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# TOOLKIT FOR MONITORING AND EVALUATING GENDER-BASED VIOLENCE INTERVENTIONS ALONG THE RELIEF TO DEVELOPMENT CONTINUUM

**9 May 2014**

This publication was produced for review by the United States Agency for International Development. It was prepared by Jessica Menon, Victoria Rames, and Patricia T. Morris, PhD, of Development and Training Services.

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# Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum

**9 May 2014**

## **DISCLAIMER**

The authors' views expressed in this publication do not necessarily reflect those of the United States Agency for International Development or the United States Government.

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# ACRONYMS

ADS	Automated Directives System
CBO	Community-based organization
COVAW	Coalition on Violence Against Women [Kenya]
dTS	Development & Training Services, Inc.
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
IASC	Inter-Agency Standing Committee
IDP	Internally displaced persons
IRC	International Rescue Committee
LVCT	Liverpool Voluntary Counseling and Testing
M&E	Monitoring and evaluation
MTE	Midterm evaluation
NGO	Nongovernmental organization
PEP	Post-exposure prophylaxis
PIRS	Performance indicator reference sheet
RDC	Relief to development continuum
RTE	Real-time evaluation
SMS	Standard Messaging System
SOPs	Standard operating procedures
SoW	Scope of work
ToC	Theory of change
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
USAID/OFDA	USAID's Office of U.S. Foreign Disaster Assistance
USG	United States Government
WHO	World Health Organization

# INTRODUCTION

## BACKGROUND

On August 10, 2012, the United States Government (USG) released its whole-of-government *Strategy to Prevent and Respond to Gender-Based Violence Globally* (hereinafter “the GBV Strategy”). An accompanying Executive Order established an Interagency Working Group to address GBV, chaired by the US secretary of state and the United States Agency for International Development (USAID) administrator. The purpose of the USG GBV Strategy was to establish a government-wide approach that identified, coordinated, integrated, and leveraged current efforts and resources towards combating GBV. One of its core objectives was to improve the collection, analysis, and use of data and research to enhance GBV prevention and response efforts.

In meeting this objective, however, the GBV Strategy acknowledges that there are substantial gaps in research on GBV. Gaps include a lack of data, recent statistics, analysis, and incomplete knowledge of effective and scalable interventions. The Strategy proposes a three-pronged approach to address these gaps:

- **Action 3.1** Promote ethical and safe research, data collection, and evidence-based analyses relating to different forms of GBV prevention and response efforts at the country and local levels.
- **Action 3.2** Prioritize monitoring and evaluation (M&E) of USG programs.
- **Action 3.3** Identify and share best practices, lessons learned, and research within and across agencies and with outside partners.

To support **Actions 3.2 and 3.3**, USAID engaged Development and Training Services, Inc. (dTS) to identify:

- Effective GBV interventions along the three phases of the relief to development continuum (RDC) (discussed in **Section I**). Opportunities and challenges across these phases—from pre-crisis to crisis to post-crisis—are described with respect to their cost-effectiveness, utility, and longevity.
- Practical evaluation approaches that implementing agencies can use to evaluate the effectiveness of GBV interventions along the RDC.

Globally, few GBV interventions along the RDC have benefited from rigorous M&E. Data from existing literature and field research underscore that this is due to several factors:

- Complex and changing political and socioeconomic contexts and safety and ethical considerations, with respect to GBV data collection.

### Defining gender-based violence

The USG GBV Strategy defines GBV as violence that is directed at an individual based on his/her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.

GBV takes on many forms and can occur throughout the life cycle. Types of GBV include female infanticide; child sexual abuse; sex trafficking and forced labor; sexual coercion and abuse; neglect; domestic violence; elder abuse; and harmful traditional practices such as early and forced marriage, “honor” killings, and female genital mutilation/cutting.

- Misperception that GBV programming is not “life-saving” during a crisis.
- Capacity of organizations implementing GBV programming to conduct rigorous M&E, internally and across institutions.

Conducting rigorous M&E of GBV interventions along the RDC is the *only* way to assess the effectiveness of existing GBV programming and improve future GBV programs. It is essential that USAID and its partners:

- Identify risks that may affect the achievement of planned results and develop risk mitigation strategies.
- Empower stakeholders to analyze the change process, ensuring ownership and sustainability of GBV interventions.
- Use M&E results for advocacy to increase political will, support, and resource allocation.
- Coordinate the efforts of humanitarian and development actors engaged in GBV prevention and response efforts to ensure that programming is focused not only on results of the current phase, but also along the RDC.

## TOOLKIT PURPOSE AND OBJECTIVES

dTS has compiled its assessment of GBV interventions and its knowledge and practice of M&E into a knowledge-transfer Toolkit. The **purpose** of the Toolkit is to provide users with tools for the M&E of GBV-specific programming along the RDC, highlighting the differences and nuances required for the M&E of GBV interventions. The Toolkit offers guidance, information, and recommendations on how to:

- Use and adapt tested M&E practices and tools to collect and analyze evidence and outcome indicators that measure change, to determine GBV project/program effectiveness.
- Design and implement an M&E plan for GBV interventions along the RDC.
- Use information from M&E to make informed decisions regarding adjustments and realignments of GBV programming.
- Support coordinated M&E of GBV interventions among humanitarian and development actors.

This Toolkit does *not* provide:

- General guidance on how to conduct M&E. This information can be found on USAID’s Learning Lab website and in other general USAID M&E guidance.
- Guidance on integrating GBV prevention and response across all sectors of humanitarian action. This can be found in resources such as the revised Inter-Agency Standing Committee (IASC) Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (revisions pending).
- A comprehensive overview of safety and ethical considerations with respect to GBV M&E, including data collection and use. The World Health Organization’s (WHO) *Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies* provides relevant guidelines.

The Toolkit has several key **objectives**. It supports USAID’s goal of strengthening M&E for the identification of best practices that can be promoted in future GBV prevention and response

programming (Action 3.2). And, because good GBV M&E must also adhere to established ethical and safety guidelines (Action 3.1), it addresses ethical considerations in the M&E of GBV interventions.

Second, the Toolkit furthers the goals of directives set forth in the *USAID Gender Equality and Women's Empowerment Policy* and the *USAID Automatic Directives System (ADS) Chapter 205 on Integrating Gender Equality and Female Empowerment in USAID's Program Cycle*. The USAID gender policy mandates and provides guidance on measuring performance towards closing key gender gaps and empowering women and girls, lessons learned, and disseminating best practices on gender integration throughout the Agency. The Toolkit also supports the *USG National Action Plan on Women, Peace and Security*, which highlights the importance of evaluating the impact of programs and policies to prevent and respond to GBV, ensuring that available resources are being used to implement as efficiently and effectively as possible.

Third, the Toolkit uses the *USAID Evaluation Policy* as one of its fundamental building blocks. The policy emphasizes that M&E is the means through which USAID and its implementing partners can obtain systematic, meaningful feedback about the successes and shortcomings of their interventions.

Finally, the Toolkit speaks specifically to the guidance provided in the *USAID ADS Chapter 203 on Assessing and Learning*, which highlights the importance of gathering the best possible evidence through strong M&E performance, learning more systematically, documenting program effectiveness, and making sound funding decisions. Relevant sections of the Toolkit rely on the ADS for specific directives on how to conduct performance M&E. The Toolkit also builds upon and complements a number of existing tools and guidance on GBV M&E from other international organizations (see **Annex Y** for a list of resources).

## TOOLKIT AUDIENCE

The primary audience for the Toolkit is USAID staff engaged in GBV programming and program managers of their implementing partner organizations. GBV coordinators and technical advisers as well as M&E practitioners engaged in M&E of GBV interventions may also find it useful.

## TOOLKIT USE

The four main sections of the Toolkit (Guiding Principles, Planning for M&E, Implementing the M&E Plan and Using M&E Findings) will guide program managers on how to conduct M&E of GBV-specific programming along the RDC. You can use the Toolkit in its entirety from start to finish, or by adapting specific sections as needed.

Each section of the Toolkit presents the following information:

- A brief and general overview of key M&E concepts.
- Key considerations for the M&E of GBV interventions, including:
  - GBV- and context-specific guidance
  - Examples from the field
  - Brief guidance and explanation of accompanying tools (see annexes)
  - Considerations and specific challenges, solutions, and opportunities for conducting M&E along the RDC.

Accompanying tools are included in annexes with examples and explanations on how to use the tools and additional resources. Although some of the tools are basic M&E tools (such as a Logical Framework Matrix), they include specific guidance and examples on how to use them for GBV-specific programming.

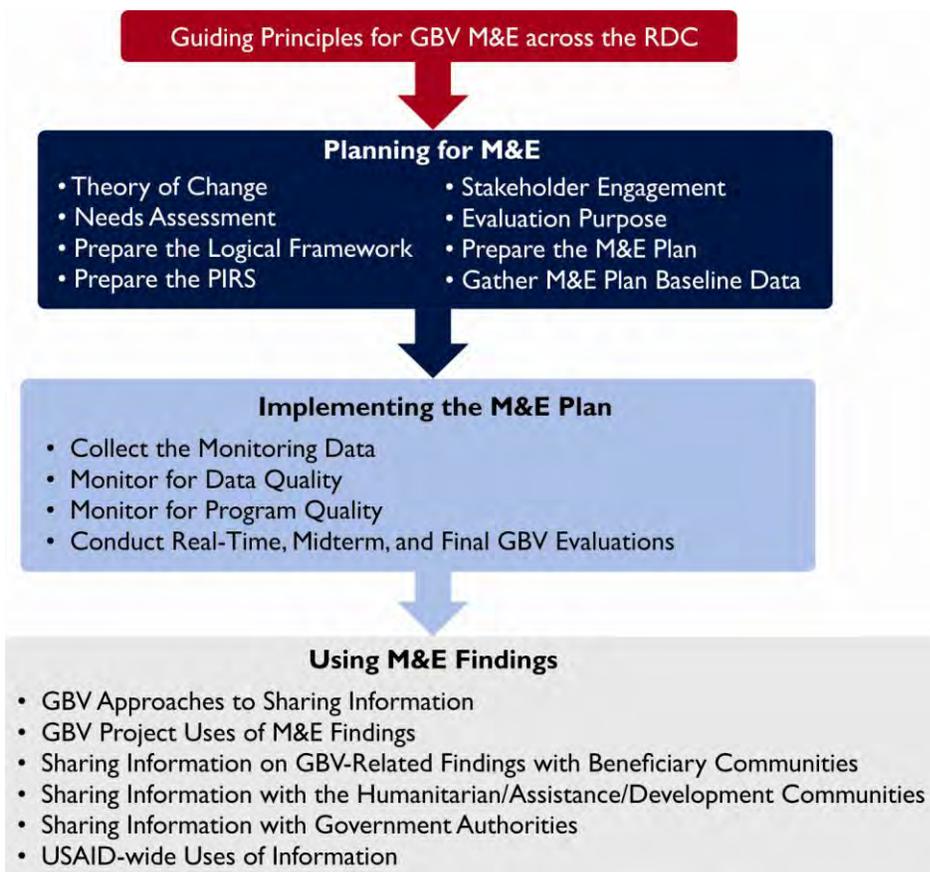
### Caveats for Using the Toolkit

It is impossible to account for all likely nuances and scenarios in every potential context. So we encourage program managers to use the guidance and tools as a starting point for the M&E of GBV interventions and to modify and apply them as appropriate. Toolkit users should know M&E fundamentals and have training and practical experience in conducting safe and ethical GBV interventions and M&E. We also recommend that a GBV specialist with M&E technical experience be engaged in the M&E processes outlined below.

### Toolkit Organization

The Toolkit guides you through the process of preparing for, developing, and implementing the M&E of GBV interventions. It highlights the differences and nuances for such M&E for the three phases along the RDC: (1) pre-crisis, (2) crisis, and (3) post-crisis (**Figure 1**). Though this Toolkit presents M&E in a linear fashion, in reality the process of conducting M&E is often non-linear. Particularly in the midst of a crisis, M&E practitioners may need to alter or rearrange the process to correspond with the evolving realities and priorities on the ground.

**Figure 1. Process for M&E of GBV Intervention**



## TOOLKIT DEVELOPMENT

The development of the Toolkit began with a literature review of existing GBV program evaluations and M&E tools and guidance. The review identified evidenced-based findings on practical M&E approaches along the RDC by development and humanitarian actors. Phone interviews were conducted with headquarters staff of key relevant organizations on how they were conducting M&E of GBV programming along the RDC.

On the basis of literature review and phone interviews, the research team conducted field research for two weeks in Haiti and Sri Lanka and three weeks in Kenya to identify how GBV-implementing partners conducted M&E of GBV-specific programming. These countries were selected because of (1) their representation of diverse geographic regions; (2) their diversity of experience with different types of crisis (political/ethnic conflict and/or disaster); and (3) the existence of in-country organizations with GBV-specific programming spanning the pre-crisis, crisis, and post-crisis phases.

During the field research, the research team interviewed the directors, M&E specialists, and GBV program officers of implementing organizations. The team also interviewed national GBV and M&E experts, and conducted focus group discussions with project beneficiaries. Lastly, the team conducted a one-day “GBV M&E Toolkit Development” workshop in each country to synthesize the findings of the interviews and focus groups.

### Field-Test and Review

In July 2013, prior to the field-testing in Kenya, the research team engaged key stakeholders in a review of both the draft Toolkit and the field-test approach and methodology. Several Kenya-based individuals from the United Nations (UN), government agencies, and national and international nongovernmental organizations (NGOs) that focus on women’s rights, gender equality, male engagement, and youth reviewed the draft Toolkit and helped to refine the field-testing methodology.

The Toolkit was field-tested in two cities in Kenya: Nairobi (urban) and Eldoret (main city/hub surrounded by rural area), using a simulation approach of applying the Toolkit to two case studies. This approach made sure that potential ethical issues were eliminated (e.g., raising expectations for service provision that engagement of community members as beneficiaries could have posed).

One case study addressed GBV among internally displaced persons (IDPs) in an urban setting in the wake of ethnic conflict and political violence. The second case study addressed GBV in rural areas associated with devolution, ethnic conflict, and food shortages. Field-test participants were drawn from staff and community leaders of USAID and the International Rescue Committee’s (IRC) Peace Initiative Kenya implementing partners. In Nairobi, field-testing was held with the Coalition on Violence against Women (COVAW) and Federation of Women Lawyers Kenya; in Eldoret, field-testing was held with the Rural Women Peace Link. These organizations have experience working on GBV along the RDC.

It is important to note that time constraints made it impossible to test all of the tools in the Toolkit, particularly those in the annexes. This is a potential area that could be explored in the future.

The research team integrated the findings from the field-tests into the draft Toolkit. It then solicited and integrated feedback on the updated Toolkit from organizations and individuals involved in the field research in Haiti, Sri Lanka, and Kenya, and with international GBV and M&E experts.

## **Limitations**

Although the Toolkit was developed based on the reported GBV M&E experience of select organizations in Haiti, Sri Lanka, and Kenya, it was field-tested only in Kenya. Field research identified a small number of organizations that implemented GBV-specific programming in all three phases along the RDC. In general, there was a lack of sound M&E of GBV programming from which to draw examples. The literature available on the M&E of GBV interventions is limited, particularly that which focuses on GBV interventions along the RDC. Research for the Toolkit focused on GBV-specific programs and did not cover GBV components of sector programs. Because the research team conducted its field research and field-testing in a short period of time, the Toolkit could benefit from additional field-testing and review across types of GBV, sectors, and countries.

# I. GUIDING PRINCIPLES FOR GBV ALONG THE RDC

The Introduction highlighted the flexibility and adaptability of the Toolkit and its associated M&E tools. When using or adapting the Toolkit’s guidance and tools, it is important that you follow certain guiding principles for relevant, inclusive, and effective GBV M&E. These principles are embedded in four approaches and presented in this section. First, though, it is helpful to review the three phases that define the relief to development continuum (RDC), first mentioned in the Introduction.

## I.1 DEFINING PHASES ALONG THE RDC

The definition of the phases along the RDC is placed in a broad context that identifies points of intersection between humanitarian and development programming (**Table I-1**). This Toolkit enumerates these phases as (1) pre-crisis, (2) crisis, and (3) post-crisis, where the “pre-crisis” and, to some extent, the “post-crisis” phases focus largely on development.

Both humanitarian and development actors working along the RDC undertake programming to prevent and respond to GBV. Their coordinated efforts through all phases along the RDC are critical for achieving a common goal: *all people fully enjoying their human right to a life free of GBV and threats of such violence.*

Some countries or regions may experience the overlapping of multiple phases along the RDC or different phases at the same or within a relatively short span of time. This is often the case where protracted political conflicts or disasters occur in waves, such as upsurges in conflict or disaster and interludes of peace or stability.

Well-coordinated development and humanitarian assistance efforts may help to establish early warning systems in a pre-crisis phase, leading to a minimized risk of GBV and a more effective response during a crisis. For example, national organizations and government actors in Kenya used the ethnic and political crisis around the presidential elections in 2007/08 to undertake national-led contingency planning efforts, reducing the overall risk of political violence and the risk of GBV. This effort contributed to a relatively peaceful 2013 presidential election without a significant increase in GBV.

**Table I. Definitions along the RDC of Crisis Phases, Linkages, and Mutual Interests between Humanitarian and Development Actors**

Pre-crisis Phase (development)	Crisis Phase (relief)	Post-crisis Phase (development and relief)
<p><b>Definition:</b> A period of relative peace and growth; if pre-crisis risk reduction activities are carried out effectively, they may help to prevent and/or reduce the risk of GBV in a crisis.</p> <ul style="list-style-type: none"> <li>• <b>Humanitarian actors:</b> Create contingency plans and early warning systems and build upon existing development activities, networks, and data collection systems to prevent and respond to GBV.</li> <li>• <b>Development actors:</b> Strengthen existing long-term development GBV prevention and response interventions aimed at reducing the prevalence of GBV, supporting networks, and data collection systems with assistance. Work with humanitarian actors on risk reduction and emergency preparedness.</li> </ul>	<p><b>Definition:</b> When a disaster or crisis strikes and/or is at its zenith, often resulting in significant displacement.</p> <ul style="list-style-type: none"> <li>• <b>Humanitarian actors:</b> Identify urgent gaps in GBV prevention and response services, advocacy, and coordination. Address gaps throughout all appropriate sectors of the humanitarian response in coordination with development actors to build upon existing efforts, knowledge, and resources.</li> <li>• <b>Development actors:</b> Support humanitarian response by mobilizing existing GBV networks, providing existing data, and assisting with response planning. Such support can build the capacity of humanitarian response mechanisms to continue and be absorbed beyond the crisis phase.</li> </ul>	<p><b>Definition:</b> The period following a crisis when immediate emergency needs have been addressed (stabilized) and when those who are displaced are returning home and/or the focus is on rebuilding systems and structures and transitioning to development (return/recovery).</p> <ul style="list-style-type: none"> <li>• <b>Humanitarian actors:</b> Transition infrastructure, data, systems, programs, and activities to development actors.</li> <li>• <b>Development actors:</b> Continue building towards sustainable peace and growth; absorb humanitarian efforts and programs into longer-term projects to continue providing necessary services to GBV survivors; engage in programming to support GBV prevention and response.</li> </ul>

## 1.2 GENERAL FRAMEWORK

The Toolkit presents four approaches for effective GBV M&E: (1) a rights-based approach, (2) a community-based/participatory approach, (3) a survivor-centered approach, and (4) a systems approach. These four approaches are not exclusive of one another. We recommend that you use them simultaneously in both GBV programming and M&E. The first three of these approaches are outlined in the United Nations Population Fund’s *Managing Gender-Based Violence in Emergencies: E-learning Companion Guide* (2012). These core approaches to GBV programming and M&E are illustrated in **Figure 2** and explained below.

**Figure 2. Core Approaches to GBV Programming and M&E**



### **1.2.1 Rights-based Approach**

A rights-based approach is composed of several key elements. It integrates international human rights and humanitarian law norms, standards, and principles into plans, policies, services, and processes of humanitarian intervention and development related to GBV. This approach is also multi-sectoral and comprehensive, involving many actors and stakeholders (state and non-state). A rights-based approach must be addressed within the context of the prevailing political, legal, social, and cultural norms and values in a country or community.

A key element of a rights-based approach is empowering women and girls by using tools and resources for strengthening their ability to make safer life choices. These choices include decisions regarding their education, reproductive health, and livelihoods, and the use and control of social and economic resources. This requires projects/programs to engage men and entire communities to create an environment in which women and girls are supported to make these decisions safely. It also means building the capacity of communities to identify and change the structural environment that enables GBV to continue. It requires long-term engagement—from the outset of an emergency until peace and development have truly come to all members of the community (adapted from IASC, *forthcoming*). Similarly, a rights-based approach to GBV M&E invests in beneficiaries as “rights holders.” It creates an avenue for their voices to be heard, and enables them to play an active role in the design and implementation of GBV M&E. This contrasts to simply designing M&E, assuming what is needed instead of consulting beneficiaries.

### **1.2.2 Community-based/Participatory Approach**

The community-based/participatory approach to GBV programming and M&E focuses on the inclusion of those affected/influenced by a crisis and/or GBV as key partners in developing programming and M&E related to their assistance and protection. These persons or groups targeted for assistance have “the right to participate in making decisions that affect their lives” as well as “a right to information and transparency” from those responsible for providing assistance (adapted from IASC, *ibid.*). Participatory

M&E has its advantages and disadvantages, but should be encouraged and integrated into GBV M&E planning with a clear understanding of those advantages and disadvantages (**Table 2**).

**Table 2. Advantages and Disadvantages of Participatory M&E**

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Empowers beneficiaries to analyze and act on their own situation as “active” participants” rather than as “passive recipients.”</li> <li>• Builds local capacity to manage, own, and sustain the project/program and its M&amp;E, which creates an environment in which key stakeholders are more likely to accept and internalize findings and recommendations that they provide.</li> <li>• Builds collaboration and consensus at different levels—between beneficiaries, local staff and partners, and senior management.</li> <li>• Reinforces beneficiary accountability and prevents one perspective from dominating the M&amp;E process.</li> <li>• Saves resources (time and money) by reducing the cost of using project staff or hiring outside technical support to engage in baseline data collection.</li> <li>• Provides timely and relevant information directly from communities for management decision-making to execute corrective actions.</li> <li>• Minimizes costly changes of course in programming because of mistakes that could have been addressed from the outset with a community-based approach.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires more time and resources to train and manage local staff and community members.</li> <li>• Requires skilled facilitators to ensure that everyone understands the process and is equally involved.</li> <li>• Can jeopardize the quality of data collected due to local politics or power dynamics: data analysis and decision-making can be dominated by the more powerful voices in the community (related to gender, ethnic, or religious factors).</li> <li>• Potential risk for escalating/igniting conflicts among different population segments.</li> <li>• Demands the genuine commitment of local stakeholders and the support of donors, since the project may not use the traditional indicators or formats for reporting findings.</li> </ul>

### 1.2.3 Systems Approach

A systems approach to GBV programming and M&E focuses on the “big picture” and context. It examines how project/program efforts contribute to national- and global-level GBV prevention and response goals, objectives, and M&E to capture impact and results. Collaboration amongst a range of actors will build an understanding of GBV risks and effective prevention and response interventions—not only for one project/program on a short-term basis but also for all projects/programs (UNICEF 2010).

### 1.2.4 Survivor-Centered Approach

GBV programming and M&E that is survivor-centered seeks to empower the survivor by prioritizing her/his rights, needs, and preferences. It ensures that M&E focuses on measuring and assessing survivors’ access to appropriate, accessible, and quality services, including health care, psychological and social support, security, and legal services. Obtaining informed consent when working with survivors during M&E is an essential aspect of the survivor-centered approach (UNFPA 2012).

## I.3 GUIDING PRINCIPLES: WORKING WITH SURVIVORS OF GBV

The M&E of GBV interventions may involve contact with GBV survivors, their families, and communities or service providers. Section I.3 highlights important principles for working with these groups, which include safety, confidentiality, respect, and nondiscrimination.

The guiding principles for working with survivors of gender-based violence reflect the values and attitudes that underpin a survivor-centered approach to GBV response. They apply at all times to all actors. Failing to abide by the guiding principles can have serious and harmful consequences for individuals and for groups of people, including increasing distress, shame, and social isolation and even exposing people to further violence. Individuals who cannot demonstrate understanding of the importance of the guiding principles, or cannot apply them, should not have contact with survivors.

### Guiding Principle 1: Safety

GBV M&E may involve risk to the safety of GBV survivors, their families, their communities, and those who have assisted survivors (either informally or formally). In many regions those who disclose violence are at further risk of violence from perpetrators, their families, or even community members who may feel that they have been shamed by the disclosure. M&E may also increase the risks of GBV among certain individuals or groups who have not previously experienced GBV, by highlighting their vulnerabilities to potential perpetrators of such violence. GBV M&E may also increase the risks of violence against GBV service providers. When planning and implementing GBV M&E interventions, the safety and security of these persons must be the first priority from the beginning to the end of the process.

### Guiding Principle 2: Confidentiality

Confidentiality is essential to the M&E of GBV interventions. Confidentiality speaks specifically to the right that GBV survivors have to decide if and to whom they will disclose violence and/or the circumstances of that violence. It also speaks to the obligation that implementing partners and individuals conducting the M&E of GBV interventions have to not disclose information without the survivor's informed consent. It may be possible to share non-identifying information on the circumstances surrounding cases of GBV to other relevant parties (such as other humanitarian organizations) to inspire collective action; however, the survivor must authorize the sharing of this information. It is also necessary to ensure that in so doing, the safety and security of the survivor are not jeopardized.

### Guiding Principle 3: Respect

Respect refers to the regard for the choices, wishes, and dignity of the survivor in relation to actions taken during the M&E of GBV project/program implementation. M&E imperatives that clash with this principle should not proceed. For example, if a program's success (related to GBV indicators) is based on an increase in the number of cases referred for investigation, the program should not be allowed to "push" a survivor against her/his wishes to report cases to a security actor.

### Guiding Principle 4: Nondiscrimination

Nondiscrimination generally refers to the equal and fair treatment afforded to survivors of violence regardless of their age, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic. It also refers to engaging GBV survivors, as well as other key stakeholders, in all phases of M&E, in a nondiscriminatory fashion, by avoiding bias, favoritism, prejudice, and unfairness. As beneficiaries of GBV services, IDPs, refugees, and members of host communities should be treated equally and fairly.

## 1.4 GUIDING PRINCIPLES: PLANNING, COLLECTION, AND USE OF INFORMATION ON GBV

Collecting information on GBV is a fundamental part of GBV M&E. The World Health Organization's (WHO) eight recommendations (see below) outline ethical and safety issues that are typically associated with the planning, collection, and use of information on GBV. These recommendations must be followed for all GBV programming and M&E activities along the RDC—particularly as they relate to data collection, storage, use, and dissemination—in addition to any stakeholder engagement activity. Those so engaged *must* be trained and well versed on the principles, standards, and practices essential for ethical GBV M&E. Those without these skills and capacity should not be involved in GBV M&E.

“[USG] Agencies will require the use of internationally recognized guidelines on ethical and safe practices, including the World Health Organization's ethical and safety recommendations, to protect the confidentiality and safety of human subjects when conducting U.S.-funded gender-based violence research and data collection.”

USAID. 2012. *U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally*

### WHO's Eight Safety and Ethical Recommendations

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and, in emergency settings in particular, should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual [and other forms of gender-based] violence must be protected at all times.
6. Anyone providing information about sexual [and other forms of gender-based] violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e., those under 18 years) are to be the subject of information gathering.

In addition to verifying that basic care and support services for survivors are available and accessible locally, it is important to confirm and verify the quality of those services.

To help users adhere to these recommendations, each major section of the Toolkit addresses safety and ethical considerations.

### Safety and Security of Sensitive Data

In general, situational/needs assessments that involve gathering sensitive information, such as the personal details of GBV survivors or perpetrators, require specific efforts to ensure that soft copies of records

are stored in a secured, password-protected, or locked location. Similarly, hard copies of sensitive information must be stored in locked safe boxes and/or filing cabinets housed within a secured facility. All storage of information and data should follow safety and ethical guidelines.

In the event that locked cabinets or scanners are not present, it is the data collector's responsibility to safeguard sensitive data, take the data with him/her, or hand the data over to another qualified staff member for safeguarding. In particular, do not leave stacks of questionnaires/surveys out in the open in offices, even in austere working conditions.

Specifically during the crisis or post-crisis phase, data and information might be lost or stolen. It is important in the pre-crisis phase to invest in the protection of data and information as early as possible. For example, collaborating with leading national academic/research institutions who are not part of the conflict can help to ensure that data and information remain secure and with national entities.

If data and information have already been destroyed or lost, it is important to try to recover the lost data and to take measures to protect the recovered data and information in the future. Activities to protect, secure, and rebuild lost data are important steps in safeguarding those potentially at risk.

