policies.
Gender equality measures (GEM)[22]	Gender equality measures consist of 12 essential programme elements that are recommended for inclusion in humanitarian programming by the IASC GenCAP project.
Gender in humanitarian action working group (GiHA)	Main vehicle for gender mainstreaming in humanitarian country teams
Gender mainstreaming[23]	According to IASC, gender mainstreaming is shorthand for saying that the impact of all policies and programmes on women and men should be considered at every stage of the programme cycle, from planning to implementation and evaluation. In crisis situations, mainstreaming a gender focus from the outset: • Allows for a more accurate understanding of the situation; • Enables us to meet the needs and priorities of the population in a more targeted manner, based on how women, girls, boys and men have been affected by the crisis; • Ensures that all people affected by a crisis are acknowledged and that all their needs and vulnerabilities are taken into account; and • Facilitates the design of more appropriate and effective responses. UN Women currently uses a check list of five codes (from 0 to 4) for gender mainstreaming in projects, policies, and programmes.

21   United Nations. (2016). *Integrating a gender perspective into statistics.* Retrieved from https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/gender/Integrating-a-Gender-Perspective-into-Statistics-E.pdf
22   IASC. (2019). *Gender age marker.* Available from IASC-gam@un.org
23   UN Women. (2022). *Handbook on gender mainstreaming for gender equality results.* Retrieved from https://www.unwomen.org/sites/default/files/2022-02/Handbook-on-gender-mainstreaming-for-gender-equality-results-en.pdf

Term	Definition
Gender gap	Refers to the difference between women and men as reflected in social, political, intellectual, cultural, or economic attainments or attitudes.
Gender reference group (GRG)	Chaired by UN Women and main coordination mechanism to promote gender data and analysis in humanitarian contexts.
Managing for gender equality results[24]	This approach provides a mechanism for gender mainstreaming to address gender-based inequalities, discrimination, and exclusion and accelerate progress towards achieving Agenda 2030. Gender equality indicators are clearly defined to measure performance in relation to the achievement of gender equality results and gender equality indicators are based on SADD and other quantitative and qualitative information.
MSNA	This is a comprehensive survey conducted in humanitarian setting to gather data on the needs, vulnerabilities of the crises affected population. MSNAs are important for enhancing the effectiveness of humanitarian interventions by ensuring that aid is directed where it is most needed. MSNAs generally aim to answer the following questions[12]: 1) Who and where are the most in need? 2) What are the main drivers of those needs?.
Sex	Biological differences between women and men.
Sex and Age Disaggregated Data (SADD)	Refers to data collected and tabulated separately for women and men of different age groups and that allows for the measurement of differences between these different sub-groups.

2.3 Data responsibility and ethics in humanitarian settings[25, 26]

The concept of data responsibility refers to the safe, ethical and effective management of personal and non-personal data for operational response in humanitarian settings. Data responsibility must follow established frameworks for personal data protection[27].

In any setting, the consent and respect of privacy should prevail in data collection processes. During a humanitarian crisis, there is also often a breakdown of law and order, which may make individuals more vulnerable if personal information and responses to surveys are not respected. As part of their employment contracts, data collectors must sign a confidentiality agreement and receive proper training to collect data ethically, on the risk of SEA and generally ensure that a 'no-harm' approach be used during data collection. They should also know how to address/refer unexpected disclosure of GBV and or SEA. Measures must also be put in place to ensure that the data collected on paper and/or uploaded into a digital database is kept safe and can only be accessed by authorized individuals. For example, data collected on paper or in notebooks should be safely stored

24   https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/gender/Integrating-a-Gender-Perspective-into-Statistics-E.pdf
25   OCHA. (2020). *The Centre for Humanitarian Data Guidance Note Series, Data Responsibility in Humanitarian Action - Note #4: Humanitarian Data Ethics.* Retrieved from https://www.unocha.org/publications/report/world/centre-humanitarian-data-guidance-note-series-data-responsibility-humanitarian-action-1
26   IASC. (2023). *IASC operational guidance on data responsibility in humanitarian action.* Retrieved from https://interagencystandingcommittee.org/operational-response/iasc-operational-guidance-data-responsibility-humanitarian-action
27   IASC. (2023). *IASC operational guidance on data responsibility in humanitarian action.* Retrieved from https://interagencystandingcommittee.org/operational-response/iasc-operational-guidance-data-responsibility-humanitarian-action

Table 2: Gender with Age Marker (GAM) New Coding Definitions

Code	Gender Mainstreaming Targets everyone (M)	Targeted Action For Gender Equality (T)	Not Applicable
4	Intends to contribute to gender equality, including across age groups AND/OR people with disabilities	Main programme purpose is increasing gender equality including across age groups AND/OR for people with disabilities	Does not engage with or affect people in need
3	Intends to contribute to gender equality but without attention to age groups AND/OR people with disabilities	Focused on promoting gender equality, but without attention to age groups or people with disabilities	
2	No attention to gender equality, though intending to address age AND/OR disability differences	Intends to address differences of age AND/OR for people with disabilities but lacks attention to gender	
1	Does not respond to differences based on gender, age or disability; does not consistently pay attention to specific groups of concern	Does not consistently respond to differences based on gender, age or disability	
0	Does not systematically link programming actions		

Sources: IASC GenCap, retrieved from IASC-gam@un.org

so that unauthorized individuals cannot access it. Further protection will be provided if the data collection team is mixed so that women, girls, boys, and men can be interviewed by data collectors of the same sex. This arrangement also helps to improve the quality of the data where questions and their responses may be counter to prevalent social norms.

At the onset of an interview, data collectors must obtain the informed consent of the respondent. If minors are interviewed, this must be with parental consent. Respondents must be fully aware of the purpose of data collection, and how the data will be used and by whom. They also need to be assured that the confidentiality of the data will be upheld, and that the unit record data will be anonymized. Without this guarantee, it may

be difficult to collect reliable and quality data. In humanitarian settings, an added important introductory remark should include that the responses to questions will neither positively nor negatively affect their humanitarian benefits as respondents may be tempted to skew their answers in the hope that they will receive some benefit from it or for fear of jeopardizing the support that they will receive.

When anonymizing unit record data in a database, the name and surname and sometimes other personal identifiers such as data of birth and identity numbers are removed from datasets that are shared with a wider audience. Furthermore, in line with the requirements of data responsibility, the data holders should put systems in place to ensure that the necessary protection of personal information protocols are upheld through the data value chain.

3

Engendering the statistical value chain in humanitarian settings

3.1 Introduction

Data production in humanitarian settings is usually done within much shorter time frames and using more simplified tools and methods compared to in stable settings. More information on general data issues in humanitarian settings can be obtained from Guidelines developed by UNFPA Despite the unique circumstances, the basic elements of the statistical value chain remain in place.

The process entails:
1. Specify need, design, and build
2. Data collection, processing and storage
3. Data analysis and reporting
4. Data uptake and use

3.2 Specify need, design, and build

The basis of all gender data work in humanitarian settings is a data gap analysis. Once this is done, the appropriateness and engendering of the design, methods, and tools will determine whether the data will adequately describe and identify the situation and needs of women and girls, men and boys.

There are typically three types of assessments In humanitarian settings: coordinated assessment, harmonized assessment, and a joint assessment (see Figure 2). All three types of assessment are important from a gender statistics perspective. Coordinated assessments are essentially standalone assessments by individual agencies/ organizations, but with some communication between agencies. By exchanging information about the studies that they undertake,

agencies can maximize complementarity and avoid duplication. These kinds of studies will give the gender statistician the most leeway to include specific gender considerations as these assessments typically allow for specialization. In the case of harmonized assessments, the role of the gender statistician will be that of helping collaborating agencies to identify common questions, standards, and definitions considered important from a gender perspective. It is important for the gender statistician to ensure that the joint assessments adequately incorporate gender and the most important survey design and implementation principles for engendering the assessment.

The design phase of an assessment needs to rely heavily on inputs and advice from a technical working group (TWG) consisting of diverse stakeholders. The IASC Guidance Note on Gender-Responsive Localization provides important guidelines in this respect. It will be important to include representatives from women-led organizations (WLO), women's rights organizations (WRO), minority rights organizations, and gender experts.

Administrative data plays a prominent role in humanitarian settings—especially when it comes to health, and the records related to humanitarian relief efforts. In health-related emergency responses, there is usually no field data collection but a compilation of administrative data from public and private health facilities is used to analyze disease patterns and deaths. Field data collection is discouraged for GBV due to its sensitive nature and the need to maintain confidentially.

SPECIFY NEED, DESIGN AND BUILD	COLLECT & PROCESS	ANALYSE & REPORT	COMMUNICATE, UPTAKE & USE

INCEPTION. PLANNING AND DESIGN

- Has a technical working group with wide representation been formed?

- Does the project leadership and coordination mechanisms include women and men?

- Have we considered Intersectionality/ leaving no one behind in consultation and design of statistical tools and methods? (Women/men/girls/ boys; rural/urban; disability etc.)

- Are we using the opportunity to go beyond sex disaggregation and are addressing specific gender issues?

- Are we looking beyond binary gender concepts?

- Does sample size allow for intersectional and SADD data analysis

- Has gender been considered in the design of the composition of fieldwork and data collection teams?

- Has a gender responsive tabulation/ analysis plan been developed?

IMPLEMENTATION

- Are the appropriate people from a gender perspective involved/ represented in the process?

- Has adequate provision been made in the research and sample design for sex disaggregation, intersectionality of other marginalized groups?

- Are we including the voices of women and men, boys and girls in the assessment? Do we allow for women not speak about the issues that affect them?

- Has gender been considered in the composition of fieldwork and data collection teams?

- Has the data collection team's gender composition been optimized for the socio-cultural context and the nature of data collection that will be done?

- Do the enumerators understand gender and intersectionality and how it has been applied in the survey tools and design?

PROCESS AND ANALYSE

- Are the editing Are the editing rules documented and developed and implemented with the involvement of women?

- Are women involved in the imputation decision making process and its implementation?

- Does the tabulation plan adequately reflect a gendered analysis of the data?

- If it is not a gender focused report, is there a section or chapter that specifically pulls together and focuses on the impact on women, men, girls and boys?

- Are the analytical drafts distributed for review at an early stage, to provide an opportunity to check whether sex disaggregation and gender specific issues are adequately incorporated/ addressed?

- Are the gender machinery and other gender data providers adequately consulted, involved and kept informed?

SHARE AND TAKE STOCK

- Is the gender machinery involved in crafting advocacy tools and messages?

- Are the relevant media channels used to ensure that not only the widest, but also the biggest impact with respect to the GEWE agenda is achieved?

- Do the messages adequately identify actions and recommendations that are needed to improve the situation of women and girls?

- Did the assessment lead to very specific recommendations, uptake and use as well as programmatic impact with regards to gender issues?
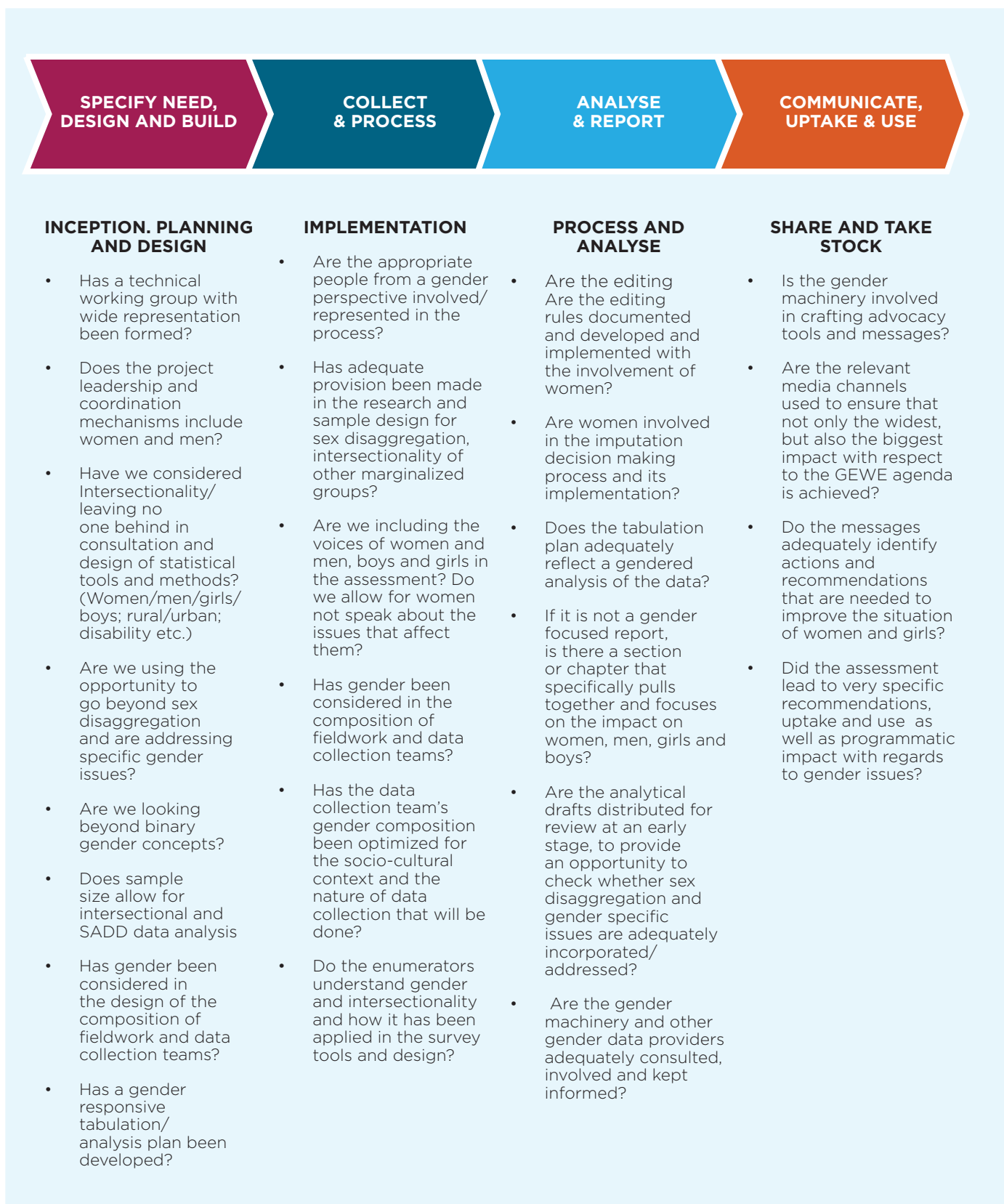
Figure 2: Checklist for engendering the statistical value chain in humanitarian settings

Consequently, data systems (Gender-Based Violence Information Management System, GBVIMS) primarily rely on voluntary reporting by GBV survivors. The process uses tools such as intake forms and incident recorder forms[28] standardized at the global level. Only trained social workers, nurses/medical staff, and police/security forces officers are allowed to complete/fill out these two forms, which is done in a confidential manner. **These intake forms MUST be completed in presence of GBV survivors**. Here, there is a clear distinction to make between GBV incidents and GBViE programming, which deals with the GBV interventions (prevention, risk mitigation, and response).

In crisis settings, the absence of trained social workers, medical staff, and police/security officers to fill in forms on gender-based violence (GBV) can have several serious implications some of which include the preparation of **inaccurate documentation, lack of confidentiality, and increased trauma**. Proper documentation is essential for legal proceedings and for ensuring survivors receive the necessary support. Untrained individuals may not accurately capture the details leading to gaps in the survivor's case. Survivors may feel further traumatized[29] if they have to recount

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28   GBVIMS. (n.d.). *GBVIMS tools overview - GBVIMS: Gender-based violence information management system.* Retrieved from https://www.gbvims.com/gbvims-tools/

29   IASC. (2018). *How to Support a Survivor of Gender-Based Violence when there is no GBV Actor in your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners.* Retrieved from https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf
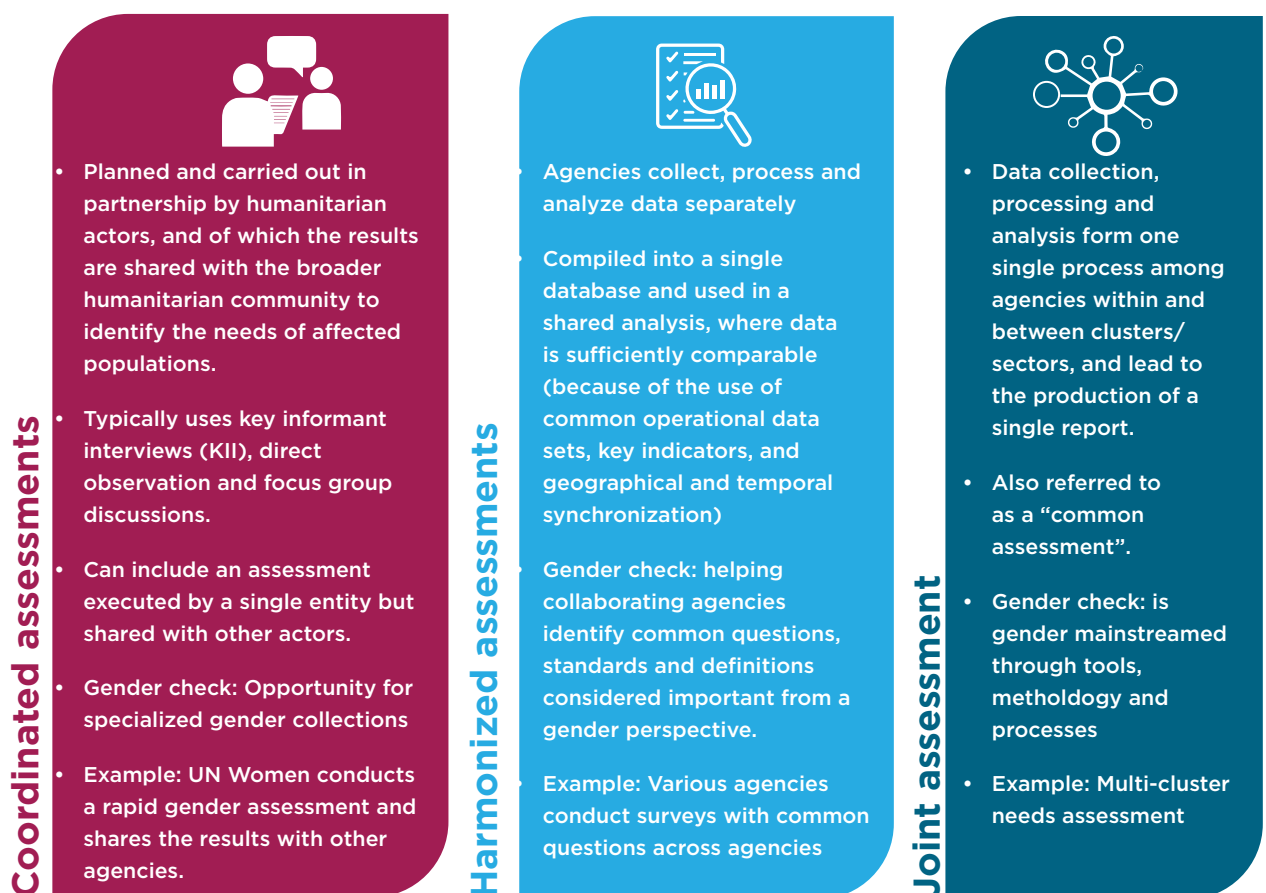

Coordinated assessments

- Planned and carried out in partnership by humanitarian actors, and of which the results are shared with the broader humanitarian community to identify the needs of affected populations.

