

OVERVIEW & GUIDANCE

What type of information do you need for GBV risk analysis?¹

The [indicator matrix](#)² includes list of indicators, data collection methods and sample questions that you can use in your assessment. Broadly, the following type of information is needed to analyze GBV risks in your sector¹:

1. Barriers to accessing services
2. Safety perceptions of women and girls
3. Contextual information
4. Other information such as coping mechanisms

All these types of information are related to each other and some indicators could be categorized to all three types of information. That is why it is critical to triangulate different data to identify risk factors related to your sector and as needed to conduct additional data collection activities such as [Focus Group Discussions](#) (FGDs) to supplement information and to unpack risk factors into programmable level data. This means that for most indicators listed, there are *quantitative* (for example, household surveys or key informant interviews) and *qualitative* ways (for example, FGD) listed to obtain data. However, keep in mind that **discussions with women and girls are key to including their voices and opinions and are always key to provide more in-depth understanding.**

Indicators to measure GBV risks may not always be easy to identify, or it may not always be obvious how an indicator can help measure GBV risk. This is why the indicator matrix also has a 'rationale' column, where the reasons for including the indicator and how it may link to GBV are listed.

1. Barriers to accessing services

The indicators in the matrix are categorized according to the Availability, Accessibility, Acceptability and Quality ([AAAQ framework](#) (see below)). Typically, people in humanitarian situations face barriers to information, services and goods. The four identified categories of barriers can also contain different sub-barriers. For example, 'accessibility' barriers can exist in terms of physical constraints (e.g. a broken bridge or flooded road), economic constraints (no income, or price inflation), or safety (checkpoints or armed attacks on the route).

The barriers below contribute to programming not reaching its goal of decreasing humanitarian needs, but can also contribute to increasing the likelihood of GBV. This is why good programming across all sectors consists of a barrier analysis that is done with a gender lens, as barriers to accessing goods and services can be, and often are, gender-based. For example, the need for a husband's approval to leave the house is a very common barrier for women and children in accessing nutrition services in a very patriarchal community. Due to this barrier, women and their children may not be able to access nutrition services even if they need it. Sometimes, women may take a risk to access services without their husband's approval. As a result, they might face domestic violence at home. For more examples of barriers per sector, see [Annex 3](#).

¹ Excerpted from [UNICEF, 2021: GBV Risk Analysis Guidance](#).

² This indicator matrix was developed by UNICEF for use in Child Protection, Education, Nutrition and WASH. Information on indicators for other clusters/sectors is available in the M&E brief of this package.

AAAQ FRAMEWORK CATEGORIES

Availability refers to the actual presence of goods, services, facilities, and infrastructures in the location of concern through all forms of domestic production (e.g. farming), trade (e.g. commercial imports), stock (e.g. food reserve, contingency stocks, etc.), and transfer (aid or subsidies or free services) by a third party (the national government, local authorities or humanitarian actors).

Accessibility refers to people's ability to obtain and benefit from goods and services, including those offered by humanitarian agencies. It often concerns the physical location of services (distance, road access, bridges, etc.), but can also be influenced by purchasing power, social discrimination, special vulnerabilities, or security issues that constrain movements.

Acceptability refers to whether the provision of goods and services is done in a respectful manner, and mindful of the culture of individuals, minorities, peoples and communities.

Quality refers to the degree of excellence, benefits or satisfaction that one can enjoy when consuming a good or a service. Quality may depend on the number of people with the required skills and knowledge to perform a given service or produce a good but is also influenced by the reliability (consistency of quality over time), diversity and safety of the provided service or good (i.e. water quality, sterilization of medical tools, pharmaceuticals, etc.). It is important to stress that affected populations may have a different perception of quality compared to humanitarian agencies.

[Source: Basic Needs Assessment Toolbox, Okular Analytics & Save the Children](#)

2. Reported safety perception of women and girls

In addition to barriers, how safe women and girls feel accessing a facility or services can help identify the overall level of risk in your sector. "Feeling safe" is of course based on perception, yet this can still help inform whether women and girls feel comfortable using services and whether they are likely to use them based on perceived risk. Measuring this requires a careful approach to data collection and analysis in order to better understand why women and girls may not feel safe accessing goods or services. **Questions should be framed carefully, to focus on risks in services rather than 'general' protection risks that may occur in the environment.** In addition, measuring safety is not always straightforward and some questions may work better than others (e.g. starting with "do you fear..." rather than "do you feel safe...?"). Generally, the best way to collect this information is through consultations, specifically focus group discussions. This type of data collection is best done in collaboration with GBV specialists.

3. Contextual information

Contextual information is information that is key to understand more of the context surrounding GBV risks, for example gender dynamics and norms. These contextual indicators will help to better understand barriers to services and safety perceptions of women and girls, and are part of any gender analysis. This information can often be found through secondary data reviews.

4. Other information (e.g. coping mechanisms)

Some of the information that is already being collected by a sector can be useful to incorporate into GBV risk analysis. For example, certain coping strategies can increase the risk of exposure to GBV. For example, a lack of food can lead to different coping mechanisms – one of which could be engagement in survival sex, or increased risk of SEA. These indicators can be combined with other data points to help overall analysis.