## **I.5 USING INTERNATIONALLY AND NATIONALLY RECOGNIZED DEFINITIONS**

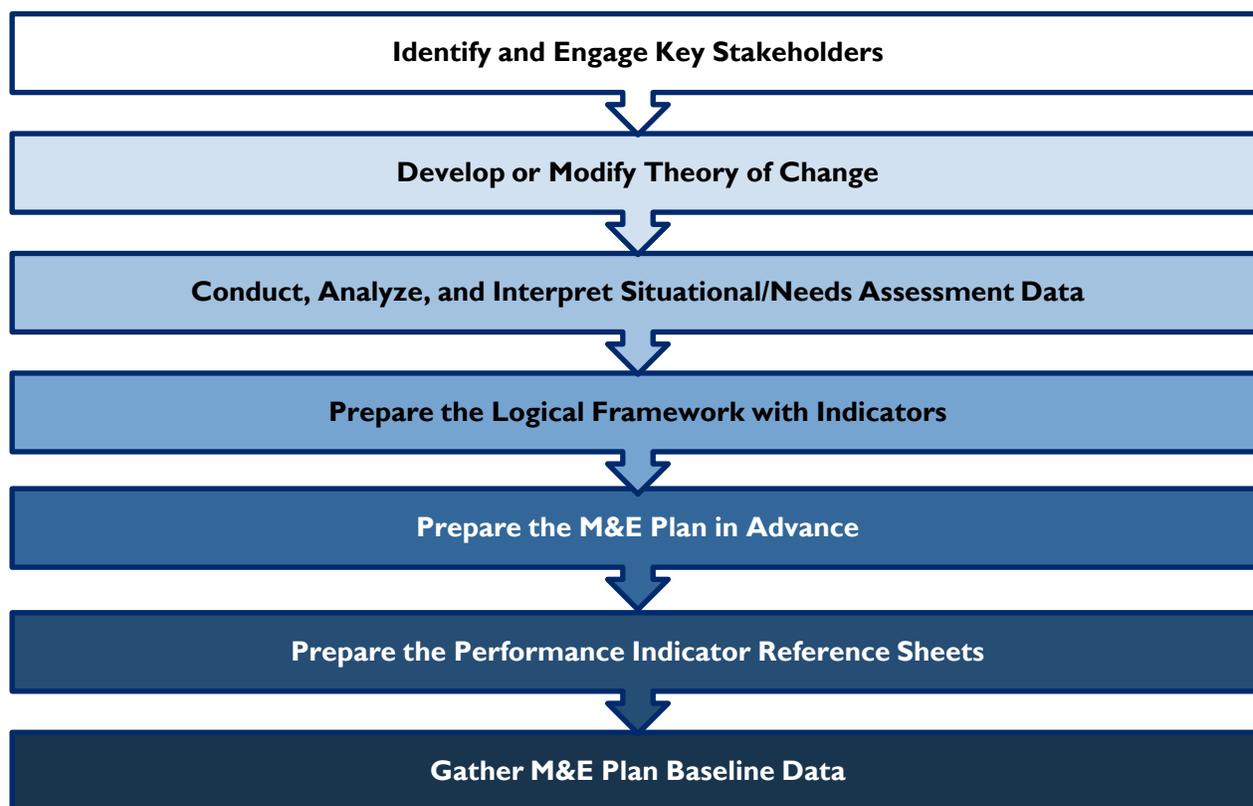
It is important to use internationally established and accepted definitions of the types of GBV throughout all phases of GBV M&E—especially when conducting a situational/needs assessment and gathering baseline data for M&E. Internationally established definitions of different types of GBV may differ from definitions at the national level or even across institutions working in the same country context. Definition and categories of GBV sanctioned in national laws and strategies sometimes vary from the internationally recognized definitions in the IASC GBV Guidelines or Gender-Based Violence Information Management System (GBVIMS). For example, marital rape is not considered a form of GBV or crime in many countries, even though it is in the IASC GBV Guidelines and GBVIMS. As such, it is important to select and clarify definitions that will be used at the outset, along with the rationale for their selection to ensure clarity and consistency in GBV M&E planning, implementation, and use of findings.

## SECTION 2

# 2. PLANNING FOR M&E

Section 2 will help you to plan for the M&E of interventions to prevent and respond to GBV throughout the pre-crisis, crisis, and post-crisis phases along the relief to development continuum (RDC). Outlined in **Figure 3** is an M&E process for humanitarian and development practitioners to follow. You may need to require or modify some of the preparatory steps, depending on the context and phase of the RDC in which you intend to undertake GBV programming, as well as the realities on the ground.

**Figure 3. Process for Planning M&E**



## 2.1 IDENTIFY AND ENGAGE KEY STAKEHOLDERS

Stakeholder engagement includes a range of activities that allow individuals and groups involved and affected by GBV to be informed of and engaged in developing a theory of change (ToC), conducting a situational/needs assessment, developing a Logical Framework, preparing an M&E plan, and implementing performance monitoring. It also allows those engaged in GBV programming to include beneficiaries of GBV programming as key stakeholders. A key contribution of stakeholder engagement is the collection of useful and accurate information that will guide baseline data collection. Stakeholder sources of information ultimately save time as it helps to reduce the need to recollect baseline data.

### **Example from the field: Benefits of engaging national stakeholders during M&E planning for GBV interventions**

In the aftermath of the earthquake in Haiti, some international organizations did not initially take into account guidance from national organizations (key stakeholders) to include post-exposure prophylaxis (PEP) in rape kits. National organizations knew from experience that PEP was needed to respond to the needs of rape survivors in Haiti, where there is a high prevalence of HIV. Taking into account guidance from experienced national organizations is the bedrock of a community- and rights-based approach. It contributes to the development of good planning for M&E, design of the M&E plan, and use of findings to inform current and future programming along the RDC. In this example, key stakeholders highlighted an important link between baseline data/information like HIV prevalence and GBV services (i.e., contents of rape kit).

## **KEY CONSIDERATIONS:**

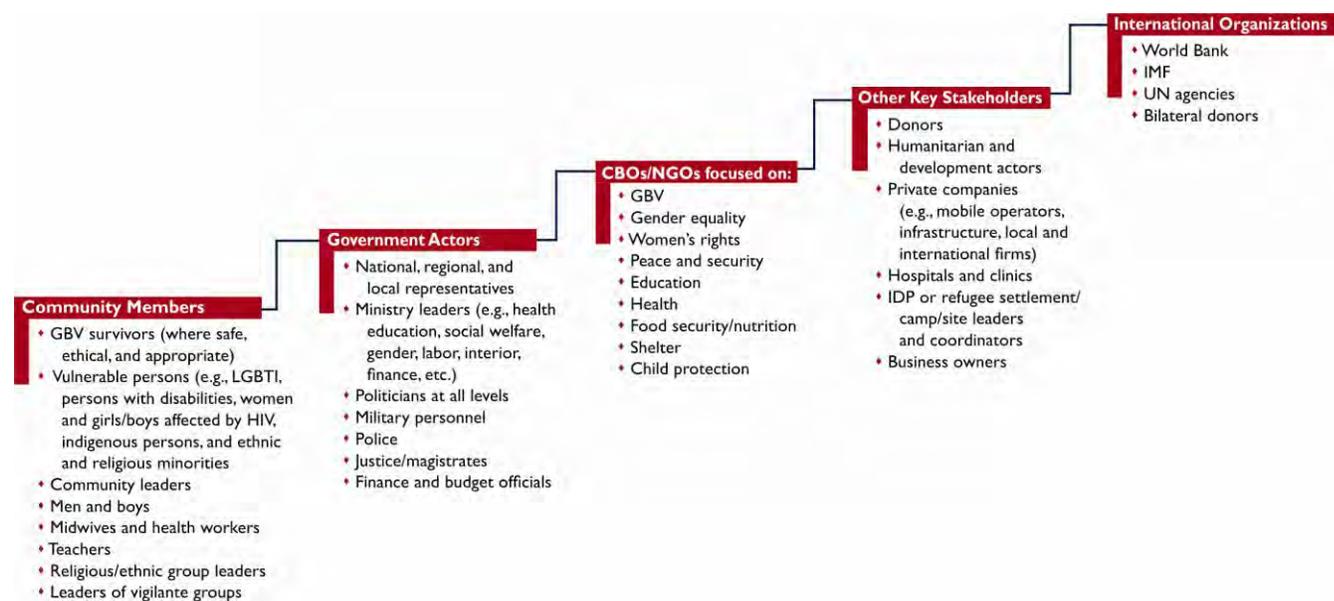
### **USING THE STAKEHOLDER ANALYSIS TOOL**

**Annex A** of the Toolkit includes a **Stakeholder Analysis Tool**, which provides a template for engaging key stakeholders by conducting a stakeholder analysis. This tool is useful when facilitating focus group discussions and key informant interviews with stakeholders (**Figure 4**). Once complete, the tool will help to identify stakeholders and their (potential) engagement or role in reducing GBV and potential strategies for their engagement in GBV programming and M&E. On the basis of findings from the tool, you can determine how and when to engage key stakeholders in GBV M&E. This will depend on the crisis phase and other factors, such as cultural sensitivity or safety considerations.

Where GBV survivors are engaged in GBV M&E—to be done *only* under very limited circumstances—you *must* use a **survivor-centered approach** that recognizes the survivor as the owner of the data related to her/his experience and treats her/him as an active participant/decision-maker rather than a passive recipient. It is critical that you follow the safety and ethical standards outlined in **Section I** when engaging with any survivor. Stakeholder engagement also requires a **rights-based and community-based/participatory approach**. The integrated use of these approaches increases stakeholder capacity and ownership, grounding GBV programming and M&E within the local community. This may help to bridge gaps along the RDC as development and humanitarian actors move in and out of communities that are affected by crisis, conflict, and disasters.

Stakeholder engagement in GBV M&E should reflect the diversity in communities, including women, men, boys, and girls, as well as persons with disabilities and of different age groups. Engagement should address and manage potentially conflicting interests. Inclusive stakeholder engagement will help you develop a relevant ToC and a Logical Framework that captures the needs of intended beneficiary communities.

**Figure 4. Illustrative List of Stakeholders to Engage Throughout GBV Program and M&E Planning, Design, and Implementation**



**Benefits of community engagement during M&E planning for GBV interventions**

- Assessments on which programming and M&E are based are accurate and context specific (e.g., accurate identification of common types of GBV and prevalence, GBV risk factors and patterns, and the quality and breadth of multi-sectoral services to prevent and respond to GBV).
- The GBV ToC is based on the local cultural context, aligning desired results with outcomes that the community would like to achieve.
- When properly conducted, it ensures that all key stakeholders and vulnerable groups are included in decision-making, and may work toward reducing conflict among different groups or factions.
- Indicators developed are realistic, appropriate, and designed to measure change.
- There is community buy-in for appropriately designed programming and M&E, thereby increasing the likelihood of achieving desired results and being able to measure them accurately.
- Engagement of communities begins to facilitate and lay the groundwork for community-based performance management and evaluation.

## RDC CONSIDERATIONS

**Opportunity:** As part of contingency planning, development and humanitarian actors may work together to:

- Conduct mapping of existing organizations working on GBV prevention and response.
- Establish a functional network of local community leaders or organizations.
- Establish and support a network of local organizations so as to facilitate a smooth transition between development and humanitarian assistance as phases of the RDC and actors change. This will in turn make GBV prevention and response activities more efficient, accountable, and survivor centered.

Pre-crisis Phase

- **Constraint 1:** Political sensitivities; limited access to communities due to safety/security issues; limited time to respond; and ethical considerations, such as discussing GBV issues with a population in a current crisis and causing re-traumatization, make it difficult to engage with stakeholders.

- **Solution:** Partner with a local community leader or organizations with established relationships and trust with the affected community to facilitate access to stakeholders and community. Identify a smaller nucleus of high-priority stakeholders that represent community members and/or affected population needs.

- **Constraint 2:** Humanitarian actors new to a location may not have the trust of the local community, contextual knowledge for the best engagement strategies, or established relationships with existing local partners.

- **Solution:** Partner with local community leaders or organizations to identify key stakeholders and initiate communication.

Crisis Phase

## 2.2 DEVELOP OR MODIFY A TOC

A GBV ToC provides a roadmap that will ultimately guide the development of the Logical Framework (including indicators) and the M&E plan. It presents a frame of reference for checking the validity and reliability of data and provides a source of evaluation questions. It is the product of a series of critical-thinking exercises that present a comprehensive picture of the early- and intermediate-term changes in a given community that are required to reach a long-term goal articulated by the community (Harvard Family Research Project 2005). In the context of GBV programming, it visually depicts the expected outputs, outcomes, and related changes that a program/project expects to make with its planned GBV prevention and response programming.

### **The role of a GBV context-specific ToC in the M&E process**

- Defines the steps necessary to bring about a given long-term goal (e.g., demonstrates the pathway of how to get from here to there).
- Describes the types of interventions (whether a single project/program or a comprehensive community initiative) that will bring about desired results.
- Includes the underlying assumptions (often supported by research) and a methodology for testing and measuring the validity of those assumptions.
- Puts the emphasis first on what the organization aims to achieve rather than on what the organization is doing (activities).
- Enhances the capacity of organizations to achieve their goals and demonstrate their impact.
- Grounds planning efforts in reality and creates an evidence base of what is necessary to achieve change.
- Provides a framework that allows organizations to know what and when to monitor and evaluate, building upon other tools such as “Logical Framework Matrices” and “Results Frames.”
- Facilitates coordination among a range of stakeholders, including development and humanitarian actors, to work towards a common long-term goal along the RDC.

## **KEY CONSIDERATIONS:** **DEVELOPING A ToC**

**Annex B** of the Toolkit provides an outline that can help develop a ToC.

From a USAID project/program perspective, a ToC should be project-focused to ensure that program managers and staff, including M&E staff, share a common vision and focus specific to their project. A ToC for a GBV activity, however, often requires a larger vision beyond a specific project’s scope. This is due to the interconnected nature of the surrounding environment on GBV and GBV interventions.

For this reason, when creating a GBV ToC you may need to consider how to harmonize a project approach with a multi-sectoral, multi-level systems approach to tie project-level objectives to higher level ToC outcomes. A project-level ToC may focus solely on the aspects on which an organization is working (e.g., only on livelihoods, only on security, or only on prevention). A multi-sectoral, multi-level approach articulates multiple preconditions and pathways associated with the top-level GBV ToC outcome of prevention and response. Consequently, a systems-level ToC points to areas where stakeholders and pertinent humanitarian and development actors may be engaged or may collaborate to prevent and respond to GBV along the RDC.

To capture evolving GBV prevention and response needs in the pre-crisis phase, and anticipate potential needs during the crisis and post-crisis phases, you may need to update and modify an existing ToC. Do this with participation and inputs from key stakeholders. Implementing organizations may also consider modifying an existing ToC to align their institutional program objectives with higher level GBV ToC outcomes.

## RDC CONSIDERATIONS

- **Opportunity:** A ToC developed in the pre-crisis phase may support GBV prevention efforts, which will likely reduce the risk of GBV in a crisis and work toward reducing threats and vulnerabilities in a post-crisis phase.
- **Constraint:** It is difficult to predict all of the possible threats of GBV that will manifest in a crisis or post-crisis.
- **Solution:** Engage with a broad range of stakeholders that have experience operating across the RDC. Use this collective past experience to develop lessons learned, summarize trends, and draft contingency plans.

Pre-crisis  
Phase

- **Constraint:** Time constraints may not permit the preparation of a well-developed GBV ToC.
- **Solution:** Initiate a ToC in partnership with a select group of local stakeholders and humanitarian and development actors over the course of a one- to two-day workshop, to kick-off immediate response activities.

Crisis  
Phase

- **Opportunity:** There is time and space to develop a comprehensive ToC to support effective GBV prevention and response in the event of a crisis. The development may take place over a longer duration (three to six months), with workshops and round tables as part of a stakeholder engagement plan.

Post-crisis  
Phase

### 2.3 CONDUCT, ANALYZE, AND INTERPRET SITUATIONAL/ NEEDS ASSESSMENT DATA

A situational/needs assessment is a critical step in preparing for the design and M&E of GBV programming. It may serve to identify (1) the risks, threats, prevalence, or incidence of GBV; (2) patterns of GBV; and (3) existing programs, services, and attitudes of service providers (including gaps and weaknesses). A situational/needs assessment does not need to duplicate previously conducted assessments if the information is relevant to the project/program location, design, and approach. It informs:

- Development of assumptions, considerations, outcomes, and initial ideas for indicators in the ToC.
- Identification of gaps in data that will need to be addressed during baseline data collection.
- Specification of a baseline and targets for performance monitoring. This may be the case during the crisis phase, when establishing a baseline was not a priority before beginning program implementation.

#### Difference between situational/needs assessments and baseline assessments

- **Situational/needs assessment** is the process of collecting information and data needed to plan programs and initiatives. These assessments are part of planning processes, often used for improvement in individuals, education/training, organizations, or communities by determining the gap between the existing situation and what is desired.
- **Baseline assessment** refers to the process of collecting data before a project starts in order to establish a reference point and targets for performance M&E. Baseline data provide a basis for measuring future progress made in achieving project/program outcomes and outputs. Baseline data should be aligned with the indicators and evaluation questions that will apply narrowly and specifically to the life of the project/program.

## KEY CONSIDERATIONS: USING SITUATIONAL/NEEDS ASSESSMENT

### I. Identify General Approach to the Situational/Needs Assessment

The approach to a GBV situational/needs assessment may vary depending on the phase along the RDC. For instance, in the early stages of a crisis, a rapid assessment is often used to collect the minimum information needed to inform and launch an appropriate response to sexual violence. This may include a multi-sectoral needs assessment to ascertain risks and multiple needs (for prevention and response services) of crisis-affected communities. Results of the situational/needs assessment allows organizations to determine whether their GBV services are needed; whether they should intervene; and if so, what the scope, scale, and effectiveness of their intervention should be given existing resources. These assessments normally take place over a period of days.

**It is important to keep in mind at the outset of a crisis that it is not appropriate to collect primary GBV incidence or prevalence data. Furthermore, such data should not be collected as a prerequisite for service provision.** However, you may use secondary existing GBV incidence or prevalence data as a proxy with the assumption that due to the crisis it is likely that incidence is higher. You may also collect incidence or prevalence data, following safety and ethical standards, alongside service provision in a crisis (e.g., service providers, responders, and security personnel can document reported cases of GBV).

#### IASC multi-cluster/sector rapid assessment

During the immediate aftermath of a crisis, an IASC multi-cluster/sector rapid assessment is often planned. Adding a few supplemental questions and more in-depth interviews at the national or community level to the multi-cluster assessment tool may be sufficient to gather needed information to inform GBV prevention or response efforts. It is essential that you ensure that these supplemental questions do not ask about specific incidents of GBV or about individual survivors. Previously collected secondary data may also be available and useful in conducting a situation/needs assessment. Sector-based assessments may have taken place prior to the crisis—or even during the crisis—that can be used to inform planning for the M&E of GBV interventions. Data from the GBVIMS or another national data collection system may also be useful for the situational/needs assessment.

Once the immediate crisis has subsided, or during a pre-crisis or post-crisis phase, a more comprehensive GBV situational/needs assessment may be undertaken, normally over a period of weeks or months (IRC 2012). These assessments include all of the elements of a rapid situational assessment, as well as detailed information related to the underlying socioeconomic, demographic, and cultural factors contributing to GBV in a given country or context. A situational/needs assessment also helps to distinguish and clarify the varying context in which GBV occurs by examining the cultural, political, legal, physical, and socioeconomic environment of different social groups within the population.

### **Example from the field: Engaging men in situational/needs assessment**

Engaging both men and women in data collection often increases the likelihood of establishing an accurate Logical Framework and M&E plan (including baseline data and targets) for programming to address the underlying root causes of GBV. Men are often excluded from situational/needs assessments and baseline data collection—both as data-gathering staff and as potential informants. One exception is a CARE International Study in Sri Lanka, which engaged men and women to assess knowledge, practices, and social attitudes regarding perspectives on gender and GBV. This resulted in a more comprehensive understanding of the underlying root causes of violence. These root causes are often connected to rigid gender norms and expectations. By engaging men in the study, CARE obtained more nuanced assessment and baseline data, which ultimately enabled it to develop a more precise Logical Framework Matrix and programming relevant to the underlying root causes of GBV.

## **2. Identify Situational/Needs Assessment Questions and Tools**

After the selection of a situational/needs assessment approach, the next step is to identify the key assessment questions and tools. You can then use assessment questions and data to further refine the ToC, Logical Framework Matrix (outcomes and indicators), and the M&E plan.

Selection of key questions can be developed by using a risk reduction framework (Ciampi et al. 2011) adapted specifically to GBV M&E. A risk reduction framework is a tool designed to identify and analyze the threats, vulnerabilities, and capacities that may increase or decrease the risk of GBV. The assessment may also build on results from the stakeholder analysis, particularly those results that identify capacities or vulnerabilities to address GBV.

The risk of GBV can be understood as the combined probability of an event (threat) and its negative consequences (risk), and the combination of threats and vulnerabilities mitigated by existing capacities, equals the GBV risk (**Table 3**).

**Table 3. Definitions and Examples of Threats, Vulnerabilities, and Capacities**

Threats	Vulnerabilities	Capacities
<p><b>Definition:</b> Dangerous phenomenon, human activity, or condition that may result in causing or exacerbating GBV.</p> <p><b>GBV Examples:</b></p> <ul style="list-style-type: none"> <li>• Political or ethnic conflict</li> <li>• Poor resettlement plan</li> <li>• Incidence of rape</li> <li>• Food crisis or disaster</li> <li>• Loss of economic security</li> <li>• Displacement</li> <li>• Loss of adequate shelters</li> </ul>	<p><b>Definition:</b> Characteristics, conditions, and circumstances of an individual person or community that make women and men susceptible to GBV threats and can arise from physical, social, economic, political, and environmental factors.</p> <p><b>GBV Examples:</b></p> <ul style="list-style-type: none"> <li>• Lack of awareness of rights (knowledge)</li> <li>• Poverty</li> <li>• Belief of the community that it is acceptable to beat a woman (attitudes)</li> <li>• Discrimination against those with an alternative sexual orientation/ gender identity; disability, of certain age groups, or of ethnic or religious minority backgrounds.</li> </ul>	<p><b>Definition:</b> A combination of all strengths, attributes, and resources available that an individual, community, society, or organization (including GBV prevention and response actors) has to lessen the impact of a GBV threat and/or protect themselves from GBV.</p> <p><b>GBV Examples:</b></p> <ul style="list-style-type: none"> <li>• Active support network of GBV survivors</li> <li>• Strong legal framework on GBV</li> <li>• Male religious leaders speak out against GBV</li> <li>• High self-esteem of girls/boys and women/men.</li> </ul>

**Annex D** of the Toolkit includes a **Data Collection Tool**, which provides an example of how to organize GBV assessment questions and code responses according to their representation as a threat, vulnerability, or capacity. Although the tool focuses on the security/justice sector because it is often neglected within multi-sectoral GBV prevention and response activities, you can adapt it to any pertinent sector (health, psycho-social support, food security, etc.). The tool may also complement an analysis of the historical context and response to GBV, to determine how it has evolved over time.

**Example from the field: Leveraging a larger network of staff in the situational/needs assessment**

Engaging a larger network of internal organizational staff, partner organization staff, and trained community outreach workers to extend the reach of data collection efforts for a needs assessment may greatly improve the quality and breadth of data gathered during a crisis. During the Haitian political crisis of 2001, GHESKIO conducted a cross-country survey. There were adequate time and resources to complete the survey and assessment because of the organization’s extensive network and availability of staff. This accessibility allowed GHESKIO to conduct a large country survey. Survey results showed that at the time, no public or private health service providers were delivering psychological support to GBV survivors.

Additional steps in a situational/needs assessment include (1) identifying methods and sources for the collection of existing data (**Annex C**); (2) identifying sources for the collection of primary data (**Annex C**); (3) selecting and training the data collection team if feasible and ethical; and (4) analyzing, interpreting, and using collected data (see **Section 3.1** for more details).

Though **Section 3.1** provides more detail about these steps, we stress here that the training of the data collection team must (1) clarify whether the team should provide psycho-social first aid (this will depend on the team’s training/professional background) and (2) emphasize their responsibility to provide referral information to GBV survivors who disclose violence. This requirement will ensure that survivors involved in a situational/needs assessment have the option to receive services and support should they so choose.

### **3. Using the Findings of the Situational/Needs Assessment**

An important step in collecting and analyzing GBV situational/needs assessment data is how a specific organization will use the assessment findings. Once the data are collected and safely stored, it is important to ensure that:

- The data collected inform the targets in the ToC, and subsequently the outcomes of the program/project that will be detailed in the Logical Framework Matrix and the M&E plan.
- The data are analyzed to identify relationships that affect project/program objectives, outputs, and outcomes that will ultimately be specified in the Logical Framework Matrix.
- Data and analyses are reported and shared with stakeholders, including the target community, to feed into nationally led GBV data collection processes and learning agendas (in adherence with safety and ethical standards).

Additional guidance and details on how to use GBV findings from the situational/needs assessment is provided in **Section 4** of the Toolkit.

#### **Using existing sources of qualitative and quantitative data**

During all phases along the RDC, it is necessary to search for and use existing sources of qualitative and quantitative data and information on which to base the development of the project/program and corresponding M&E plan. This is particularly the case during the crisis phase, when it may be unsafe, unethical, or simply not feasible to collect new primary data. Using existing data is usually less intrusive and less resource intensive than collecting primary data. Such sources of data may include reproductive health assessments, mental health system assessments, justice and security sector assessments, gender assessments, or assessments on women’s access to livelihoods. Through the review, analysis, and interpretation of the existing data, gaps in GBV programming that need to be addressed may be identified and GBV interventions can be designed to address needs and problems. However, when project designs rely heavily on secondary data, it is critical to design a robust monitoring system to confirm assumptions made in project design and ground-truth the relevance and effectiveness of the intervention.

## RDC CONSIDERATIONS

- **Opportunity:** As part of risk reduction and contingency planning, development actors may work with local partners and academic institutions to create a centralized, secure database and information-sharing protocol (following safety and ethical standards) to store data, information, and reports that may be used for assessment or baseline purposes in subsequent phases of crises with different actors.
- **Opportunity:** Train and develop a roster of individuals with skill sets (e.g., language, assessment interviews) that can help with data collection.

Pre-crisis Phase

- **Constraint 1:** Humanitarian actors responding to a crisis may not have time or resources to conduct extensive data collection, review, or analysis.
- **Solution:** Partner with existing development actors, local partners, and sectoral actors to obtain and collectively review existing data and analyses. Where possible, engage home office staff in a review of existing documents.
- **Constraint 2:** Particularly in crisis phases, incidents of GBV are grossly under-reported due to stigma and disruption of services.
- **Solution:** Analyze GBV reports carefully; validate and contextualize data.
- **Constraint 3:** Preventing and responding to violence is a priority over collecting quantitative data at the onset of a crisis.
- **Solution:** Work with development actors to focus on gathering existing quantitative data, identification of gaps, and helping to build and/or strengthen data collection systems. It may be feasible to conduct qualitative data collection using focus groups, stakeholder interviews, and safety audits.
- **Opportunity:** Use reports as an advocacy opportunity to highlight under-reporting and the challenges associated with gathering GBV data.

Crisis Phase

### 2.4 PREPARE THE LOGICAL FRAMEWORK WITH INDICATORS

Section 2.4 provides guidance on developing a Logical Framework for GBV M&E as well as the GBV indicators that are a key input into the Logical Framework. A Logical Framework organizes the inputs, outputs, outcomes, activities, and assumptions identified in the ToC. It is a vehicle for organizing a large amount of data, ranging from analysis of key stakeholder information, to identification and development of a coherent and consistent ToC, to defining a means of verification for program/project outcomes.

A Logical Framework supports USAID's principles of (1) selectivity and focus, (2) evaluation and learning, and (3) adaptation and flexibility. It does this by:

- Fostering a clearly stated, explicit, and measurable description of what will happen if a project is successful, along with the project hypotheses underlying the design.
- Clarifying what USAID missions and implementing project teams should be responsible for accomplishing and why.

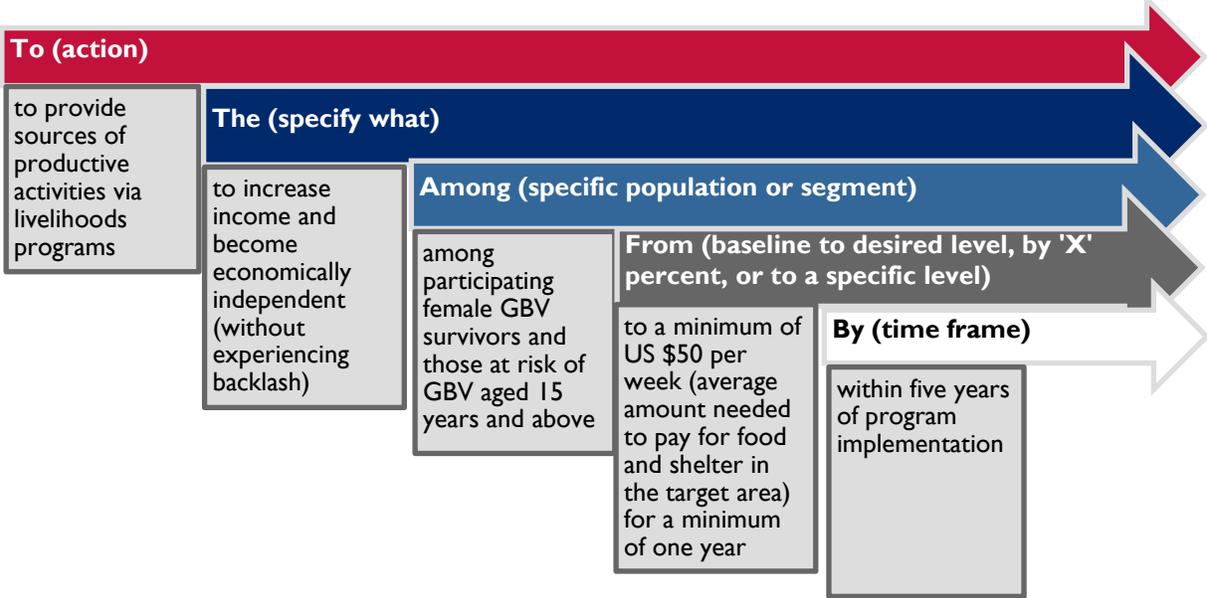
- Displaying the key elements of a project and their relationship to each other in a way that facilitates analysis, decision-making, and the creation of measurable impacts (USAID Technical Note: “The Logical Framework” 2012).