- Typically uses key informant interviews (KII), direct observation and focus group discussions.

- Can include an assessment executed by a single entity but shared with other actors.

- Gender check: Opportunity for specialized gender collections

- Example: UN Women conducts a rapid gender assessment and shares the results with other agencies.

Harmonized assessments

- Agencies collect, process and analyze data separately

- Compiled into a single database and used in a shared analysis, where data is sufficiently comparable (because of the use of common operational data sets, key indicators, and geographical and temporal synchronization)

- Gender check: helping collaborating agencies identify common questions, standards and definitions considered important from a gender perspective.

- Example: Various agencies conduct surveys with common questions across agencies

Joint assessment

- Data collection, processing and analysis form one single process among agencies within and between clusters/sectors, and lead to the production of a single report.

- Also referred to as a "common assessment".

- Gender check: is gender mainstreamed through tools, metholdogy and processes

- Example: Multi-cluster needs assessment

Figure 3: Assessment types in humanitarian settings

Source: Adapted from IASC Operational Guidance for coordinated assessments in humanitarian crises, March 2012

their experiences multiple times or if they are not handled with the sensitivity required in such situations. Trained professionals are aware of the importance of confidentiality. Without them, there is a risk that sensitive information could be mishandled, leading to potential breaches of privacy.

In such scenarios, it is therefore crucial to have contingency plans if these professionals are not available[30].

For example, training community volunteers or having remote support from trained professionals to ensure that survivors receive the care and support they need, and that data is collected accurately.

UNHCR (with host country or alone) uses two systems:

1) A standardized registration system with data disaggregated by sex, age, ethnic group, country of origin, religion, and marital status, among others; and,

2) In close collaboration with other UN agencies and NGOs, the joint-assessment tool for specific needs of refugees and asylum-seekers.

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30   IASC. (2018). *How to support a survivor of gender-based violence when there is no GBV actor in your area: A step-by-step pocket guide for humanitarian practitioners.* Retrieved from https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf

Key gender checkpoints during design

i.   Has a technical working group with wide representation been formed?

ii. Does the project leadership and coordination mechanism include women and men?

iii. Have we considered Intersectionality/ leaving no one behind in consultation and in the design of statistical tools and methods? (Women/men/girls/ boys; rural/urban; disability, etc.)

iv. Are we using the opportunity to go beyond sex disaggregation to address specific gender issues?

v.   Are we looking beyond binary gender concepts?

vi. If doing a sample survey - is the sample big enough for SADD and other types of intersectional data analysis?

vii. Has gender been considered in the design of the composition of fieldwork and data collection teams?

viii. Has a gender responsive tabulation / analysis plan been developed?

In humanitarian settings, administrative data from the systems designed to support communities and individuals in need, plays as an important role, sometimes an even more important role than questionnaire survey data. It is important to ensure that these data sets do not only include sex, age, and disability status as variables but that there is also disaggregated analysis and reporting of the data. Regular checks on variable non-response for these key variables will help to improve data completeness and overall quality.

In humanitarian settings, a multi-sectoral/clusters needs assessment is a collaborative process used to identify the most pressing needs of affected populations across various sectors/clusters, namely protection, health, education, shelter, food security, WASH, and nutrition. The goal here is to collect comprehensive and accurate data that can guide the planning, implementation, monitoring, and evaluation of the coordinated humanitarian and refugee response plans aimed at addressing the needs of vulnerable people among the affected populations. Typically, only the **standardized registration system** is used for urban asylum-seekers and refugees while both systems are used for those in refugee camps.

The Humanitarian Programme Cycle (HPC)[31] is a process that involves several sequential steps (joint needs assessment and analysis, strategic planning, resource mobilization, activity implementation and monitoring, operational peer review and evaluation) in a participative approach where all stakeholders are involved in each step. Details are provided in Annex D.

At the first step (joint needs assessment and analysis), the inter-cluster system identifies the areas (sectors/clusters) of interventions and then designs a joint assessment tool (questionnaire) for data collection in the field. The ultimate objective is to design a well-informed humanitarian response plan to meet the needs of affected people especially the most vulnerable including women, children, persons with disabilities (PWDs) and the elderly.

The importance of indicators

Sometimes your assessment is for monitoring and evaluation purposes, and you may already have pre-defined indicators. However, in many instances, the assessment you are carrying out will be to understand the circumstances and needs of the population in addition to perhaps also collecting data on a few pre-defined gender indicators. If you have identified what needs to be measured from a gender perspective, it would be good to convert that into indicators. Using indicators as the basis of your tabulation and analysis plans, data collection templates and questionnaire design will help ensure that you consider and include all the necessary gender variables from the onset.

There is also no need to start from scratch, as you are encouraged to consider and use existing indicators to represent the issues that you want to measure. Annex A contains gender indicators which are important and recommended from a humanitarian perspective.

The CARE International gender analysis toolkit for emergencies includes good examples of questions as well as analytical considerations that can be used to explore gender in humanitarian settings:

Please also consult: Guidance Note on Preparing a Gender Analysis; Rapid Gender Analysis

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31   OCHA. (2022). *Step by step guide - Humanitarian programme cycle 2023*. Retrieved from https://www.unocha.org/publications/report/world/01-step-step-guide-humanitarian-programme-cycle-2023-may-2022

There are a variety of tools for seamless integration of form or questionnaire design, database creation and, in some cases, data analysis. Examples of such tools include:

ActivityInfo
ActivityInfo has been designed as a project monitoring tool. It can be used to collect, manage, map, and analyze indicators. It helps to do real-time monitoring and simplify reporting.

HDX
OCHA developed the Humanitarian Data Exchange (HDX) as a repository of datasets used to support information management in various emergencies. It also has an analytical function to automatically summarize quick facts and figures on a specific emergency and is available free of charge. You are encouraged to add your datasets to the exchange so that others can also benefit from your datasets.

Kobo Toolbox
This data collection tool helps to generate high quality data for humanitarian response, development, human rights, and the environment, among others. It can be used for qualitative and quantitative survey data collection as well as monitoring and evaluation. Kobo Toolbox can also analyze both online and offline qualitative data functions. The Toolbox is free of charge for non-profit organizations.

Open Data Kit
Open Data Kit (ODK) is a tool that helps users to build forms for data collection. It is widely used for rapid needs assessments at evacuation camps and displacement sites during emergencies. The tool and site functions both online and offline making it useful in places with poor (internet) connectivity.

During the design and build phase, attention should also be given to the development of a tabulation plan that reflects the gender analysis that will be carried out once the data has been collected. This is an important step as often, very good data is collected, but not analyzed from a gender perspective and, therefore, also not used. Developing the tabulation/analysis plan during the first phase will also ensure that sufficient human and financial resources are devoted to those activities.

3.3 Data collection, processing, and storage

3.3.1 Key data collection checkpoints

Data collection can begin once the assessment methodologies and tools (interview schedule, template or questionnaire covering the needed data) are finalized and adopted by all stakeholders. Adherence to ethical and data protection protocols as well as sensitivity on the sex of the data collectors viz-a-viz the socio-cultural context and subject matter of the assessment are crucial during data collection. In the case of joint assessments, an inter-cluster joint team led by OCHA is formed and deployed for data collection as security and safety permits. GBV, health, and refugee (urban case) crises exception apply here as well.

During any armed conflict crisis, the humanitarian community under the leadership of OCHA can use one of the following strategies for data collection in the field:

1. Transferring the risk by contracting partners based in field to collect the needed data.

2. Negotiating with the parties in conflict, in line with international law, to allow humanitarian access to the affected populations.

3. Remote data collection using mobile phones and other technology can also facilitate the process of collecting data.

Joint Rapid Gender Assessment Questionnaire in Sudan

The joint assessment covered the following thematic areas:

1. Significant changes in community as a result of crisis.
2. Access to basic services (education, health, WASH, shelter, food distribution, cash transfer, non-food items, etc.) during the crisis.
3. Protection concerns.
4. Women's participation in community management and decision-making.

Source: Rapid joint assessment questionnaire in Sudan crisis.

3.3.2 The importance of qualitative data in humanitarian settings

Qualitative gender data is a very important source of gender insights in humanitarian settings including natural disasters and armed conflicts as it provides an opportunity to better understand the circumstances of and dynamics in and between households and groups in these settings. Group interviews (GIs), in-depth key informant interviews (KIIs) or Focus Group Discussions (FGDs) all form an important part of these resourceful approaches[32]. This kind of data provides insights that are otherwise difficult to obtain through questionnaire surveys and/or administrative records. Qualitative data collection is an essential part of the assessment process and is one of the most important checks and balances for the prioritized response plan. It provides an opportunity to identify gender targeted and gender mainstreamed actions that will meet the specific humanitarian needs of all women, girls, men, and boys as identified through the gender analysis and through consultation with the population affected by the crisis including women and girls.

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32 Community Tool Box. (n.d.). *Toolkit for conducting focus groups.* Retrieved from https://ctb.ku.edu/sites/default/files/chapter_files/toolkitforconductingfocusgroups-omni.pdf

Key gender checkpoints during data collection, processing, and storage

i. Are the appropriate people from a gender perspective involved/represented in the process kept informed and where needed permissions sought? These include women, girls, marginalized groups such as PWDs, WLO, WRO, the relevant CSOs, FBOs, gender machinery, UN agencies, and development partners.

ii. Has adequate provision been made for sex disaggregation, intersectionality of other marginalized groups in the research and sample design?

iii. Are we including the voices of women, men, boys, and girls in the assessment?

iv. Do we allow for women not to speak about the issues that affect them?

v. Has the data collection team's gender composition been optimized for the socio-cultural context and the nature of data collection that will be carried out?

vi. Do the enumerators understand gender and intersectionality across three areas: 1) general concepts; 2) how power relations and social norms affect data collection; 3) how the tools they will be using have been designed and why.

vii. Have the guidelines on safe storage and protecting confidentiality been followed during all steps of the data value chain?

GIs are usually highly structured and make use of an interview schedule. KIIs and FGDs are focused on getting in-depth insights and exploring different perspectives on a topic. Whether unstructured or structured, KIIs and FGDs always involve less people than a GI.

Unstructured interviews require more skill to conduct and are well suited for gaining an in-depth understanding of the issues at hand. After asking an initial question, the researcher's role changes to that of a listener with probing questions asked as and when needed. The locus of control shifts towards the individual or group involved in the discussion. Interviews of this nature collect rich insights, but also require highly skilled researchers to conduct them. If those skills are in short supply, as is often the case in humanitarian settings, some degree of pre-prepared interview schedules may be needed. **This will also ensure that the same gender thematic areas are covered during all the interviews in the event of different researchers doing the interviews in different locations.** It not advisable to discuss GBV incidents in groups as it could lead to re-traumatization without the necessary victim support mechanisms in place. However, GBV prevention, risk mitigation, and response related discussions can be included in FGD interview schedules. Whereas GI would provide basic information on what is happening in a specific location, FGDs encourage dynamic interaction among participants fostering deeper exploration of the topic[33].

More details on adapting qualitative methods to special humanitarian situations, for example, COVID-19 are also available[34].

FGDs should not be considered group interviews that result in the collection of individual participants' responses. Rather, they are a means to encourage participants to talk to one another, discuss and build upon, or challenge each other's opinions. Therefore, FGDs will not necessarily generate statistics on the number or percentage of respondents with one or the other position but will instead generate data on the number of FGDs that reached or did not reach a consensus on the issues under discussion.

A focus group typically consists of six to 10 people and the research team ideally consists of two people playing the following roles:

1. Facilitator to guide the discussion.

2. Note taker who will make hand-written notes and observations during the discussion, and serve as a backup in case the recording equipment fails or participants do not wish to have the discussion recorded on tape.

When planning qualitative data collection, some preliminary work will be needed to understand the social composition and dynamics of the context.. Based on this initial assessment, guidance about the demographic, ethnic, language, and other intersectional considerations of the focus group should be provided in the design.

FGD participants are also selected according to their familiarity with the issues to be discussed. Participation should be voluntary and verbal consent is therefore required in a similar manner as in any other data collection processes.

If the qualitive assessment targets children and adolescents, parental consent will be required and enumerators need to receive specialized training on the ethical collection and use of such data. More information is available in guidelines developed by UNICEF and UNHCR

33   NSW Department of Education. (2021). *Interviews and focus groups.* Retrieved from https://education.nsw.gov.au/teaching-and-learning/professional-learning/pl-resources/evaluation-resource-hub/collecting-data/interviews-and-focus-groups

34   UN Women. (2020). *Guidelines for conducting qualitative research.* Retrieved from https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Attachments/Publications/2020/GUIDELINES%20FOR%20CONDUCTING%20QUALITATIVE%20RESEARCH%20DURING%20COVID-19.pdf

on the production of sex-disaggregated child data in refugee settings.

The Care International gender analysis toolkit for emergencies also includes valuable guidelines on KIIs and FGDs.

Below are examples of some contexts[35] in which KI and FGDs are particularly apt:

1. During assessments to provide best understanding of the perceived needs and priorities of an affected population and probe issues identified through secondary data analysis.

2. Before quantitative data collection to help explore, design, or refine the quantitative data collection tools.

3. To help probe deeper into why or how certain things have or have not changed or gender gaps identified during quantitative data collection.

4. During the monitoring to understand why the targets of certain quantitative indicators have not been achieved and then generate evidence to inform immediate remedial action.

5. During evaluations to help explore why certain changes have or have not happened. They can be used simultaneously with quantitative methods and tools to compare or relate data collected through mixed methods.

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35   Catholic Relief Services. (2022). Practical guide to focus group discussions. Retrieved from https://www.crs.org/sites/default/files/tools-research/2022_08_practical_guide_fgds_final_high_res_0.pdf

Do not **underestimate the power of FG** to increase the relevance and targeting of humanitarian gender programming

Do not accept already analyzed and summarized GI. KI and FG notes from the data collectors without the full transcripts also being made available.

Not everyone can successfully do qualitative data collection: Gender biases and social norms can easily extend and influence the outcomes of qualitative data work.

Avoid groups that are too big - they save time but meaningful participation will be limited. The most vulnerable individuals are most likely to remain voiceless.

Develop a good **training program** in your organization so that qualitative gender data collection can be of the required standard.

FG discussions are essential as a **checks and balances** for the prioritized gender response plan.

Ensure that **women are interviewed by women** and if there are mixed groups the protocol should require mechanisms that ensure inclusion of women, girls and other groups that could be excluded.

Use interview schedules with pre-set questions - unstructured interviews require a high level of skills and experience which may not be available in humanitarian settings.

Figure 4: Do's and don'ts of qualitative assessments focused on gender issues

Despite its frequent use in humanitarian settings, obtaining good qualitative data can be challenging. The checklist below[36] provides some pointers that UN Women has adapted from the original source for the purposes of gender statistics production. The checklist can be used to identify problems with data quality when working with qualitative gender data and could help to improve the quality of this data if applied throughout the statistical value chain.

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36   NICE. (2012). Appendix H: Quality appraisal checklist – qualitative studies. Retrieved from https://www.nice.org.uk/process/pmg4/chapter/appendix-h-quality-appraisal-checklist-qualitative-studies#checklist-2

3.4 Analyze and report

Qualitative and quantitative data collected in the field are first processed using statistical software and then the statistical outputs are analyzed to identify the specific needs of affected people and provide the evidence base for planning the response by determining the number of people in need by sex and age. With the SADD, the calculation of people targeted in each sector/cluster is made in line with the available and/or expected resources (Flash Appeals). Based on all these elements, a Humanitarian Response Plan (HRP) is drafted, reviewed, finalized, and approved by the host government and the Humanitarian Coordinator. The HRP production process as well as the content and stakeholders involved are discussed in more detail in Section 4.

Qualitative gender research quality checklist

1. Is a qualitative approach appropriate?
2. Is the study clear in what it seeks to do and does it identify specific gender objectives?
3. How defensible/rigorous is the research design/methodology and was mainstreamed throughout the design?
4. How well was the data collection carried out? i.e. did it match the design criteria and if not are the data still fit for use despite those gaps?
5. Is the role of the researcher clearly described?
6. Is the context clearly described with inclusion of gender dynamics?
7. Were the methods reliable?
8. Is the data analysis sufficiently rigorous?
9. Is the data 'rich' in providing insights about gender dynamics that go beyond what a questionnaire survey would have provided?
10. Is the analysis reliable – has the original transcripts been kept and has the analysis been verified by a diversity of different people?
11. Are the findings convincing i.e. is it backed-up by the data and corroborated by other sources?
12. Are the findings relevant to the aims of the study and do they sufficiently highlight related insights about women and girls?
13. Evaluate the conclusions in terms of the main findings and body of the report and are there gender specific conclusions?
14. How clear and coherent is the reporting of ethics?

Rapid Gender Assessment in Sudan

The UN Women Sudan country team has historically worked closely with the National Bureau of Statistics on strengthening gender data and statistics. However, when war broke out in 2023, normal Government functions ceased and the population was displaced in an unprecedented manner. In this chaotic context, there was a significant need for assistance as well as data about affected populations. Fortunately, UN Women has helped to build up a significant civil society network of human right defenders and individuals and organizations working for women's equality in Sudan. During the early days of the conflict, UN Women tapped into these networks to rapidly deploy a team to undertake a rapid gender Assessment (RGA). The initial RGA had four objectives:

1. Identify the local organizations/initiatives providing humanitarian response, the types of services being provided, challenges faced, and existing gaps to resource the identified frontline humanitarian workers;

2. Understand the gender dimensions of the conflict and its effect on women, girls, boys, and men and understand their experiences;

3. Be more cognizant of the coping strategies that women, girls, boys, and men applied during the conflict.

4. Identify key priorities and needs and provide lifesaving support to the most at-risk groups in the current humanitarian crisis.

The needs assessment applied a participatory research approach using snowball and purposeful sampling techniques to identify and select key informants using UN Women partners as entry points. All data was collected using key informant interviews (KIIs), guided by structured questions. The Gender and Statistics Pool of Experts based in Sudan identified five (5) data collectors (all female), three (3) research assistants (all female), and two (2) data analysts (all male) from their database along with a consultant to lead the assessment. The research team collected data in Arabic and translated it into English.

Due to the high insecurity levels in the country, data collectors contacted key informants through voice calls and messaging on the WhatsApp application, mobile telephone calls, and mobile short message services (SMS). Where possible, face-to-face interviews were conducted. The first component of the assessment included mapping the frontline initiatives of organizations and communities in targeted areas who were providing a humanitarian response whether they were registered or unregistered. Most data was collected virtually except for receiving areas where face-to-face interviews were possible. A checklist was used to gather key information related to the initiatives/organizations in five (5) states.

The data collected during this and subsequent studies has been used to inform programming as well as resource mobilization and is available on the Rapid Gender Assessment dashboard developed under the Power BI Platform.

CARE International also provides some guidance on how to [analyze rapid gender analysis data in humanitarian settings.](#)

Following are some examples of easy-to-use tools that are available for data analysis and visualization of quantitative and qualitative data:

Quantitative data analysis

Google Data Studio
This free tool from Google allows you to create customizable reports and dashboards. It also integrates well with other services offered by Google including its Google Forms function.

Jamovi
Jamovi is an open-source statistical software with a simple spreadsheet-like interface with the user that makes it easy to carry out a statistical analysis. Jamovi integrates effortlessly with the programme language R.

JASP
Using a drag-and-drop interface, this open-source software supports both descriptive and Bayesian analyses. The designers aimed to create an intuitive and easy-to-use application.

Microsoft Excel
This is a user-friendly and easy-to-use tool for non-statisticians and statisticians alike and can be used for data cleaning, basic descriptive statistical analysis, and visualization of data. Pivot tables are good to use for summarizing, analyzing, exploring and presenting your data.

Power BI
Power BI has been developed to generate powerful insights through the visualization of data as part of the analysis process.

Power Query
This Microsoft product is a data transformation and data preparation engine, which has a graphical interface for getting data from sources and a Power Query Editor for applying transformations.

Smart Data Analysis V2 (SDA-V2)
This is a web-based application designed specifically for users with limited statistical knowledge. It provides an interactive and user-friendly environment for data analysis.[2]

Tableau
This application enables users to create interactive and shareable dashboards and is a powerful data visualization tool that can be used to communicate data insights in a visual format.

For more experienced data scientists with computer programming skills, the options of data analysis in [Python](#), R, or [Stata](#) are of course also a possibility.

Qualitative data analysis

Dedoose
Dedoose is cloud based and can be used for mixed-methods research allowing for collaborative work and data integration.

Kobo toolbox
If you used Kobo toolbox for data collection, it also has the capability to analyze qualitative data.

MaxQDA
This software is designed for computer-assisted qualitative and mixed methods data analysis.

NVivo
Nvivo has powerful data management and analysis capabilities and supports various qualitative data types including text, audio, video, and social media content.

Quirkos
This application helps to organize, code, and visualize qualitative data.

3.5 Communication, uptake and use of gender data

One of the potential problems with gender data in humanitarian settings is that the data is collected as part of a "checking the box" process, but data producers do not often know how to mmeaningfuly analyze and present data so that it can planners and decision-makers can use it to inform planning and programmatic actions. Gender specialists and gender statisticians thus need to consider and even prioritize helping gender data users understand and use the data as an important part of their role in humanitarian settings.

Uptake and use is part of the process of making available gender data more accessible for evidence-based action. This could include decision-making, policy formulation or adjustment if and where possible in a humanitarian context, programming, advocacy and planning, including gender-responsive budgeting (GRB). Do compile user-friendly fact sheets, gender data stories, and other quick-read products that can serve as tools to make gender data more accessible and thus promote its uptake and use.

Even though compiled for use in stable settings, the UN Women Toolkit on Gender Data Uptake and Use[37] provides useful tips and mechanisms on how gender specialists and gender statisticians can help data users to integrate data in planning and programmatic work. It is important to consider both the barriers and opportunities to gender data use when developing a strategy for enhancing the use of gender data in humanitarian settings.

A number of key strategies can be used to increase gender data use and uptake:

1) Identify context-specific barriers and opportunities to gender data uptake and use

2) Prioritize gender data literacy for optimal data use

3) Train gender data champions and leverage their influence to increase users' value for data

4) Communicate and use gender statistics as a tool for change

5) Provide incentives for data use including in the decision-making process to improve the capacity to leverage data trust and use

6) Connect data to users

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37 UN Women. (2024). *Unlocking the value of gender data: A regional toolkit for transformative action.* Retrieved from https://africa.unwomen.org/en/digital-library/publications/2024/07/unlocking-the-value-of-gender-data-a-regional-toolkit-for-transformative-action

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👥 Key gender checkpoints during communication, uptake and use

1. Is the gender machinery involved in crafting advocacy tools and messages?

2. Have the relevant media channels been used to ensure that not only the widest, but also the biggest impact is achieved with respect to the GEWE agenda?

3. Do the messages adequately identify specific actions and appropriate recommendations that are needed to improve the situation of women and girls in the context?

4. Did the assessment lead to specific recommendations, uptake and use, as well as programmatic impact with regards to the pertinent gender issues?

Gender and Strategic Communications in Conflict and Stabilization Contexts[39] provides guidance on how strategic communication during conflict and stabilization settings can contribute towards greater gender equality as well as why it is important to specifically target women with appropriate channels and messaging in these contexts.

The HRP release is an event always covered by media to reach a large audience. This serves two purposes: (i) To share the figures of people in need and people targeted; and (ii) To mobilize the required financial resources in response to the urgent needs of the affected population, especially women, children, PWDs and the elderly. Some guidance on how to communicate/advocate for gender analysis withHCT/clusters and sectors to inform HRP, including through the GiHA coordination working groups (if they exist in the context), and relevant clusters/sectors (Protection/GBV etc). can also be found in the UN Women_Humanitarian Strategy_GN_5_Gender in Humanitarian Action Coordination Mechanisms.

BARRIERS

- Lack of political will to invest in gender data use
- Data 'not fit for purpose/user driven
- Inconsistent gender data quality
- Inadequate incentives for data users
- Siloed data systems
- Mismatch between donor data priorities and demand driven data
- Lack of Trust in gender data sources
- Broken linkages/ communication between data producers and users
- Lack of institutional strategies to incentivize gender data use
- Resource/financial barriers

OPPORTUNITIES

As target users, we can improve the utility of gender data and statistics by:

- Identifying context specific barriers to uptake and use
- Prioritizing gender data literacy
- Communicating and using gender data and statistics as a tool for change
- Training gender data champions
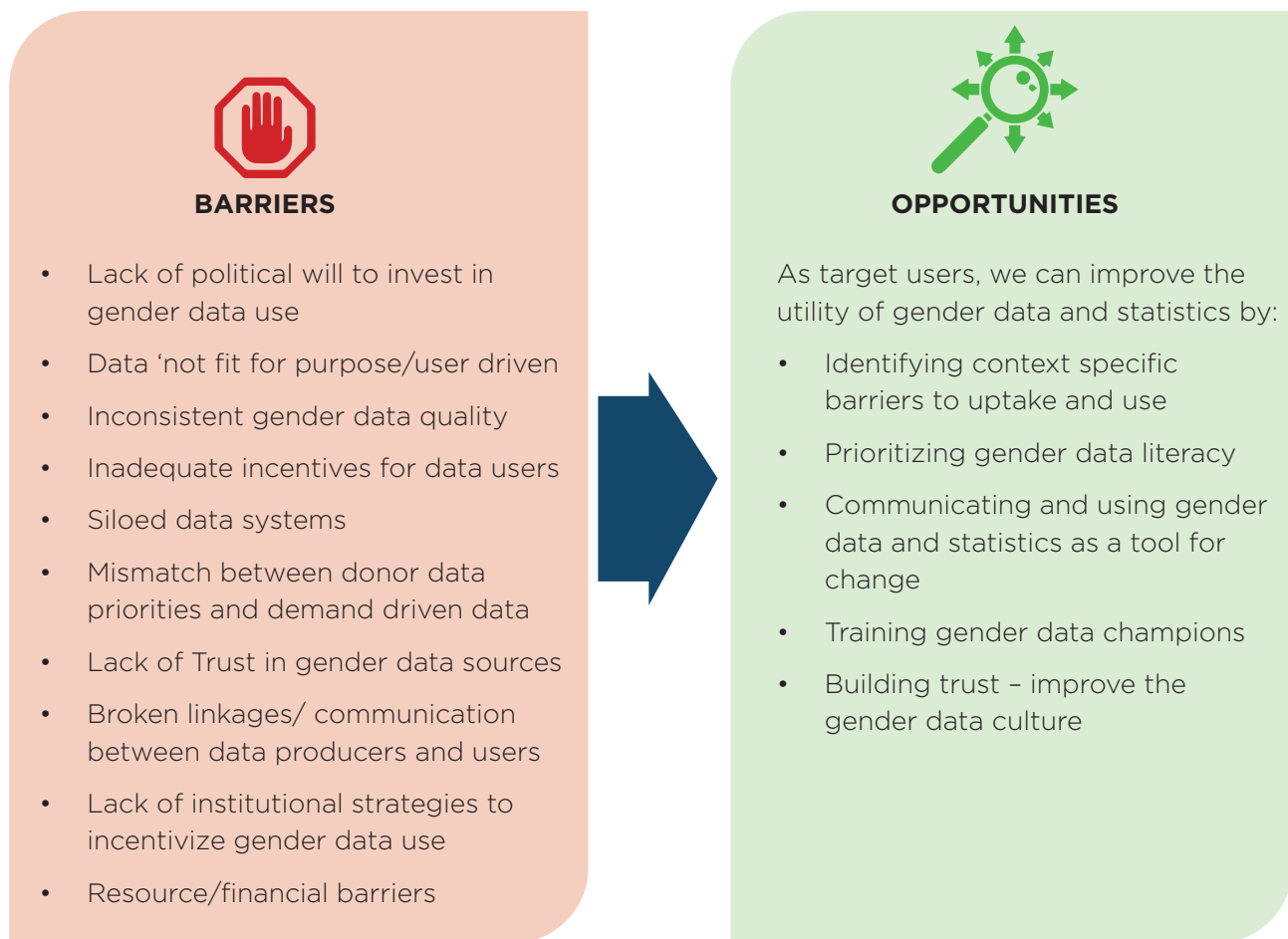- Building trust – improve the gender data culture

Figure 5: Barrier and opportunities of gender data uptake[38]

Source: Unlocking the Value of Gender Data – a Regional Toolkit for Transformative Action

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38   UN Women. (2024). *Unlocking the value of gender data: A regional toolkit for transformative action.* Retrieved from https://africa.unwomen.org/en/digital-library/publications/2024/07/unlocking-the-value-of-gender-data-a-regional-toolkit-for-transformative-action

39   Stabilisation Unit. (2020). *How to guide on gender and strategic communication in conflict and stabilisation contexts.* Retrieved from https://assets.publishing.service.gov.uk/media/5e4ab29940f0b677cb15ffb3/How_to_Guide_on_Gender_and_Strategic_Communication_in_Conflict_and_Stabilisation_Contexts_-_January_2020_-_Stabilisation_Unit.pdf

4 Gender thematic data content in humanitarian settings

4.1 Approaches used for specific gender thematic areas in humanitarian settings

The humanitarian cluster approach is used In any humanitarian setting to cover the needs of the most vulnerable (people targeted) among the affected people (people in need) through several gender thematic areas. This approach is generally coordinated by OCHA and adhered to regardless of whether the agency is UN-affiliated, or an NGO or CSO. The primary role of OCHA is to mobilize effective humanitarian action in partnership with national and international actors. The organization also advocates for the rights of people in need and promotes overall preparedness, prevention, and support to develop sustainable solutions as part of emergency response. UN Women as the GiHA coordination lead, works closely with OCHA and other humanitarian actors to develop policies and guidance on gender in humanitarian settings, for example, the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (updated) IASC, updated in 2024. The Policy aims to renew and refine IASC standards, commitments and designated roles and responsibilities vis-à-vis the integration of gender equality and the empowerment of women and girls into the planning and implementation of the global IASC humanitarian response.

Role of UN Women in humanitarian contexts

(a) Establishment of interagency/inter-cluster GiHA WGs, which include LWOs to facilitate integration of gender throughout the Humanitarian Programme Cycle;

(b) Working with LWOs to generate and promote use of gender data and analysis to inform humanitarian planning and decision making;

(c) Mentoring and building/sharing capacities with local women's organizations to engage in the Humanitarian Programme Cycle;

(d) Capacity building of HCT and cluster-level humanitarian stakeholders to broaden understanding of gender integrated humanitarian response and to build coalitions of gender advocates;

(e) Providing technical support and oversight through global humanitarian coordination mechanisms to ensure gender accountability of the UN-led humanitarian response.

The UN system and all other international organizations operate within the legal framework of sovereign[40] states. Regardless of context (stability or emergency situations), each state has supreme authority within its borders and its consent is therefore absolutely required for any humanitarian intervention.[41] Multilateral and bilateral partners cannot therefore assume the role of a state's statistical institutions (NSOs and NSS agencies) but can only provide technical and financial support to these institutions to execute their respective mandates. In fact, *the NSO is unique almost everywhere because it is the only government institution with official statistics as its core function.*[42] Although collecting data in humanitarian settings and emergencies is not part of the NSO's mandate, there is nonetheless a case to be made for close collaboration between NSOs and humanitarian actors collecting data.

The United Nations Disaster Assessment and Coordination (UNDAC) team[43], part of OCHA, has the primary role of rapidly responding to requests for assistance during sudden-onset emergencies such as natural disasters or complex emergencies. It is essential that the UNDAC team mainstreams gender in its assessments and recommended response action plans. A gender specialist can provide guidance on how to measure the differential impact of the disaster on women and girls and include appropriate response measures in the humanitarian action that follows.

During the different phases of a crisis (armed conflict and natural disaster), joint needs assessments using a multi-cluster/sector approach under OCHA leadership are at the center of data production. The data produced is used for strategic planning of humanitarian response to multiple and basic needs of affected populations. The performance indicators used in this instance are usually at output level. In humanitarian settings, gender statistics production is subject to the contextual characteristics of an emergency, which requires rapid data production as well as a focus on the essential.

Data produced by humanitarian organizations is typically limited to identifying the urgent and basic needs of affected populations. This includes the following public and basic services in emergency situations: health care and immunization; drinking and safe water; sanitation; personal hygiene; formal and informational education; food; nutrition; safe shelter; protection (general protection, child protection, and GBV prevention and risk mitigation); sexual and reproductive health supplies; mental and psychosocial support; micronutrients for children and pregnant and lactating women; screening and treatment of severe and acute malnutrition for children aged six to 59 months, among others. Gender analysis is usually present where an area of focus is overtly engendered, for example, the status of pregnant and lactating women. However, the necessary gender analysis may not be carried out in instances where sex-disaggregated data is collected.

As shown in previous sections, the differential roles of women and men in society before a crises, most of the time continue to be in place during a crises. Due to adverse circumstances, gender inequalities may even deepen during a humanitarian crises.Women's ability to access the resources needed for resilience and recovery may be even more limited than it was before a crises. The physical vulnerability

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40   Doctors Without Borders. (n.d.). *Humanitarian principles.* Retrieved from https://guide-humanitarian-law.org/content/article/3/humanitarian-principles/

41   Doctors Without Borders. (n.d.). *Humanitarian principles.* Retrieved from https://guide-humanitarian-law.org/content/article/3/humanitarian-principles/

42   United Nations. (2023). *Handbook on management and organization of national statistical systems: Chapter 5 - The national statistical office.* Retrieved from https://unstats.un.org/capacity-development/handbook/chapters/Ch5_Handbook_20230417.pdf

43   OCHA. (n.d.). *United Nations Disaster Assessment and Coordination (UNDAC).* Retrieved from https://undac.unocha.org/

of women is also typically exacerbated in emergencies as they are often subjected to sexual and other forms of violence and economic deprivation, which tend to contribute towards increases in child marriage and survival prostitution. Therefore, by making the voices of women and girls visible in data and statistics, outcomes will be more inclusive, empowering, effective, and efficient.

In any humanitarian setting, two tools regulate the coordinated needs assessments in different phases of a crisis: Multi-Cluster/Sectoral Initial Rapid Assessment (MIRA) and the Humanitarian Needs Overview (HNO).

The Inter-Agency Standing Committee (IASC) defines MIRA[44] as a joint needs assessment tool that can be used in sudden onset emergencies including IASC System-Wide Level 3 Emergency Responses (L3 Responses). In protracted crisis, either instead of or subsequent to a MIRA, a HNO can be developed as a consolidated analysis of needs of affected people. HNO is a result of a coordinated assessment and joint analytical process. Figure 6 provides details about the respective use of these two tools in different phases of a crisis.