**KEY CONSIDERATIONS:**  
**DESIGNING A LOGICAL FRAMEWORK AND INDICATORS**

**Annex E** of the Toolkit includes a **Logical Framework Matrix**, which provides an example and template on livelihoods programming to support women and men to becoming more resilient to the threats of GBV.

As **Figure 5** shows, a very important first step in creating a Logical Framework Matrix is to write down sound objectives based on the outcomes first identified in the ToC. Consult with stakeholders to make sure that these objectives are realistic, community- and rights-based, and systems- and survivor-centered.

**Figure 5. Illustrative Example of Writing a GBV Objective Statement**



### Example from the field: Importance of writing sound GBV-specific objectives for a Logical Framework Matrix

Field research results show that GBV programming and accompanying Logical Frameworks are often not survivor-centered. The written objectives often do not take into account the expectations of GBV survivors or of entire communities, particularly during the crisis phase. As a result, GBV programming is less effective and M&E plans do not accurately capture actual changes in GBV survivors' lives. In Sri Lanka, for example:

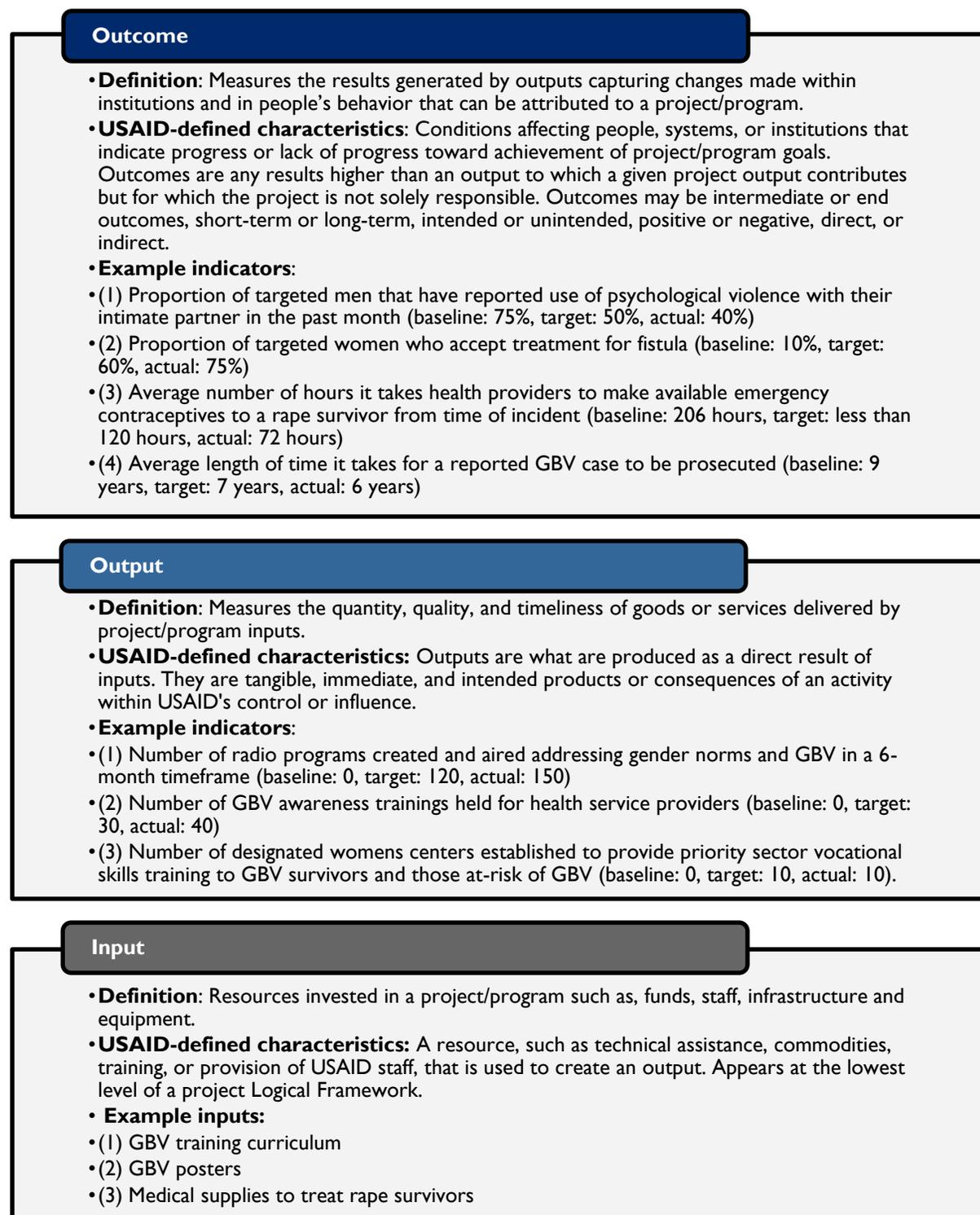
- Some women who experience domestic violence do not want to separate from their husbands. Having someone to talk to the husband is considered sufficient.
- Some Muslim women are reluctant to seek institutional support for GBV. They prefer to use low-level conflict resolution options provided by Karzai courts.

If Logical Frameworks focus only on encouraging and measuring the separation of domestic violence survivors from their husbands or on the number of survivors seeking secular institutional support, they will ultimately be ineffective in supporting survivors. As well, they will not accurately capture positive change that may be occurring in survivors' lives.

Effective Logical Frameworks must also consider and integrate the expectations of GBV survivors and the community. Engaging GBV survivors, family members, friends, and others who have experienced the indirect consequences of GBV is also essential to defining effective GBV interventions. It is critical that you include all stakeholders as agents of change, as they are well positioned to define which GBV intervention activities are needed at the outset of programming and whether modifications to such activities are necessary due to changes in the environment.

Once objectives are articulated, you must create indicators to measure an intended activity's inputs, outputs, and outcomes. At the level of outputs and outcomes, indicators must measure *the actual change taking place*, not simply whether an activity was completed, how many people were trained, or the number of informed bodies. These are measures of *process* rather than measures of program-related change. Well-developed GBV indicators can show progress on the path to change (as laid out in the ToC) and point to modifications that may be needed. **Figure 6** provides examples of GBV-specific indicators of outcomes, outputs, and inputs and what they should measure.

Figure 6. Outcomes, Outputs, and Inputs



### **Example from the field: Purpose of developing outcome indicators to measure long-term change**

Creating indicators that measure long-term change at the outcome level is fundamental to shaping sound GBV programming and decision-making. Often there is a tendency to measure input- and output-oriented actions over the duration of short-term programs. This is a missed opportunity to measure the effectiveness of GBV programming along the RDC.

When development and humanitarian actors collaborate to support local organizations working on GBV prevention and response over the long-term, there is a real opportunity to harmonize GBV programming and the accompanying measures of change across the crisis phases. This will contribute to the body of literature on what GBV interventions work well and build global lessons on effective GBV interventions.

- In Haiti, some organizations measured psychological support provided during the first month after the 2010 earthquake using standard indicators such as, “Did the victim receive care within 72 hours?” Such standard indicators are important, particularly during a crisis. However, receiving care within 72 hours is only the first step in a lifetime of recovery for a GBV survivor.
- In Sri Lanka, numerous organizations provide legal assistance to GBV survivors. But legal cases can often take 6–12 years to be adjudicated. Therefore, the proportion of reported GBV cases that are prosecuted is an important longer-term outcome indicator. Output indicators that may demonstrate progress in the pursuit of justice survivors for GBV include successful sensitization of police, lawyers, judicial staff and magistrates, and the affected community’s social/cultural accountability for GBV.

These examples demonstrate the importance of:

- Collaboration between development and humanitarian actors on support to local organizations for sustained prevention and response programming, and M&E, beyond a crisis.
- Building the capacity of local partners and/or government facilities to measure and report on the long-term outcomes of GBV interventions.
- Transitioning humanitarian programs to development programs; continuing service provision and prevention efforts throughout various crisis phases.
- Developing indicators to measure the results of programming over a longer period, potentially beyond the length of a program period.
- Allocating funds to measure program impacts beyond a program period (e.g., DFID funded a three-year project for the Population Council in Kenya with a five-year M&E horizon to measure impacts two years beyond the program closeout).

Indicators are a central component of the Logical Framework. Like all indicators, GBV indicators must be SMART (see Annex F) and should align with standard USG indicators. You should first review the USG Standard Foreign Assistance Gender Indicators I (Table 4) and/or the USAID/Office of U.S. Foreign Disaster Assistance (OFDA) indicators (if implementing programming with OFDA funding)<sup>2</sup> before selecting the relevant standard indicators to integrate into the Logical Framework Matrix.

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<sup>1</sup> USG Standard Foreign Assistance Indicators: <http://www.state.gov/f/indicators/>

<sup>2</sup> USAID Office of Foreign Disaster Assistance Indicators. [http://www.usaid.gov/sites/default/files/documents/1866/guidelines\\_for\\_proposals\\_2012.pdf](http://www.usaid.gov/sites/default/files/documents/1866/guidelines_for_proposals_2012.pdf)

**Table 4. USG Standard Foreign Assistance Gender Indicators**

<b>USG STANDARD FOREIGN ASSISTANCE GENDER INDICATORS</b>	
GENDER EQUALITY AND FEMALE EMPOWERMENT	GNDR-1: Number of laws, policies, or procedures drafted, proposed, or adopted to promote gender equality at the regional, national, or local level.
	GNDR-2: Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment).
	GNDR-3: Proportion of females who report increased self-efficacy at the conclusion of USG-supported training/programming.
	GNDR-4: Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities.
GENDER-BASED VIOLENCE	GNDR-5: Number of laws, policies or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and GBV at the regional, national, or local level.
	GNDR-6: Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, etc.).
	GNDR-7: Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming.
WOMEN, PEACE AND SECURITY	1.3.9: Number of training and capacity-building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities.
	1.6.6: Number of local women participating in a substantive role or position in a peace-building process supported with USG assistance.

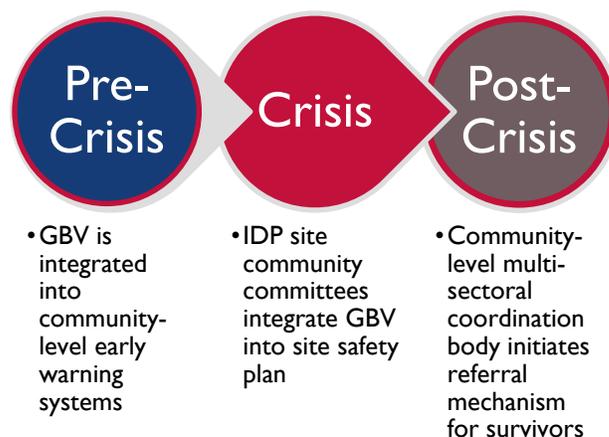
Source: The "Standard Foreign Assistance Master Indicator List" at <http://www.state.gov/f/indicators/>. Access the PIRs for the standard gender indicators using <http://f.state.sbu/Pages/Indicators.aspx>. Non-USAID users may face restrictions in accessing these PIRs online."

Once the Logical Framework Matrix is complete with draft indicators, consult with other entities to find synergies with their Logical Framework Matrices and indicators. If possible, harmonize program indicators with existing or planned data collection efforts of other partners so that data may feed into existing data collection systems and contribute towards measuring long-term changes in GBV. This is fundamental to promoting a systems-approach to GBV M&E and programming.

Avoid "reinventing the wheel." Where relevant and feasible, consult with national ministries and existing humanitarian and development actors to identify existing GBV indicators that may apply to your project/program. This will be especially helpful for humanitarian actors who need to mobilize quickly in a crisis phase.

Where work of humanitarian and development actors intersect, having common goals and objectives can help to identify opportunities to track similar outputs. For example, activities may be designed differently to reach the same output of community-level GBV prevention and response along the RDC (**Figure 7**).

**Figure 7. Example of Varying Activities along the RDC to Achieve Similar Output**



Once you have selected the Logical Framework Matrix GBV indicators according to the guidance above, consult again with community-level stakeholders to ensure that indicators measure change that is desired by the beneficiary population. Stakeholders can include community-based organizations (CBOs), NGOs, community leaders, GBV service providers, and women’s groups. This will ensure that the Logical Framework Matrix indicators stay true to the rights-based, community-based, and survivor-oriented objectives that were formulated with community stakeholders.

**Example from the field: Rights-based, community-based, and survivor-centered GBV indicators**

In Haiti, Sri Lanka, and Kenya, service providers and GBV survivors spoke to the importance of the following indicator: **GBV survivor’s ability to help other survivors**, which measured:

- Survivor’s ability to cope with GBV to the point of being empowered to help others (outcome of individual change).
- Service provider’s quality of service, which ultimately supports and empowers GBV survivors to help other survivors (output).

Across all three countries, service providers and GBV survivors emphasized the importance of being able to help other survivors, whether through referring or accompanying them to services, advocating, or sharing stories to impart knowledge and create social change. One GBV survivor in Haiti said, “Before, I was not even able to look at women who were victims. Now I am able to console them emotionally and professionally.”

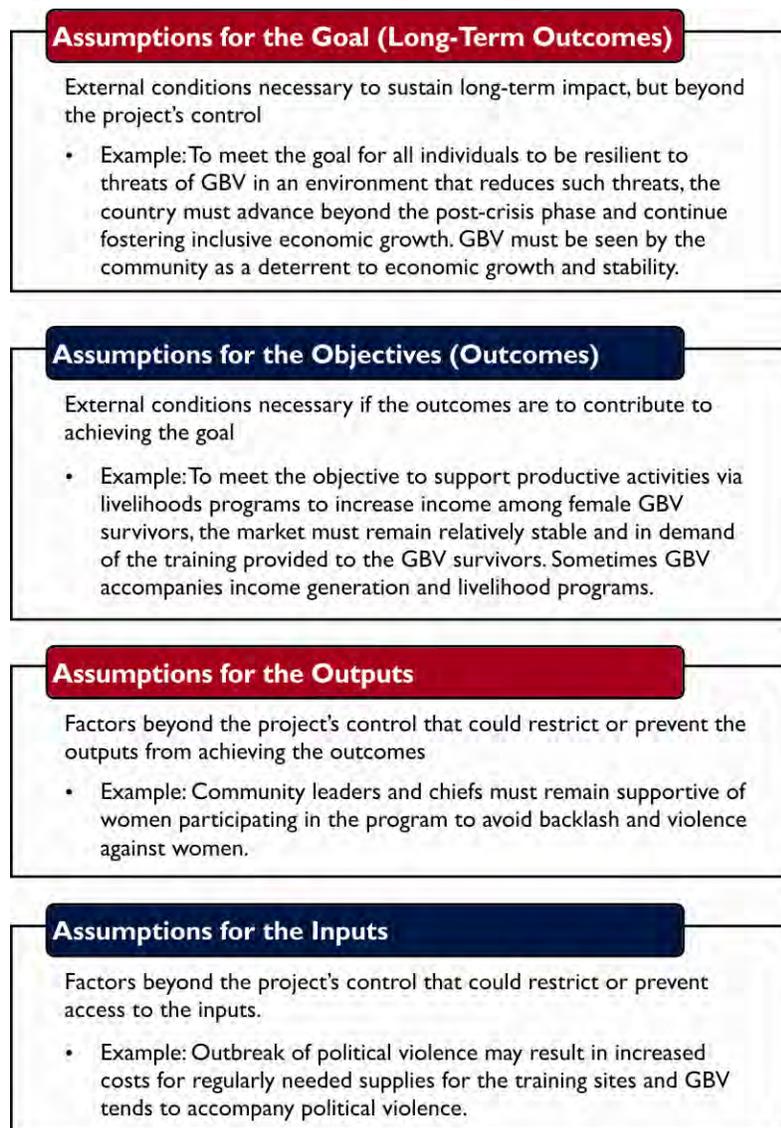
Another indicator that is an important sign of change is, **GBV survivor’s ability to feed, clothe, shelter, and educate children**. This is a powerful set of indicators that measure:

- Change in a GBV survivor’s quality of life and self-efficacy.
- Survivor’s ability to choose whether to stay or leave an abusive intimate partner.

One last indicator of importance to GBV survivors is one that measures their ability to take the initiative to manage their own lives. Beneficiaries of Women In Need and Suriya Development Organization, in Sri Lanka, noted a marked change in the ability of beneficiaries receiving long-term assistance with respect to their ability to advocate for themselves, to demand action, to know how and where to get assistance, and to secure that assistance. A USAID standard indicator that may measure this is, **Proportion of females who report increased self-efficacy at the conclusion of USG supported training/programming**. This is an outcome-level indicator that measures individual behavioral change.

A critical aspect of stakeholder consultations will be to identify assumptions or conditions that are beyond the project/program's control. In that event, you will need to draw on knowledge gained from the needs assessment, stakeholder engagement, and assumptions and conditions identified during the development of the ToC (**Figure 8**).

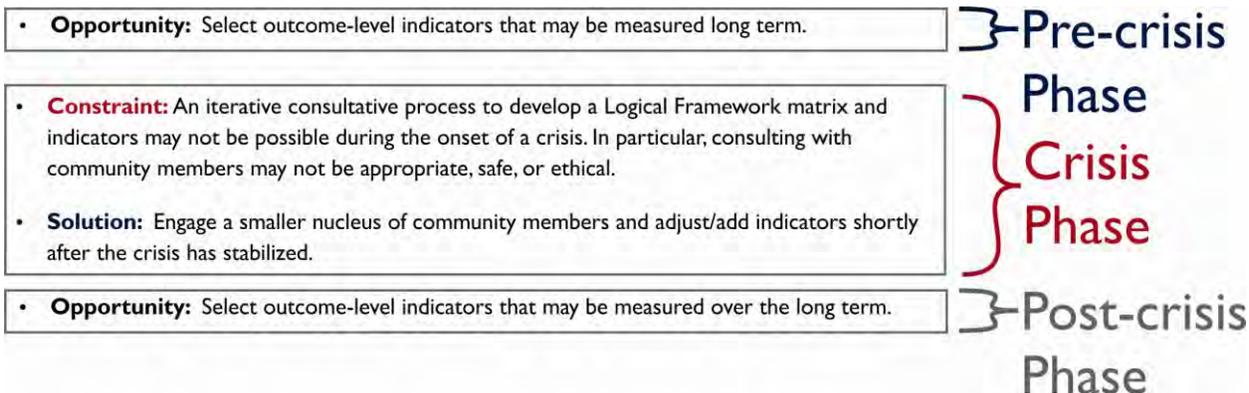
**Figure 8. Examples of GBV Programming Assumptions in a Logical Framework Matrix**



### **Adapting the Logical Framework Matrix during Program Implementation**

A change in the crisis context may result in new risks or vulnerabilities to GBV. If so, you may need to modify program activities, outputs, and outcomes and the indicators that measure them. For instance, a prominent GBV prevention advocate in the community may pass away during implementation, which then requires that a new relationship in the affected community be formed. Similarly, the means of verification of an indicator may also change if political sensitivities affect the ability to collect data from government sources or if data sources are destroyed in a disaster or conflict.

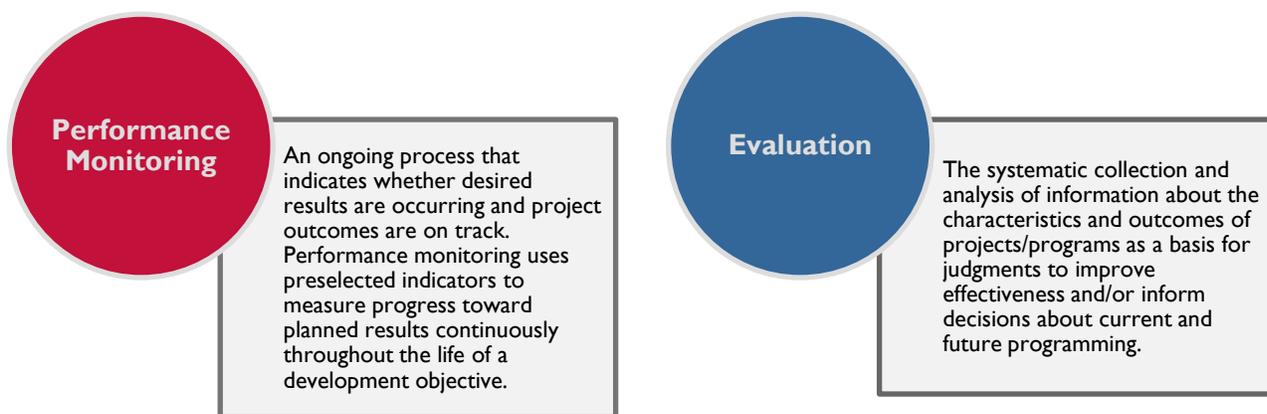
## RDC CONSIDERATIONS



### 2.5 PREPARE THE M&E PLAN IN ADVANCE

The USAID M&E plan is designed to facilitate performance management. Performance management tracks the achievements of project/program operations, progress toward planned results, and the use of performance information and evaluations to influence decision-making and resource allocation (USAID ADS 203). It comprises two mutually reinforcing but distinct elements: (1) performance monitoring and (2) evaluation (USAID ADS 203) (Figure 9).

**Figure 9. USAID Definitions of Performance Monitoring and Evaluation<sup>3</sup>**



USAID requires M&E plans to be prepared in advance and elaborated progressively throughout the program/project design and planning process. This process may take several months; it applies more to development contexts relating to pre-crisis and post-crisis phases. *Field research reveals that despite the time required to respond to crises, some humanitarian actors do have time, with support from their home office or a partner organization, to create robust M&E plans that have helped them achieve their GBV programming objectives.* Planning, regardless of the point along the RDC, is absolutely paramount for implementing solid M&E plans.

<sup>3</sup> USAID. 2011. USAID Evaluation Policy, Washington, DC. <http://www.usaid.gov/evaluation/policy>

GBV M&E plans should be an integral part of any concept paper, proposal, or planning document for a GBV project or program. A USAID office/mission designing a project prepares a concept paper followed by a project appraisal document that is authorized formally. USAID partners follow a similar process: first they prepare a concept paper, then a lengthier application, and, upon award, an implementation plan. The mandatory M&E plans in these documents summarize elements that have to be customized to address a GBV project’s specific ToC, goal, purpose, and expected outputs and outcomes. For USAID/OFDA partners whose projects are often designed to respond rapidly to crisis situations, a GBV M&E plan should be brief and focus on indicators, data collection and quality, monitoring limitations, data analysis and evaluation methods. A list of the elements in the USAID and USAID/OFDA’s GBV M&E plans may be found in **Annex W**. A USAID M&E plan consists of four distinct components (**Table 5**) designed to facilitate performance management (USAID ADS 2013).

**Table 5. The Four Components of a USAID M&E Plan**

Performance Monitoring	Evaluation	Learning	M&E Planning Budget
<ul style="list-style-type: none"> <li>Indicator definitions and unit of analysis</li> <li>Data sources and collection methods</li> <li>Data analysis</li> <li>Frequency and schedule</li> <li>Baseline values</li> <li>Performance targets</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation type and projected use</li> <li>Evaluation timing</li> <li>Main/priority evaluation questions</li> <li>Anticipated evaluation start/ completion</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative learning with stakeholders</li> <li>Informing innovation and new strategies</li> <li>Testing of hypotheses</li> <li>Identifying and monitoring “game changers” that could impede performance</li> </ul>	<ul style="list-style-type: none"> <li>Annual costs of performance monitoring</li> <li>Annual costs of evaluation</li> <li>Annual costs of learning activities</li> </ul>

### 2.5.1 Prepare the Performance Monitoring Component

The Performance Monitoring Component of a project/program M&E plan identifies the following for the performance indicators in the Logical Framework Matrix: (1) indicator definitions, unit of analysis, and disaggregation (e.g. by gender, age, and unique ability/disability); (2) data sources and collection methods; (3) data analysis; (4) frequency and schedule; (5) baseline values and targets for indicators; and (6) plans for conducting data quality assessments. Most of the information can be presented as a table. Clearly detailing this information increases the likelihood that the project will collect comparable data over time, even when there are changes in key personnel. See **Section 2.7** for more information about gathering GBV baseline data.

## KEY CONSIDERATIONS:

### PREPARING THE M&E PLAN OF GBV INTERVENTIONS

**Annex G** of the Toolkit includes a Performance Monitoring Component, which provides an example of how to prepare the M&E plan with data gathered from the situational/needs assessment. In developing the Performance Monitoring Component, consider the safety and ethical considerations and guidance on data collection that were introduced in **Section I**. If funding is from USAID/OFDA, use **Annex H** instead of **Annex G**.

The Performance Monitoring Component should include a differentiation of responsibilities to decrease bias and improve accountability. For example, project officers responsible for implementing GBV projects should not also be responsible for monitoring the project’s progress and achievements. Monitoring staff should also have a direct line of communication and accountability to senior managers, to ensure that issues are addressed and appropriate action is taken.

**Annex C** of the Toolkit includes a **Data Sources Matrix**, which provides a menu of quantitative and qualitative data collection tools that may be selected. Quantitative tools focus on generating numerical data or quantities and results are based on statistical analysis. Qualitative tools are focused on measuring differences in quality, rather than differences in quantity. Qualitative methods are easily adaptable for primary data collection during the onset of a crisis, where there are usually significant time constraints. Identify challenges in gathering data and select tools and approaches to mitigate them within the current relief or development phase and environment. As well, consider selecting tools that will support data gathering in subsequent crises. See **Section 3** for more guidance on the selection of data collection tools.

Consult with a subset of stakeholders previously identified using the tool in **Annex A** to identify opportunities to engage beneficiaries and other key stakeholders in ongoing monitoring to build support for GBV programming. Identify opportunities to harmonize monitoring and data collection efforts with existing national and local efforts, including feeding into a national database on GBV. Identify other national partners, such as academic institutions and government ministries collecting data on GBV, to help with data collection and monitoring. Refer to **Section 3** for further guidance on how to implement performance monitoring of programming.

## RDC CONSIDERATIONS

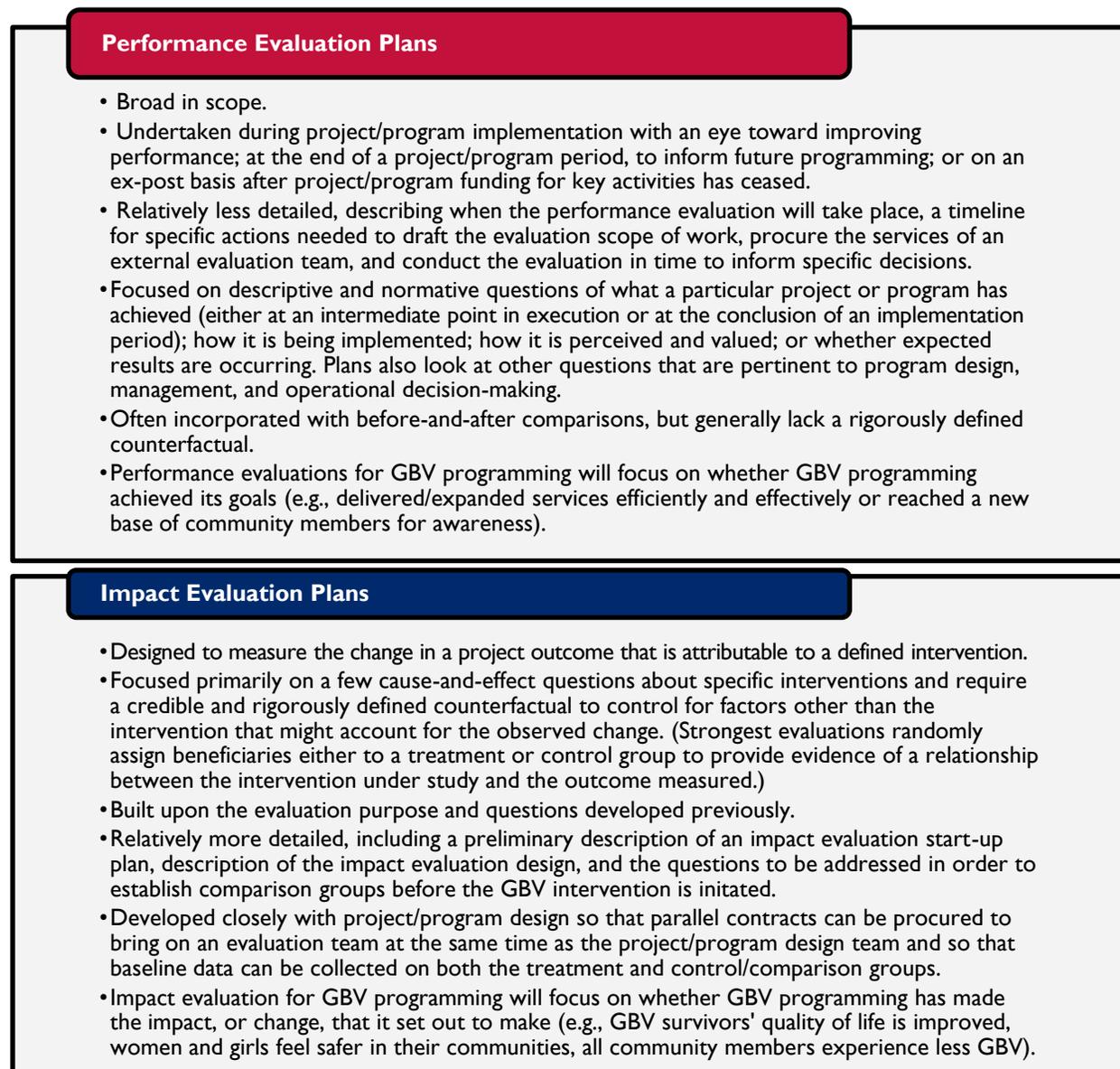
<ul style="list-style-type: none"> <li>• <b>Constraint:</b> There are unknown factors that may not be anticipated in a crisis phase; therefore, it is likely that there will be confounding factors that may interfere with planned M&amp;E activities.</li> <li>• <b>Solution:</b> Be prepared to adjust and modify your M&amp;E plan to respond to changes that may occur before or during program and M&amp;E plan implementation.</li> </ul>	}	<p style="color: #c00000; font-size: 1.2em;">Crisis Phase</p>
<ul style="list-style-type: none"> <li>• <b>Opportunity:</b> Work with local partners to strengthen M&amp;E capacity and monitoring to promote longer-term GBV M&amp;E. Invest in national efforts to strengthen national GBV data collection systems and analysis.</li> </ul>	}	<p style="color: #c00000; font-size: 1.2em;">Post-crisis Phase</p>

### 2.5.2 Prepare the Evaluation Plan Component

The **evaluation plan component** of an M&E plan describes whether impact and/or performance evaluations will be implemented. It also details what is required to implement the evaluations. It describes the types of questions, timing, evaluation teams, evaluation designs and data collection, and analysis methods that are likely to be required over the life of the project.