Table 3 below clarifies the activities undertaken by different key stakeholders in MIRA conduct during the second phase of an emergency. NSOs and NSS agencies are not involved in MIRA because it does not fall within their respective mandates. As indicated earlier, NSOs and NSS agencies produce data related to outcome indicators while all humanitarian tools (MIRA, HNO, etc.) produce data only related to output indicators

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44   IASC. (2015). *Multi-sector initial rapid assessment (MIRA) manual.* Retrieved from https://interagencystandingcommittee.org/sites/default/files/migrated/2019-02/mira_manual_2015.pdf
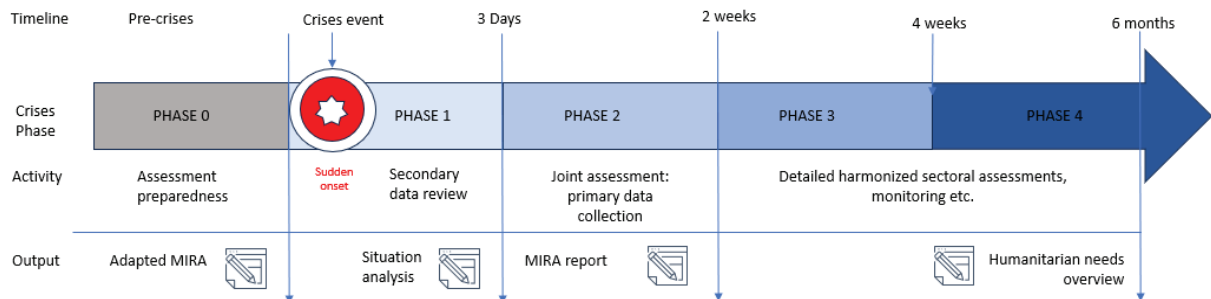

Figure 6: Coordinated Assessment Approach and Phases

Source: Adapted from MIRA Guidance Revision July 2015

Table 3: Key stakeholders and main activities in MIRA

Stakeholders	Main Activities
Host Government (HG)	• National and/or local government authorities should be consulted and encouraged to lead the coordination of emergency assessments and response.
Humanitarian Coordinator (HC)	• HC is responsible for ensuring the process is launched when needed and that a joint message reflecting the collective voice of the humanitarian community is projected.
Humanitarian Country Team (HCT)	• Assigns staff from respective agencies to take part in planning, designing, and implementing the assessment. • Endorses inter-sectoral analysis of MIRA findings and priority humanitarian needs.
Assessment Coordinator (AC)	• Oversees coordination of the MIRA process, encourages participation by key humanitarian actors in the assessment team and ensures production and dissemination of key MIRA outputs. • OCHA will normally take on this role as designated by the HC.
Assessment team (AT), AC, government representative or relevant organization may co-chair	• Coordination and harmonization of assessments; conducting secondary and primary data collection and cross-sectoral analysis; and preparing and disseminating key MIRA outputs. • Membership should be representative of a cross section of MIRA stakeholders: government, the UN, NGOs, affected population(s), and the private sector. • Skillsets to include: assessment, statistics, sectoral emergency assessment design, analysis, participatory and field research methods. Local knowledge, gender, age and protection expertise are required.
Information Management Officer (IMO)	• Supports compilation of pre- and in-crisis information and secondary data analysis. • Manages process of entry, compilation and tabulation of assessment data; ensure comparability of datasets with other information products and requirements; and produces figures, maps, and charts. • Serves as member of the assessment team and reports to the assessment coordinator.
Cluster/sector Coordinator (CC)	• Ensures participation of cluster/sector members as relevant in the assessment team for planning, design, implementation, secondary data review and analysis purposes.
Field team leader (Ft)	• Appointed by the assessment coordinator, the field team leader leads the field assessment teams. • Ensures that agreed procedures and standards are used to conduct data collection, analysis and field debriefing. • Ensures findings and raw data are produced and presented to the assessment coordinator on a timely basis.
Field assessment team (FAT)	• Representation of a cross section of MIRA stakeholders should be considered: government, the UN, NGOs, affected population and private sector and a gender balanced composition. • Skillsets to include: emergency programming and sectoral field data collection. Local knowledge and expertise in participatory approaches, gender and protection analysis and interview skills required.

Source: MIRA Guidance Revision July 2015

4.2 Gender analysis analytical framework

Despite efforts to coordinate at both national and regional levels, significant compartmentalization persists regarding gender and gender data in humanitarian contexts. Decisions about what should be measured and assessed for effective gender-responsive programming often rest with the agencies collecting the data. Furthermore, the components of gender data in humanitarian settings extend well beyond just Sex and Age Disaggregated Data (SADD) and the Gender with Age Marker (GAM).Here are some key components to consider for a more integrated analytical framework to be used across all agencies:

1. **Intersectional Analysis[45]**

- Intersectionality: Examine how different social categories such as gender, race, ethnicity, disability, and socioeconomic status intersect and impact individuals' experiences and vulnerabilities in humanitarian settings.

2. **Gender-Responsive Conflict Analysis**

- Conflict Dynamics[46]: Analyze how conflict affects men, women, boys, and girls differently, considering their roles, responsibilities, and access to resources.

- Power Relations: Assess the power dynamics and how they influence gender relations and access to humanitarian aid.

3. **Participation and Leadership**

- Inclusive Participation[47]: Ensure that women, men, boys, and girls are actively involved in decision-making processes at all levels of assessments and humanitarian response.

- Leadership Opportunities[48]: Promote leadership roles for women and marginalized groups to ensure their perspectives and needs are addressed.

4. **Protection and Safety**

- Protection Risks[49, 50]: Identify specific protection risks faced by different gender groups, including gender-based violence, exploitation, and abuse.

- Safety Measures[51]: Implement measures to mitigate these risks and ensure safe access to humanitarian assistance.

5. **Access to Services and Resources**

- Equitable Access[52]: Assess and address barriers to accessing services and resources, ensuring that all gender groups have equitable access to humanitarian aid.

- Tailored Interventions[53]: Design interventions that are tailored to the specific needs and capacities of different gender groups.

6 **Monitoring and Evaluation**

- Gender-Sensitive Indicators[54]: Develop and use indicators that measure the impact of humanitarian interventions on different gender groups.

45   IASC. (2017). The Gender Handbook for Humanitarian Action. Retrieved from https://www.unwomen.org/en/digital-library/publications/2017/2/the-gender-handbook-for-humanitarian-action.
46   GSDRC. (2015). *Gender and Conflict.* Retrieved from https://www.gsdrc.org/wp-content/uploads/2015/07/gender_conflict.pdf.
47   UNHCR. (2024). Accountability to Affected People (AAP). Retrieved from https://emergency.unhcr.org/protection/protection-principles/accountability-affected-people-aap.
48   UN Women. (2024). Claiming Women's Space in Leadership. Retrieved from https://www.unwomen.org/en/news-stories/explainer/2024/09/five-actions-to-boost-womens-political-participation.
49   UNHCR. (2024). *Gender-based violence.* Retrieved from https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence.
50   DRC. (2021). *Protection Analytical Framework.* Retrieved from https://globalprotectioncluster.org/field-support/Protection-Analytical-Framework
51   ICRC. (2024). *Context and Risk Assessment – Safer Access.* Retrieved from https://saferaccess.icrc.org/practical-toolbox/context-and-risk-assessment/.
52   WHO. (2024). *Breaking barriers towards more equitable health systems for everyone.* Retrieved from https://www.who.int/activities/breaking-barriers-towards-more-equitable-health-systems-for-everyone.
53   Plan International. (2020). *Adolescent Programming Toolkit: Guidance and Tools for Adolescent Programming and Girls' Empowerment in Crisis Settings.* Retrieved from https://plan-international.org/uploads/2021/12/glo-adolescent-programming-toolkit-lowres-io-final-eng-june20.pdf
54   UN Women. (2024). *Impact and Indicator Tip Sheet: Humanitarian and Crisis Response.* Retrieved from https://asiapacific.unwomen.org/sites/default/files/2024-10/impact_and_indicator_tip_sheet_impact_3_humanitarian_eng_fin_jan5-2024.pdf.

- Feedback Mechanisms[55]: Establish feed-back mechanisms to gather input from all gender groups and adjust programs accordingly.

7. Capacity Building

- Training and Awareness[56]: Provide training for humanitarian workers on gender analysis and gender-responsive programming.

- Community Engagement[57]: Engage with communities to raise awareness about gender equality and the importance of inclusive humanitarian action.

By integrating these components into your analytical framework, you can ensure a more comprehensive and effective approach to addressing gender issues in humanitarian contexts.

4.3 Community engagement as essential element of gender assessments

Community engagement is essential for achieving gender outcomes in humanitarian settings[58]. The Core Humanitarian Standard (CHS)[59] emphasizes the need for greater inclusion of people affected by a crises to increase the relevance, timelines, effectiveness and efficiency of the humanitarian response.

Furthermore, practitioners need to provide accessible information, and put processes in place that supports feedback and participation. Management decisions also need to be responsive to the views of affected communities and people. To create an environment of greater trust, transparency and accountability, development partners and organizations also need to ensure that the voices of the most vulnerable groups, considering gender, age, ethnicity, language and special needs are noted and integrated into the humanitarian responses.

Here are some key strategies and practices to consider when trying to foster community engagement in gender assessments and program monitoring:

1. Inclusive Participation

- *Engage All Groups*[60]: Ensure that women, men, boys, and girls from diverse backgrounds are included in decision-making processes. This can be achieved through community meetings, focus groups, and participatory assessments.

- *Leadership Roles*[61]: Promote leadership roles for women and marginalized groups to ensure their perspectives and needs are addressed by including women-led organizations and other organizations led by diverse groups of population in humanitarian coordination mechanisms (clusters/sectors) to inform humanitarian needs overviews, response plans, and monitoring.

55 Action Against Hunger. (2019). *Tips for Designing & Implementing Gender-Sensitive Feedback & Complaint Mechanisms.* Retrieved from https://knowledgeagainsthunger.org/wp-content/uploads/2019/09/Tip-Sheet-EN.pdf.
56 Oxfam. (2017). *Training Manual: Gender Leadership in Humanitarian Action.* Retrieved from https://www.humanitarianlibrary.org/sites/default/files/2021/01/ml-gender-leadership-in-humanitarian-action-160317-en.pdf.
57 FAO. (2024). Community Engagement for Inclusive Rural Transformation and Gender Equality. Retrieved from https://www.fao.org/fsnforum/call-submissions/community-engagement-rural-transformation-and-gender-equality.
58 UN Women. (2020). How to Promote a Gender-Responsive Participation Revolution in Humanitarian Settings: Guidance Note. Retrieved from https://interagencystandingcommittee.org/sites/default/files/migrated/2020-05/UN%20Women%20-%20How%20to%20promote%20a%20gender-responsive%20participation%20revolution%20in%20humanitarian%20settings%20-%20Guidance%20Note.pdf.
59 CHS Alliance. (2024). The Core Humanitarian Standard on Quality and Accountability. Retrieved from https://emergency.unhcr.org/sites/default/files/2024-01/4.%20The%20Core%20Humanitarian%20Standard%20on%20Quality%20and%20Accountability.pdf.
60 UNHCR. (2019). Age, Gender and Diversity Policy. Retrieved from https://www.unhcr.org/publications/unhcr-age-gender-and-diversity-policy.
61 UN Women. (2024). Claiming Women's Space in Leadership. Retrieved from https://www.unwomen.org/en/news-stories/explainer/2024/09/five-actions-to-boost-womens-political-participation.

2. Feedback Mechanisms

- *Establish Channels*[62]: Create accessible feedback mechanisms such as suggestion boxes, hotlines, and community liaisons accessible to women, girls, the elderly, and persons with disabilities and/or diverse gender identifies to gather input from all groups.

- *Responsive Action*[63]: Use the feedback to adjust programs and address any emerging issues or barriers of specific groups of the population, including women and girls.

3. Capacity Building

- *Training*[64]: Provide training for community members on gender analysis and gender-responsive programming to empower them to participate actively in the process.

- *Awareness Campaigns*[65]: Conduct awareness campaigns to educate the community about gender equality and the importance of inclusive humanitarian action.

4. Collaborative Planning and Implementation

- *Joint Planning*[66]: Involve community members in planning and implement-

ing humanitarian interventions to ensure they are tailored to the specific needs and capacities of different gender groups.

- *Validation Workshops*[67]: Conduct workshops where community members can review and validate the data and findings.

5. Monitoring and Evaluation

- *Gender-Sensitive Indicators*[68]: Develop and use indicators that measure the impact of humanitarian interventions on different gender groups.

- *Continuous Monitoring*[69]: Regularly monitor these indicators to assess the effectiveness of programs and make necessary adjustments. Involve local women's organizations for monitoring and providing feedback to programs.

6. Transparency and Accountability

- *Information Sharing*[70]: Regularly share findings and updates with the community to maintain transparency and build trust.

- *Accountability Mechanisms*[71]: Implement mechanisms to hold humanitarian actors accountable to the community, ensuring that their input leads to tangible changes.

62 IFRC. (2018). How to Establish and Manage a Systematic Community Feedback Mechanism. Retrieved from https://communityengagementhub.org/wp-content/uploads/sites/2/2020/04/IFRC_feedback-mechanism-with-communities_ok_web.pdf.

63 UNICEF. (2023). 4 Ways to Build More Effective Feedback Mechanisms. Retrieved from https://www.unicef.org/eca/stories/4-ways-build-more-effective-feedback-mechanisms.

64 World Bank. (2021). Gender-Responsive Training Methods: A Guidance Note. Retrieved from https://documents1.worldbank.org/curated/en/202651627370018210/pdf/Gender-Responsive-Training-Methods-A-Guidance-Note.pdf

65 EIGE. (2022). Gender Awareness Raising. Retrieved from https://eige.europa.eu/gender-mainstreaming/tools-methods/gender-awareness-raising?language_content_entity=en.

66 OCHA. (2019). Step-by-Step Practical Guide for Humanitarian Needs Overviews, Humanitarian Response Plans and Updates. Retrieved from https://www.unocha.org/publications/report/world/step-step-practical-guide-humanitarian-needs-overviews-humanitarian-response-plans-and.

67 JIPS. (2017). Validation and Dissemination of Profiling Findings. Retrieved from https://jet.jips.org/wp-content/uploads/Overview-Reporting-Dissemination-Phase6-JET.pdf.

68 UN Women. (2020). Gender-Responsive Indicators for Humanitarian Action. Retrieved from https://www.unwomen.org/en/digital-library/publications/2020/12/gender-responsive-indicators-for-humanitarian-action.

69 APCOM. (2020). A Guide to Implementing Community Based Monitoring. Retrieved from https://www.apcom.org/wp-content/uploads/2020/09/COMMUNITY-BASED-MONITORING_SKPA_-20200604_v5.pdf.

70 UN Women. (2020). How to Promote a Gender-Responsive Participation Revolution in Humanitarian Settings: Guidance Note. Retrieved from https://interagencystandingcommittee.org/sites/default/files/migrated/2020-05/UN%20Women%20-%20How%20to%20promote%20a%20gender-responsive%20participation%20revolution%20in%20humanitarian%20settings%20-%20Guidance%20Note.pdf.

71 CARE International. (2010). Humanitarian Accountability Framework. Retrieved from https://www.care-international.org/files/files/publications/CARE-Humanitarian-Accountability-Framework-Pilot-Version-Feb-2010.pdf.

Women-led/women's rights organizations are examples of organizations that can play an important role in community participation and consultative processes related to assessments and primary data collection on gender issues. For example, they can help to identify gender information (secondary data) that is already available to develop an overview of gender relations in the country; help to identify and map the presence of WROs/WLOs, make contact to understand their needs and capacities relative to the humanitarian response. Ensure that intersectionality is considered and a diversity of WROs/WLOs are included in this process. It is important to provide technical and financial resources to WLOs and WROs, to engage in data collection and needs assessments, aligning with the Humanitarian Principles. WLOs and WROs can also be engaged in the identification and mobilization of women responders that might face challenges in relation to engaging in data collection and interview processes, such as mobility, time limitations due to care work and other factors, with a view to addressing.

By integrating these strategies in gender data work, humanitarian actors can ensure that gender outcomes are more effective and impactful.

4.4 Population and demographic estimates of affected populations

Knowing the numbers of women and girls affected and displaced in humanitarian settings is often the starting point for sustained and effective action. The International Organization for Migration's (IOM's) Displacement Tracking Matrix (DTM) Methodology focuses on collecting data from displaced households affected by conflict and climate disasters in 40 countries. Data sets are available from 2010 (one dataset) when the DTM was first developed to 2024 (255 datasets). The DTM provides data on

the rapidly evolving extent of displacement and the needs of the population and is regularly updated. Based on both qualitative and quantitative data, this data management system is used by a range of actors to inform their humanitarian responses. The system collects data on sex and age and provides valuable insights into the population affected by displacement. The DTM data system has the following components: flow monitoring survey, mobility, baseline assessments, tracking, migrants presence, event tracking, and site assessments. DTM data systems also include displaced individuals who have been integrated or are living with host communities.

DTM provides data on top priority needs at household level and by states of displacement. However, top priority needs are not available at the individual level and can therefore not be analyzed and/or disaggregated by sex and age. This makes it difficult to assess whether there is a need for specific interventions based on differential access for specific sub-populations such as women and girls. Given the need to collect data fast and keep the templates simple, it would be unrealistic to expect IOM to collect DTM data at individual level.

In instances where the DTM master dataset contains a population breakdown by sex and age for each location, the data can be used to generate high-level estimates of the numbers of women and girls in need of specific services at aggregate level, based on a few assumptions and some auxiliary data in the case of GBV support needs. By assuming that top priority needs for health, nutrition, sanitation, shelter, and water are evenly spread across the SADD groupings at a particular location, this method generates more specific estimates of those in need. The same can be done for vulnerable children and education by using the proportion of girls in the child population. Annex B provides a step-by-step breakdown of this process.

It is important to note that even though these estimates help us better understand the impact of the crises and issues faced by women and girls - **these estimates are only recommended for use in cases where data is limited and no other avenues of more direct collection of the needs of individual women and girls is possible.** The nature of the assumptions and estimates do not lend themselves to applying this method to low levels of geography (i.e. site of displacement). It is therefore **advised that if these SADD individual need estimates such as districts, counties, provinces, or states.**

Suggested steps to use DTM matrices with data on the age and sex distribution of affected populations to estimate the number of women and girls in need at aggregate level:

Step 1: Extract the DTM population data needed.

Use the DTM demographic variables which provide the number of persons at a displacement location in a SADD manner. Extract those particular columns and then move on to Step 2.

Step 2: Convert demographic data into desired SADD groupings and determine percentage females.

Convert population data into age subcategories appropriate to the need under consideration and the assumptions you made. Then calculate the percentage of males and females in each age subcategory per location as well as the average household size if not already available.

Step 3: Make your assumptions and then apply the household sizes and proportion of female to the number of households with specific priority needs.

Since these are high-level estimates, you need to carefully think about what your assumption will be. Be sure to also verify with other role players, particularly IOM and WHO/UNHCR/UNFPA, for the GBV gender ratios. The following formula is used to calculate the number of females that need a specific intervention:

> Number of females in need=number of households in need*average number of individuals per household*(% of females in SADD subgroup/100)

With regards to an estimate of the number of women and girls in need of GBV related services, these will be more difficult to derive from the DTM since you will need additional data from other agencies that give the percentage of reported GBV cases by sex. You will also have to make an assumption about how many individuals were victimized per household. A conservative estimate would be one individual per household even though we know that more than one individual in the same household may sometimes be subjected to GBV. Using an estimate of one person per household in need of GBV services will therefore provide a conservative estimate. For example, if independent sources indicate that in a particular geographic area, 95 percent of the cases are women and girls, the ratio to be used to convert the DTM into estimates of SADD will use a factor of 0.95. Despite the shortcomings, these high-level estimates may provide a more accurate picture of females in need than other sources as GBV is generally very underreported. Once the DTM indicates households in need of GBV support there is a good chance that only a small fraction of those instances made it into the reported GBV cases as recorded by UNFPA, UNHCR, WHO, and others.

4.5 Food security

WFP and FAO are co-leads for the food security cluster and provide important information on the severity level of food insecurity in humanitarian settings. The severity level of food insecurity is one of the key components

of humanitarian needs analysis in humanitarian settings as it is often impossible to pursue normal livelihoods or produce food under crisis circumstances. Displacement also places severe strain on host communities who may already suffer from food deficits as a result of the crisis.

Food security is also important from a gender perspective for the following reasons:

Women and children are often more vulnerable to food insecurity than men especially when they are displaced and in female-headed households (FHHs). In some cultural settings, FHHs are not afforded the same voice and agency as male-headed households (MHHs), which increases their vulnerability.

- Intra-household food distribution is also skewed in some cultural settings which require that men and boys eat before women and girls. This exposes women and girls to greater risks of insufficient food intake when the overall food basket is limited.

- The nutritional needs of pregnant and lactating women are different and this sub-group needs particular attention during emergencies.

- Children younger than five years are at a very sensitive stage of their physical and brain development and deficiencies suffered during this time can lead to a lifetime of physical, learning and other challenges.

WFP and FAO use a standardized tool–the Integrated Food Security Phase Classification (IPC)–as a common global scale to classify the severity and magnitude of food insecurity and malnutrition. This tool has five severity phases that assume that populations of households under each phase are likely to share the same general characteristics as detailed in Table 4.

Food security assessments conducted by WFP and FAO are aimed at identifying needs of sub-groups at risk and the extent of vulnerability. Even though these surveys have some standardized questions that are used across countries, they are also localized. Gender focal persons and gender statisticians therefore have an opportunity to identify gender-responsive content for localized versions of the questionnaire and to also review the questionnaire, data analysis, and report to ensure that gender is sufficiently mainstreamed.

Food security in emergency context is mainly defined by the following four dimensions:

1. Physical food availability: Availability of food on market.

2. Economic, physical and social access to food: People can economically afford to buy the food and also have physical and social access to the food market.

3. Food utilization: People consume the food purchased.

4. Stability of all three dimensions at all times.

Table 4: The IPC Reference Table – General profile of the elements for each Phase[72]

		Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
First-level outcome	**Food consumption** (focus on energy intake)	Adequate	Minimally adequate	Moderately inadequate	Very inadequate	Extremely inadequate
	Livelihood change (assets and strategies)	Sustainable	Stressed	Accelerated depletion	Extreme depletion	Near collapse of strategies and assets
Second-level outcome	**Nutritional status**	Minimal	Alert	Serious	Critical	Extreme critical
	Mortality	CDR: <0.5 / 10,000 / day	CDR: <0.5 / 10,000 / day	CDR: 0.5 - 0.99 / 10,000 / day	CDR: 1 -1.99 / 10,000 / day or >2 x reference	CDR: >2 / 10,000 / day
Contributing factors	**Food availability, access utilization and stability**	Adequate	Borderline adequate	Inadequate	Very inadequate	Extremely inadequate
	Hazards and vulnerability	None or minimal effects	Stressed livelihoods and food consumption	Results in assets and food losses	Results in large food assets and food losses	Results in near complete collapse of livelihood assets

72   IPC Global Partners. (2019). *Integrated food security phase classification technical manual version 3.0: Evidence and standards for better food security decisions.* Retrieved from https://www.ipcinfo.org/ipcinfo-website/ipc-overview-and-classification-system/en/

Table 5: Matrix for evaluating gender responsiveness in food security analysis [73]

Component	Key Questions	Definition, Indicators, and Bare Minimum Guidance	Examples Related to Gender and Food Security
Questionnaire Design	1. Does the questionnaire include questions that capture gender-specific vulnerabilities and roles in food security?	Definition: Questions that specifically address the different challenges and roles experienced by various genders. Indicators: Include at least one indicator each on gender-specific vulnerabilities and roles. Bare Minimum Guidance: Ensure at least one question on gender-specific vulnerabilities and one on gender-specific roles in the questionnaire.	Examples:/- Include questions about women's roles in food production and men's roles in food distribution within and between households/- Ask about specific vulnerabilities like access to nutrition for pregnant women./- Include questions on the impact of food insecurity on children's schooling, focusing on gender differences./- Ask about experiences of gender-based violence in accessing food resources.
	2. Are questions designed to disaggregate data by sex and other relevant variables (e.g., age, marital status, ethnicity)?	Definition: Questions structured to allow for separation of responses by sex and other key demographics./ Indicators: Ensure all demographic questions include options for disaggregation by sex, age, marital status, and ethnicity./ Bare Minimum Guidance: Include options for disaggregation by sex, age, marital status, and ethnicity in demographic questions.	Examples:/- Include options for respondents to indicate their sex, age group, marital status (including polygamous marriages), ability/disability, and ethnicity in demographic sections./- Include questions on income level and disaggregate food security data by gender and income./- Ask about food access issues faced by different age groups within genders./- Disaggregate data by gender and disability status to understand specific challenges faced by women, men, girls, and boys with disabilities.
	3. Do the questions reflect gender roles, relations, and inequalities in society?	Definition: Questions that consider societal norms and power dynamics affecting different genders./ Indicators: Include questions that assess household decision-making, division of labour, and access to resources by gender./ Bare Minimum Guidance: Include questions on household decision-making, division of labour, and access to resources by gender.	Examples:/- Include questions on who makes decisions about food purchases and who is responsible for food preparation in households./- Ask about the time spent by women and men on unpaid care work./- Include questions on access to financial resources and use of and control over food aid and cash transfers./- Who makes decisions about the use of cash in the household and how much is spent on nutritious foods? /-Ask about the impact of gender-based violence on food security within households.

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73   Unpublished WFP, *UN Women report on Gender mainstreaming in WFP data strategy and food security assessments* (qualitative and quantitative data), June 2024.

Component	Key Questions	Definition, Indicators, and Bare Minimum Guidance	Examples Related to Gender and Food Security
Data Collection Methodology	1. Are data collectors trained on gender sensitivity and the importance of collecting sex-disaggregated data?	Definition: Training programs focused on the importance and techniques for collecting gender-sensitive data./ Indicators: Provide a mandatory gender sensitivity training session for all data collectors./ Bare Minimum Guidance: Conduct gender sensitivity training for data collectors.	Examples:/- Conduct training sessions on how to ask sensitive questions related to gender and food security and how to record responses./- Train data collectors on identifying and respecting cultural norms related to gender./- Provide examples of gender-sensitive questioning techniques during training./- Include modules on handling disclosures of gender-based violence./- Mapping of GBV services.
	2. Are data collection tools and methods designed to capture information from both women and men, girls and boys including marginalized groups?	Definition: Tools and methods that ensure inclusive data capture from all genders and marginalized communities./ Indicators: Design tools to include checklists ensuring responses from diverse gender groups, including marginalized individuals./ Bare Minimum Guidance: Include checklists to ensure responses from diverse gender groups.	Examples:/- Use separate focus groups for women and men, girls and boys to ensure both perspectives are captured in qualitative data collection./- Develop questionnaires that include questions tailored to the needs of marginalized groups, such as refugees./- Ensure that data collection tools are accessible to individuals with disabilities./- Include methods for capturing data from women in male-dominated areas.
Data Management	1. Is data securely stored and accessible to authorized personnel?	Definition: Implementation of secure data storage protocols that also ensure accessibility./ Indicators: Utilize secure data storage systems with access controls for authorized personnel./ Bare Minimum Guidance: Implement secure data storage protocols with controlled access.	Examples:/- Store data on secure servers with restricted access to authorized personnel only./- Ensure data encryption and regular backups to protect against data loss./- Implement user authentication protocols to control access to sensitive data./- Develop protocols for secure remote access to data for authorized users.
	2. Is there a process in place to assure the quality of collected data?	Definition: Procedures to verify and ensure the accuracy, completeness, and reliability of collected data./ Indicators: Implement data quality assurance checks and procedures./ Bare Minimum Guidance: Establish data quality assurance processes to verify accuracy and completeness.	Examples:/- Conduct data validation checks to ensure accuracy during data entry./- Implement procedures for data cleaning to remove inconsistencies and errors./- Use standardized protocols for data verification and validation./- Develop guidelines for resolving discrepancies in data quality during analysis.

Component	Key Questions	Definition, Indicators, and Bare Minimum Guidance	Examples Related to Gender and Food Security
Data Analysis	1. Is data analyzed by sex and other relevant variables to uncover gender-specific insights?	Definition: Analysis process that examines data by sex and other key demographics./ Indicators: Analyze data by sex, age, and other relevant variables to uncover gender-specific insights./ Bare Minimum Guidance: Analyze data by sex and at least one other relevant variable.	Examples:/- Present food security status separately for women and men, girls and boys and further disaggregate by age and marital status./- Analyze differences in nutritional status between pregnant women and other household members./- Disaggregate data by sex and disability to identify specific challenges faced by women and men with disabilities./- Compare food security outcomes by gender and income level.
	2. Are gender-responsive tools used to interpret data through an intersectional lens?	Definition: Utilization of tools and methodologies that interpret data considering gender and intersecting factors./ Indicators: Employ gender-responsive tools and methodologies in data interpretation./ Bare Minimum Guidance: Use tools that incorporate gender and at least one other intersecting factor in data interpretation.	Examples:/- Use intersectional analysis frameworks to understand how gender, age, and income intersect in food security outcomes./- Apply gender-responsive indicators to assess differential impacts on women andmen, girls and boys during food crises./- Incorporate intersectional lenses to examine how disability and gender interact in access to food resources./- Use feminist research methodologies to explore gender dynamics in household food decision-making.
Reporting & Dissemination	1. Is the report structured to reflect gender-specific findings and recommendations?	Definition: Report format that highlights gender-specific findings and recommendations./ Indicators: Structure the report to reflect gender-specific findings and recommendations./ Bare Minimum Guidance: Include sections that highlight gender-specific findings and recommendations.	Examples:/- Include tables that show food security status disaggregated by sex, age group, and income level in the report./- Present graphs comparing food access between women and men in different regions./- Report on the differences in food security outcomes for women and men with disabilities./- Include narrative sections that discuss the intersection of gender and ethnicity in food security.
	2. Are communication strategies tailored to reach diverse audiences with gender-sensitive messaging?	Definition: Communication strategies that address diverse audience needs with gender-sensitive messaging./ Indicators: Develop tailored communication strategies with gender-sensitive messaging./ Bare Minimum Guidance: Tailor communication strategies to include gender-sensitive messaging.	Examples:/- Share the report with government agencies, NGOs, and advocacy groups, and provide a summary of gender-specific findings./- Ensure the report is available in multiple languages to reach a broader audience./- Present the findings and recommendations at policy forums and stakeholder meetings./- Provide the report to community leaders to facilitate local-level advocacy and action.

Component	Key Questions	Definition, Indicators, and Bare Minimum Guidance	Examples Related to Gender and Food Security
Monitoring	1. Are gender-sensitive indicators integrated into monitoring mechanisms?	Definition: Inclusion of indicators that monitor gender-specific impacts and outcomes./ Indicators: Integrate gender-sensitive indicators into monitoring mechanisms./ Bare Minimum Guidance: Include gender-sensitive indicators in monitoring mechanisms.	Examples:/- Monitor changes in food security indicators among women and men, girls and boys over time using sex-disaggregated data./- Track access to food resources by gender to assess changes in vulnerability./- Integrate indicators to measure the impact of gender-based violence on food security outcomes./- Use gender-sensitive indicators to evaluate the effectiveness of gender-responsive policies and interventions.
	2. Is there a mechanism for stakeholders to provide feedback on gender-specific concerns?	Definition: System for stakeholders to provide input on gender-specific concerns./ Indicators: Establish feedback mechanisms for gender-specific concerns./ Bare Minimum Guidance: Create mechanisms for stakeholders	Examples:/ Take into account differential literacy rates among women and men when developing feedback mechanisms as well as the location of such mechanisms to ensure that women and girls have access and that they are located in a safe spaces.

A variety of resources are available to guide the implementation of food security assessments in humanitarian settings. These include:

How to conduct a food security assessment:[74] this provides a step-by-step guide to conducting a food security assessment.

Monitoring food security in countries with conflict situations:[75] is compiled by FAO and WFP and links food security and conflict. It also provides guidance on its measurement in these contexts.

OCHA Coordinated assessment tools:[76] Various tools and guidance are provided for coordinated assessments and multi-cluster/sector initial rapid assessment (MIRA) guidance.

The following resources specifically address gender considerations in food security assessments in humanitarian settings:

Food security needs assessment:[77] This resource was developed by UNHCR and specifically notes the importance of including data that reflects gender, age, and other disaggregation to ensure greater inclusion.

74   UNSCN. (2006). *How to conduct a food security assessment*. Retrieved from https://www.unscn.org/layout/modules/resources/files/How_to_Conduct_a_Food_Security_Assessment_eng.pdf
75   FAO & WFP. (2018). *Monitoring food security in countries with conflict situations: A joint FAO/WFP update for the United Nations Security Council*. Retrieved from https://www.un.org/unispal/wp-content/uploads/2018/09/FAOWFPSECCORPT_22AUG18.pdf
76   OCHA. (n.d.). *We coordinate*. Retrieved from https://www.unocha.org/we-coordinate
77   UNHCR. (2024). *Food security needs assessment*. Retrieved from https://emergency.unhcr.org/emergency-assistance/food-security/food-security-needs-assessment

Food security assessments in emergencies:[78] UNSCN compiled this set of guidelines with special reference to food insecurity of women and men as well as the need for gender-sensitive approaches.

Nutrition and food security in humanitarian and fragile settings[79]: This toolkit focuses on gender-specific nutritional needs. More information is provided on the importance of ensuring affordable and consistent access to food for adolescents and pregnant women among others.

4.6 Gender-based violence

During humanitarian emergencies, women and girls and sometimes men and boys face heightened risks of GBV at various levels as depicted in Figure 7. It is therefore important to understand these risks and implement appropriate prevention, risk mitigation, and response measures as well as collect the required data to successfully plan, deploy, and monitor such interventions.[80]

UNFPA leads GBV under the protection cluster, works with different service providers (medical, legal, and psychological, etc.) for GBV survivors, and produces GBV statistics from reported incidents. GBV is among the human rights violations experienced most by women and girls in humanitarian settings (natural disasters and armed conflicts). UNFPA also leads GBV interventions (prevention, risk mitigation and response) through GBViE programming. These are mainly based on the examples[81] of GBV risks analysis described in Figure 3. Response may include medical treatment, legal assistance, psychological counselling, shelter, financial assistance, sexual and reproductive health (SRH) information and services, and training, among others.

Societal level GBV risks
Lack of meaningful participation of women in Decision-making processes such as peacebuilding and disaster management

Failure to address factors that contribute to violence such as long term loss of skills, livelihoods and economic opportunities.

Community level GBV risks:
Overcrowded shelters/camps/settlements that lack secure physical infrastructure and privacy.

Unavailability or distance of water and sanitation infrastructure.

Lack of income generating options for affected communities.

Individual/family level GBV risks
e.g. food, water, shelter, cooking fuel, hygiene supplies etc.

Gender inequitable distribution of household resources.

Lack of knowledge/awareness that humanitarian assistance is free.

Figure 7: Examples of gender-based violence risks in humanitarian settings
Source: GBV Risk Analysis Guidance 2021[80]

78   UNSCN. (2000). *Food security assessment in emergencies: A livelihoods approach*. Retrieved from https://www.unscn.org/layout/modules/resources/files/Food_Security_assessment_in_emergencies.pdf
79   PMNCH. (2020). *Nutrition and food security in humanitarian and fragile settings*. Retrieved from https://pmnch.who.int/resources/tools-and-toolkits/humanitarian-and-fragile-settings/nutrition-and-food-security-in-humanitarian-and-fragile-settings

80   GBV Guidelines. (2021). Retrieved from https://gbvguidelines.org/wp/wp-content/uploads/2021/08/GBV-Risk-Analysis-Guidance-2021.pdf
81   GBV Guidelines. (2021). Retrieved from https://gbvguidelines.org/wp/wp-content/uploads/2021/08/GBV-Risk-Analysis-Guidance-2021.pdf

The GBV AoR has also published a [Handbook for Coordinating GBV in Emergencies](#) [82] [IASC Guidelines on](#) how to Support a Survivor of Gender-Based Violence when there is no GBV Actor in your Area[83] .and [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.](#)[84] These also provide guidelines on data and statistics.