Evaluation is the systematic collection and analysis of information about the characteristics and outcomes of projects/programs as a basis to improve effectiveness, and/or to inform decisions about current and future programming (USAID 2011). USAID focuses on two different types of evaluations: impact evaluations and performance evaluations (**Figure 10**).

Figure 10. Performance Evaluation Plans and Impact Evaluation Plans<sup>4</sup>



## KEY CONSIDERATIONS:

### DESIGNING EVALUATIONS FOR THE M&E OF GBV INTERVENTIONS

#### I. Decide whether to conduct a midterm, final, and or real-time evaluation

**Midterm evaluations** (MTEs) look at the first phase of a program to influence programming in the second phase. MTEs assess the continued relevance of an intervention and the progress made towards achieving its planned objectives. They provide an opportunity to make modifications to ensure that these objectives are achieved within the lifetime of the project. In addition, MTEs allow you to ascertain

<sup>4</sup> Based on USAID definitions that may be found in USAID Evaluation Policy (2011) <http://www.usaid.gov/evaluation/policy>. Definitions are slightly adapted to the GBV humanitarian/development context.

whether the intervention is still consistent with the intervention’s strategic objectives; is relevant and useful to the key stakeholders; and is being conducted in an efficient manner according to USAID standards and the agreed project document.

**Final evaluations** are ex-post evaluations that are retrospective: they look at the past to learn from it. One good example of this type of learning from a final evaluation is from Kenya (see box).

In a crisis situation, MTEs and real-time evaluations (RTEs) are usually advisable because there is a need to adapt programming quickly to address rapidly evolving needs and circumstances, and because the project funding timeline is usually 12 months.

#### **Example from the field: Using a final evaluation in Kenya**

The Nairobi Women’s Hospital Gender Violence Recovery Center (GVRC) was one of the major service providers responding to GBV in the 2007/2008 post-election crisis, and also contributing to the Waki Commission Report that highlighted the use of GBV as a weapon of war during that period. On the basis of institutional learning from that experience, the GVRC took measures to become better prepared to prevent and respond to GBV in the 2012 Tana River Delta Crisis and the 2013 presidential elections. It developed a GBV Response Kit (what should go in it—PEP, antibiotics, pads, clothes, water), trained professionals on how to collect GBV evidence, and what to do if they did not have time to fill out the post-rape care form, including how to collect the minimum information needed and how to later fill out the post-rape care form. GVRC also put in place measures to mitigate occupational hazards related to providing psycho-social support to survivors of GBV experiencing trauma. These preparations were essential in responding to the 2012 Tana River Delta Crisis. The GVRC was able to do a rapid assessment and then quickly mobilize a rapid response team (including volunteers) and provide supplies to address needs on the ground.

**An RTE** is a rapid peer review carried out early on in a humanitarian response to gauge effectiveness of the GBV programming in order to adjust implementation and take corrective action in “real time,” when it can still make a difference. Pioneered by the United Nations High Commissioner for Refugees (UNHCR), this innovation is both a process and a tool to improve the quality of response programs. RTEs offer staff involved in a fast-paced response an opportunity to step back and reflect. The RTE team should deliver its report, or a substantive early draft of it, before leaving the field. The primary audience for an RTE is the agency staff implementing and managing the emergency response at different levels, including at the field and national, regional, and global headquarters. RTEs look at today with an eye towards influencing the week’s programming.

RTEs in the early stages of a response have to be mounted with very short lead times. Unexpected program changes that trigger RTEs can also lead to short lead times for the RTE itself. Although fieldwork is typically only two or three weeks for most evaluations of GBV programming in a humanitarian crisis, the whole process, from developing the terms of reference (ToRs) to finalizing the evaluation report, can take up to eight months. For more information on RTEs, consult the guidance prepared by the Inter-Agency Real Time Evaluation Steering Group (see the list of resources for practitioners for the full reference in **Annex Y**).

- Examples of triggers of an RTE include:
  - Large, new humanitarian response to a conflict or natural disaster in a country where the agency has had limited or no operational experience.

- Sudden increase in the scale of a program, in terms of either the population served or the resources committed, such as existing care and GBV services for IDPs, which suddenly have to cope with a new and large population influx.
- Sudden changes in the nature of a program, such as a sudden shift from a development program to a large relief operation following a disaster.
- Concern that some issues are being ignored in programming in the heat of operations, such as the needs of GBV survivors from a certain population (boys or persons from a specific ethnic group).
- Warning signs from project monitoring, such as an unexplained sudden increase in reports of GBV.

## 2. Decide whether to use an experimental or quasi-experimental design approach

If you are conducting an impact evaluation, you will need to build in an experimental or quasi-experimental design, including treatment and control groups. Both designs produce credible impact evaluation findings. However, experimental methods generate the strongest evidence, whereas quasi-experimental designs should be used only when random assignment strategies are infeasible.

In **experimental designs** (also called randomized controlled trials) members of a population are randomly assigned to treatment and control groups. In **quasi-experimental designs** members of a population are assigned to treatment and comparison groups. This assignment process introduces the probability of bias (either deliberate or inadvertent) because it involves decision-making by evaluators on how to assign population members.

The identification of a valid comparison group is critical for impact evaluations. In principle, the group or area where the programming takes place should be equivalent to the group or area where programming does not take place. The more certain you are that groups are equivalent at the start, the more confident you will be in claiming that any post-intervention difference was due to the GBV project/program interventions being evaluated.

When deciding whether to designate a treatment and control group within the context of selecting the impact evaluation, you must consider whether it would be feasible and ethical to do so.

### Example from the field: Quasi-experimental M&E design shows results in treatment group

In Kenya, No Means No Worldwide engaged in a research endeavor in partnership with Stanford University using a quasi-experimental design to evaluate the effectiveness of its sexual assault prevention programming. The subjects of the study were 522 high school girls, ages 14–21, in two impoverished Nairobi slums: 402 received 12 hours of self-defense training over six weeks, as well as two-hour refresher courses at three-, six-, nine-, and 10-month intervals; 120 in a comparison group received a one-hour life-skills class that is the current national standard in Kenya. Before and 10 months after the training, both groups answered anonymous questionnaires about their recent experiences of rape.

At the start of the study, nearly one in four girls reported that they had been forced to have sex in the prior year; 90% of the victims knew their attackers. In the 10 months after receiving self-defense training, more than half of these girls reported using what they had learned to fend off would-be attackers. The proportion of them who were raped fell from 24.6% in the year before training to 9.2% in the 10-month period after. Among girls who received self-defense training, 56.4% used the skills they learned to fend off attackers in the subsequent 10 months. Further, after receiving training, girls who were raped were more likely to seek help following an attack. In contrast, among girls in the comparison group who had the life-skills classes alone, the proportion who became victims of rape remained about the same.

For example, it would be unethical to deny life-saving GBV services to some individuals, particularly in a humanitarian crisis. However, using treatment and control groups is otherwise generally acceptable and recommended to obtain information on the effectiveness of a programmatic approach. This would not be unethical where it would otherwise be impossible to provide GBV services to 100% of the population. Nor is it unethical when, for example, small-scale pilot projects are implemented, particularly in a development context.

Program managers should work with GBV M&E specialists to determine if it is safe, ethical, and appropriate to plan for an impact evaluation. For example, pilot projects may be well suited for evaluating the impact of GBV interventions before scaling-up, particularly in pre-crisis and post-crisis phases (predominantly development). Where it is safe, ethical, and appropriate, program managers are encouraged to choose impact evaluations in order to grow the body of evidence surrounding GBV interventions.

You may need to “start small” when measuring GBV program impact. Long-term outcomes can be difficult to see and measure over a short time frame, particularly during the crisis phase. This should not be a disincentive to carry out evaluations of GBV programming. Long-term interventions are crucial to effecting complex social change and transforming power relations. Even in the context of a crisis, ensuring that the transition from crisis to post-crisis programming evolves fluidly will help address the root causes of GBV.

### 3. Design the evaluation purpose and questions

You may not be able to fully define all evaluation questions at the outset of GBV programming. If that is the case, by developing an outline of evaluation questions you can focus and structure the evaluation and guide the appropriate collection of baseline and monitoring data outlined in the subsequent M&E plan. If an impact evaluation is planned, you absolutely must specify evaluation questions *before project/program implementation and baseline data are collected*.

#### **Example from the field: Small pilot project uses rigorous quasi-experimental M&E design**

GHESKIO, a national health and psycho-social service provider in Haiti, approaches the development of new (or the improvement of existing) GBV interventions by beginning with a pilot project accompanied by rigorous quasi-experimental design from which they learn, adapt, and expand. This provides them with the flexibility needed to make program modifications before scaling-up.

GHESKIO also responds to evaluation findings by adapting their programs accordingly. For example, during the 2003 post-political crisis, they received funding from the Global Fund/President's Emergency Action Plan for AIDS Relief and an M&E team to conduct ongoing research. The performance evaluation results found that the quality of services was poor because existing staff were burdened with a high volume of work without additional resources and no one was in charge of ensuring that new activities were being implemented. They also found that what worked in the northern part of Haiti did not work in the south, illustrating the need for project/program design to rely heavily on a rigorous location-specific participatory community needs assessment.

### **Illustrative evaluation questions for GBV prevention and response programming**

For interventions aimed at strengthening capacity of service providers to prevent and respond to GBV:

- Has a multi-sectoral network been built to improve access to services for GBV survivors?
- Are men, women, boys, and girls accessing and using quality services more effectively and efficiently?
- Did the GBV capacity-development activities strengthen understanding of the links between violence against women and HIV and build capacity among service providers to address those links?
- Did capacity-development activities for police officers, social workers, and medical service providers increase the timeliness and quality of medical evidence collection for rape survivors?
- Did police/peace-keepers/military officers respond to requests by CSOs and community leaders to provide additional security to an area known for higher GBV prevalence?
- Did the selection of the location of resettled communities by government authorities maintain or improve social cohesiveness?
- Did the selection of the location of resettled communities by government authorities maintain or improve the safety of resettled women, men, girls, and boys?
- Did the community wells built with support from the Water, Sanitation and Health Cluster minimize security and violence concerns for women, men, boys, and girls collecting water?

For interventions aimed at raising awareness and transforming norms surrounding GBV:

- Did the twin media and education strategies increase knowledge around violence against women and HIV?
- Did the mobilization activities change the attitudes and beliefs of community members?
- Did the peer-to-peer networks increase GBV survivors' use of services?
- Did capacity-building and awareness-raising activities result in more men engaged in preventing GBV on a sustained basis (for at least six months)?

## **4. Identify the time frame for the evaluation**

Be realistic about what can be measured in a certain time period and set evaluation goals accordingly. For example, measuring change in attitudes on GBV may be done in the short term, but capturing changes in behavior/practices takes place much longer—at least 3–5 years. Capturing the change may be challenging for shorter-term programs (i.e., less than 1–2 years). One solution is to design a longer-term M&E time frame in which the final impact evaluation is conducted 1–3 years or longer after the project/program is completed. Alternatively, pre- and post-KAP (knowledge, attitude, and perceptions) surveys can be useful in capturing short-term achievements in behavior change, even if they do not speak to the sustainability of those changes.

Perhaps even more important than final impact evaluations is the ability to review what worked during MTEs and RTEs. Often an MTE or RTE is more useful because it enables organizations to modify programs and to support immediate changes in policy and practice (Sphere Standard for M&E).<sup>5</sup> RTEs are particularly useful in crisis situations, when constant feedback is crucial to ensure that programs are meeting critical needs for GBV prevention and response.

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<sup>5</sup> The Sphere Project. 2011. Sphere Guidelines: Humanitarian Charter and Minimum Standards in Disaster Response (revised). Sphere Core Standard Number 5.

### **When baseline data are not available/collected at project/program inception**

If baseline data were not available/collected at project/program inception, or weak M&E plans resulted in the lack of consistent and ongoing monitoring, it will be challenging (if not impossible) to conduct an impact or performance evaluation. Without a baseline, you cannot draw concrete conclusions about the performance or impact of the project/program. It is still worthwhile, however, to conduct an evaluation in some cases. A baseline can be reconstructed by piecing together relevant data on pre-project conditions. Precautions should be taken to describe the limitations of reconstructed baseline data. Also, alternative measures can be used, such as measuring community perceptions. These evaluations may still offer useful information on lessons learned, case studies, and promising practices, drawn upon from qualitative sources such as focus groups, key informant interviews, case studies, and other qualitative and quantitative sources of information. See **Annex B** for potential data sources. Safety and ethics considerations should also play a significant role in identifying sources of data for evaluation.

## **5. Identify who will participate in the evaluation**

Partners engaged in the evaluation of GBV interventions should be identified. This includes academic/research-oriented institutions that assist with impact evaluations. All identified stakeholders should be included, when appropriate, in drafting the scope of work (SoW) for the evaluation, appraising the selection of evaluators, providing the evaluators with information and guidance, reviewing the evaluation draft, preparing and implementing the management response, and disseminating and internalizing knowledge generated from the evaluation. It is important that evaluation findings are shared amongst stakeholders engaged in project planning and implementation. It is also important to disseminate findings to community members, taking safety and ethical precautions into consideration. Be careful when sharing findings that may reignite ethnic tensions or subject certain populations to increased GBV.

### **Why engage stakeholders in evaluations?**

Engaging key government counterparts, donors, civil society, beneficiaries, and other implementing partners in GBV evaluations enhances not only the ownership of and mutual accountability for results, but also the credibility and transparency of the evaluation exercise.

In each phase along the RDC, conducting a GBV evaluation in an inclusive manner is critical for ensuring transparency. This will minimize the potential that one group may feel (rightly or wrongly) excluded or discriminated against and consequently minimize increasing tensions or vulnerabilities. It may be difficult to maintain this inclusive approach in conflict settings because of high staff turnover and mobility, and the need for fast results. But conducting an evaluation in an inclusive manner is an important part of the recovery process leading into the post-crisis phase.

## **6. Decide whether to conduct an internal and/or external evaluation**

Whether you conduct an internal and/or external evaluation often depends on the internal capacity of the organization, as well as the resources that are likely to be available to hire an external evaluator or team or evaluators. USAID/OFDA supports both methods. Regardless of the approach, you should share the evaluation findings widely and rapidly with the humanitarian and development communities (barring any safety or ethical problems with doing so).

## 7. Specify how to use evaluation findings

How evaluation recommendations, lessons learned, and conclusions are used is essential to an iterative M&E process. It is important that the evaluation inception report include plans on the reporting and dissemination of conclusions for broader learning within the GBV and humanitarian and development communities. Equally important to include are recommended strategies for improved coordination and collaboration among other implementing partners and stakeholders.

## 8. Design the SoW for the evaluation

Whether the evaluation is contracted out to external entities or conducted internally, you will need to prepare a SoW for the evaluation. The SoW provides the framework for the evaluation and communicates the research questions, and often specifies lines of inquiry that are relevant to the particular context and project approach. Many SoWs are organized around the Organisation for Economic Cooperation and Development/Development Assistance Committee criteria. **Annex U** provides a USAID checklist for reviewing SoWs; **Figure 11** shows the main elements of a SoW.

**Figure 11. Main Elements of the SoW for the Evaluation**

MAIN ELEMENTS FOR EVALUATION SOW	Identifies the activity, project, or approach to be evaluated
	Provides a brief background on the development hypotheses and its implementation
	Identifies existing performance information source, with special attention to monitoring data
	States the purpose of, audience for, and use of the evaluation
	Clarifies the evaluation question(s)
	Identifies the evaluation methods
	Specifies evaluation deliverable(s) and the timeline
	Discusses evaluation team composition (at least one evaluation specialist and one gender specialist)
	Identifies participation of partners and beneficiaries
	Specifies evaluation procedures, including scheduling and logistics
	Clarifies requirements for reporting
	Includes a level of effort and budget

## RDC CONSIDERATIONS

- **Opportunity:** Development and humanitarian actors may identify synergies in plans to evaluate GBV interventions across the RDC, taking a systems, rather than a project-focused, approach. Identifying common evaluation questions of interest and working with local partners to lead efforts may contribute to consistency in data collection.

Pre-crisis  
Phase

- **Opportunity:** Frequently, RTEs may be needed in the midst of a crisis, where needs and circumstances are constantly changing and evolving. Plan and budget accordingly. Identify opportunities for pooling resources with national and international actors already engaged in the M&E of GBV.
- **Constraint 1:** Evaluation questions developed in a crisis may not focus on longer-term impact of activities on GBV. Conducting impact evaluations with control groups is neither practical nor ethical. There is, however, an opportunity to learn about effective programming for GBV in a crisis, and to continue collecting data (e.g., on GBV trends or other proxy indicators, which may serve as an early warning indicators for rising tensions and conflict).
- **Solution:** Partner with existing development actors and national organizations implementing M&E of GBV projects/programs. Identify points of intersection where shorter-term evaluation questions may feed into longer-term questions using a systems approach.

Crisis  
Phase

### 2.5.3 Prepare the Learning Plan Component

A learning plan is an important component of the GBV M&E plan. A learning plan at the GBV project/program level identifies realistic approaches and practical plans to:

- Link to the USAID Mission’s overall learning strategy
- Contribute to collaborative evidence-based learning of GBV prevention and response activities along the RDC.

#### Key learning areas for the learning plan component of the M&E plan

- How the project/program will facilitate coordination, collaboration, and exchange of knowledge internally and with external stakeholders, and particularly how it will contribute to overall GBV learning objectives nationally.
- How the project will test the hypotheses of the GBV ToC, fill critical knowledge gaps, and address uncertainties in the hypotheses with new research, evaluations, or syntheses of existing analyses.
- How the project will ensure new learning, innovations, and performance information gained through M&E to inform GBV program implementation, policy formulation, and strategy development.
- How the project will identify and monitor “game changers” or broad conditions that are beyond the project/program’s control but could impede or improve implementation (e.g., emergent, broad trends that pose significant risks to the entire portfolio) and how they are tracked over the five-year Country Development Cooperation Strategy period to enable the Mission to adapt programming to the evolving country and regional context.

Source: USAID. Learning Lab- Articulate Knowledge Needs. <http://usaidlearninglab.org/learning-guide/articulate-knowledge-needs>

## KEY CONSIDERATIONS:

### PREPARING THE LEARNING PLAN COMPONENT OF GBV INTERVENTIONS

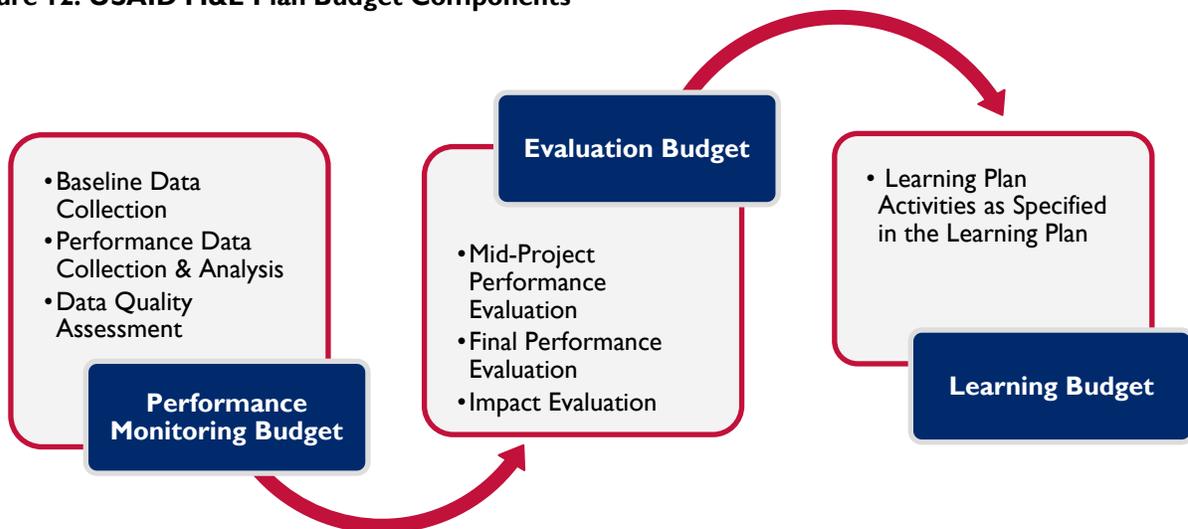
The learning plan component of the M&E plan allows a range of humanitarian and development actors and local partners to identify how they may collaborate. One example is having both actors and partners contribute data and analyses to national efforts and existing systems for continued learning about effective GBV interventions through the use of a systems, rather than a project-oriented, approach. Learning is a specific objective of M&E, and the learning plan details how it will use generated information by ensuring that:

- Evidence is incorporated into the design of a GBV project/program and used to modify a project/program during implementation to ensure relevance and results.
- Time frames and processes are in place to reflect on new learning and shifts in the local context.
- Opportunities are identified to elaborate on how to coordinate and collaborate with development and humanitarian partners.
- Promising new approaches to GBV prevention and responses are tested; future programming builds on what works, and eliminates what does not work during project/program implementation.
- Methods allow for sufficient flexibility in implementing mechanisms so that emergent opportunities to collaborate strategically can be seized, additional or different learning topics can be pursued, and shifts in trends can be adapted without the need for formal modification of funding mechanisms.

#### 2.5.4 Prepare the Budget

Preparing the budget for performance M&E and learning components is a key aspect of the M&E plan (**Figure 12**). It is an estimate of the financial resources needed for M&E throughout project/program implementation.

**Figure 12. USAID M&E Plan Budget Components**



There is no set formula for M&E budget allocation, although various donors and organizations recommend that 3–10% of a project’s budget be allocated to M&E costs. USAID stipulates that 3% of a project’s budget be allocated to M&E. However, humanitarian partners also employ the principle that funding for M&E activities should be sufficient to ensure quality and competency, but should not divert resources away from life-saving assistance.

## KEY CONSIDERATIONS:

### DEVELOPING BUDGETS FOR M&E OF GBV INTERVENTIONS

**Annex M** of the Toolkit includes **Budget Considerations for the M&E Plan** to help you in considering factors that may influence costs in budgeting for the M&E plan. **Annex N** provides guidance on how to budget for M&E in an emergency, when there is little time to develop a fully considered M&E budget.

The budget should list all M&E tasks and overall responsibilities, analyze necessary items associated with each task, and determine costs. Opportunities to pool resources across humanitarian and development actors or to build on existing M&E efforts along the RDC should also be included. Line item M&E expenses (rapid assessments, frequent evaluations, or increased challenges or other costs related to M&E) to cover costs of an anticipated future crisis situation are also important to list.

Though it is critical to plan for both monitoring and evaluation together, resources for each function should be separated. In practice, each project/program should have two separate budget lines: one for performance monitoring and one for evaluation. This will ensure that budgeting is realistic and will reduce the risk of running out of resources for the evaluation, which often takes place towards the end of implementation. This will be particularly important during the planning for M&E during a crisis when M&E activities may not be prioritized in the midst of response activities.

Staffing is an important concern for the M&E of GBV programs/projects because these tasks require specialized training and a combination of research and project management skills (**Figure 13**). The effectiveness of M&E is linked to the quality of assistance from staff and volunteers who are often not M&E or GBV experts. Particularly in the crisis phase, non-experts will likely need to be engaged and trained to help in M&E functions. This makes capacity building a critical aspect of implementing good M&E along the RDC.

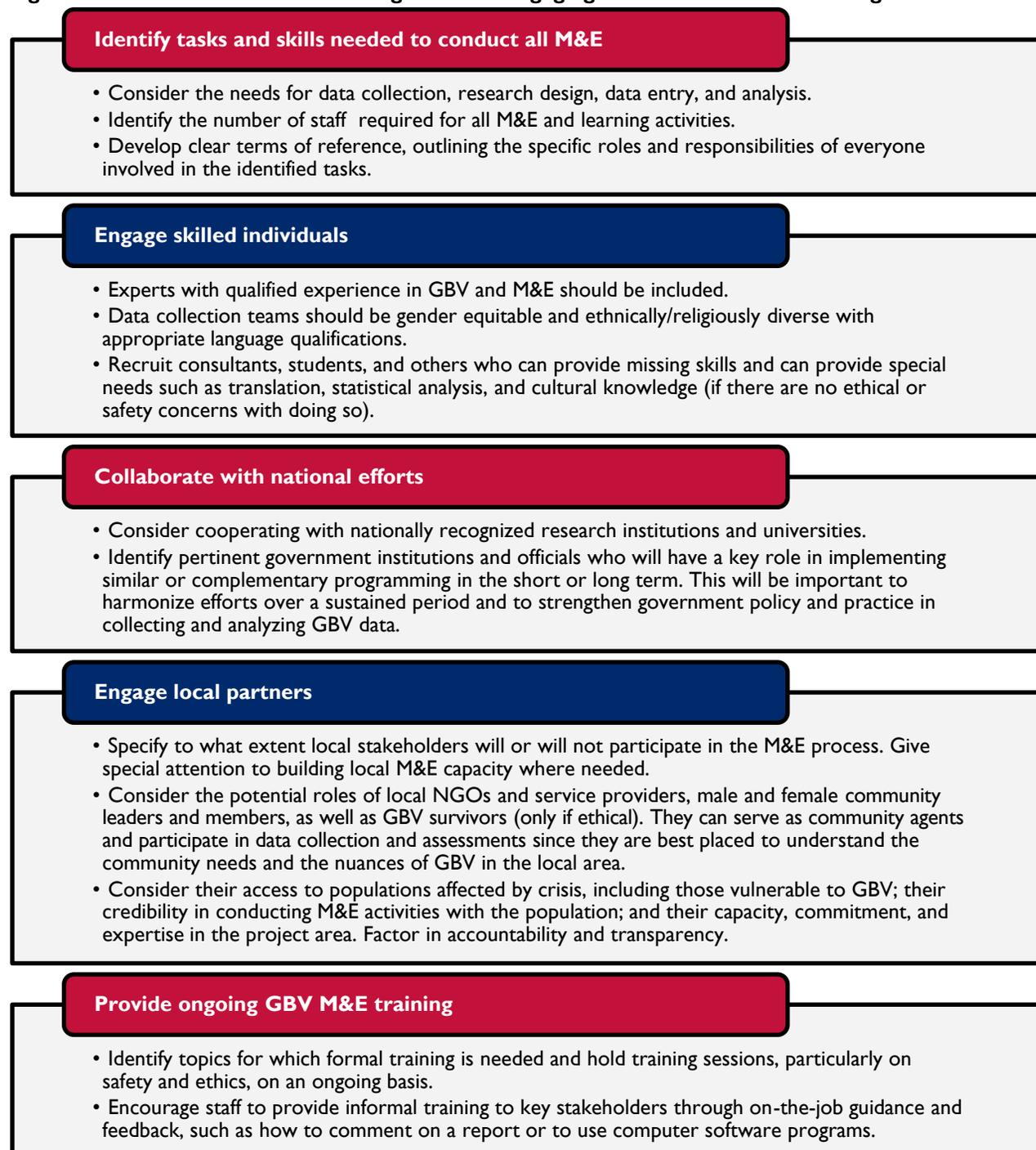
#### **Example from the field: Leveraging community actors to promote efficient and cost-effective M&E**

In Haiti, GHESKIO found that the most effective tool for assessing needs in the aftermath of the 2010 earthquake was community engagement. Owing to existing networks of community agents, composed in part of GBV survivors, they were able to efficiently and effectively mobilize community leaders and members within neighborhoods and IDP sites to conduct an ad-hoc needs assessment and identify the needs of survivors of rape and domestic violence. Key to their success was partnering with community members who spoke Kreyòl, understood first-hand the impact of the earthquake, and could quickly establish trust with the IDP populations.

For USAID/OFDA, you should include budget costs for M&E in the overall project/program budget and budget narrative; they do not need further elaboration. USAID/OFDA partners should be prepared to engage with staff who may be assigned to monitoring projects on the ground and/or contracted firms assigned to conduct remote M&E activities on behalf of USAID/OFDA.

It is essential that you consider how to secure and fund the engagement of national- and local-level partners and beneficiaries. This will help maximize participation and collaboration towards ensuring sustainability of program/project effects and gathering the most useful data possible.

**Figure 13. Considerations for Selecting Staff and Engaging Stakeholders in Conducting M&E**



## RDC CONSIDERATIONS

- In **pre-crisis** and **post-crisis** contexts, there may be longer-term impacts to measure, which will likely require greater funding. For a complex program, with many different objectives and activities and longer-term evaluation (over five years) that is using, for example, a robust quasi-experimental design approach with a control and intervention group and several rounds of formal quantitative surveys, there will be likely be higher M&E costs. In these cases, organizations may expect to spend closer to 10% of their program budget on M&E—with the understanding that these costs may be shared with other implementing partners, institutions, or donors.