Given their sensitive nature, GBV incidents are treated differently in humanitarian settings. The official UN guidance is:

1. No mandatory reporting but only voluntary reporting in a highly confidential manner by survivors using standardized forms called "Intake and Consent Forms". The "Incident Recorder (IR)" template is used to compile incidents and automatically generate incident statistical outputs (see Excel sheet example Annex C). It is worth noting that GBV information is always dealt with using a survivor-centered approach, which encompasses four guiding principles: confidentiality, safety, respect of dignity and choice, and non-discrimination.

2. No mandatory investigation unless the survivor decides to take legal action against the alleged perpetrators.

3. Governments, with support from UN entities and NGOs, have the responsibility to provide/disseminate information regarding where to report GBV incidents and the available services for survivors at national, regional, refugee, and IDP camp levels. With support from multilateral and bilateral organizations, some countries (for example, Mali, South Sudan, Somalia, Rwanda, Kenya, Malawi, South Africa, and Uganda) have put in place GBV one-stop centers–coordinated response centers for GBV survivors. Survivors can report GBV incidents there and receive the required medical, legal, and psychological services either within one location such as a hospital or a standalone center or through a referral system that links services.

Six core types of GBV are identified at the global level (see Annex C for more details) for data collection and statistical analysis of GBV:

1. **Rape:** non-consensual penetration of the vagina, anus, or mouth with a penis or other body part; it includes penetration of the vagina or anus with an object.

2. **Sexual Assault:** any form of non-consensual sexual contact that does not result in or include penetration.

3. **Physical Assault:** an act of physical violence that is not sexual in nature.

4. **Forced Marriage:** The marriage of an individual against her or his will.

5. **Denial of Resources, Opportunities or Services:** Denial of rightful access to economic resources/assets or livelihood opportunities, education, health, or other social services.

6. **Psychological/Emotional Abuse:** Infliction of mental or emotional pain or injury.

The following are not included as core types of GBV as part of the official GBVIMS guidance[85] but can be analyzed indirectly: intimate partner violence (IPV, often referred to as domestic violence); child sexual abuse; early marriage; sexual exploitation/transactional sex; sexual slavery; and harmful traditional practices such as female genital mutilation (FGM).

82 GBV AoR. (2019). Retrieved from https://www.un.org/
    sexualviolenceinconflict/wp-content/uploads/2019/06/
    report/handbook-for-coordinating-gender-based-violence-
    interventions-in-humanitarian-settings/GBV_Handbook_
    Long_Version.pdf

83 IASC (2015). *IASC guidelines: How to Support a Survivor of
    Gender-Based Violence When There is No GBV Actor in Your
    Area.* Retrieved from https://www.gbvguidelines.org/wp/wp-
    content/uploads/2015/09/GBV-Guidelines_QA_final.pdf

84 IASC (2015). *IASC guidelines: How to Support a Survivor of
    Gender-Based Violence When There is No GBV Actor in Your
    Area.* Retrieved from https://www.gbvguidelines.org/wp/wp-
    content/uploads/2015/09/GBV-Guidelines_QA_final.pdf

85 These incidents are not included because they can be
    analyzed indirectly and enter in one or many of the above
    types of GBV

Additional guidance on GBV mitigation and measurement can be found here:

UNFPA
Addressing Gender Based Violence across contexts

UNHCR
Gender based violence toolkit

UNICEF
How to integrate GBV into secondary data review (SDR)

GBV integration in emergency preparedness guidance June 2020 with cheat sheets on risk analysis and monitoring and reporting

Mitigating risks of gender-based violence in emergencies through WASH[86]

UNICEF GBViE Operational Guide

UNICEF GBViE Programme Resource Pack

4.7 Humanitarian action for children (HAC)

UNICEF, one of the major cluster lead agencies, covers the needs of people targeted in education, health, nutrition, child protection, water, sanitation and hygiene (WASH) under the Humanitarian Action for Children (HAC)[87] approach, a component of the HRP, or UNICEF's Flash Appeal. Please also refer to Annex E for more information.

Table 6 provides a summary of the gendered approach used by UNICEF in the areas under its leadership. All these aspects should be adequately covered in data collection related to these areas of work not only as sex disaggregated analysis of a general question but also with the inclusion questions that are addressing specific concerns faced by women and girls e.g., menstrual hygiene. In addition to the ethical principles already mentioned in

Section 2, there are two considerations that require highlighting in the context of collecting data about and from children::

1) Children have the right to participate in decisions that affect them. Their views should be respected and considered and they should be given the opportunity to express themselves in a safe and supportive environment[88].

2) Researchers must be culturally sensitive and aware of the specific contexts and backgrounds of the children they are working with. This includes understanding and respecting local customs and norms.[89]

In the case of maternal health, several publications provide guidance on gender and health in the humanitarian context with associated data and monitoring content, two of which are:

1) Sexual and Reproductive Health and Rights in Humanitarian Fragile Settings[90] – Guides on Addressing Sexual and Reproductive Health needs in Humanitarian Settings.

2) Maternal, Newborn and Child Health in Humanitarian and Fragile Settings[91] - provides information on the health-related needs of mothers, newborns, and children in crisis situations.

86   UNICEF Briefing Note. (n.d.). Retrieved from https://www.unicef.org/eap/media/10921/file/Briefing%20Note.pdf
87   UNICEF. (2024). Report: *Humanitarian Action for Children 2024.* UNICEF USA.
88   Bennouna, C., Mansourian, H. & Stark, L. (2017). *Ethical considerations for children's participation in data collection activities during humanitarian emergencies: A Delphi review.* Confl Health 11, 5 (2017). https://doi.org/10.1186/s13031-017-0108-y
89   Karen Block, Deborah Warr, Lisa Gibbs, Elisha Riggs. (2013). Addressing Ethical and Methodological Challenges in Research with Refugee-background Young People: Reflections from the Field, Journal of Refugee Studies, Volume 26, Issue 1, March 2013, Pages 69–87, https://doi.org/10.1093/jrs/fes002
90   Tazinya, R. M. A., El-Mowafi, I. M., Hajjar, J. M., & Yaya, S. (2023). *Sexual and Reproductive Health and Rights in Humanitarian Settings: A Matter of Life and Death.* Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-023-01594-z
91   PMNCH. (2022). *Maternal, Newborn and Child Health in Humanitarian and Fragile Settings*. Retrieved from https://pmnch.who.int/resources/tools-and-toolkits/humanitarian-and-fragile-settings/maternal-newborn-and-child-health-in-humanitarian-and-fragile-settings

The [UNICEF Guidance Note on Responsible Disaggregation of Data on Refugee Children](#) provides guidance on the collection and use of sex-disaggregated child data.

The following data and statistics resources are available in support of gender data work in this cluster: [Enhancing Gender Data in Hu-](#)[manitarian Responses](#)[92] provides some guidance on producing data disaggregated by sex, age, disability, and other relevant factors.

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92 UNICEF. (n.d). UNICEF Report: *Enhancing Gender in Humanitarian Response.* Retrieved from [https://www.unicef. org/rosa/media/2481/file/Enhancing%20Gender%20in%20 Humanitarian%20Response.pdf](https://www.unicef.org/rosa/media/2481/file/Enhancing%20Gender%20in%20Humanitarian%20Response.pdf)

Table 6: UNICEF's gender perspective in thematic areas under its leadership

Sector	Gender perspective in emergency
Health	1) Providing quality medicines, vaccines, and other health supplies to children and women. 2) Providing SRH information and services.
Nutrition	1) Screening children under five for acute malnutrition and referring those in need for lifesaving treatment and care. 2) Providing children and pregnant and lactating women with micronutrients. 3 Providing pregnant women and mothers with young children with individual counselling and support, which are critical skills to improve breastfeeding practices and prevent malnutrition.
Education	1) Providing uninterrupted education for every child affected by humanitarian crisis especially girls, children with disabilities, internally displaced children, refugees and migrants. According to UNICEF, girls are nearly 2.5 times more likely to be out of school in conflict-affected countries compared to girls in other places. This goes with the high risk of child marriage, child labor, child abuse, and child neglect. 2) Helping children develop skills to cope with the trauma of crisis and supplying them with learning spaces that are safe, child-friendly, and equipped with water and sanitation facilities. 3) Protecting children from the physical dangers around them including abuse, exploitation, and recruitment into armed groups and providing children with lifesaving food, water, health care, and hygiene supplies.
Child Protection	1) Preventing and responding to violence, abuse, exploitation, and neglect of children. 2) Advocating for the issuance of birth certificates to all children as proof of their legal identity, legal status (name, age, parentage, place of birth, nationality and legitimacy) and also as a legal protection mechanism against any vulnerability to violence, abuse, and exploitation. It is in this specific context that UNICEF provides technical and financial support to civil registration systems in different countries.
WASH	1) Providing safe drinking water to affected and host population in homes, schools, health-care facilities, and public spaces. This minimizes the risk of sexual violence against women and girls when they walk long distances to fetch water and also helps them to better manage menstrual hygiene. 2 Building temporary and gender-segregated latrines and showers as risk mitigation for sexual violence.

Source: UN Women compilation based on UNICEF HAC

4.8 Protection

Protection is a key cluster under UNHCR leadership and plays a major role in the new approach called "centrality of protection" in humanitarian action. This is a cross-cutting issue for all thematic areas in any emergency situation.

Including gender in protection analysis is important from the following perspectives:[93]

1. **Gender-sensitive analysis:** it is important to understand how different genders experience protection risks differently. To do that, there is need to collect and analyze data disaggregated by gender to identify specific vulnerabilities and needs for different sub-groups of women and men, girls and boys.

2. **Inclusion and participation:** the perspectives of women, men, girls and boys are included in the analysis to ensure that their perspectives and experiences are considered when designing more effective and inclusive protection strategies.

3. **Addressing GBV:** recognizing and addressing GBV is identified as a critical protection issue, which needs to be included in prevention and response plans.

4. **Equal access to services:** one of the core principles of the framework is equal access to services for all genders. This involves removing barriers that may prevent certain groups from accessing support as well as making sure that services are tailored to meet the specific needs of different genders.

The standardized registration[94] system used by UNHCR in their protection work has two components: a) group pre-registration; and b) individual emergency registration (IER).

Data collection for group pre-registration aims at organizing movements of populations, facilitating initial assistance distribution, and scheduling for individual registration. The minimum dataset collected for this component is as follows:

1. Group size
2. Age cohort/sex breakdown
3. Name of group focal point
4. Country of origin of group focal point
5. Specific needs within the group
6. Unique group identifier
7. Pre-registration date

Regardless of carrying out group pre-registration, the IER is mandatory in all emergency settings with the following as the minimum dataset collected:

1. Date of arrival
2. Registration date
3. Unique group identifier
4. Legal status
5. Current address (if available)
6. Phone number (if available)
7. Consent/prohibition to share information
8. Individual names (full name)
9. Sex
10. Date of birth
11. Marital status
12. Country of origin
13. Specific needs
14. Photo
15. Biometrics

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93 IOM. (2021). *Protection Analytical Framework: Introduction to the PAF.* Retrieved from https://dtm.iom.int/sites/g/files/tmzbdl1461/files/tools/Protection%20Analytical%20Framework_%20Introduction%20to%20the%20PAF.pdf

94 UNHCR. (n.d.). *Guidance on Registration and Identity Management.* Retrieved from https://www.unhcr.org/registration-guidance/

The Danish Refugee Council and other partners developed a Protection Analytical Framework (PAF),[95] which provides a structured approach to conduct context-specific protection analysis. The framework includes four areas: the context of the crisis area, current threats to the population, and existing capacities to address protection threats.[96] More details about the approach can be found in the Guide on Protection Analytical Framework – an Introduction; Annex1: Description of pillars, sub-pillars and categories and Annex 2: Organizing your data and information- the PAF analysis process explained. The PAF-DEEP project used PAF as the basis to guide analysis and DEEP (an online collaborative platform) as a tool to support the analysis.

4.9 Health in humanitarian settings

WHO is the lead agency for the health cluster and plays a leading role during all crises, including pandemics, by providing technical support and guidance to affected countries. WHO compiles administrative data from the health facilities at country and global levels during any pandemic to determine the weekly/monthly trend of the disease in terms of new cases and deaths as well as recovery and fatality rates.

Several publications provide guidance on gender and health in the humanitarian context with associated data and monitoring content including:

1) Sexual and Reproductive Health and Rights in Humanitarian Fragile Settings:[97] this resource guides on addressing sexual and reproductive health needs in humanitarian settings.

2) Maternal, Newborn and Child Health in Humanitarian and Fragile Settings:[98] this resource provides information on the health-related needs of mothers, newborns, and children in crisis situations.

Gender and Health Data and Statistics[99] is a more general publication that highlights the need for gender-responsive health data to inform health policies and improve the health outcomes of women and their families.

4.10 Livelihoods in humanitarian settings

In humanitarian settings, ILO[100] and other UN entities and international non-governmental organization (INGOs) work together or separately to provide emergency livelihood opportunities to poor and vulnerable households whose sources of employment and livelihoods were destroyed. Gender data and analyses related to livelihoods are particularly important for women as they have limited access to resources, assets, education/employment opportunities due to pre-existing gender inequality and discrimination, which are exacerbated during crises. Gender analyses should help humanitarian actors to design gender-responsive or even gender-transformative livelihood assistance and training for women.

Emergency livelihoods support provides immediate income generation and skills training on alternative non-agriculture livelihood support activities and also serves to prevent poor households from resorting to negative coping mechanisms such as child and early marriage.

95 DRC. (2021). *Protection Analysis and Data Entry Exploration Platform (DEEP).* Retrieved from https://pro.drc.ngo/what-we-do/core-sectors/protection/protection-analysis-and-data-entry-exploration-platform-deep/

96 DRC. (2021). *Protection Analytical Framework.* Retrieved from https://globalprotectioncluster.org/field-support/Protection-Analytical-Framework

97 Tazinya, R. M. A., El-Mowafi, I. M., Hajjar, J. M., & Yaya, S. (2023). *Sexual and Reproductive Health and Rights in Humanitarian Settings: A Matter of Life and Death.* Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-023-01594-z

98 PMNCH. (2022). *Maternal, Newborn and Child Health in Humanitarian and Fragile Settings.* Retrieved from https://pmnch.who.int/resources/tools-and-toolkits/humanitarian-and-fragile-settings/maternal-newborn-and-child-health-in-humanitarian-and-fragile-settings

99 WHO. (2017). *Gender and Health Data and Statistics.* Retrieved from https://www.afro.who.int/sites/default/files/2017-06/GWH-Gender-and-Health-Data-and-Statistics.pdf

100 ILO. (2015). *Emergency and Recovery Support: Restart Livelihoods and Income Generation.* Retrieved from https://www.ilo.org/publications/emergency-and-recovery-support-restart-livelihoods-income-generation-and-0

ILO provides guidance on Gender Equality and Women's Empowerment in the World of Work in Fragile, Conflict and Disaster Settings[101]. This guide not only explains gender considerations in these settings but also provides practical guidance for analyses, assessments, and interventions.

In Table 7, Catholic Relief Services (CRS) provides details about its livelihoods programmes in different crises[102].

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101 ILO. (2016). Employment and Decent Work in Situations of Fragility, Conflict and Disaster. Retrieved from https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_emp/documents/publication/wcms_840082.pdf
102 CRS. (2018). Guidance on Livelihoods. Retrieved from https://www.crs.org/sites/default/files/tools-research/guidance_livelihoods_april_30_lo_res.pdf

4.11 Important indicator frameworks in humanitarian settings

The humanitarian cluster approach is a system designed to ensure effective, predictable, and accountable coordination in humanitarian emergencies. By ensuring clear leadership and accountability at all levels of the system, the approach aims to maximize the overall preparedness and response capacity. UN entities and INGOs have developed a different set of quantitative and qualitative indicators (high frequency reporting) at the global level to monitor gender mainstreaming in humanitarian response plan. This is monitored by the Gender in Humanitarian Action Reference Group (GRG), an entity of IASC that is

Table 7: Examples of Catholic Relief Services (CRS) livelihoods programmes

Country programme	Type of crisis	Livelihood capital	Activity description
Gaza	Conflict	• Human • Physical • Financial	• Food vouchers • Apprenticeships, vocational training and employment facilitation • Non-food item (NFI) distribution through vouchers • Cash for work
Ghana, Mali, Nigeria, Senegal	Food price increase	• Financial	• Seed vouchers for the purchase of rice seeds and fertilizer
Niger	Boko Haram crisis refugee assistance	• Financial • Physical	• Voucher fairs for the purchase of seed and tools
Pakistan	Drought	• Physical • Financial • Natural	• Rehabilitation of water infrastructure • Livestock destocking, feeding and vaccination • Rangeland management (tree plantation)
South Sudan	Conflict and drought	• Social • Physical • Human • Financial • Natural	• Savings and Internal Lending Communities • Seeds and tools fairs • Livestock disease treatment and prevention • Cash for work (CFW) to create community assets such as water pans • Formation of community disaster risk reduction committees and plan CFW • Livelihoods trainings (agriculture, livestock, fisheries) • Financial education

co-chaired by UN Women. IASC publishes a [Gender Accountability Framework Report](#) annually with gender-mainstreaming indicators. At country level, the lead agency in each cluster reports on the results achieved in humanitarian response delivery bi-weekly/monthly/quarterly/biannually (depending on the level of emergency) and included in the OCHA Situation Report (SitRep).

This toolkit includes gender-responsive indicator frameworks proposed for humanitarian settings. It frames the proposed indicators around the humanitarian response plan tools, namely:

Tool 1: Health cluster.
Tool 2: Nutrition cluster.
Tool 3: Child protection sub-cluster.
Tool 4: Education cluster.
Tool 5: WASH cluster.
Tool 6: Food security cluster.
Tool 7: Gender-based violence sub-cluster: Monthly Statistics.
Tool 8: Disaster risk reduction.

More details on the proposed indicators for each sector are included in Annex A.

Annexures

Annex A: Indicator frameworks

The proposed indicators for this toolkit framework have been framed around the humanitarian response plan tools.

Humanitarian Response Plan tools

Tool 1: Health cluster.

Tool 2: Nutrition cluster.

Tool 3: Child protection sub-cluster.

Tool 4: Education cluster.

Tool 5: WASH cluster.

Tool 6: Food security cluster.

Tool 7: Gender-based violence sub-cluster: Monthly Statistics.

Tool 8: Disaster risk reduction.

For a better understanding and user-friendly by both data producers and users, the toolkit framework indicators will be presented in the format detailed in tables (6-14) below.

Table A1: HAC Indicators (Annex 4)

Tool/ Indicator	Definition	Computation	Metadata		
			Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 1: Health					
Indicator 1:	Number of children aged 6 to 59 months vaccinated against polio	Total number of children aged 6 to 59 months vaccinated against polio	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 2:	Number of children aged 6 to 59 months vaccinated against measles	of children aged 6 to 59 months vaccinated against measles	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 3:	Number of children under 1 year reached with routine vaccination (DTP3 containing vaccine)	Total number of children under 1 year reached with routine vaccination (DTP3 containing vaccine)	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Tool 2: Nutrition					
Indicator 1:	Number of children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment	Total number of children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 2:	Number of children and pregnant and lactating women receiving micronutrients	Total number of children and pregnant and lactating women receiving micronutrients	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 3:	Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	Total number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)

Tool/ Indicator	Definition	Computation	Metadata		Source of Data	Periodicity of Data collection
			Level of Disaggregation			
Tool 3: Child Protection						
Indicator 1:	Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	Total number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	Sex and age		Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 2:	Number of girls, boys and women benefiting from case management for child protection and/or GBV	Total number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	Sex and age		Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 3:	Number of children accessing mental health and psychosocial support	Total number of children accessing mental health and psychosocial support	Sex and age		Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Tool 4: WASH						
Indicator 1:	Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Total number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	Sex and age		Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 2:	Number of people accessing improved sanitation services	Total number of people have improved access to sanitation services	Sex and age		Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 3:	Number of people reached with handwashing behaviour change programmes	Total number of people reached with handwashing behaviour change programmes	Sex and age		Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)

Tool/ Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 5: Education					
Indicator 1:	Number of children supported with educational services and supplies in formal settings	Total number of children supported with educational services and supplies in formal settings	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 2:	Number of children accessing formal and non-formal education, including early learning	Total number of children accessing formal and non-formal education, including early learning	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)
Indicator 3:	Number of teachers and education personnel trained	Total number of teachers and education personnel trained	Sex and age	Field reports from Implementing partners	Monthly/quarterly/ bi-annually depending on humanitarian crisis level (L2/L3)

Table A2: GBV Indicators

Tool/ Indicator	Definition	Metadata			Source of Data	Periodicity of Data collection
		Computation	Level of Disaggregation			
Tool 1: Survivor statistics						
Indicator 1:	Survivor sociodemograph- ic profile	Not Applicable	Sex, age, marital status, displacement status and vulnerability		UNHCR's Protection Cluster/ UNFPA's GBV Sub- cluster SitRep	Monthly
Tool 2: Incident statistics						
Indicator 1:	Type of GBV reported	Not Applicable	Rape, sexual assault, physical assault, forced marriage, resource denial, psychological/emotional assault		UNHCR's Protection Cluster/ UNFPA's GBV Sub- cluster SitRep	Monthly
Indicator 2:	Incident time of day	Not Applicable	Morning, afternoon, evening/ night		UNHCR's Protection Cluster/ UNFPA's GBV Sub- cluster SitRep	Monthly
Indicator 3:	Case context	Not Applicable	Intime partner violence, child sexual abuse, early marriage, possible sexual exploitation, possible sexual slavery, harmful traditional practice		UNHCR's Protection Cluster/ UNFPA's GBV Sub- cluster SitRep	Monthly
Tool 3: Alleged perpetrator statistics						
Indicator 1:	Number of alleged primary perpetrators	Known/ unknown of alleged primary perpetrators by survivor	Sex		UNHCR's Protection Cluster/ UNFPA's GBV Sub- cluster SitRep	

Tool/Indicator	Definition	Metadata			
		Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Indicator 2:	Alleged perpetrator – survivor relationship	Not Applicable	Intime partner/former partner, primary caregiver, family member other than spouse or caregiver, supervisor/employer, schoolmate, teacher/school official, service provider, cotenant/housemate, family friend/neighbor, other resident community member, other, no relation and unknown	UNHCR's Protection Cluster/ UNFPA's GBV Sub-cluster SitRep	Monthly
Indicator 3:	Alleged perpetrator age group	Not Applicable	0-11 years old, 12-17 years old, 18-25 years old, 26-40 years old, 41-60 years old, aged 61 years & above, and unknown	UNHCR's Protection Cluster/ UNFPA's GBV Sub-cluster SitRep	Monthly
Tool 4: Referral pathway statistics					
Indicator 1:	List of service providers of referral pathway for new incidents	Not Applicable	Health/Medical center, psychosocial/counseling service, police/other security actor, legal assistance service, livelihoods program, teacher/school official, community/camp leader, safehouse/shelter, other humanitarian/development actor, other government service, and other	UNHCR's Protection Cluster/ UNFPA's GBV Sub-cluster SitRep	Annually

Table A3: Food insecurity severity phases and corresponding indicators

Tool/Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 1: Phase 1 (Acceptable)					
Indicator 1:	Percentage of children between 6-59 months with WHZ <-2 < 5%	Percentage of stunted children = (Number of children between 6-59 months with WHZ <-2/Total number of children between 6-59 months)*100	Sex, age and area	SMART surveys, sentinel site information system, national nutrition surveys, DHS, MICS, etc.	At request for SMART surveys, monitoring report sentinel site information system, at request for sentinel site information system, and 4-5 years for MICS and DHS
Indicator 2:	Crude Death Rate (CDR) <0.5/10,000/day	CDR = Total number of deaths per 10,000 people per day	Sex, age and area	SMART surveys	At request
Indicator 3:	Under-five Death Rate (U5DR) <1/10,000/day	U5DR = Total number of deaths among under-five years of age per 10,000 children under-five years of age per day	Sex, age and area	SMART surveys	At request
Indicator 4:	Safe water ≥15 liters pp/day	Number of liters Safe water used pp/day	Sex, age and area	Rapid assessment	At request
Tool 2: Phase 2 (Alert)					
Indicator 1:	Percentage of children between 6-59 months with WHZ <-2 = 5-9.9%	Percentage of stunted children = (Number of children between 6-59 months with WHZ <-2/Total number of children between 6-59 months)*100	Sex, age and area	SMART surveys, sentinel site information system, national nutrition surveys, DHS, MICS, etc.	At request for SMART surveys, monitoring report sentinel site information system, at request for sentinel site information system, and 4-5 years for MICS and DHS
Indicator 2:	Crude Death Rate (CDR) <0.5/10,000/day	CDR = Total number of deaths per 10,000 people per day	Sex, age and area	SMART surveys	At request
Indicator 3:	Under-five Death Rate (U5DR) <1/10,000/day	U5DR = Total number of deaths among under-five years of age per 10,000 children under-five years of age per day	Sex, age and area	SMART surveys	At request
Indicator 4:	Safe water marginally ≥15 liters pp/day	Number of liters Safe water used pp/day	Sex, age and area	Rapid assessment	At request

Tool/Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 3: Phase 3 (Serious)					
Indicator 1:	Percentage of children between 6-59 months with WHZ <-2 = 10-14.9% or > than usual	Percentage of stunted children = (Number of children between 6-59 months with WHZ <-2/Total number of children between 6-59 months)*100	Sex, age and area	SMART surveys, sentinel site information system, national nutrition surveys, DHS, MICS, etc.	At request for SMART surveys, monitoring report sentinel site information system, at request for sentinel site information system, and 4-5 years for MICS and DHS
Indicator 2:	Crude Death Rate (CDR) = 0.5 - 0.99/10,000/day	CDR = Total number of deaths per 10,000 people per day	Sex, age and area	SMART surveys	At request
Indicator 3:	Under-five Death Rate (U5DR) <1-2/10,000/day	U5DR = Total number of deaths among under-five years of age per 10,000 children under-five years of age per day	Sex, age and area	SMART surveys	At request
Indicator 4:	Safe water > 7.5 to 15 liters pp/day	Number of liters Safe water used pp/day	Sex, age and area	Rapid assessment	At request
Tool 4: Phase 4 (Critical)					
Indicator 1:	Percentage of children between 6-59 months with WHZ <-2 = 15-29.9%; or> much greater than usual	Percentage of stunted children = (Number of children between 6-59 months with WHZ <-2/Total number of children between 6-59 months)*100	Sex, age and area	SMART surveys, sentinel site information system, national nutrition surveys, DHS, MICS, etc.	At request for SMART surveys, monitoring report sentinel site information system, at request for sentinel site information system, and 4-5 years for MICS and DHS
Indicator 2:	Crude Death Rate (CDR) = 1-1.99/10,000/day OR > 2x reference	CDR = Total number of deaths per 10,000 people per day	Sex, age and area	SMART surveys	At request
Indicator 3:	Under-five Death Rate (U5DR) = 2-3.99/10,000/day	U5DR = Total number of deaths among under-five years of age per 10,000 children under-five years of age per day	Sex, age and area	SMART surveys	At request
Indicator 4:	Safe water >3 to <7.5 liters pp/day	Number of liters Safe water used pp/day	Sex, age and area	Rapid assessment	At request

Tool/Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 5: Phase 5 (Extremely Critical)					
Indicator 1:	Percentage of children between 6-59 months with WHZ <-2 ≥30%	Percentage of stunted children = (Number of children between 6-59 months with WHZ <-2/Total number of children between 6-59 months)*100	Sex, age and area	SMART surveys, sentinel site information system, national nutrition surveys, DHS, MICS, etc.	At request for SMART surveys, monitoring report sentinel site information system, at request for sentinel site information system, and 4-5 years for MICS and DHS
Indicator 2:	Crude Death Rate (CDR) ≥2/10,000/ day	CDR = Total number of deaths per 10,000 people per day	Sex, age and area	SMART surveys	At request
Indicator 3:	Under-five Death Rate (U5DR) ≥ 4/10,000/day	U5DR = Total number of deaths among under-five years of age per 10,000 children under-five years of age per day	Sex, age and area	SMART surveys	At request
Indicator 4:	Safe water ≤ 3 liters pp/day	Number of liters Safe water used pp/day	Sex, age and area	Rapid assessment	At request

Table A4: Refugee Crisis Indicators

Tool/Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 1: Asylum seeker/Refugee registration					
Indicator 1:	Asylum seeker/ Refugee profile	Not Application	Sex, age, country of origin, date of arrival, marital status, legal status and specific needs	UNHCR Registration System	At request

Table A5: Public Health crisis Indicators

Tool/Indicator	Metadata				
	Definition	**Computation**	**Level of Disaggregation**	**Source of Data**	**Periodicity of Data collection**
Tool 1: Pandemic (Covid-19, Ebola, Cholera, Monkeypox, etc.)					
Indicator 1:	Number of confirmed cases due to pandemic	Total number of confirmed cases due to pandemic	Sex, age, geographic area (regional, urban/rural)	Health facility administrative data	Weekly/Monthly
Indicator 2:	Number of confirmed of confirmed deaths due to pandemic	Total number of confirmed deaths due to pandemic	Sex, age, geographic area (regional, urban/rural)	Health facility administrative data	Weekly/Monthly
Indicator 3:	Case fatality rate (CFR)	CFR = (Number of confirmed deaths due to pandemic/ Number of confirmed cases due to pandemic)*100	Sex, age, geographic area (regional, urban/rural)	Health facility administrative data	Weekly/Monthly
Indicator 4:	Case recovery rate (CRR)	CRR = 100% - (Number of confirmed of confirmed deaths due to pandemic/ Number of confirmed cases due to pandemic)*100	Sex, age, geographic area (regional, urban/rural)	Health facility administrative data	Weekly/Monthly
Indicator 5:	Weekly/Monthly number of new confirmed cases and deaths	Total number of new weekly/monthly confirmed cases due to pandemic	Sex, age, geographic area (regional, urban/rural)	Health facility administrative data	Weekly/Monthly
Indicator 6:	Weekly/Monthly number of new deaths	Total number of new weekly/monthly deaths due to pandemic	Sex, age, geographic area (regional, urban/rural)	Health facility administrative data	Weekly/Monthly

Table A6: Disaster Risk Reduction Indicators (Annex 7)

Tool/Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 1: Beneficiaries					
Indicator 1:	4.3 Percentage of women and girls as direct beneficiaries in coordinated humanitarian responses	Percentage of women and girls as direct beneficiaries in coordinated humanitarian responses = (Women and girls as direct beneficiaries in coordinated humanitarian responses/ Total number of women affected by humanitarian crisis)*100	Area	Humanitarian Response Plan	Annually
Tool 2: Women's organization participation					
Indicator 1:	0.4.c Number of women's organizations with increased capacities to deliver and/or monitor the quality of services, resources and goods for women in humanitarian and development settings (UNAIDS, UNFPA)	Number of women's organization meeting the requirements humanitarian and development settings	National and regional	Humanitarian Response Plan and Country Programme Document	Annually for Humanitarian Response Plan and 5 years for Country Programme Document
Indicator 2:	0.4d Number of women accessing information, goods, resources and/or services through UN-Women-supported platforms and programmes in humanitarian and development settings (UNDP, UNFPA, UNICEF, WHO)	Identified number of humanitarian and development settings by UNDP, UNFPA, UNICEF, WHO.	National and regional	Humanitarian Response Plan and Country Programme Document	Annually for Humanitarian Response Plan and 5 years for Country Programme Document

Tool/Indicator	Metadata				
	Definition	Computation	Level of Disaggregation	Source of Data	Periodicity of Data collection
Tool 3: UN entities participation					
Indicator 1:	7.6 Percentage of HCT response plans and strategies that demonstrate the integration of gender equality	Percentage = (Number of HCT response plans and strategies that demonstrate the integration of gender equality/Total number of HCT response plans and strategies)*100	National	Humanitarian Response Plan	Annually
Indicator 2:	7.7 Number of UN entities implementing disaster risk reduction, resilience or recovery initiatives with a focus on gender equality and women´s empowerment (UNDP, UNICEF)	Identified number of UN entities implementing disaster risk reduction, resilience or recovery initiatives with a focus on gender	National	DRR Plan	DRR preparedness

Step 1: Extract the DTM population data needed

Table B1: Demographic data obtained from a DTM

Locality Code	Current IDPs	Current HHs	Av hhold size	Age less than one year (Male)	Age less than one year (Female)	Age 1 - 5 (Male)	Age 1 - 5 (Female)	Age 6 - 17 (Male)	Age 6 - 17 (Female)	Age 18 - 59 (Male)	Age 18 - 59 (Female)	Age >= 60 (Male)	Age >= 60 (Female)
Locality 1	1,075	215	5	21	21	97	86	151	194	215	236	33	21
Locality 2	90	18	5	2	2	8	7	13	16	18	19	3	2
Locality 3	395	79	5	8	8	36	32	55	71	79	86	12	8
Locality 4	340	68	5	7	7	31	27	48	61	68	74	10	7
Locality 5	265	53	5	5	5	25	21	37	48	53	57	9	5
Locality 6	110	22	5	2	2	10	9	15	20	22	25	3	2

Extract of six locations in Al Jazirah state, IOM Sudan DTM April 2024.

Step 2: Convert population data into age subcategories and calculate shares (percentages) of males and females in each age category per location and calculate average household size

Table B2: Creation of age and sex categories and calculation of gender shares (percentages) in each age group

Locality of displacement	Sex	Gender share all children (0-17 years)	Gender share school going population (6-17 years)	Gender share adult population (18 years and older)	Gender share all persons	Average hhold size
Locality 1	# Male	47	44	49	48	5
	# Female	53	56	51	52	5
Locality 2W	# Male	48	45	50	49	5
	# Female	52	55	50	51	5
Locality 3	# Male	47	44	49	48	5
	# Female	53	56	51	52	5
Locality 4	# Male	48	44	49	48	5
	# Female	52	56	51	52	5
Locality 5	# Male	48	44	50	49	5
	# Female	52	56	50	51	5
Locality 6	# Male	47	43	48	47	5
	# Female	53	57	52	53	5

Step 3: Make your assumptions and then apply the household sizes and female shares to the number of households with specific priority needs

Number of females in need=number of households in need*average number of individuals per household*(% of females in SADD subgroup/100)

Table B3: Make and verify your assumptions and use of percentage of females at location as well as household size to estimate the number of females in need at a particular location

Locality of displacement	Statistic estimated	Child Protection	Education	Food Security & Livelihoods	Gender-Based Violence	Health	Livelihoods	Nutrition	Sanitation	Water
		Conversion factor: Use gender share females of all children	Conversion factor: Use gender share female school going population	Conversion factor: Use gender share female all persons	Conversion factor: Use female share of reported GBV cases in state (Example uses 0.95)	Conversion factor: Use gender share female all persons	Conversion factor: Use gender share female all adults	Conversion factor: Use gender share female all persons	Conversion factor: Use gender share female all persons	Conversion factor: Use gender share female all persons
		Assumption: All children are in equal need of child protection	Assumption: Demand for education is the same within and across hholds	Assumption: Food security and livelihoods equally needed by all hhold members	Assumption: Risk of GBV gender ratio is constant across state; one person per hhold	Assumption: All hhold members equally in need of healthcare	Assumption: Adults are primarily targeted for livelihood activities	Assumption: All hhold members equally in need of nutrition support	Assumption: All hhold members equally in need of sanitation support	Assumption: All hhold members equally in need of water
Locality 1	# of hholds in need	0	200	195	15	195	195	0	0	0
	# of females in need	0	562	506	14	506	496	0	0	0
Locality 2	# of hholds in need	10	10	18	10	18	18	0	7	18
	# of females in need	26	28	46	10	46	45	0	18	46
Locality 3	# of hholds in need	47	47	79	47	79	79	0	31	79
	# of females in need	124	132	205	45	205	201	0	80	205
Locality 4	# of hholds in need	40	40	68	40	68	68	0	27	68
	# of females in need	105	112	176	38	176	173	0	70	176

Locality of displacement	Statistic estimated	Child Protection	Education	Food Security & Livelihoods	Gender-Based Violence	Health	Livelihoods	Nutrition	Sanitation	Water
		Conversion factor: Use gender share females of all children	Conversion factor: Use gender share female school going population	Conversion factor: Use gender share female all persons	Conversion factor: Use female share of reported GBV cases in state (Example uses 0.95)	Conversion factor: Use gender share female all persons	Conversion factor: Use gender share female all adults	Conversion factor: Use gender share female all persons	Conversion factor: Use gender share female all persons	Conversion factor: Use gender share female all persons
		Assumption: All children are in equal need of child protection	Assumption: Demand for education is the same within and across hholds	Assumption: Food security and livelihoods equally needed by all hhold members	Assumption: Risk of GBV gender ratio is constant across state; one person per hhold	Assumption: All hhold members equally in need of healthcare	Assumption: Adults are primarily targeted for livelihood activities	Assumption: All hhold members equally in need of nutrition support	Assumption: All hhold members equally in need of sanitation support	Assumption: All hhold members equally in need of water
Locality 5	# of hholds in need	18	18	30	18	30	30	0	12	30
	# of females in need	47	51	77	17	77	75	0	31	77
Locality 6	# of hholds in need	13	13	22	13	22	22	0	8	22
	# of females in need	35	37	58	12	58	57	0	21	58
Total for extract	# of hholds in need	128	328	412	143	412	412	0	85	217
	# of females in need	337	922	1068	136	1068	1047	0	220	562

Annex C: Classification of types of Gender-Based Violence (GBV)

The GBV area of responsibility (GBV AoR) has developed the information management tools called Gender-Based Violence Information Management System (GBVIMS). This system is made up of the following two components:

1. GBVIMS basic tools: These tools deal with the collection, analysis and dissemination of data on different types of GBV incidents in a very confidential manner.