Pre- & post-crisis Phases

### The following may increase M&E costs during a crisis:

- Need for additional M&E contingency funds in cases of new/modified activities.
- Unexpected contingencies such as inflation, currency devaluation, equipment theft, or the need for additional data collection/analysis to verify findings, which may require greater human resources (e.g., an M&E community advisory board).
- High-risk, politically sensitive, or hard-to-reach/difficult areas, may require more human resources and time.
- Delays, added data security/prevention methods, and the use of more creative means to reach marginalized beneficiary populations.
- Loss of, damage, or difficult access to data could increase costs for security, protection, data storage, or data replacement.
- Coordination of M&E efforts and resourcing of those efforts.

Crisis Phase

## 2.6 PREPARE THE PERFORMANCE INDICATOR REFERENCE SHEETS

To ensure quality and feasibility of indicators in the GBV M&E plan, you should complete a USAID performance indicator reference sheet (PIRS) for each outcome- and output-level indicator. This will enhance clarity on:

- How to collect the data and measure changes in the indicator
- Which direction of change in the indicator is desired
- What is the level of collection for the indicator
- Who, how, and how often the indicator will be measured

### KEY CONSIDERATIONS:

#### COMPLETING A PIRS IN THE M&E OF GBV INTERVENTIONS

**Annex J** of the Toolkit includes **PIRS** and provides a template, which includes an additional section on ethical considerations for data acquisition. Under most circumstances, OFDA partners do not have to prepare a PIRS if receiving funds from USAID/OFDA. In place of a PIRS, OFDA requests its partners to prepare a table to track indicator information (see **Annex K**, for an example).

It is essential to collect and disaggregate all data by key pertinent variables such as sex, age, minority status, and level of ability. You may also select other key variables, particularly those that may affect the level of vulnerability of specific individuals or populations to GBV. These include for either beneficiary or provider the (1) type of GBV, (2) ethnicity, (3) political affiliation, (4) religion, (5) location, (6) primary language, (7) level of income, (8) urban/rural environment, (9) time of day, and (10) phase along the RDC.

With the addition of a subsection on ethical considerations, the template aims to ensure that in all cases the data used to measure the indicator are gathered safely and ethically. Ethical considerations are pertinent to all aspects of data measurement and collection, but especially to how GBV data will be collected. This includes whether to have a treatment and a control group and how to collect data in a way that protects the identity and safety of all beneficiaries (e.g., GBV survivors, GBV service providers, communities, and leaders) in the project/program area.

**Annex J** also provides PIRS for an illustrative list of 23 outcome- and output-level GBV indicators (**Table 6**) that may be used to measure the effectiveness of GBV programming. These are not “USAID-endorsed” indicators; rather they are an illustrative list of potential GBV indicators that may be used and/or modified to measure GBV-specific programming.

**Table 6. Illustrative GBV-Specific Indicators**

Indicator Number	Indicator	Sector
1.	Percentage of women/girls able to travel without fear of GBV	General
2.	Percentage of women/girls fearful of experiencing GBV	General
3.	Percentage of women and girls who have ever experienced violence from an intimate partner	General
4.	Percentage of community initiatives to prevent and respond to GBV undertaken collaboratively with women's and men's groups	Information, education, and communication (IEC)
5.	Establishment of GBV as a key component of professional qualifying courses in relevant sectors	General
6.	Percentage of health care facilities following nationally or internationally accepted guidelines on clinical care for sexual violence survivors	Health
7.	Percentage of health care providers who consider GBV a medical emergency	Health
8.	Mean and median time elapsed (in hours) from assault to care-seeking at health care provider and to reporting of assault to a police station	Health
9.	Percentage of GBV survivors who report being optimistic about rebuilding life after GBV incident	(Mental) Health
10.	Percentage of prosecuted GBV cases that have resulted in a conviction of the perpetrator	Legal/access to justice
11.	Percentage of GBV cases filed and adjudicated within X months of the date charges filed	Legal/access to justice
12.	Gender equitable community-based dispute resolution mechanisms are in place	Legal/access to justice
13.	Percentage of requests to send police/military/peacekeeper escorts to insecure areas that are responded to effectively and in a timely manner	Security/protection
14.	Percentage of children who report feeling safe from GBV while traveling to/from school	Education
15.	Percentage of students who report learning new ways of managing interpersonal relationships	Education

Indicator Number	Indicator	Sector
16.	Percentage of national government general and sector budgets dedicated to violence against women/GBV	Policy
17.	Percentage of individuals who are knowledgeable about any of the national legal sanctions for GBV	Policy
18.	Level of openness (scale of 1–5) among community members to have public discussions about the impact of GBV on their community	IEC
19.	National level legal framework complies with internationally recognized minimum standards on gender equality and GBV	Policy
20.	Percentage of GBV-related policies/laws/amendments to laws rejected by national ministry/parliament/government	Policy
21.	Percentage of women reporting increased intimate partner violence in marriage/partnership/union following reported increases in women-controlled income	Livelihoods
22.	Percentage of persons at risk of GBV and/or GBV survivors who report having the ability to economically sustain her/himself and her/his family	Livelihoods
23.	Level of women’s involvement in community resolution of land disputes	General and livelihoods

## RDC CONSIDERATIONS

- **Constraint 1:** During a crisis, there may be insufficient time for field staff to complete a PIRS for each indicator.
- **Solution:** Headquarters-based staff may support this process by completing the PIRS on their behalf using the Logical Framework Matrix as a basis.
- **Constraint 2:** During a crisis, data collection may be affected by logistical, safety, and political constraints, as well as increased sensitivities surrounding GBV.
- **Solution:** To the largest extent possible, take measures to anticipate and develop contingency plans to select alternative sources and methods to gather data necessary to measure the indicator.

} Crisis Phase

### 2.7 GATHER BASELINE DATA

A baseline is the value of a performance indicator immediately before or at the very beginning of implementation of USAID-supported strategies, projects, or activities that help achieve the relevant result. Baseline time frames are defined at the onset of a project or activity, whether that project/activity is USAID’s initial assistance in that area or a follow-on. Establishing a baseline is required to learn from and be accountable for changes that occurred during the project/activity with the allocated budget (USAID ADS 203). Baseline data may build upon data collected during the situational/needs assessment or other project start-up activities. It is pragmatic to begin establishing a baseline by drawing upon existing data, where possible, particularly in a crisis phase where programming often begins before there is time to develop an M&E plan.

## KEY CONSIDERATIONS:

### GATHERING BASELINE DATA FOR THE M&E OF GBV INTERVENTIONS

Review the results of the situational/needs assessment and the M&E plan to identify the data that need to be collected to establish a baseline, with a particular focus on which data need to be collected for M&E. This may include data on (1) the risks and threats and incidence and prevalence of GBV; (2) patterns of GBV; and (3) existing programs, services, and attitudes of service providers (including gaps and weaknesses). Refer to the guidance found in **Section 1** of the Toolkit regarding safety and ethical considerations and guidance on data collection.

#### Advantages of identifying and collecting existing data

- Improve coordination between humanitarian and development actors and avoid duplication of similar efforts by other actors, facilitate collaboration, and build on that which already exists.
- Save time and resources to improve efficiency and allow for rapid response.
- Avoid community fatigue where data have already been collected, particularly in crisis and post-crisis phases when communities may be overburdened by focus groups, surveys, and interviews.
- Improve ToC model and development of the M&E plan by building them on sound evidence.
- Identify gaps in data that will be targeted in a systematic way to be filled during primary data collection.
- Begin to establish a baseline, particularly in a crisis phase where time does not allow for primary data collection before activities begin, and existing secondary data may need to serve as a baseline.

**Annex C** and the PIRS in **Section 2.6** can support the identification of data collection sources, tools, and methods to measure specific indicators if this step was not completed during the development of the M&E plan. Follow a mixed-methods approach, using both qualitative and quantitative methodologies. Humanitarian and development actors should refer to **Section 3.1** for further guidance on how to use tools such as focus groups, surveys, and interviews and the resources found below. Ideally, selection of tools is best identified during the development of the M&E plan (**Section 2.5.1**).

Note that specific types of GBV interventions may require different types of data collection tools, depending on a number of factors, including the sector to which they correspond (**Table 7**).

**Table 7. Illustrative Baseline Data Collection Tools by Sector**

Sector	Baseline Data Collection Tools
<b>Health</b>	<ul style="list-style-type: none"> <li>• Surveys and pre-/post-tests of medical providers and the staff of medical facilities to gauge attitudes, knowledge of clinical management of GBV, and barriers to GBV service provision</li> <li>• Surveys and pre-/post-tests of the general population to gauge knowledge of services or the medical consequences of GBV, satisfaction or perception of services, and barriers to access services</li> <li>• Independent on-site facility inspections</li> <li>• Review of data from health information management system</li> <li>• Review of data from GBVIMS (if GBVIMS is in place)</li> <li>• Review of medical or mental health case management files</li> <li>• Review of hospital records</li> <li>• Patient satisfaction questionnaires</li> <li>• Focus groups or key stakeholder interviews with medical professionals/institutions providing GBV case management services</li> <li>• GBV service mapping</li> <li>• Review of existing laws or drafted, laws, policies, and strategies</li> <li>• Targeted anonymous surveys of GBV survivors (as a last resort)</li> <li>• Key stakeholder interviews with GBV survivors (as a last resort)</li> </ul>
<b>Justice/ Security</b>	<ul style="list-style-type: none"> <li>• Surveys and pre-/post-tests of legal aid providers, judges, prosecutors, and other justice system staff with respect to GBV legislation and associated procedural code, witness protection, and survivor-centered interviewing techniques</li> <li>• Review of legal aid and/or GBV service provider case management files</li> <li>• Review of police records</li> <li>• Review of court records</li> <li>• On-site observation/monitoring of GBV trials and justice system facilities</li> <li>• Mock trials of legal service providers</li> <li>• Pre-/post-tests of attitudes, knowledge of legal aid providers, judges, prosecutors, lawyers, and other justice system staff</li> <li>• Focus groups or key stakeholder interviews with medical professionals, institutions providing GBV case management services, and community leaders</li> <li>• Safety and security audits</li> <li>• Community and GBV service mapping</li> <li>• Review of existing laws or drafted, laws, policies, and strategies</li> <li>• Targeted anonymous surveys of GBV survivors (as a last resort)</li> <li>• Key stakeholder interviews with GBV survivors (as a last resort)</li> </ul>
<b>Livelihoods</b>	<ul style="list-style-type: none"> <li>• Surveys using randomized sampling (to measure changes in income levels and violence)</li> <li>• Targeted questionnaires</li> <li>• Reviews of case management files (of service providers)</li> <li>• Focus groups or key stakeholder interviews with livelihoods professionals, institutions providing GBV case management services, community leaders, and women at-risk of GBV</li> </ul>

Sector	Baseline Data Collection Tools
	<ul style="list-style-type: none"> <li>• GBV service mapping</li> <li>• Review of existing laws or drafted, laws, policies and strategies</li> <li>• Targeted anonymous surveys of GBV survivors (as a last resort)</li> <li>• Key stakeholder interviews with GBV survivors (as a last resort)</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Surveys using randomized sampling</li> <li>• Focus groups (with children over 13 years of age)</li> <li>• On-site observation</li> <li>• Key stakeholder interviews with educators, parents, and policymakers</li> <li>• Review of existing laws or drafted, laws, policies, and strategies</li> <li>• GBV service mapping</li> </ul>
<b>Policy</b>	<ul style="list-style-type: none"> <li>• Review of national, regional, or municipal budgets, by sector and by organization/institution</li> <li>• Traditional survey using randomized sampling</li> <li>• On-site observation of national, regional, and community hearings or meetings</li> <li>• Review of existing or drafted laws, policies, and strategies</li> <li>• Key stakeholder interviews with policymakers and national gender experts</li> <li>• Review of media reports and social media</li> </ul>

It is important to coordinate the collection of baseline M&E data so as to not duplicate efforts. Joining forces with other organizations to select baseline data maximizes efficiency, time, and effectiveness. Too often, data collection efforts are uncoordinated, particularly in a crisis, and the quality of projects/ programs suffers as a result. Identify areas where efforts can be coordinated in the M&E plan (see **Section 2.5**) and collaborate where possible when designing and implementing an appropriate baseline assessment. Collaborative baseline data collection may better capture widespread thematic data at reduced cost. It may also promote longer-term collaboration and commitment among donors and implementers to addressing, monitoring, and evaluating GBV.

Partnering with academic and research institutions, including specialized graduate schools, to conduct baseline data collection may reduce duplication of efforts and support the collection of more nuanced baseline data. These institutions likely have extensive experience, credibility, and capacity and will know of existing assessments on which to build. Their access to local populations is an asset: they understand the local cultural context and nuances that international organizations and specialists may lack. Collaboration with academic and research institutions may create a network of future leaders who may continue and scale-up work to prevent and respond to GBV. Additionally, donors should invest in national research institutions in the pre-crisis phase to support good M&E and baseline data collection along the RDC.

Ethical and safety standards need to be followed when conducting a baseline assessment. This includes having GBV psycho-social services in place when collecting data that could potentially touch on survivors' experiences of GBV. It also underscores the importance of not asking any questions about specific or individual incidence of GBV until referral services are in place. International Medical Corps, for example, has adopted such a policy at the institutional level for its GBV programming in the crisis phase. Asking survivors of GBV about their experience may re-traumatize them; as such it is important that effective services are in place to respond to their psycho-social needs.

## **1. Carefully select who is involved in collecting baseline data, with certain considerations**

Engage trained data collection staff in gathering GBV baseline data along the RDC. In many cases—in particular during the initial onset of a crisis—the majority of staff available to collect data may not yet be trained in the particulars of GBV data collection. Just-in-time training or on-the-job training methods can be employed to prepare staff on how to collect data with a specific focus on the ethics of GBV data collection and the protection of GBV-related data. The pre-crisis phase, there is an opportune time to strengthen staff capacity in these skills and techniques.

When engaging data collection staff who share common characteristics with those of the target community, the degree of confidentiality and safety for both affected community members and potential staff data collectors should be looked at closely. For instance, community-based staff that have not been trained on survivor-centered research protocols may compromise the identities of existing or potential survivors of GBV. In some cases, community members may feel more comfortable speaking with data collection staff who share the same or similar cultures, language, ethnic, political, or social background. In other cases, such as in Sri Lanka, community members may actually feel more comfortable speaking with international data collection staff because it provides them with a greater level of anonymity and safety from political persecution.

### **Example from the Field: Baseline Data Collection in Kenya**

During baseline data collection, it is often advantageous to engage national community-based staff or trained agents (i.e., health and hygiene workers, social workers) from the community the implementing organization intends to serve. For example, the IRC/PIK Project in Kenya engages community health workers and activists to identify GBV risks and addresses them through prevention and response programming. UNHCR's research conducted on GBV in Egypt, Lebanon, Jordan, and Iraq also highlights that community-based staff and existing service providers (including community health workers) often enjoy a unique level of trust with crisis-affected communities, which can facilitate baseline data collection. This, in turn, contributes to more effective GBV M&E and programming. It is also likely to minimize re-traumatization of GBV survivors.<sup>6</sup>

## **2. Consider challenges relating to securing trust of the population from which data are collected**

If safe and appropriate, engage staff of a similar cultural, political, ethnic, or language in baseline data collection. Adapt ready-to-go tools to gather baseline data to ensure that they will not raise suspicions and protect the ability to obtain the information that your organization is seeking.

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<sup>6</sup> Personal communication, phone interview with Micah Williams of IMC, 20 February 2013.

### **Example from the Field: Building trust through community agents**

Use community-based assessment tools and engage community agents to establish trust and overcome language and cultural barriers. For example, in Haiti, GHESKIO found both during the political crisis in 2001 and the earthquake in 2010 that a community-based assessment was the most effective method of data collection. Community agents built relationships within camps and went tent-to-tent to collect GBV data. This method rapidly established trust and overcame language and cultural barriers.

### **3. Crisis-specific considerations**

In a crisis setting, it may not be possible to collect data consistently on GBV due to political repression. For example, in Sri Lanka, during the 1983–2009 war in the east between military and Liberation of Tamil Tigers Eelam, organizations assisting GBV survivors with psycho-social support or legal assistance had to operate very carefully, particularly when trying to access survivors within military-controlled IDP camps. At military checkpoints, everything was searched, including notebooks, and information read. It was not possible to write anything down as this information often indicated that the military police were the perpetrators of GBV. The protection and safety of the survivor and witnesses took precedence over sound documentation for M&E purposes.

### **Example from the Field: Ad hoc baseline, rolling and rapid needs assessments**

In the midst of a crisis, it is not always feasible or ethical to conduct a baseline assessment using traditional tools such as surveys and focus groups. Rather, many service providers conduct ad-hoc baseline assessments, using reports and observations of community workers and agents responding to the crisis and working with GBV survivors in addition to case management intake forms. For example, in Sri Lanka, Suriya Development Organization and the network of organizations in the east worked with the post-tsunami government to integrate GBV into disaster preparedness so that in the event of future disasters the government would be able to conduct a rapid needs assessment (using SPHERE guidelines). The government would also be able to integrate basic assessments on safety/protection in camps, such as lighting, sanitary napkins, physical structures, and the placement of families/and communities, in order to minimize GBV.<sup>7</sup>

In a crisis, it is useful to focus on collecting quantitative data from a smaller targeted sample as a baseline to monitor the accomplishments of project/program activities. When the earthquake in Haiti hit, for example, GHESKIO responded quickly, but also dedicated resources to conducting a small-scale survey to use as a baseline. Although there were not adequate time and resources to conduct a full-blown survey in the midst of the crisis, this small sample helped them respond quickly to the needs of GBV survivors and communities and modify their project accordingly.<sup>8</sup>

Conducting rolling baseline assessments and protection monitoring allows you to gather baseline data where there is a lack of time, political space, or security to conduct them in the M&E design phase. In these circumstances, specify in the M&E plan the point at which baseline data will be collected during project/program implementation. For example, in Northern and Eastern Sri Lanka, USAID-grantee Danish Refugee Council is conducting protection monitoring to identify key GBV prevention and response issues and how to address them. Rolling baseline assessments also provide an opportunity to identify and address new risks of GBV and lack of access to services. Women's Empowerment Link in

<sup>7</sup> Personal communication, Suriya Women's Development Organization interview, Sri Lanka (Batticaloa).

<sup>8</sup> Workshop on GBV M&E with USAID/Haiti, GHESKIO, Kay Fann, MSH, and KOFAVIV in Port-au-Prince Haiti, 21 March 2013.

Kenya also conducts rolling needs assessments and M&E with community and national organizations, which ultimately leads to more flexible and nuanced programming. MSF-France in Kenya also conducted M&E after post-election violence in 2008 with an ad-hoc baseline assessment, which they then built upon by conducting informal rolling needs assessments to adjust to new realities on the ground.

## RDC CONSIDERATIONS

- **Constraint 1:** In the midst of a crisis, beneficiaries and key stakeholders may not want to participate in baseline data collection for reasons such as interview fatigue and trauma.
- **Solution:** If appropriate, use alternative tools such as "group edutainment" activities, street dramas and performances, community events, and gatherings (e.g., religious celebrations, weddings, birthdays) to introduce discussion about GBV and to informally measure incidents, prevalence, perceptions, and attitudes.
- **Constraint 2:** There is often not enough time to gather baseline data.
- **Solution:** Initiate immediate GBV prevention and response services. Use "ready-to-go" tools to gather situational/needs data at the time of crisis that can be quickly modified and used (see relevant annexes in the Toolkit). Conduct rolling assessments or protection monitoring throughout the course of the program implementation.
- **Constraint 3:** Political sensitivities and narrow humanitarian space make data collection challenging.
- **Solution:** Many service providers have conducted ad-hoc or rolling baseline assessments, using reports and observations of community workers and agents responding to the crisis and working with GBV survivors, in addition to case management intake forms. Alternatively, establish measures to ensure that appropriate staff is available to gather primary data as soon as it is safe and ethically feasible.

Crisis  
Phase

- **Constraint 1:** After a disaster or conflict, national GBV and M&E staff could be lost or occupied with other areas of need.
- **Solution:** Engage GBV and M&E staff, even if to express empathy, and briefly explain how your organization is attempting to prevent and respond to GBV. Once the immediate crisis has subsided, re-engage the same staff to identify needs and support the rebuilding of national organizations and infrastructure.
- **Constraint 2:** Populations will experience interview and survey fatigue. In post-tsunami Sri Lanka, for example, many organizations were collecting the same data.
- **Solution:** Coordinate GBV data collection efforts. Donors should require implementing organizations to identify existing data and not to fund any duplicative baseline data collection efforts.

Post-crisis  
Phase

## SECTION 3

# 3. IMPLEMENTING THE M&E PLAN

Ideally, the M&E plan will be implemented after careful planning, particularly during the pre-crisis and post-crisis phases. But in the crisis phase, there is often not enough time for such planning before starting GBV programming. Section 3 provides broad guidance on implementing the M&E plan along the relief to development continuum (RDC) in this exact situation. It focuses on the collection of monitoring data, the assessment of data and program quality, and the realization of RTEs, MTEs, and final evaluations.

## 3.1 COLLECT MONITORING DATA

### KEY CONSIDERATIONS:

#### COLLECTING MONITORING DATA FOR THE M&E OF GBV INTERVENTIONS

You can conduct performance monitoring in accordance with the M&E plan, discussed in **Section 2.5.1**, and through the use of the PIRS (**Section 2.6**) or the project/program indicator tracking table. You can also use **Annex C** to support the selection of data collection tools (**Table 8**) if your organization did not already do this when it developed the M&E plan.

You may also use different tools to work around limitations on monitoring direct service provision to GBV survivors. As an alternative to direct observation/monitoring of providers who serve GBV survivors you can interview medical, mental health, and legal aid providers

**Table 8. Data Sources for Performance Monitoring**

Data Sources for Performance Monitoring
<b>Secondary Data Sources</b>
• Existing national statistics, databases, and reports, including national census
• Existing national and local plans, strategies, policies, laws, and frameworks related to GBV and gender equality
• Existing institutional/academic demographic, socioeconomic, reproductive health, and GBV surveys
• Existing evaluations, baseline surveys, or other documents from existing projects in the area of influence, or assessments and reports from other clusters/sectors (child protection, etc.)
• Existing mapping (stakeholders/services)
• GBV Area of Responsibility 3/4/5W service mapping tool
• Media (newspapers, radio, television)
• Regular project/program reporting, reviews, and evaluation reports
<b>Primary Data Sources</b>
• Multi-cluster/sector initial rapid assessment
• Review and analyze case data or trends (including from GBVIMS)
• Police reports and court records review/analysis

## Data Sources for Performance Monitoring

<ul style="list-style-type: none"> <li>• GBV legal case files review/analysis</li> </ul>
<ul style="list-style-type: none"> <li>• Ministry of Health statistics data or GBVIMS reporting</li> </ul>
<ul style="list-style-type: none"> <li>• Tracking of referral documents</li> </ul>
<ul style="list-style-type: none"> <li>• On-site observation</li> </ul>
<ul style="list-style-type: none"> <li>• Surveys</li> </ul>
<ul style="list-style-type: none"> <li>• Key stakeholder analysis</li> </ul>
<ul style="list-style-type: none"> <li>• Key informant interviews/peer-to-peer interviews</li> <li>• (Qualitative)</li> </ul>
<ul style="list-style-type: none"> <li>• Mapping of GBV prevention and response services provision</li> </ul>
<ul style="list-style-type: none"> <li>• Community mapping</li> </ul>
<ul style="list-style-type: none"> <li>• Safety and security mapping</li> </ul>
<ul style="list-style-type: none"> <li>• Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>• Case studies</li> </ul>
<ul style="list-style-type: none"> <li>• Protection monitoring</li> </ul>
<ul style="list-style-type: none"> <li>• Community consultations to discuss GBV issues, contributing factors, and specific problems requiring action</li> </ul>
<ul style="list-style-type: none"> <li>• Community-based monitoring</li> </ul>
<ul style="list-style-type: none"> <li>• Pre- and post-tests, or other methods to assess changes in knowledge as a result of awareness-raising activities</li> </ul>
<ul style="list-style-type: none"> <li>• Print media and social media (e.g., Facebook)</li> </ul>
<ul style="list-style-type: none"> <li>• SASA! (Start, Awareness, Support, Action) Outcome Tracking Tool, based on skills, behavior, attitude and knowledge in the SASA! Raising Voices.</li> </ul>

### Example from the field: Using community-based qualitative performance monitoring tools

The Neighborhood Initiative Alliance that operates in Kajiado, Kenya, uses community-level meetings in which community outreach workers can observe certain changes that they feel are important indicators of change (and project success). The Alliance's staff suggests that it may be possible to develop a simple 1- to 2-page form with the specific data that the organization wants to capture (important qualitative indicators), including the rating "openness of community to discussing GBV" on a scale of 1–5 (1 minimum, 5 maximum), and clearly defining the level of openness at each rating. This would be a welcomed monitoring tool that they could report on quarterly in a systematic way, which ultimately would also assist in evaluations.

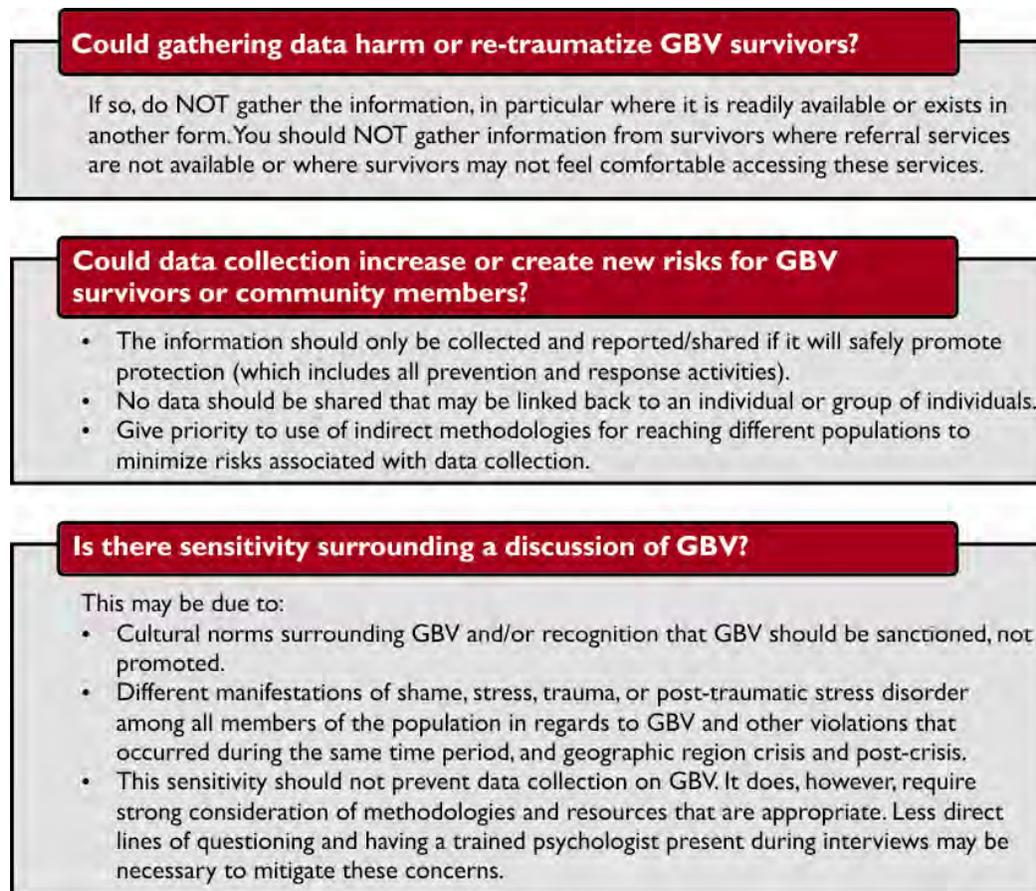
In Sri Lanka, for example, the organization WIN used regular (monthly) community reporting to gauge community perceptions of GBV. "Everyone knows everything in the community," so WIN was able to identify new reports of GBV in the past month and respond accordingly with community awareness or response activities.

Also in Sri Lanka, a rural women's development organization suggests that focus groups be organized by CBOs through temple contacts to facilitate the solidification of trust between GBV survivors. They suggest that it is important for a local CBO to partner with an international organization that spends time (weekly meetings for 1–3 months to build trust rather than a one-off focus group discussion) to get real and accurate information. This is important to build into evaluation time frame, costs, and required human resources.

### 3.1.1 Identify Whether Data Collection Is Feasible and Ethical

One of the key considerations for primary data collection is to determine whether it is feasible and advisable in the context in which your organization is undertaking GBV programming. During pre- and post-crisis phases, it is usually feasible to collect GBV prevalence data. Major security or political concerns, ethical considerations, or significant stigma all may affect feasibility; as does secrecy associated with discussing GBV (including a socially repressive environment for women and girls). **Figure 14** provides an overview of the ethics of primary data collection and, by extension, secondary data collection.

**Figure 14. Ethical Considerations in Selecting and Adapting Data Collection Tools**



Both the IASC GBV guidelines and the Sphere Standards are unequivocally clear about collecting primary data during a crisis phase. They state that, even in the absence of “proof,” all humanitarian actors have a responsibility to assume that GBV—especially sexual violence—is happening and to plan and implement their interventions so as to mitigate GBV-related risks. It may be nearly impossible to gather such data due to limited safe and secure access to communities, limited time to respond, and ethical considerations. The latter include discussing GBV issues with a population during a crisis and the possibility of re-traumatizing survivors, their families, or communities; political sensitivities; or potential interview fatigue.

In the crisis phase, gather primary qualitative data on the nature and scope of GBV from reported GBV cases, to have some sense of GBV prevalence. Focus groups, key stakeholder interviews, community mapping, service mapping, and anecdotal information may also help you to identify the perceived

magnitude of GBV and the availability of GBV response services. You can use these data to design the M&E plan and initiate programming.

Once the crisis subsides, or reduces in intensity, you may gather GBV prevalence data if it is safe, appropriate, and clearly useful to do so. Many organizations on the ground, particularly in the crisis phase, find that using ongoing project/program interventions (such as community theater) can be invaluable tools for ongoing needs assessment. These can allow outreach workers to observe and document behaviors, attitudes, and knowledge that can then influence future programming.

#### **Does your organization have the mandate and capacity to collect data?**

A critical aspect of collecting data is your organization's mandate, programming, strengths, and capacity to gather primary data. For example, consider the following examples of data collection needs:

- **GBV prevention efforts in schools.** Does your organization have the expertise necessary to interview children, which may include child survivors of GBV?
- **Provision of psycho-social support or medical services to GBV survivors.** Does your organization have psychologists trained to provide psycho-social support to traumatized populations, or can it secure the resources necessary to hire someone with that profile?
- **Working with survivors.** Does your organization have the training and capacity to adapt existing situational/needs assessment tools to ensure that they are survivor-centered (safety, confidentiality, respect, and nondiscrimination)?
- **Sensitive data collection.** Does your organization have the mandate and capacity to undertake potentially sensitive data collection—including storage facilities, staff training, and background—and the trust of the community?

If your organization does not have the capacity or human resources required to collect GBV-related secondary and primary data, it should not do so. One solution would be to partner with another organization that does have this capacity and organizational mandate.

### **3.1.2 Consensus on the Type of GBV to Monitor**

Consensus and clarity on the type of GBV that your organization will address and therefore monitor and evaluate are essential. This understanding is crucial for the selection of appropriate monitoring tools and methods and staff to conduct monitoring. For example, before selecting focus groups to monitor changes in the perceptions of risk of sexual harassment, all staff must be absolutely clear that they will be monitoring only sexual harassment. Going beyond addressing the perceptions of the risk of sexual harassment to include sexual violence could be dangerous. It could endanger participants or even re-traumatize them (especially if a trained counselor is not present). It is critical not to conduct focus group discussions with groups of GBV survivors about their experiences of violence. Only as a last resort should you interview key stakeholders.

### **3.1.3 Decisions on Monitoring Priorities**

Projects can be monitored for implementation progress, sectoral technical quality, adherence to best practices, and for fraud and corruption. Your organization should develop monitoring standard operating procedures (SOPs) specific to the project/program and have them vetted by the project management and M&E technical staff. The SOPs should cover frequency, method of monitoring, personnel, safety considerations, and reporting lines to ensure accountability of results and swift action to correct project deficiencies.

### 3.1.4 Selection and Training of the Project Monitoring Team

One of the key steps in conducting M&E is the selection and training of the project monitoring team, from project staff to community members. This should be part of the M&E plan (**Section 2.5.4**).

General guidelines for selecting and training the project monitoring team are shown below. Members of the team should:

- Have appropriate training and experience on how to put into practice the GBV guiding principles: *safety, confidentiality, respect, and nondiscrimination*
- Have training and expertise on GBV and (if conducting interviews) on interviewing GBV survivors
- Understand how to obtain voluntary and informed consent when using focus groups and key stakeholder interviews (see **Annex T** for guidance)
- Be trained and held accountable for maintaining the confidentiality of all data collected (see **Annex T**)
- Understand and be able to implement measures to safely store and protect data
- Take into account language, ethnicity, religion, political orientation/affiliation, region of origin, sex, and related safety and protection concerns (e.g., Although selecting project monitoring staff who are of the same ethnicity as GBV survivors may seem appropriate, this may not always be the case)
- Have access to and know about available services. The team should know how to safely and appropriately provide referrals to GBV survivors who identify themselves so that they have the option to receive services and support if they so choose. If no services exist, we strongly recommend that you do not interview GBV survivors. By the same token, if interviewing survivors is absolutely necessary, your organization should make someone available to speak with survivors during and after the interview if they express an interest in speaking to a counselor.

## RDC CONSIDERATIONS

- **Constraint 1:** Existing national organizations and development actors may be unable to continue using monitoring tools, which may result in inconsistencies or interruptions in data collection.
- **Solution:** Support national organizations and development actors to adapt monitoring the tools to the best of their ability. Ensure data analysis describes challenges and potential data inconsistencies.
- **Constraint 2:** Frequent turnover of personnel that typically occurs in a crisis may have an impact on the collection of data for performance monitoring.
- **Solution:** Engage and train several personnel within your institution and community stakeholders in performance monitoring to ensure consistency. Make sure M&E plans are of high quality and detailed so that new personnel may use them consistently. Most important, focus on strengthening existing local organization's efforts and their M&E plans rather than making new parallel ones. This will work toward more sustainable programming and longer-term M&E beyond the crisis phase.

Crisis  
Phase

- **Constraint 1:** M&E plans used for shorter term relief efforts may not have planned for ongoing monitoring of important outcomes beyond the crisis.
- **Solution:** Collaborate with national organizations and development actors to provide data and take-up continued monitoring to be folded into M&E plans developed post-crisis where there are synergies.

Post-crisis  
Phase

## 3.2 MONITOR FOR PROGRAM QUALITY

### KEY CONSIDERATIONS:

#### MONITORING PROGRAM QUALITY IN THE M&E OF GBV INTERVENTIONS

It is important to use and interpret performance and situational data to monitor program quality consistently. This involves monitoring progress toward achieving the targets detailed in the M&E plan in **Section 2.5** and the PIRS in **Section 2.6**. Regular monitoring reports (monthly, quarterly, annually) should indicate progress toward indicators as planned, with particular attention to program quality.

Questions to answer may include:

- Are those benefitting from the project/program the ones who are specified in the M&E plan?
- Are there any intended beneficiaries or other segments of the population who are excluded from the project benefits?
- Are there biases in programming?
- If services are being provided, are they of the quality expected, as detailed in the M&E plan? Are they meeting the (international or national) standards that were detailed in the M&E plan?
- Are there occurrences of fraud or corruption that are related to the project/program activities?

Early warning systems can serve as a performance monitoring tool to gauge whether targeted awareness efforts and contingency planning are serving their intended purpose.

GBV case management (monitoring) can be a very effective performance monitoring tool in both relief and development contexts.<sup>9</sup> The Suriya Development Organization in Sri Lanka keeps detailed case management files, which offer rich information on the progress towards the achievements of medium- and longer-term outcome and impact indicators. Information on changes in the survivor's attitudes and confidence levels, ability to seek support from others, self-sufficiency, community and family responses to the survivor needs, police responses, and the like are all regularly documented. Additionally, the organization has weekly case management meetings to gauge effectiveness and quality of care.<sup>10</sup>

The collection of project data on a monthly or weekly basis (needed in crisis settings) and analyzing the reports in comparison to previous months are important to determine trends in usage of services or changes within the population, or to identify project misperceptions or issues that need immediate attention. These trends will often need to be investigated further in order to completely understand the reasons for the change. In general, drops or increases in service usage rates of +/-10% should be flagged for further investigation.

To mitigate bias or flaws in one type of monitoring method, it is important to include a variety of methods across the project cycle to capture information in different ways. Monitoring methods might include in-person visits by GBV or M&E technical staff, monthly output reports of activities, analysis of beneficiary list by type of vulnerability or other relevant criteria, and/or quality checks using checklists relevant to the given project (i.e., checklist of provision of GBV services in a primary healthcare setting).

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<sup>9</sup> Personal communication, interview with Francesca Rivelli of International Red Cross/Haiti, 11 March 2013, Port-au-Prince, Haiti.

<sup>10</sup> Personal communication, interview with Sarala Emmanuel, Director of Suriya Development Organization, May 2013, Sri Lanka.

You must also determine what level of monitoring is appropriate for your context. In general, higher risk contexts require a greater level of monitoring, particularly when project management staff do not have regular access to project sites or where corruption is especially high. There is no consensus within the humanitarian community on how many aid recipients should be monitored directly or indirectly. However, there are minimum considerations for follow-up. You should consider, based on project design, minimum thresholds that will be affected by whether or not the project includes service delivery or awareness components. For example, an organization may set a threshold of 5–15% of GBV clients who will receive a post-service client survey (hard copy, in-person, text, or in a follow-up appointment), which will help to gauge client satisfaction with the service and determine whether quality standards were met. Alternatively, organizations may set as a goal that 100% of GBV awareness-raising sessions will include a way to allow communities to directly express complaints or concerns to project staff who will be trained in proper follow-up.

Monitoring traditional and social media can be an effective tool for monitoring changes in community attitudes towards GBV. Technology, such as Standard Messaging System (SMS), can be used to obtain information quickly in a crisis or post-crisis phase and can be used for baseline assessments, performance monitoring, and evaluation. In Sri Lanka, this technology has been used to send out multiple-choice SMS to gauge attitudes on GBV. The responses to the mini-survey were then used to tweak anti-GBV messages.

### 3.3 MONITOR FOR DATA QUALITY

Monitoring for data quality is a core function of the implementation of performance monitoring. Though there are always trade-offs between the cost and quality of data, USAID missions and implementing partners should balance these two factors to ensure that the data are of sufficiently high quality to support the appropriate level of management decisions by both entities. Performance data should be as complete and consistent as management needs and resources permit (USAID ADS 203).

#### KEY CONSIDERATIONS:

#### MONITORING DATA QUALITY IN THE M&E OF GBV INTERVENTIONS

**Annex I** of the Toolkit includes a **Data Quality Assessment Checklist** adapted from the USAID Learning Lab<sup>11</sup> to verify the internal quality and consistency of the data collected in the M&E plan. The checklist provides a series of key questions to ensure that the data meet USAID's data quality standards. It is organized according to five key categories:

- 1. Validity:** Do data clearly and directly measure what we intend?
- 2. Integrity:** Are mechanisms in place to reduce the possibility that data are manipulated for political or personal reasons, or incomplete due to management problems?
- 3. Precision:** What margin of error is acceptable given the likely management decisions to be affected?
- 4. Reliability:** Using the same measurement procedures, can the same results be replicated?
- 5. Timeliness:** Are data sufficiently current and available frequently enough to inform management decision-making at the appropriate levels?

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<sup>11</sup> USAID. n.d. Data Quality Assessment Checklist and Recommended Procedures. <http://usaidlearninglab.org/sites/default/files/resource/files/Data%20Quality%20Assessment%20Checklist.pdf>

The checklist may also be used even in the planning for M&E to anticipate and address key data quality issues even before beginning the implementation of GBV programming.

Data quality assessment procedures can be compressed during a crisis phase. Data quality assessments are not required to be submitted to USAID/OFDA. However, humanitarian partners should discuss known data limitations, methods to triangulate data in the field, and methods to ensure the objectivity of the data reported.

It is also important that some specific factors or changing circumstances that could affect GBV data quality be taken into account. Though it may be possible to anticipate some factors, you will have to address others as they become apparent, through the regular monitoring of data quality. These may include any or all of the following:

- Changes in access to affected areas and affected populations due to roads or entire communities becoming inaccessible or unsafe
- Changes in the ability to communicate with key partners in the project/program area due to a breakdown in telecommunications or lack of translation
- Little time to review and ascertain the quality of initial baseline data gathered in the pre-crisis period, resulting in data quality issues during the crisis period
- High/rapid turnover of both trained international and national staff, including M&E officers, which may impact the application of consistent data collection methods
- Changes in the willingness or availability of key informants working with community groups, resulting from a number of factors such as increased political tensions, threats, and increased stigma surrounding GBV and GBV survivors
- Unpreventable loss or destruction of GBV data (in particular during a conflict, where data may be intentionally destroyed by parties to the conflict)
- Changes in the government policy regarding the collection of GBV data, in particular the collection of survey data.

## RDC CONSIDERATIONS

- **Constraint:** During a crisis, the quality of GBV data may be affected by numerous logistical, safety, and political constraints, as well as increased sensitivities surrounding GBV.
- **Solution:** As soon as data quality issues are discovered, brainstorm and implement modified or alternative methods to gather quality data, while continuing to respect the guiding principles on ethical GBV data collection outlined in **Section I**.

- **Opportunity:** During pre-crisis contingency planning, anticipate potential GBV data quality issues, and take measures to address them, including increasing the number of skilled data collection staff, training local partners and communities to collect data (methods, ethics, technology, and data storage).

Crisis  
Phase

Post-crisis  
Phase

## 3.4 CONDUCT REAL-TIME, MIDTERM, AND FINAL EVALUATIONS

When evaluating programs and projects, it is useful to consider the principles below, which are outlined by OECD/DAC for the Evaluation of Development Assistance. Humanitarian and development actors and donors, including USAID, use them. These principles are often included in evaluation SoWs, and evaluations reports must address all of them in their findings. Further, M&E data collection activities must be organized around the lines of inquiry related to each principle. It is of great importance for any evaluation—particularly for the evaluation of GBV interventions—to achieve the overarching goals of the USG Strategy on GBV to improve learning and understanding of effective GBV interventions via high-quality M&E.

1. **Relevance:** The extent to which the activity is suited to the priorities/policies of the target group, recipient, and donor.

### Evaluation Questions:

- To what extent are the objectives of the program still valid?
- Are the activities and outputs of the program consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the program consistent with the intended impacts and effects?

2. **Effectiveness:** Measures the extent to which an activity attains its objectives.

### Evaluation Questions:

- To what extent were the objectives achieved/are likely to be achieved?
- What were the major factors influencing the achievement or nonachievement of the objectives?

3. **Efficiency:** This measures the qualitative and quantitative outputs in relation to inputs. This generally requires comparing alternative approaches to achieving the same output, to see whether the most efficient process has been adopted.

### Evaluation Questions:

- Were activities cost efficient?
- Were objectives achieved on time?
- Was the program or project implemented in the most efficient way compared to alternatives?

4. **Impact:** The positive and negative changes produced by a development intervention—directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental, and other development indicators. The examination should be concerned with both intended and unintended results. It must include the positive and negative impacts of external factors, such as changes in terms of trade and financial conditions.

### Evaluation Questions:

- What has happened as a result of the project or program?

- What real difference has the activity made to the beneficiaries?
- How many people have been affected?

**5. Sustainability:** Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.

**Evaluation Questions:**

- To what extent did the benefits of a program or project continue after donor funding ceased?
- What are the major factors that influenced the achievement or nonachievement of sustainability of the program or project?

Further, when GBV activities are incorporated into larger projects/programs, which may focus on different sectors, GBV considerations should be integrated into the project’s sector-specific evaluation questions. Although outside of the scope of the Toolkit, users may consider GBV-specific evaluation questions for GBV activities that may be incorporated into larger project/program evaluations.

**KEY CONSIDERATIONS:**

**FINALIZING THE EVALUATION PLAN AND CONDUCTING MIDTERM AND FINAL EVALUATIONS OF GBV INTERVENTIONS**

The finalization and implementation of the evaluation plan should follow from the M&E plan for evaluations, as outlined in **Section 2.5.2**. Three key steps are discussed below.

**I. Prioritize the evaluation questions**

The evaluation questions were developed in **Section 2.5.2**. When you prioritize the evaluation questions, it is essential that they be closely linked to the input, process, and output indicators for a performance evaluation, and the outcomes and impacts for an impact evaluation. Prioritize evaluation questions according to the following criteria to ensure that they:<sup>12</sup>

- Are important to program staff and stakeholders
- Address important program needs
- Reflect the program goals, strategies, and objectives of your organization’s project/program
- Can be answered with available resources, including funds and personnel expertise
- Can be answered within the available time frame
- Provide information to make program improvements
- Will be supported by the partners of the program

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<sup>12</sup> Adapted from US Centers for Disease Control and Prevention, Department of Health and Human Services, 2009. Evaluation Briefs, No. 4.

- Link to the program. Once the questions are determined, they can and should be checked/verified against the program strategic plan, M&E framework, and work plan to make sure they remain relevant.

## 2. Select evaluation methodology and tools

Once the evaluation questions have been prioritized, determine who will collect the data and what tools will be used to provide information for answering the evaluation questions (outlined in **Section 2.5.2** as part of the M&E plan). Possible data sources include secondary sources (project/program monitoring data and reviews of case management files and police records, and primary sources (stakeholder interviews, focus groups, and on-site inspections). **Annex C** can support the identification of any additional needed tools.

Surveys using randomized samples are a useful evaluation tool and cited numerous times in the PIRS as a key data source. The box below provides an overview of different sample methods. Surveys using randomized samples should be planned well in advance of implementation. They will typically first be implemented to inform a baseline assessment (**Section 2.7**) and should be carried out by highly trained and qualified M&E experts experienced in sampling and survey design. This is why the M&E plan (**Section 2.5**) puts greater emphasis on identifying a local or international academic partner to assist the development or humanitarian actors with evaluations and programming. It is beyond the scope of the Toolkit, however, to go into great detail about the art of survey sampling.

Determine who will be responsible for collecting and analyzing the data to answer the evaluation questions. Independent third-party evaluation specialists often conduct evaluations. **Figure 13 (Section 2.5.4)** provides an overview of considerations in selecting staff persons for conducting evaluations.

## A note on sampling for surveys

Both probability and informal sampling procedures may be used for surveys. Their descriptions are brief and elementary, however. The focus here is on probability sampling, given the emphasis on randomized survey sampling in the PIRS in the Toolkit. In most cases, particularly for randomized survey sampling that is used at baseline and for evaluations, a third-party evaluator with expertise in survey design should be contracted to identify the most appropriate sampling strategy and sample size, which depends completely on the specific project context. The underlying concept is that large groups of people, organizations, households, or other units can be accurately examined by scrutinizing a small number of the group. A formula is used to draw inferences from the sample for the whole population.

### Probability sampling vs. informal sampling

In probability sampling, each unit in the population has an equal chance of being selected for the sample. The selection of units for the sample is carried out by chance procedures, and with known probabilities for selection. Informal selection uses convenience or common sense rather than mathematical reasoning.

### Illustrative probability sampling methods

- **Simple random sampling:** Each unit of population (individuals, households, organizations, etc.) has an equal chance of being selected, and may be drawn by lottery or numbering all units and entering in a program to select random numbers.
- **Stratified random sampling:** Uses zoning to divide the sample into three or four layers. Once the strata are identified, sampling is completed using select primary sampling units in each stratum equal to the total proportion of the total population in the stratum.
- **Cluster sampling:** Clusters of a population (such as farms, neighborhoods) are identified and random samples are chosen from each cluster. A 30 X 30 cluster sampling is popular, particularly in the humanitarian context where 30 households are sampled from 30 clusters (yielding a sample size of 900 households, and with an average family of 6 persons, or 5,400 individuals).

### Informal sampling methods

- **Convenience sampling:** Only those easily reached by interviewers are included in the sample.
- **Judgment sampling:** Uses the judgment or advice of experts or the survey designer to construct samples.
- **Snowball sampling:** Begins with few population units but increases until it ends up with the required sample size.
- **Quota sampling:** population is divided into various strata, and a predetermined number of people, or quota, is selected for each.

Generally, in determining the sample size, it is important to have confidence that your survey results are representative. For a 95% confidence level (which means that there is a 5% chance of your sample results differing from the true population average), a good estimate of the margin of error (or confidence interval) is given by  $1/\sqrt{N}$ , where N is the number of participants or sample size. A reasonable rule of thumb in a larger population is selecting 3–5% of the population (ACF-International 2010).

- There are also instances where purposive sampling may be used. For example, you may decide to target both your survey and services to a specific population of an IDP camp known to be at risk for sex trafficking prior to coming to the camp. In this case, targeted surveys may be suitable, particularly if they require skilled and trained psycho-social staff to address the specialized needs of the population surveyed.

See the Resources in **Annex Y** for further guidance on sampling methodologies, including ACF-International (ibid.), which includes more in-depth guidance on sampling methods and choosing sample sizes.

### 3. Prepare the Evaluation Report

Once the evaluation is complete, use **Annex V** as an illustrative outline to prepare the evaluation report. Follow the data analysis plan and methodology detailed in the evaluation plan and the evaluation inception report. The evaluation report template can serve as a guide for preparing meaningful, useful, and credible evaluation reports that meet quality standards. It does not prescribe a definitive section-by-section format that all evaluation reports should follow. Rather, it suggests the content that should be included in a quality evaluation report.

#### **Criteria to ensure quality of the evaluation report (USAID Evaluation Policy 2011)**

- The evaluation report should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate what worked in the project, what did not, and why.
- Evaluation reports shall address all evaluation questions included in the SoW.
- The evaluation report should include the SoW as an annex. All modifications to the SoW, whether in technical requirements, evaluation questions, evaluation team composition, methodology, or timeline, need to be agreed upon in writing by the technical officer.
- The evaluation methodology will be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists, and discussion guides will be included in an annex in the final report.
- Evaluation findings will assess outcomes and impact on males and females.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or the compilation of people's opinions. Findings should be specific, concise, and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

Recommendations in the report should be formulated in a way that will facilitate the development of a project/program management response. Recommendations must be realistic and reflect an understanding of the commissioning organization and potential constraints to follow-up. Each recommendation should clearly identify its target group and stipulate the recommended action and rationale.

The lessons learned from an evaluation comprise the new knowledge gained from the particular circumstance (initiative, context outcomes) that is applicable to and useful in other similar contexts. Frequently, lessons highlight strengths or weaknesses in preparation, design, and implementation that affect performance, outcome, and impact.

## RDC CONSIDERATIONS

- **Constraint 1:** Evaluators and those that are participating in/subject to an evaluation may be exposed to violence. Ensuring safe “evaluation space” in areas where either conflict or disaster has taken place may be of a concern.
- **Solution:** Postpone the evaluation until safety is secured for all parties involved.
- **Constraint 2:** It may not be possible to conduct a transparent and public evaluation process that brings together actors and beneficiaries that may be in conflict to hear one another’s viewpoints. Meeting separately with actors in conflict may also create tensions/distrust.
- **Solution:** Consult with local experts and determine the best method for engagement, possibly meeting separately with actors in conflict or meeting publicly only with leaders of groups.

Crisis  
Phase

- **Constraint 1:** Baseline and monitoring data, including information on implementation, are often lacking for periods during crisis.
- **Solution:** Identify data available and conduct a performance evaluation to the extent possible. Use qualitative data collection tools that may provide contextual information on the “baseline” before the project/program was implemented. At the end of a crisis-phase, in the design of an “exit strategy,” these data can feed into the evolution of evaluating outcomes in the post-crisis phase, such as medium-term outcomes, including changes in behavior, shifts in power balances, more networks, facilities and services to support survivors, strengthened interagency coordination, or more open and responsive agencies.
- **Constraint 2:** Following a crisis, previous plans for impact evaluations may face challenges due to inconsistency in data collection methods related to security, safety, or ethical issues that arose during the crisis.
- **Solution:** Do your best to continue plans for the evaluation. Make sure challenges in completing the evaluation per the original plan are clearly identified. Work with local partners and humanitarian and development actors to identify strategies to fill data gaps. Focus on longer-term outcomes such as changes in social norms and practices to reduce the prevalence of GBV.

Post-crisis  
Phase

## SECTION 4

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# 4. USING M&E FINDINGS

The main goals of monitoring and evaluating GBV interventions are twofold: (1) to support evidence-based learning to improve current and future GBV programming, and (2) to advocate for more effective GBV-related policies, services, and funding. For M&E findings to be used to achieve these goals, the results of GBV M&E must be shared externally and internally, but always in line with the ethical and safety considerations provided in Section I. This includes not sharing any data that could endanger GBV survivors, their families, and communities. Nor should it negatively impact GBV service providers and those who are involved in GBV prevention and response (public officials, village chiefs, and women's organizations). Section 4 provides an overview of the types of audiences for sharing GBV M&E results and categories of information that can be shared to maximize the benefits of M&E work.

## 4.1 GBV APPROACHES TO SHARING M&E INFORMATION

### KEY CONSIDERATIONS:

#### USING M&E FINDINGS OF GBV INTERVENTIONS

The results of GBV M&E can only be useful if they are shared with a variety of internal and external stakeholders. The learning plan developed in **Section 2.5.4** should already detail all of the ways in which the M&E results can be used so that they can feed into a systems approach:

- Program managers can use information to make decisions about the program/project (e.g., funding, coverage, addition of services, etc.) and advocate for increased funding or scale-up.
- Program staff can make changes throughout implementation to adapt to new realities (e.g., expanding services/outreach to a new target group, changing meeting times, etc.).
- Program staff and service providers may make appropriate referrals to other service providers/organizations for GBV survivors and those at risk of GBV.
- Managers, directors, GBV specialists, and M&E specialists from other local and international organizations and government offices can use the information to collaborate, partner, and improve national GBV prevention and response efforts.
- Legal aid staff, politicians, and policymakers can use evidence to advocate for new laws, policies, and strategies to address GBV.
- Community leaders, local activists, and CBOs can use evidence to promote community-based awareness regarding GBV.

To decide with whom and how to share information, determine whether there will be any negative (or positive) repercussions for beneficiary populations in so doing (**Section 4.3**). Safety and ethical guidelines provided in **Section I** and **Annex A** (Stakeholder Analysis) can help you to determine this. Sharing information with stakeholders outside of your organization—for example, about the incidence or characterization of GBV against members of a specific ethnic group—could create further risk. Sharing any identifying information or data about GBV survivors could also result in backlash. This does not,

however, prohibit your organization from using this type information internally to tailor and improve its own programming.

Further, there is a humanitarian imperative to inform other agencies of any gaps in GBV services or increasing needs for services so that appropriate and timely responses may be delivered to fill those gaps. It is also critical that information be shared with other external stakeholders, such as government entities and the larger humanitarian community. These issues are explored below.

It is important to discuss GBV approaches when scheduling and looking at the frequency of data collection, and to gather timely information for reporting (data may also be needed for documents addressed to donors, such as the *Consolidated Humanitarian Action Plan*). In a development context, your organization may want to feed into national budgeting processes or policy-making processes (to substantiate a law, for example). In a relief context, your organization may want to feed into a consolidated humanitarian action plan or a funding request to a specific donor. It may also be important to provide data to a protection or GBV working group.

## 4.2 GBV PROJECT USES OF M&E FINDINGS

### KEY CONSIDERATIONS:

#### USING M&E FINDINGS OF GBV INTERVENTIONS

One of the key uses of M&E findings is to improve, discontinue, scale-up, or replicate GBV programs. Ongoing monitoring and regular evaluation allow program managers and officers to adapt programs in response to M&E findings (Sphere Core Standard 5).

##### 4.2.1 Analyze the Data Collected

Data analysis is the process of making sense of the collected data to “tell the story” of the situation, highlighting the identified GBV risks, trends, coping mechanisms, available services, and gaps in services. Analysis of the data collected can take many forms, including:

- **Contextual analysis** is where primary data are interpreted along with other contextual information, such as the existing data, to present a situational analysis. This is a qualitative data analysis method and the output is a descriptive narrative. Contextual analysis requires a certain degree of subjectivity and skilled interpretation. Involving GBV specialists in data interpretation is highly recommended.
- **Descriptive statistics** involves the compilation of data into numbers, percentages, ratios, or rates, displayed in tables, charts, and graphs. Only certain types of assessment data (normally quantitative but also some types of qualitative) are appropriate for generating statistics. **Spatial analysis** involves the data mapping to help decision-makers visualize locational patterns. For example, spatial analysis may help display geographic areas where GBV is a particularly high risk. Do not use this technique to map the locations of specific incidents, as it could put survivors in danger.<sup>13</sup>

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<sup>13</sup> GBV Area of Responsibility (AoR), Assessment and Monitoring Toolkit (forthcoming).

#### 4.2.2 Interpret the Data

Data interpretation may seem repetitious with the data analysis step, but there is an important distinction. Data analysis can be performed based solely on the data collected, whereas data interpretation requires in-depth knowledge of the context. Data analysis looks for patterns and trends within the data, whereas data interpretation attempts to understand those patterns and trends in light of broader contextual factors outlined in the ToC (**Section 2.2**). When performing data interpretation, the team links the primary data information obtained and analyzed through primary data collection to what your organization has determined is of importance and secondary data. This process should be done collaboratively. It may be useful to invite individuals with knowledge of GBV and/or other local partners who did not directly participate in the data collection process, as they may be able to provide a fresh perspective.

Data interpretation should also include data triangulation, which aims to confirm findings through multiple (at least three) primary sources of information. Triangulation helps to counter biases that may be present in data collected and ensure that findings accurately reflect realities on the ground.

Considerations in data interpretation include:

- Analyze the data on a regular basis according to the M&E plan, and report and share data following safety and ethical standards. Use the analysis to inform decisions and modify/adapt programming to evolving needs based on the learning plan (**Section 2.3**).
- Barring any major ethical or safety concerns, make sure that data are fed into larger GBV data collection and analysis efforts nationally to support a systems approach, which should be detailed in the M&E plan (**Section 2.5**). This may include a health information management system or GBVIMS.
- Ensure that both new and existing staff receive ongoing GBV M&E training, inclusive of safety and ethics training (**Section 2.5.4**).
- Monitor not only the project progress but also whether the project is reaching intended beneficiaries and preventing/reducing the potential for fraud or corruption per the M&E plan (**Section 2.5**) and the PIRS (**Section 2.6**).

Lessons learned from M&E should be institutionalized within your organization, locally, regionally, and internationally. This can be done by ensuring that learning and adaptation are part of the ongoing program cycle, with time set aside for program staff to discuss M&E findings, identify what adaptations are required, and ensure that funding is earmarked in anticipation of potential adaptations.

### **Example from the field: Applying lessons learned from the past to current programming**

It is important to learn from previous crises and programs to prepare to address GBV in a future crisis or in transitions to development. This depends to some extent on institutional learning in the post-crisis period, including midterm and final evaluations, to ensure longevity of learning beyond staff turnovers.

GHESKIO, in Haiti, conducted M&E of its programming during and after the political crisis in 2001 and learned that it was both necessary and important to include training and procedures to identify the signs of rape as part of their initial medical intake procedures. As a result of this learning, GHESKIO changed their SOPs and was therefore able to identify and provide services to rape survivors more effectively.