2. GBVIMS case management: This component has different tools related to the six steps of case management.

For this consultancy, we will be limited to the GBVIMS basic tools since they are the ones used for collection of data that generate the GBV indicators.

There are six core GBV types of incidents created for data collection and statistical analysis of GBV:

1. Rape : non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

2. Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.

3. Physical Assault: an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort, or injury. This incident type does not include FGM/C.

4. Forced Marriage: the marriage of an individual against her or his will.

5. Denial of Resources, Opportunities or Services: denial of rightful access to economic resources/ assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

6. Psychological/Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/ or menacing nature, destruction of cherished things, etc.

However, the following were not included as core types of GBV. However, they can be analyzed indirectly: intimate Partner Violence (often referred to as "domestic violence"), child sexual abuse, early marriage, sexual exploitation/transactional Sex, sexual slavery, harmful traditional practices.

Detailed explanation:

1. **Intimate Partner Violence** is defined by the relationship between perpetrator and survivor and may include multiple forms of violence (rape, sexual assault, physical assault, psychological / emotional abuse), which can lead to inconsistencies in the recording of incidents. By analysis of the type of GBV and the survivor's relationship to the perpetrator, one is able to identify and analyze which incidents took place within the context of an intimate partner relationship.

Type of GBV		Accused Perpetrator		Incident Context
Rape Sexual Assault Physical Assault Denial of Resources Psychological / Emotional Abuse	+	Intimate Partner / Former Partner	=	Intimate Partner Violence

2. **Child Sexual Abuse** is defined by the age of the survivor it includes different forms of sexual violence, which can lead to inconsistencies in the recording of incidents. By analysis of two incident types (sexual assault and rape) and the age of the survivor, one is able to easily analyze which reported incidents were child sexual abuse cases.

Type of GBV		Accused Perpetrator		Age of Survivor		Incident Context
Rape Sexual Assault	+	Any	+	Child	=	Child Sexual Abuse

3. **Early marriage** is defined by the age of the survivor at the time of the incident of forced marriage. By analysis of the incident and the age of the survivor, one is able easily to analyze which reported incidents were early marriages.

Type of GBV		Accused Perpetrator		Age of Survivor		Incident Context
Forced Marriage	+	Any	+	Child	=	Early Marriage

4. **Possible Sexual Exploitation and Transactional Sex** are defined by the power relationship between survivor and perpetrator, as well as the circumstances surrounding the incident - not the actual act of violence (i.e. rape or sexual assault), which can lead to inconsistencies in the recording of incidents. The incident recorder includes a column in which 'yes / no' can be indicated in response to the question "were money, goods, benefits and/or services exchanged in the context of the reported incident?" which can give a sense of whether the sexual violence being reported is exploitative in nature.

5. **Possible Sexual Slavery** is defined by the circumstances during which multiple acts and various forms of sexual violence are perpetrated over a period of time. The incident recorder is only able to capture one unique incident at a time. The Incident Recorder includes a column for indicating whether the incident was perpetrated while the survivor was: a) being forcibly transported (trafficked); b) being forced to join an armed group (forced conscription); c) held against her/his will, abducted or kidnapped.

6. **Harmful Traditional Practices** are defined by the local social, cultural and religious values where the incident take place. To distinguish those acts of GBV that are harmful traditional practices specific to the context in which they took place, the Standard Intake / Initial Assessment form includes a question to indicate whether the GBV was a type of harmful traditional practice. The responses must be customized locally to define the incident as 1 of up to 4 relevant types of harmful traditional practices found in that context. The Incident Recorder will be able to quantify how many instances were marked "yes/ "no" for Harmful Traditional Practice and the frequency of the individual customized types.

| Type of GBV		Alleged Perpetrator		Harmful Traditional Practice		Incident Context
Sexual Assault	+	Any	+	FGM/C	=	Harmful Traditional Practice

Annex D: Cluster System

Overview

In order to ensure that humanitarian response to an emergency situation is provided in an effective and targeted manner, coordination is more than necessary. In fact, good coordination results in minimization of gaps and overlaps in the assistance delivered by humanitarian organizations. The Cluster Approach was adopted by the Inter-Agency Standing Committee (IASC) in 2005. The approach aims to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that predictable leadership leads to predictable and effective and efficient humanitarian response delivery.

There are eleven IASC designated clusters at the global level, each one led or co-led by the designated UN and/or non-UN organization. Cluster activation at the country level is determined by the Humanitarian Coordinator in close coordination with the Humanitarian Country Team (HCT) and in consultation with the Government.

At the global level, clusters are responsible for strengthening system-wide preparedness and providing technical capacity to respond to humanitarian emergencies within their respective sectors.

At the country level, clusters ensure that the activities of partners are coordinated and harmonized. To the extent possible, clusters mirror national response structures, use terminology that is close or identical to that of the national sectors, and are co-chaired by government representatives. Where required, country-level clusters can be established at the onset of a disaster and may or may not remain following the initial phases of response based on in-country assessment of continued need.
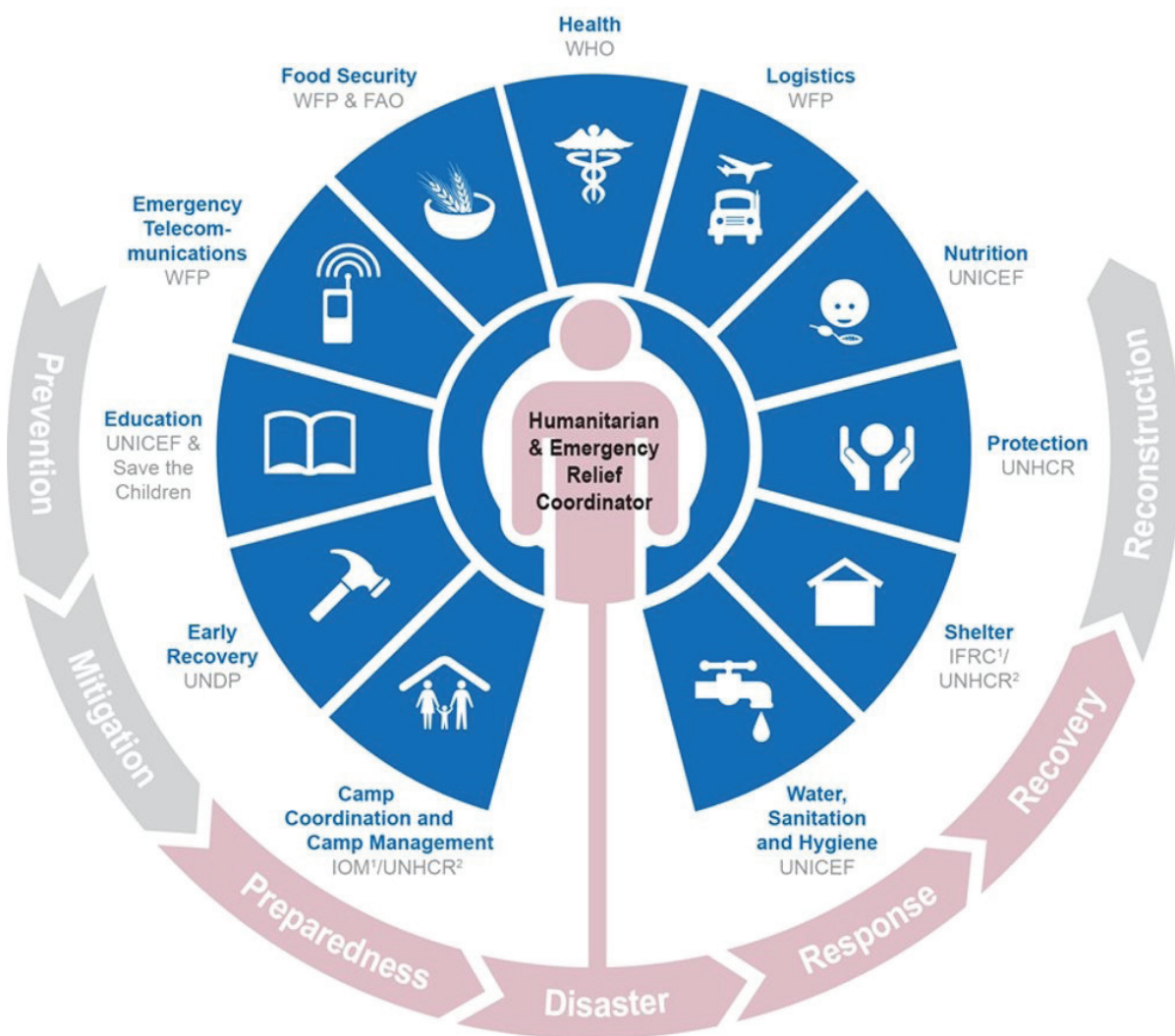
The Cluster Approach (Source: IASC Reference Module for Cluster Coordination at the Country Level)

Annex E: UNICEF cluster/sector' indicators in Humanitarian setting

Sector/indicator	Overall needs	Target 2023		Total results	Change since last report	Target 2023	Total results	Change since last report
		UNICEF and IPs response				**Cluster/AoR response**		
Health								
Number of children aged 6 to 59 months vaccinated against polio		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			
Number of children and women accessing primary health care in UNICEF-supported facilities	XXXXX	XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of children under 1 year reached with routine vaccination (DTP3 containing vaccine)		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			
Nutrition								
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment		XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	XXXXX	XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of children and pregnant and lactating women receiving micronutrients		XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			

Sector/indicator	Overall needs	UNICEF and IPs response				Cluster/AoR response		
		Target 2023		Total results	Change since last report	Target 2023	Total results	Change since last report
Child Protection, GBVIE and PESA								
Number of children accessing mental health and psychosocial support	XXXXX	XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			
Number of girls, boys and women benefiting from case management for child protection and/or GBV		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of children and caregivers accessing explosive weapons-related risk education and survivor assistance interventions		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Education								
Number of children supported with educational services and supplies in formal settings	XXXXX	XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			
Number of children in non-formal education benefiting from education services		XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			

Sector/indicator	Overall needs	UNICEF and IPs response				Cluster/AoR response		
		Target 2023		Total results	Change since last report	Target 2023	Total results	Change since last report
Number of teachers and education personnel trained		XXXXX	Boys	Not applicable	Not applicable	XXXXX	Not applicable	Not applicable
			Girls	Not applicable	Not applicable			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX		XXXXX	XXXXX
Water, Sanitation and Hygiene								
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	XXXXX	XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of people reached with handwashing behaviour change programmes		XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of people accessing improved sanitation services		XXXXX	Boys	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Social Protection and Cash Transfers								
Number of people reached with UNICEF-funded humanitarian cash transfers		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of girls and boys with disabilities provided with regular cash transfers		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	Not applicable	Not applicable			
			Women	Not applicable	Not applicable			
			Total	XXXXX	XXXXX			

Sector/indicator	Overall needs	UNICEF and IPs response				Cluster/AoR response		
		Target 2023		Total results	Change since last report	Target 2023	Total results	Change since last report
Adolescents and Youth								
Number of adolescents and youth aged 10 to 24 years promoting social cohesion and civic engagement at the community level		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of affected adolescents and youth aged 10 to 24 years receiving lifeskills and citizenship education and employability skills		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Cross-Sectoral (SBC, RCCE & AAP)								
Number of people reached through messaging on prevention and access to services		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of people participating in engagement actions for social and behavioural change		XXXXX	Boys	XXXXX	XXXXX			
			Girls	XXXXX	XXXXX			
			Men	XXXXX	XXXXX			
			Women	XXXXX	XXXXX			
			Total	XXXXX	XXXXX			
Number of people sharing their concerns and asking questions through established feedback mechanisms		XXXXX	Boys					
			Girls					
			Men					
			Women					
			Total	XXXXX	XXXXX			

Source: https://www.unicef.org/media/153156/file/Whole-of-Syria-Humanitarian-Situation-Report-Jan-Dec-2023.pdf

What is the Humanitarian Programme Cycle?

The Humanitarian Programme Cycle (HPC) is a coordinated set of actions undertaken by humanitarian actors to improve the predictability, speed and effectiveness of their response to emergencies.

The HPC is based on a six-step process that includes assessment & analysis, strategic planning, resource mobilization, implementation, monitoring and evaluation and reporting.

The HPC helps ensure that humanitarian response is needs-based, coordinated and accountable to affected populations. It promotes collaboration among humanitarian actors and facilitates the use of evidence-based data and analysis to inform decision-making.

While implementation of the cycle should be flexible and adaptable to different country situations, it must at a minimum address the below elements. And whenever possible, it must be conducted in collaboration with and in support of national and local authorities, NGOs, civil society organizations and communities, and complement or build on existing frameworks; it should contribute to a response that builds resilience to future disasters.
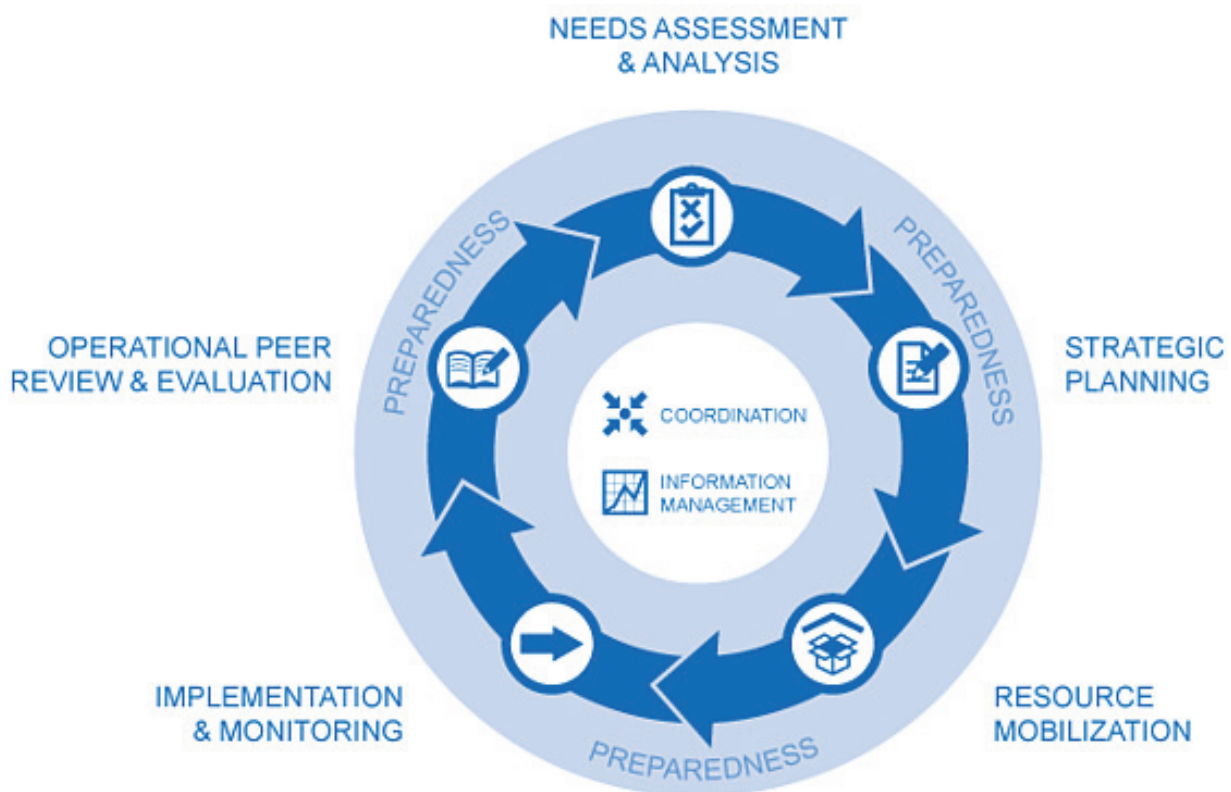
Annex G: Disaster Risk Reduction

0.4.c Number of women's organizations with increased capacities to deliver and/or monitor the quality of services, resources and goods for women in humanitarian and development settings (UNAIDS, UNFPA)

0.4d Number of women accessing information, goods, resources and/or services through UN-Women-supported platforms and programmes in humanitarian and development settings (UNDP, UNFPA, UNICEF, WHO)

7.6 Percentage of HCT response plans and strategies that demonstrate the integration of gender equality

7.7 Number of UN entities implementing disaster risk reduction, resilience or recovery initiatives with a focus on gender equality and women´s empowerment (UNDP, UNICEF).