Nearly a decade later, GHESKIO used what it learned to conduct a broader baseline and vulnerability assessment inclusive of rape. This allowed it to be one of the lead service providers for rape survivors during and after the 2010 earthquake, providing ongoing comprehensive psycho-social and health support.

Facilitation and capacity building of cross-sector GBV practice groups within an organization may promote learning and adaption for institutional change. Quarterly and annual meetings may be used to report on M&E findings. At these meetings, multi-sectoral GBV practice group representatives may propose solutions to address challenges presented by the M&E findings.

Lastly, strengthening an international platform for the GBV practitioner community to share and learn findings will facilitate a systems approach to preventing and responding to GBV. Making safe and ethical M&E findings easily accessible and available to GBV practitioners is critical to driving innovation and implementing GBV programming in the most effective way possible.

### **Example from the field: Women's Situation Rooms in Kenya**

Following success in Liberia, Senegal, and Sierra Leone, a Women's Situation Room (WSR) was created in Kenya to support the early warning and peace-building process during the period leading up to and after Kenya's 2013 elections.

The WSR illustrates how evidence can lead to the replication of effective interventions to prevent violence/ GBV. The WSR also demonstrates how timely, organized efforts to prevent and respond to violence/GBV with the involvement of women activists, public officials, eminent citizens, and subject experts in Kenya resulted in a more peaceful election in 2013.

Unprecedented levels of post-electoral violence in 2007 claimed more than 1,100 deaths and displaced over 600,000 Kenyans. The WSR helped to prevent and respond to electoral violence and GBV through systematic observation, monitoring, mediation, referral to authorities, case analysis, and demands for accountability.

A Team of Eminent Persons served as mediators and used their networks to access the public through media. Women and youth were recruited as election observers. The National Women's Steering Committee was a powerful advocacy and organizational force in planning and varying out WSR activities. Kenya's government, including the police, supported the WSR. Representatives of Kenya's Ministry of Gender attended WSR meetings. The WSR received and responded to 1,200 calls from observers and the public reporting a range of electoral offenses, including GBV.

## 4.3 SHARE GBV INFORMATION WITH NATIONAL AND INTERNATIONAL STAKEHOLDERS

### KEY CONSIDERATIONS: GBV EVIDENCE

In the past, the GBV sector has been shrouded in silence, with survivors often suffering shame, blame, or ostracism. Prevention and response services are weak and scarce in many countries. Increasingly, there are public demands for governments to combat GBV through legislation, public education, and gender-sensitive security systems. Governments are under pressure to enforce justice and provide an array of services to prevent and respond to GBV. For-profit organizations and NGOs can also make significant contributions by protecting victims, providing medical and rehabilitation services, and offering livelihood development opportunities for victims.

M&E data flowing from GBV programs, projects, and activities, along with GBV research findings, break this silence. GBV data contribute to building an important GBV evidence base. This evidence is essential for advocating for change in policies, laws, and regulations, as well as establishing national and local programs to prevent and respond to GBV. Evidence of GBV programming successes reveal practical approaches to transition donor GBV project models into continuing country-owned GBV prevention and response services.

Evidence of GBV is essential for advocating policies, laws, and regulations as well as establishing national and local programs to end—for example, early and forced marriages, sexual harassment, rape, genital mutilation/cutting, human trafficking, and attacks on gay, lesbian, bisexual, and transgender persons. Evidence inspires starting, adapting, and scaling-up programs to prevent and respond to GBV. Evidence is also an important resource when preparing training and technical assistance content for developing the technical and organizational capacities of anti-GBV service providers. Finally, evidence that GBV programs achieve intended aims demonstrate that GBV programs have served the needs of survivors and affected communities.

You should review GBV-related programming evidence with several dimensions in mind:

- **Types of GBV and prevalence of GBV.** There are many types of GBV relating to, for example, sexual harassment, rape, honor killings, dowry deaths, genital mutilation/cutting, human trafficking, intimate partner violence, early marriage, forced marriage, and attacks on gay, lesbian, bisexual, and transgender persons. Information on these types of abuse often has highly nuanced cultural, socioeconomic, and political contexts. GBV can also be understood in terms of different kinds of abuse: physical, sexual, emotional, psychological, and financial or economic. Effective GBV programming should be designed with these specific contexts and dynamics in mind.

#### Example from the field: Brazil's Maria Da Penha Law

In 1983, Maria Da Penha Fernandes was shot by her husband. Two weeks after she returned from the hospital, he tried to electrocute her. She survived but was left paralyzed. Criminal charges were filed and the case took almost 20 years to make it through the Brazilian courts. When her husband was finally sentenced, in 2002, he served only two years.

The Inter-American Commission of Human Rights held the Brazilian government responsible for failing to take action against perpetrators of domestic violence. In response, in 2006, the Brazilian government enacted the *Maria da Penha Law* providing comprehensive measures addressing domestic violence. This was a milestone in the country's fight against GBV.

- **Vulnerable populations.** Information on vulnerable populations reveals the dilemmas of victims or persons at risk of GBV. Examples include women aged 15–40 years subject to physical violence by an intimate partner over the past 12 months; men/women aged 15–40 years subject to sexual violence over the past 12 months by persons other than an intimate partner; and gay, lesbian, bisexual, and transgender persons subject to emotional and psychological violence over the past 6 months. Evidence collected on vulnerable populations must be disaggregated in order to understand which groups are being included and, potentially, excluded for services provided.
- **Perpetrators.** For anti-GBV programming purposes, it is important to identify those who engage in GBV and to understand the causes or what drives them to commit acts of violence. Corresponding to the many different types of GBV, there is a wide range of perpetrators, such as intimate partners, family members, neighbors, peers, persons in positions of authority, security personnel, rebel soldiers, and others.
- **Geo-spatial contexts.** GBV occurrence and the need for appropriate GBV interventions can be understood by analyzing geo-spatial data. The GBV “map” of a country typically shows high-risk areas, such as areas stricken by natural disasters, armed conflict, extreme poverty, or having higher proportions of ethnic groups with gender discriminatory values and norms.
- **Institutional contexts.** Institutions comprise organizations as well as established practices and relationships that are sanctioned by legal or customary laws. GBV interventions are tailored by taking into account particular institutional contexts, such as marriage, family, workplace, coming-of-age rituals, refugee/IDP camps, public transit systems, and schools.
- **Tested GBV interventions.** Governments, private organizations, and NGOs interested in addressing GBV will be aided by information on GBV service delivery models and management systems made available through M&E systems. Examples of resulting anti-GBV interventions include:
  - National policies issued and laws enacted to prevent and respond to GBV
  - Hotline/emergency call centers and shelter services available for GBV victims
  - Medical treatment, screening, and referral and counseling services available for GBV victims
  - Quick response and protection services provided by security service personnel
  - Rehabilitation services and livelihood development opportunities available for GBV victims.

## KEY CONSIDERATIONS:

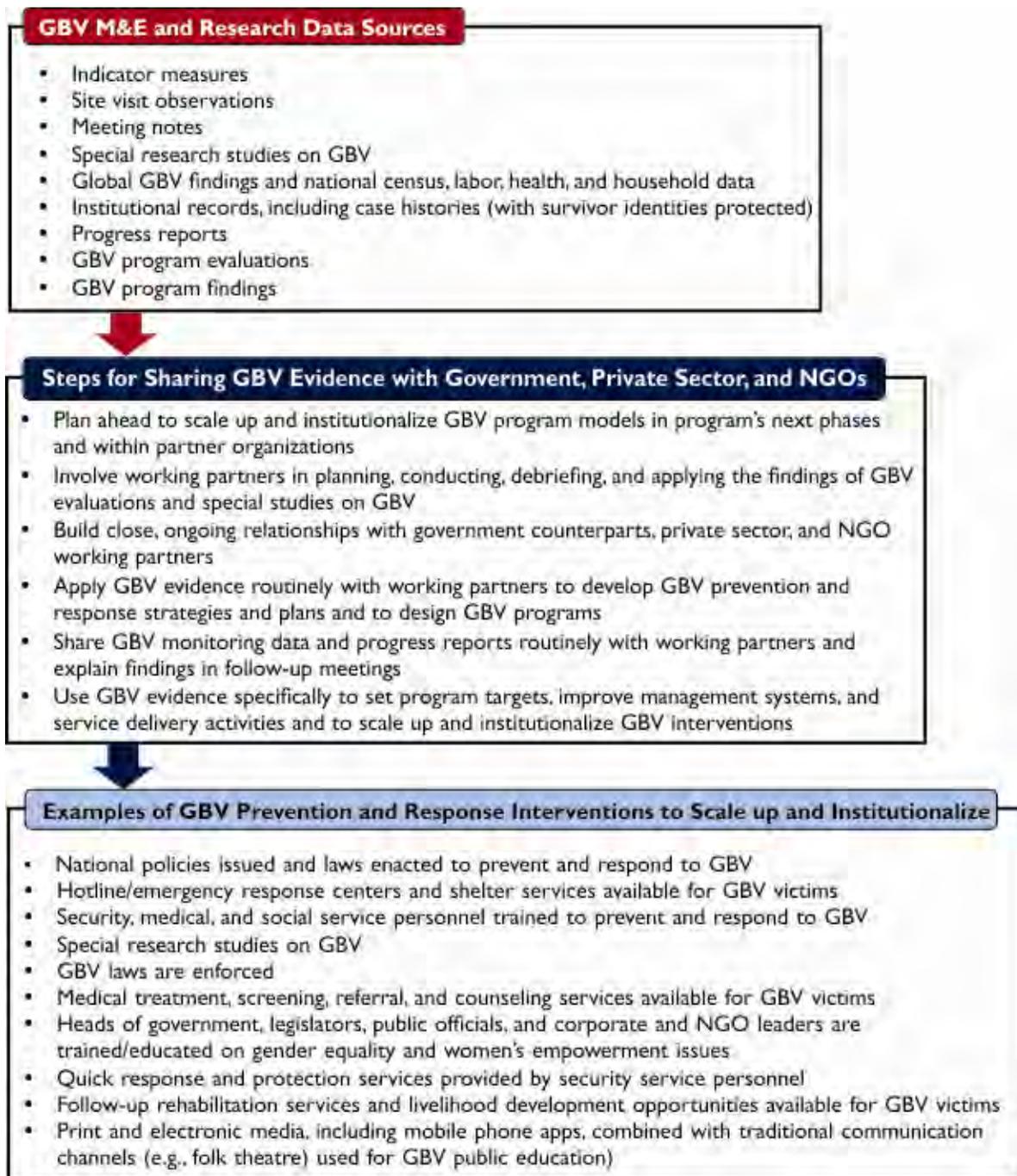
### SHARING GBV EVIDENCE WITH GOVERNMENT COUNTERPARTS, PRIVATE SECTOR, AND NGO WORKING PARTNERS

GBV evidence essentially helps national and international stakeholders to understand the need to address GBV and to justify, design, and implement country-owned GBV programs. Key audiences for GBV evidence-backed advocacy include heads of government, legislators, public officials, and communities riven by crises. Others are individual citizens, private organizations, and NGOs engaged in advocating changes for making legal systems and public and private sector services more responsive. The purpose of sharing GBV evidence and methods used to communicate GBV information differs significantly by audience. However, at all times, confidentiality protocols should be strictly observed, to protect GBV survivors.

In many countries, governments take the lead in envisioning, prioritizing, planning, funding, and managing development activities. With globalization, private sector and CSOs are increasingly providing essential services worldwide. Governments, the private sector, and indigenous NGOs could potentially play major roles in adapting, scaling-up, and institutionalizing GBV interventions.

Relationships are critical for transferring knowledge and skills to in-country partners. Effective program models and impacts can be demonstrated by routinely sharing GBV M&E and research findings. **Figure 15** illustrates the sources of GBV M&E and research evidence; steps that GBV program/project implementers can take to share evidence continuously with government counterparts and working partners in NGOs and the private sector; and examples of GBV interventions that can be improved, adapted, scaled-up, and institutionalized.

**Figure 15. Using Monitoring and Evaluation and Research-Based Evidence to Improve, Scale-Up, and Institutionalize GBV Programs for Governments and NGOs**



## KEY CONSIDERATIONS:

### SHARING GBV EVIDENCE WITH THE HUMANITARIAN ASSISTANCE COMMUNITY

During humanitarian crises, systems for maintaining law and order, as well as communication and transportation systems, often break down. People affected by natural disasters, armed conflicts, and complex emergencies are highly vulnerable to sexual attacks by rebel militias, criminal gangs, and deviant members of the armed forces who may use rape as a weapon of war. IDPs and refugee women are often at greater risk of being coerced or exploited due to their displaced status and reduced economic opportunities.

In such dynamic situations, humanitarian assistance actors often need information in “real-time” and prioritize taking immediate preventive life-saving actions over conducting time-consuming studies. In relief settings, GBV findings should be communicated rapidly to other humanitarian agencies. For example, UN-coordinated daily/weekly news bulletins and at meetings for the humanitarian assistance community, such as the UN-coordinated *Protection, WASH, Shelter, and Mine Action* cluster meetings are good venues for sharing information. Meetings convened by line ministries, local government agencies, and national military units also present opportunities for sharing GBV M&E findings to alert authorities and expedite solutions.

#### Common venues for sharing GBV M&E information with the humanitarian assistance community

- **Humanitarian Clusters:** During a crisis, UN agencies coordinate sector-specific working groups, or “clusters.” One of the most relevant clusters for GBV practitioners to work with is the *Protection Cluster*. This cluster may meet weekly, biweekly, or monthly in the national capital and in various field sites.
- **Donor Meetings:** Humanitarian donors often convene high-level meetings that drive future funding decisions and priorities. It is crucial that GBV issues be highlighted in these meetings using evidence-based advocacy points, which can be drawn from M&E data and analysis.
- **Project Reporting:** Project reporting is often conducted quarterly and should report accomplishments against targeted activities. This is an important place to explain, in detail, the methods you have used to collect and verify data presented in the report. M&E findings presented in project reports can help management understand progress and challenges. Information in reports presented to donors should provide easy-to-interpret data methods, such as tables that align achievements per indicator for each quarter—cumulatively.

## KEY CONSIDERATIONS:

### SHARING GBV EVIDENCE WITH COMMUNITIES

Communities in a GBV project/program area form a frontline. Public education campaigns that use GBV M&E and research findings can be piloted in project areas and scaled-up to the national level. Different methods can be used to communicate anti-GBV messages:

- Print media, such as local newspapers and posters
- Electronic media, such as films, radio, and TV programs
- Folk media, such as street theatre, puppet shows, poetry, and ballads.

Such media are easier to use during pre-crisis and post-crisis phases, but have also been used during crisis phases where skills and opportunities exist. In remote and isolated communities, especially during a crisis phase, media outlets can alert communities about perpetrators of GBV. But it is often local networks of sharing information through community leaders and local authorities that are most reliable.

**Example from the field: Traditional leaders and humanitarian agencies work together to prevent sexual harassment**

Sharing information with communities can be a catalyst for change, a call-to-action, and a basis of evidence for acknowledging GBV. Evidence from GBV M&E can provide critical awareness-raising and help to mobilize communities. In Upper Nile, South Sudan, women and girl refugees from camps faced harassment during evening trips to the few remaining water pumps. Youth and young men would surround the pathways to the water points and harass the women and girls as they travelled.

When humanitarian agencies witnessed this harassment, they immediately informed the community leadership, which included male and female sheikhs from many different tribes. Refugee leaders understood the seriousness of the situation and felt it could be addressed through community-based systems. Humanitarian agencies continued to monitor the water points and instituted water monitors at all of the water points who would relay any issues or conflict at the water points. This blend of community-based and humanitarian agency intervention proved effective and harassment declined. Community structures were empowered and strengthened, which benefited future efforts in the improvement of camp security and safety.

## RDC CONSIDERATIONS

- **Opportunity:** Apply crisis monitoring data and research to assess early warning signs of potential conflict, natural disasters, or other emerging crises. Determine the implications for GBV. Use GBV M&E data and other sources of information to assess existing GBV services and start operations for closing service gaps.
- **Constraint:** Governments, private sector, and NGOs may not heed early warning information and may not collaborate in efforts to prepare for a potential crisis.
- **Solution:** Undertake advocacy with donors or other institutions that have leverage with these stakeholders.

Pre-crisis Phase

- **Opportunity:** Use GBV M&E data research findings from previous crises to ensure that appropriate and effective GBV interventions are funded and integrated into humanitarian assistance efforts.
- **Opportunity:** Use GBV M&E data and research findings to mobilize strong in-country partners and to train staff in technical assistance, especially to new NGOs and government units that are typically formed to provide urgent humanitarian assistance.

Crisis Phase

- **Opportunity:** GBV interventions that are started and implemented on a limited scale during a crisis can be adapted to multiple development contexts and scaled-up country-wide during transition phases using M&E findings.
- **Constraint:** International donors and governments may lose interest in GBV programming when a crisis is over.
- **Solution:** Use GBV M&E data to highlight the need for continuing and scaling-up of GBV interventions.

Post-crisis Phase

## 4.4 USAID-WIDE USES OF INFORMATION

USAID plays a pivotal leadership role in implementing the U.S. Strategy to Prevent and Respond to GBV globally and is responding to Executive Order 13623: *Preventing and Responding to Violence Against Women and Girls Globally*, issued by President Obama on 10 August 2012. The Executive Order requires agencies to establish, periodically review, and report on benchmarks for implementation.

GBV evidence is a powerful force for advancing anti-GBV public education and advocacy to engage the U.S. Congress and public, foreign assistance partners, and constituencies worldwide. USAID is reaching out to its staff and partners to gather and use GBV M&E and research findings to communicate the results of its GBV programs.

### How USAID Shares GBV M&E and Research Findings

**Reporting Against the Standard Foreign Assistance Gender Indicators.** USAID missions and offices report against crosscutting foreign assistance gender indicators, which include several GBV indicators, through the Agency's annual performance and plan report process. This involves rolling up project data based on GBV evaluation findings and GBV performance indicators that are designed to align with and feed into the standard gender indicators.

**Integrating GBV prevention and response activities into sector work.** U.S. GBV Strategy calls for USAID to incorporate GBV prevention and response activities into its sector work—for example, in interventions designed to expand education, health, economic growth, trade, and infrastructure. This includes GBV programming priorities and plans, such as M&E plans, country development cooperative strategies, performance management plans, project concept papers, and project appraisal documents.

#### **USAID recognizes the 16 Days of Activism Against Gender Violence**

In USAID's main reception area in Washington, DC, there is a photovoice picture of Genet studying hard outside her wattle and daub home in Ethiopia. "There are 16 million child brides on the planet today," explains another poster.

Genet's photograph was taken by a Toward Economic and Sexual Reproductive Health Outcomes participant using a donated digital camera. Photovoice is the research method used to carry out a participatory evaluation of the program. Implemented by CARE Ethiopia, the program helps women who were forced to marry very early in their lives to educate themselves and pursue livelihoods.

The pictures and posters are part of an exhibition hosted by USAID and the International Center for Research to commemorate *International Day for the Elimination of Violence Against Women* and *The 16 Days of Activism Against Gender Violence*. This public education and advocacy campaign draws upon multiple sources of information on GBV, including project stories, GBV M&E, and research findings. USAID raises public awareness of GBV through campaign blogs, tweets, a toolkit for missions, and exhibitions.

**Using USAID's Development Experience Clearinghouse (DEC).** The DEC is the largest public online repository of materials describing the planning, implementation, results, and evaluation of USAID's half century of development and humanitarian assistance work. Keyword searches will pull up numerous documents referencing GBV (e.g., country development cooperative strategies, survey tools, rapid conflict assessments, progress reports, final reports, and evaluations). Through the DEC, GBV programs/projects can reach multiple audiences by sharing evaluations, thematic assessments, and special studies.

**Using USAID’s ProgramNet and the Learning Lab.** ProgramNet is USAID’s internal, interactive online community devoted to sharing knowledge and promoting learning on implementing the program cycle. ProgramNet offers USAID policies, guidance, tools, and examples of USAID office and mission products relating to each phase of the program cycle, including M&E. ProgramNet also hosts USAID’s gender policy and guidance documents. USAID staff working with GBV programs/projects can significantly advance USAID’s GBV learning by using ProgramNet to share their GBV M&E and research tools.

USAID’s Learning Lab is accessible to USAID’s staff, partners, and the public. The lab presents an online platform for collaboration centering on sharing; learning; connecting with communities of practice; and registering for speaker series, seminars, and other events. USAID’s policies and select operations guidance relating to the program cycle can be found on the lab’s website along with M&E resources prepared by other organizations. However, since the Learning Lab presently offers few resources on GBV programming, there is need for GBV-related contributions from programs, projects, and practitioners, including useful tools for doing GBV M&E.

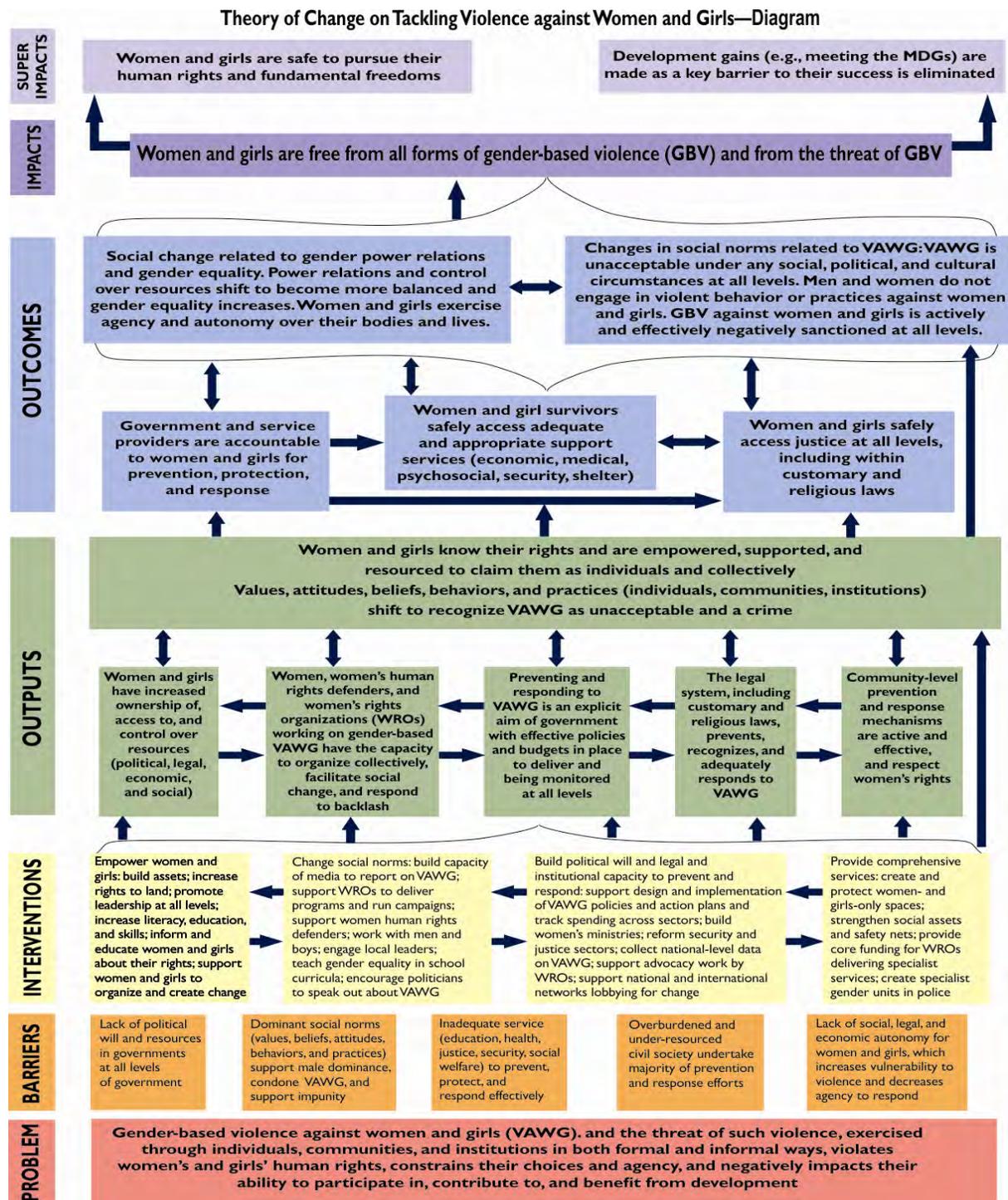
**Congressional hearings and advocacy campaigns.** USAID representatives testify before Congress and provide information on GBV to influential policy research institutions, such as, the U.S. Institute of Peace. USAID also draws information on GBV from wide-ranging sources to carry out anti-GBV public education and advocacy events.

# ANNEX A: STAKEHOLDER ANALYSIS TOOL

Guidance for Completing the Stakeholder Analysis	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>Identifies stakeholders with an interest in the GBV project/program that could influence results and/or that the crisis may impact.</li> <li>Ranks a stakeholder's (potential) influence and attitude toward the crisis, GBV, and the project/program.</li> <li>Outlines preliminary strategies to engage with various stakeholders.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li><b>Project/Program and M&amp;E preparation phase</b> to identify who should be included in planning to ensure that the ToC, evaluation questions, and desired outcomes are culturally relevant, appropriate, and that any opportunities and challenges are identified in advance of project/program implementation.</li> <li><b>Data collection (needs assessment and baseline assessment)</b> to ensure that efforts are coordinated and do not duplicate already existing data, that data is collected from reliable sources, and that key stakeholders are involved in and targeted for training of data collection.</li> <li><b>Design of an M&amp;E Plan</b> to ensure stakeholders are included in planning for M&amp;E, appropriate M&amp;E mechanisms and data sources are identified, M&amp;E data collection and reporting systems are properly linked to existing national data systems and initiatives, and capacity building on M&amp;E is in place for national/local stakeholders to ensure sustainability beyond the project/program time period.</li> <li><b>Conducting Performance M&amp;E</b> to ensure that key stakeholders are involved in ongoing monitoring and final evaluations; working toward a sustainable community-based M&amp;E system that may continue beyond the project/program time period.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>GBV and M&amp;E program officers in organizations or institutions.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Identify and list stakeholders. These could be individuals or groups that are impacted by or may influence GBV and/or a crisis. Estimate the influence that each stakeholder/stakeholder group may have on the project/program (high, medium, low). This will help to prioritize which stakeholders to engage with and at what stages, and will identify who needs to be involved as decision-makers, with whom to consult, and who may need to be involved to coordinate similar efforts.</li> <li>Estimate the attitudes toward GBV that each stakeholder has (positive, negative, neutral) within the context of his/her role or engagement on GBV. This will help to prioritize which stakeholders may need to be engaged in initial planning stages as well as who may be targets of, or actors in, specific activities.</li> <li>Identify strategies for engaging with each stakeholder.</li> </ul>
<b>Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>During the crisis phase, prioritize stakeholders and quickly engage with those that have a high level of influence and positive attitude at the outset.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>All along the relief to development continuum, publically identifying or drawing attention to certain key stakeholders' (potential) level of influence and attitude towards GBV could put them at risk of danger, in particular in a politically repressive environment. As well, it could subvert the existing power structures within the communities and may lead to negative perceptions of the project/program.</li> <li>All efforts should be made to avoid identifying specific GBV survivors (in particular activists) unless they have expressly given consent for your organization to do so.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>Adapted from the UNDP Planning Stakeholder Analysis Tool, <a href="http://ppmtoolkit.undp.org/lc_Stakeholder_Analysis_Tool.cfm">http://ppmtoolkit.undp.org/lc_Stakeholder_Analysis_Tool.cfm</a></li> </ul>



# ANNEX B: DFID GBV THEORY OF CHANGE<sup>14</sup>



<sup>14</sup> DFID. June 2012. Violence against Women and Girls CHASE Guidance Note Series: A Theory of Change for Tackling Violence against Women and Girls. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67336/how-to-note-vawg-1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67336/how-to-note-vawg-1.pdf)

# ANNEX C: DATA SOURCES MATRIX FOR CONDUCTING GBV SITUATIONAL/NEEDS ASSESSMENT, PERFORMANCE MONITORING, AND EVALUATION

Guidance for Using Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance M&E	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>• Helps organizations to identify the most appropriate sources and methods of collecting data for the situational/needs assessment and performance M&amp;E.</li> <li>• Provides an overview of data collection sources and methods; the purpose and description of those sources and methods; how they may be used for situational/needs assessments, performance monitoring, and/or evaluation; and suggested stakeholders to engage or consult in collecting or analyzing the data.</li> <li>• Provides space for organizations to identify the security level, phase along the relief to development continuum, and political space to address GBV, which may affect the selection of tools, particularly when collecting primary data.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>• During project and M&amp;E preparation to guide the situational/needs analysis to inform the ToC.</li> <li>• During the development of the Performance Monitoring Component of the M&amp;E plan to identify sources of data to inform the development of project/program baseline and target.</li> <li>• During performance M&amp;E, to monitor and evaluate progress towards achieving specific outcomes and outputs.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>• GBV and M&amp;E officers in implementing organizations may lead efforts to systematically identify the most appropriate data sources throughout project design and implementation. It will be important to engage stakeholders, particularly local partners and community members, to discuss the selection and modification of the most appropriate primary data collection tools depending on the phase along the relief to development continuum, security level, and political sensitivity to addressing GBV.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>• During M&amp;E and project preparation, review the sources/methods in the matrix. Engage stakeholders to identify existing secondary data. Use these sources when completing the Data Collection Tool.</li> <li>• During the development of project design and the completion of the Performance Monitoring Component of the M&amp;E Plan (see <b>Annex F</b>).</li> <li>• Use Annex G to review the sources/methods in the matrix. Identify data gaps in existing data required to conduct the baseline for the M&amp;E plan. Review the options for primary data collection sources and methods and decide with stakeholders which tools would be most appropriate to use for the needed baseline data, given the phase along the relief to development continuum, security level, and political space to address GBV.</li> <li>• Use the UN Security Level System to determine how dangerous the current environment is: 1, Minimal danger; 2, Low danger; 3, Moderate</li> </ul>

**Guidance for Using Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance M&E**

	<p>danger; 4, Substantial danger; 5, High danger; and 6, Extreme danger. On the basis of the assigned security level for the country in which your organization is operating, assess with stakeholders which tools, particularly those including primary data collection, may or may not be appropriate to use.</p> <ul style="list-style-type: none"> <li>• Identify the current political atmosphere in the location where the program/project is operating. Are there political space, willingness, and openness to discuss GBV, whether in the context of humanitarian or development efforts? Given the political space, identify with stakeholders, which tools may or may not be appropriate to use.</li> </ul>
<p><b>Continuum Constraints and Opportunities</b></p>	<ul style="list-style-type: none"> <li>• This tool helps organizations and individuals to assess which other tools may or may not be appropriate along the relief to development continuum, given varying security levels and political space to discuss GBV.</li> </ul>
<p><b>Key Ethical and Safety Considerations</b></p>	<p>In the selection of data sources there are several key ethical and safety considerations to keep in mind:</p> <ul style="list-style-type: none"> <li>• It is critical to identify whether secondary data sources would be sufficient, in particular where collecting primary data would put certain individuals or group of individuals at risk—either of danger, stigma, or social or political repression (see <b>Section I</b> for more information).</li> <li>• If collecting primary data, interviewing GBV survivors should be a last resort and only if there are no pre-existing data and the value of collecting the data outweighs potential harm to survivors. As well, measures should be put in place to have psycho-social support on-hand during interviews, and also referral information for those who require it. Finally, informed and voluntary consent protocols should be followed (see <b>Annex S</b>).</li> <li>• For gathering both primary and secondary data, it is absolutely essential to establish protocols for safeguarding the data, in particular those that could put individuals or groups at risk. It is also critical to establish confidential protocols for all GBV survivor-related data.</li> <li>• For gathering both primary and secondary data, establish information-sharing protocol for the data gathered, which should specify with whom and when information can be shared in light of the dangers of sharing the information with certain individuals, groups, or the public.</li> <li>• If you are using your organization’s (police, health, legal, or other provider) GBV case records or reports as a data source for a situational/needs assessment, establishing a baseline, or implementing performance monitoring, it is essential to maintain the confidentiality of such records and the identity of GBV survivors. If your organization is sharing such records with other organizations implementing GBV programming, you <i>must</i> seek permission from survivors before sharing their records. You <i>must</i> not provide any information about their identity and any other information that could put them at risk or violate their privacy. If your organization is accessing records or reports from another organization, it has the same responsibility with respect to survivor records or files.</li> </ul>
<p><b>Additional Resources</b></p>	<ul style="list-style-type: none"> <li>• Annex D: Data Collection Tool</li> <li>• Annex P: Safety Audit Tool</li> <li>• Annex Q: Focus Group Guide</li> </ul>

### Guidance for Using Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance M&E

- Annex R: Community Mapping
- Annex S: General Key Informant Interview Guide
- IASC. Guidelines for Gender-Based Violence in Humanitarian Settings. (revisions pending)
- IRC. 2011. Caring for Child Survivors. <http://gbvresponders.org/node/1542>
- IRC. 2011. GBV Emergency Response & Preparedness.
- WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. [http://www.who.int/gender/documents/OMS\\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)
- AoR Working Group. 2011. GBV IMS Chapter 7- Sharing GBV Incident Data and Developing Inter-Agency Information Sharing Protocols, [http://gbvims.org/wp/wp-content/uploads/Ch7\\_Feb2011.pdf](http://gbvims.org/wp/wp-content/uploads/Ch7_Feb2011.pdf)

### Data Sources for Conducting Situational/Needs Assessment, Performance M&E

Tool/Source	Purpose/Description	Use for Situational/Needs Assessment, Performance M&E	UN Security Level System/Continuum	Stakeholders to Engage or Consult	Source of Tool
<b>Secondary Data Sources for Situational/Needs Assessment, Performance Monitoring, and Evaluation</b>					
Existing national statistics, databases, and reports, including national census (Quantitative)	National-level quantitative and qualitative data on the socioeconomic status of women and men, gender equality, GBV, health (reproductive health assessment), security/access to justice, and labor from national surveys and studies to identify GBV vulnerabilities, capacity, threats and prevalence, etc. National statistics may under-report GBV prevalence and may be skewed, outdated, or be inaccurate depending on the quality of data collection and reporting. There may also be political sensitivities surrounding the use of national statistics.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring baseline targets</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	National line ministries/ departments of statistics, education, agriculture, labor, social welfare, gender, etc.); identify key government contacts to assist	N/A
Existing national and local plans, strategies, policies,	Qualitative information on the current status of the policy/legal framework related to gender equality and GBV may	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance</li> </ul>	1–6/ Pre-crisis	National and local ministries/departments; UN Women, UNDP,	N/A

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
laws, and frameworks related to GBV and gender equality (Quantitative and Qualitative)	be used as a guide in harmonizing program/project objectives to be in line with national GBV priorities. Collecting data on the implementation/practice of the policies from other data collection methodologies (primary) and laws will be an important component to how these data are used.	monitoring baseline targets	Crisis Post-crisis	and other international organizations working on GBV/gender equality policy; national research/academic institutions working on GBV and gender equality	
Existing institutional/academic demographic, socioeconomic, reproductive health, and GBV surveys (Quantitative)	Quantitative and qualitative data on the socioeconomic status of women and men, gender equality, GBV, health (reproductive health assessment), security/access to justice, and labor at national levels from national surveys and studies to identify GBV vulnerabilities, capacity, threats and prevalence, etc. Academic or institutional surveys may be reliable sources of data.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring baseline targets</li> <li>• Evaluation if surveys are aligned with project/program outcomes</li> </ul>	1–3/ Pre-crisis Crisis Post-crisis	National statistics bureau/office or similar national office. National government or NGO institutions focused on combating GBV or violence against women	USAID. n.d. Demographic and Health Survey (1991–2012) DHS Final Reports, available at: <a href="http://www.measuredhs.com/publications/Publication-Search.cfm">http://www.measuredhs.com/publications/Publication-Search.cfm</a> (Search Publication Type: 'DHS Final Reports' and Publication Topic: 'Domestic Violence (DV)')
Existing evaluations, baseline surveys, or other documents from existing projects in the area of influence, or assessments and reports from other clusters/sectors (child protection, etc.) (Quantitative and Qualitative)	Qualitative and quantitative information on existing projects that may provide data, identify lessons learned, best practices, or other information about the targeted community.	<ul style="list-style-type: none"> <li>• Situational/needs assessment to identify opportunities for collaboration among actors in ongoing M&amp;E efforts</li> <li>• Evaluations if they are aligned with project/program outcomes</li> </ul>	1-6/ Pre-crisis Crisis Post-crisis	National GBV cluster/working group, national protection cluster/working group, child protection sub-cluster, National statistics bureau	WHO. Multi-country study on women's health and DV: <a href="http://www.who.int/gender/violence/who_multicountry_study/en/">http://www.who.int/gender/violence/who_multicountry_study/en/</a> . UN Women. 2011. "Violence against Women Prevalence Data: Surveys by Country," Virtual Knowledge Centre to End Violence Against Women, available at: <a href="http://www.endvawnow.org">http://www.endvawnow.org</a>

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
					rg/uploads/browser/files/vaw_prevalence_matrix_15april_2011.pdf
Existing mapping (stakeholders/ services) (Qualitative)	Qualitative (and potentially geographic if GIS used) information and location of existing GBV services and/or prevention efforts. Identifies vulnerabilities/ capacities in service provision. Identifies opportunities for collaboration among actors in ongoing M&E efforts.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring baseline targets</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	National statistics bureau/office or similar national office. National government or NGO institutions focused on combating GBV or violence against women, International Rescue Committee, GBV sub-cluster/working group, protection cluster/ working group	GBV AoR, IRC Service Mapping Tool <a href="http://www.gbvresponders.org/emergency-toolkit">http://www.gbvresponders.org/emergency-toolkit</a>
GBV AoR 3/4/5W Service Mapping tool (Quantitative and Qualitative)	Provides a template for GBV service mapping (who, what, and where) and for monitoring activities and services delivered (when and to whom GBV services were provided).	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	GBV AoR, national government or NGO institutions focused on combating GBV or violence against women	GBV AoR (currently in draft)
Media (newspapers, radio, television) (Quantitative and Qualitative)	Identifies public attitudes regarding GBV (e.g., positive vs. negative media ads on GBV and male engagement, reports on public authorities, leaders, and statements from government and other influential political/social figures on GBV).	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	1–4/ Pre-crisis Crisis Post-crisis	Journalists; NGOs working on media issues	N/A

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
Regular project/ program reporting, reviews and evaluation reports (Quantitative and Qualitative)	These include previous evaluation reports, quarterly/annual progress reports, field visit reports, or other project/program documentation produced regarding the targeted beneficiary population by the implementing organization or other partners/stakeholders or government entities.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	1–4/ Pre-crisis Crisis Post-crisis	Project/program officers	N/A

**Primary Data Sources for Situational/Needs Assessment, Performance Monitoring, and Evaluation**

MIRA (Quantitative)	To identify risks of GBV (if MIRA template is supplemented with specific questions on GBV). This is typically the first tool used at the onset of a humanitarian crisis to assess general multi-sectoral threats, risks, and vulnerabilities in the affected community.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation (may be used for evaluations where baseline data was not collected)</li> </ul>	1–4/ Pre-crisis Crisis Post-crisis (in particular during a crisis)	UN Office for the Coordination of Humanitarian Affairs, national protection cluster/working group or GBV cluster/working group ( <a href="http://gbvaor.net">http://gbvaor.net</a> ), donor coordination bodies, and networks of national NGOs	IASC. Inter-Agency Standing Committee Multi-Cluster/Sector Initial Rapid Assessment (MIRA). <a href="https://docs.unocha.org/sites/dms/CAP/mira_final_version2012.pdf">https://docs.unocha.org/sites/dms/CAP/mira_final_version2012.pdf</a>
Review and analyze case data or trends (including from GBVIMS) (Quantitative)	Service providers document cases of GBV survivors, including information on trends in GBV, quality of referral services, etc. Service providers may report non-identifying systematized information on GBV into data systems, including the GBVIMS.	<ul style="list-style-type: none"> <li>• Situational/needs assessment (including early warning indicators; tool to identify opportunities for collaboration among actors in ongoing M&amp;E efforts)</li> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	1–4/ Pre-crisis Crisis, crisis (if GBVIMS was already in place before the crisis) Post-crisis	GBV service providers; international and national actors working on GBV data collection, including those managing the GBVIMS	GBVIMS: <a href="http://www.gbvims.org">http://www.gbvims.org</a>

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
Police reports and court records review/analysis (Quantitative and Qualitative)	Provides information on the quality of legal services and justice system, the quality of police response to GBV cases. Access to records depends on the strength of collaboration with police, legal, and justice actors in the government.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation (input into evaluation)</li> </ul>	1-4/ Pre- and post-crisis	Ministry of Justice, police, lawyers, and NGOs working on GBV and legal issues and providing legal aid	N/A
GBV legal case files review/analysis (Quantitative and Qualitative)	Provides information on the number of cases of GBV receiving legal aid, and the number of cases investigated, prosecuted, adjudicated.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation (input into evaluation)</li> </ul>	1-4/ Pre- and post-crisis	Ministry of Justice, police, lawyers, and NGOs working on GBV and legal issues and providing legal aid	N/A
Ministry of Health statistics data or GBVIMS reporting (Quantitative)	Captures the number of GBV survivors receiving medical care, number of survivors referred for specialized care.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation (input into evaluation)</li> </ul>	1-4/ Pre- and post-crisis	Ministry of Health, medical providers, legal-medical institute, GBVIMS	N/A
Tracking of referral documents (Quantitative and Qualitative)	Captures the number of cases successfully referred from one service provider to another service provider (or series of providers).	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation (input into evaluation)</li> </ul>	1-4/ Pre- and post-crisis	GBV service providers GBV AoR/Working Group, GBVIMS	N/A
On-site observation (Qualitative)	Entails the use of a detailed observation form to record accurate information on site about how a program/project operates (ongoing activities, processes, discussions, social interactions and observable results as directly observed during the course of an initiative). It can be useful for a situational assessment during a crisis: community agents/former GBV survivors may monitor camps to feed into rolling assessments/ performance monitoring.	<ul style="list-style-type: none"> <li>• Situational/needs assessment (including early warning indicators)</li> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	1-4/ Pre-crisis Crisis Post-crisis	Community leaders, IDP site leaders, GBV survivors, community agents, NGOs, CBOs	None

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
Surveys (Quantitative)	Provides a standardized approach to obtaining information on a wide range of topics from a large number or diversity of stakeholders (usually employing sampling techniques). They may provide information on attitudes, beliefs, opinions, perceptions, level of satisfaction, etc. concerning operations, inputs, outputs and contextual factors. They are relatively easy to analyze and provide anonymity to respondents. However, self-reporting may lead to biased reporting. As well, data may provide a general picture but may lack depth and adequate contextual information. Surveys may also be subject to sampling bias.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring (in some circumstances)</li> <li>• Evaluation</li> </ul>	1–3/ Pre- and post-crisis	Local NGOs, CBOs, community leaders, and national academic/ research institutions appropriate sampling methods, questionnaire design, etc.	N/A
Key stakeholder analysis (Qualitative)	Identifies stakeholders interested in the GBV project/program and who could influence its results and/or that may be impacted by GBV in the crisis. It ranks a stakeholder’s (potential) influence and attitude toward the crisis, GBV, and the project/program. It outlines preliminary strategies to engage various stakeholders on GBV.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	Local NGOs, CBOs, community leaders, and national academic/ research institutions appropriate sampling methods, questionnaire design, and local, regional and national government officials.	Annex A: Stakeholder Analysis Tool
Key informant interviews/peer-to-peer interviews (Qualitative)	These interviews provide person-to-person qualitative responses to predetermined questions designed to obtain in-depth information about a person’s impressions or experiences, or to learn more about their answers to questionnaires or surveys. They may also provide first-hand knowledge about the	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	1–4/ Pre-crisis Crisis Post-crisis	GBV service providers, key community leaders, GBV survivors (only if absolutely necessary)	Annex S: General Key Informant Interview Guide. 2011. IRC–key informant interview guide <a href="http://www.gbvresponder.org/emergency-toolkit">http://www.gbvresponder.org/emergency-toolkit</a> GBV AoR:

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

Tool/Source	Purpose/Description	Use for Situational/ Needs Assessment, Performance M&E	UN Security Level System/ Continuum	Stakeholders to Engage or Consult	Source of Tool
	<p>operations and context. They facilitate fuller coverage, range, and depth of information of a topic with different perspectives on several issues; provide insight on the nature of problems; and recommend solutions. They are subject to sampling bias, so you should verify or corroborate information obtained from them. They can be time consuming, costly, and difficult to analyze.</p>				<ul style="list-style-type: none"> <li>• Legal services structured interview guide</li> <li>• District authorities structured interview guide</li> <li>• Health services structured interview guide</li> <li>• Protection services structured interview guide</li> <li>• Psycho-social services structured interview guide</li> <li>• Structured interview guide: NGOs not engaged directly in GBV</li> <li>• Key informants Guide for individuals involved in camp coordination, management, site planning, registration, shelter, and non-food items</li> <li>• Key informant guide for individuals working in food security and distribution and nutrition, key informant interview guide for individuals working in</li> </ul>

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
					water, sanitation, and hygiene <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a>
Mapping of GBV prevention and response services provision (Quantitative and Qualitative)	This mapping is typically part of the assessment during a crisis to identify the quantity and quality of services available; provides opportunity for service providers/community agents to collect information to feed into rolling assessments as they provide services. This speaks to need for service providers to be trained in the pre-crisis phase on how to collect information and what to collect and to put a system in place to capture information.	<ul style="list-style-type: none"> <li>• Situational/needs assessment (to identify vulnerabilities/capacities; tool to identify opportunities for collaboration among actors in ongoing M&amp;E efforts)</li> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	I–4/ Pre-crisis Crisis Post-crisis	UN Office for the Coordination of Humanitarian Affairs, national protection cluster/working group or GBV cluster/working group ( <a href="http://gbvaor.net">http://gbvaor.net</a> ), donor coordination bodies, and networks of national NGOs to identify	GBV AoR, IRC Service Mapping Tool: <a href="http://www.gbvresponders.org/emergency-toolkit">http://www.gbvresponders.org/emergency-toolkit</a>
Community mapping (Qualitative)	To identify which services are available to women/men and girls/boys to prevent and respond to GBV, and also to assess the community’s knowledge of those services. It is an excellent tool for collecting qualitative data, in particular in cultures that have strong visual and oral traditions.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring</li> <li>• Evaluation</li> </ul>	I–4/ Pre-crisis Crisis Post-crisis	Community leaders, and women’s and men’s groups	Annex R IRC. Community Mapping Tool: <a href="http://www.gbvresponders.org/emergency-toolkit">http://www.gbvresponders.org/emergency-toolkit</a>
Safety and security mapping (Qualitative)	A physical mapping to identify GBV safety and security risks in refugee camps, IDP sites, host communities, and	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance</li> </ul>	I–4/ Pre-Crisis	UN Office for the Coordination of Humanitarian Affairs,	Annex P—IRC Safety Audit: <a href="http://www.gbvresponders.org/emergency-toolkit#ER">http://www.gbvresponders.org/emergency-toolkit#ER</a>

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
	any other area where GBV might take place (or is already taking place).	Monitoring baseline and evaluations to identify if areas have become more or less safe and secure	Crisis Post-crisis	national protection cluster/working group or GBV cluster/working group ( <a href="http://gbvaor.net">http://gbvaor.net</a> ), donor coordination bodies, and networks of national NGOs to identify	GBV AoR Camp Safety Audit Tool: <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a>
Focus groups (Qualitative)	A small group (6–8 people) are interviewed together to explore in-depth stakeholder opinions, similar or divergent points of view, or judgments about a development initiative or policy, as well as information about their behaviors, understanding, and perceptions of an initiative or to collect information around tangible and nontangible changes resulting from an initiative. It is a quick, reliable way to obtain common impressions from diverse stakeholders but requires a trained facilitator. It may be challenging to schedule and to analyze responses. Focus groups can be useful to quickly understand community needs during a crisis, but on the other hand may not be appropriate at the onset of a crisis because community members may likely be facing critical dangers and may not be objective about their needs.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance</li> <li>• Evaluation (provides contextual information for evaluations)</li> </ul>	1–3/ Pre-crisis Crisis (not during acute phase) Post-crisis	Engage with community leaders, NGOs, CBOs, local partners, camp committees, etc. to determine whether it is an appropriate time to conduct broader community focus group discussions, particularly during the crisis and post-crisis phases	Annex Q—IRC Focus Group Guide <a href="http://www.gbvresponder.org/emergency-toolkit">http://www.gbvresponder.org/emergency-toolkit</a> GBV AoR Women/Men Focus Group Guide, Adolescent Girls Focus Group Discussion Guide, and Adolescent Boys Focus Group Discussion Guide <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a>
Case Studies (Qualitative)	Develop fictional case studies that may include pieces from a number of cases to	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> </ul>	1–3/ Pre-crisis	Community leaders, NGOs, CBOs, local	N/A

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/ Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
	shed light on a commonly observed trend. The case study should not fully resemble an existing case in any way. It involves comprehensive examination through cross-comparison of cases to obtain in-depth information with the goal to fully understand the operational dynamics, activities, outputs, outcomes, and interactions of a GBV project/ program. It is useful to fully explore factors that contribute to outputs and outcomes. Requires considerable time and resources not usually available for commissioned evaluations. Can be difficult to analyze.		Post-crisis	partners, academic/ research institutions	
Expert Panels (Qualitative)	A peer review, or reference group, composed of external experts to provide input on technical or other substance topics covered by the evaluation. Adds credibility and can serve as added (expert) source of information that can provide greater depth. It can verify or substantiate information and results in a specific topic area. It is necessary to ensure impartiality and that there are no conflicts of interest.	<ul style="list-style-type: none"> <li>• Evaluation</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	Institutions with humanitarian protection monitoring mandate and/or programming, community members	N/A
Protection Monitoring (Qualitative)	Identifies incidents of GBV, the number of GBV cases successfully addressed, and problems in service delivery.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	Institutions with humanitarian protection monitoring mandate and/or programming, community members	N/A

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
Community consultations to discuss issues, contributing factors, and specific problems requiring action (Qualitative)	Identifies GBV prevention and response issues requiring improvement.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> <li>• Evaluation (input)</li> </ul>	1–4/ Pre-crisis Crisis Post-crisis	Knowledgeable community members (as identified in <b>Annex A: Stakeholder Analysis</b> )	SASA! Raising Voices <a href="http://raisingvoices.org/about/">http://raisingvoices.org/about/</a>
Community-based monitoring (Qualitative)	Community monitoring of general trends on GBV prevention and response.	<ul style="list-style-type: none"> <li>• Performance monitoring</li> </ul>	1–5/ Pre-crisis Crisis Post-crisis	Community leaders, IDP site and refugee camp, or settlement leaders, community agents, NGOs, CBOs, academic and research institutions	SASA! Raising Voices <a href="http://raisingvoices.org/about/">http://raisingvoices.org/about/</a>
Pre- and post-tests, or other method to assess changes in knowledge as a result of awareness-raising activities (Quantitative and Qualitative)	Captures whether awareness-raising activities have increased/decreased participants' knowledge with respect to GBV, GBV services, or how to provide GBV services (depends on the target population).	<ul style="list-style-type: none"> <li>• Performance monitoring</li> </ul>	1–4/ Pre-crisis Crisis Post-crisis (but not in an acute emergency)	Depends on the target population	N/A
Print media and social media (including Facebook) (Quantitative and Qualitative)	To conduct informal surveys or to seek the answers single questions to gauge attitudes, beliefs, and knowledge about GBV in a community at large. They can be used post-crisis to gather information about social/attitudinal change	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring</li> </ul>	1–6/ Pre-crisis Crisis Post-crisis	Community leaders, IDP site and refugee camp, or settlement leaders, GBV survivors, community agents, NGOs, CBOs, academic and research institutions	Handbook for coordinating GBV interventions in humanitarian settings. <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a>

**Data Sources for Conducting Situational/Needs Assessment, Performance M&E**

<b>Tool/Source</b>	<b>Purpose/Description</b>	<b>Use for Situational/Needs Assessment, Performance M&amp;E</b>	<b>UN Security Level System/ Continuum</b>	<b>Stakeholders to Engage or Consult</b>	<b>Source of Tool</b>
SASA Outcome Tracking Tool, based on skills, behavior, attitude and knowledge (Qualitative)	Tracks the progress on key outcomes (knowledge, attitude, skills, and behaviors) for each phase of the SASA program.	<ul style="list-style-type: none"> <li>• Situational/needs assessment</li> <li>• Performance monitoring</li> <li>• Evaluation (input)</li> </ul>	1–3/ Pre- and post-crisis	Community leaders, IDP site and refugee camp, or settlement leaders, GBV survivors, community agents, NGOs, CBOs	SASA! Raising Voices <a href="http://raisingvoices.org">http://raisingvoices.org</a>

# ANNEX D: DATA COLLECTION TOOL

Guidance for Using the Data Collection Tool	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>• Provides a guide for data collection, using an illustrative example for the security and justice sector. It outlines key questions to ask; where to find the answers to the questions (primary and secondary data sources); how to code the answers/responses using the risk reduction framework presented in <b>Section 2.3</b>; and how to identify specific measures to address identified threats, vulnerability, and capabilities through programming to augment policy, practices, knowledge, or attitudes/beliefs.</li> <li>• The template for this tool may be adapted to other sectors of intervention, and completed with questions for other sectors, using the forthcoming revised IASC GBV Guidelines as a resource.</li> </ul> <p>The tool allows organizations to identify:</p> <ul style="list-style-type: none"> <li>• Existing threats of GBV, and the vulnerabilities and capabilities that exist to mitigate those threats.</li> <li>• How to diminish vulnerabilities and bolster capabilities to mitigate risk through support for enhanced policy, increased knowledge, enhanced practices, and changes in attitudes/beliefs.</li> <li>• Analysis and interpretation of the data collected using this tool can inform the situational/needs assessment, the ToC, Logical Framework Matrix, and the baseline and targets in the M&amp;E plan.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>• To identify the types of data that may be needed to conduct the situational/needs assessment and to establish baseline and targets in the M&amp;E plan.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>• GBV and M&amp;E officers engaged in project/program design. Consult with national and local stakeholders and humanitarian and development actors to ensure a systems approach to gathering data.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>• Provides illustrative questions for the security and justice sector. Your organization should develop similar key questions for the sectors in which your organization intends to operate. Other potential categories of questions may include the following: general population demographics, characterization of GBV (including incidence data if available), education levels by sex, GBV national laws and frameworks, GBV prevention and response coordination, health services and clinical management of sexual violence, psycho-social support, socioeconomic reintegration, and reparations for GBV.</li> <li>• Complete the answers to the questions, using first existing data sources (noted in this tool), and also circle the appropriate category to indicate whether the answer represents a threat, vulnerability, or capability. Your organization may also use Annex B to support the selection of existing sources of data.</li> <li>• Then complete the answers to the questions using primary data collection methods, in the same manner as above. Again, your organization may use Annex B to support the selection of appropriate primary data collection tools.</li> <li>• Analyze and interpret the data and use it to finalize the situational/needs assessment, or to complete the M&amp;E plan.</li> <li>• In interpreting the data, contextualize it within the historical context, in particular that of previous crises (where applicable).</li> </ul>

### Guidance for Using the Data Collection Tool

<p><b>Continuum Constraints and Opportunities</b></p>	<ul style="list-style-type: none"> <li>• The Data Collection Tool is intended for use along the relief to development continuum. Collecting secondary and primary data in the pre-crisis, crisis, and post-crisis phases will allow GBV service providers to identify changes in GBV threats, and the vulnerabilities and capabilities that enhance or mitigate those threats across phases.</li> <li>• During the crisis phase, it is often necessary to develop a ToC, Logical Framework Matrix, and M&amp;E plan quickly based on secondary data collection using the Data Collection Tool. Once the crisis subsides, your organization should gather any necessary primary data in light of the gaps identified in the first round of completion of the Data Collection Tool.</li> <li>• During the pre- and post-crisis phases, it is essential to collect robust primary data to ensure better preparedness for a potential crisis phase. Similarly, in areas that are crisis-prone, it is essential to update primary data collection to take advantage of learning opportunities for the prevention and response to GBV.</li> </ul>
<p><b>Key Ethical and Safety Considerations</b></p>	<ul style="list-style-type: none"> <li>• The questions contained in the Data Collection Tool are not intended to be extracted and used verbatim in secondary or primary data collection. They are intended to be used as a guide and adapted according to the audience in light of several considerations (using Annex A as a departure point), keeping in mind the following:             <ul style="list-style-type: none"> <li>○ Potential risks to the safety of the individuals being interviewed (both how questions are posed, and whether in particular how questions are posed).</li> <li>○ Political repercussions of interviewing certain key stakeholders.</li> <li>○ Psychological repercussions of interviewing certain key stakeholders (this applies in particular to GBV survivors, but may also include the families and communities of survivors, and even public officials who have witnessed abuses).</li> </ul> </li> <li>• As mentioned in previous sections, interviewing GBV survivors should be a last resort, and take place only if there are no pre-existing secondary data and the value of collecting the data outweighs the potential harm to survivors. Data should not be collected in general and in particular from GBV survivors if they will not be used in some fashion in the programming that your organization intends to implement.</li> <li>• For collecting both primary and secondary data, you <i>must</i> establish protocols for safeguarding the data, in particular data that could put individuals or groups at risk. It is also critical to establish confidential protocols for all GBV survivor-related data.</li> <li>• For gathering both primary and secondary data, you <i>must</i> establish information-sharing protocol for the data gathered, which should specify with whom and when information can be shared in light of the dangers of sharing the information with certain individuals, groups, or the public.</li> </ul>
<p><b>Additional Resources</b></p>	<ul style="list-style-type: none"> <li>• Annex C: Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance Monitoring and Evaluation</li> <li>• IASC. Guidelines for Gender-Based Violence in Humanitarian Settings (revisions pending).</li> <li>• IRC. Caring for Child Survivors. 2011. <a href="http://gbvresponders.org/node/1542">http://gbvresponders.org/node/1542</a></li> <li>• IRC. 2011. GBV Emergency Response &amp; Preparedness.</li> <li>• WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. <a href="http://www.who.int/gender/documents/OMS_Ethics&amp;Safety10Aug07.pdf">http://www.who.int/gender/documents/OMS_Ethics&amp;Safety10Aug07.pdf</a></li> <li>• GBV AoR, GBV IMS Chapter 7- Sharing GBV Incident Data and Developing Inter-Agency Information Sharing Protocols. 2011. <a href="http://gbvims.org/wp/wp-content/uploads/Ch7_Feb2011.pdf">http://gbvims.org/wp/wp-content/uploads/Ch7_Feb2011.pdf</a></li> </ul>

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
Select and adapt the questions that are applicable to your organization. Consider if they are applicable in the pre-crisis, crisis, and post-crisis phase. Look ahead!	Describe the answer to the question. Based on the answer, indicate whether there is a threat, vulnerability, or capacity?	Can the threat, vulnerability, or capacity identified be mitigated or bolstered via policy, practices, knowledge, attitudes, and/or beliefs? (Select all that apply.)	Below are suggested data sources where you may find answers to the questions. Modify as needed.
<b>Completed by:</b>			
<b>Date completed:</b>			
<b>Current Phase (Pre-Crisis, Crisis, or Post-Crisis):</b>			
<b>I. National Security and Legal Authority</b>			
<b>I.1 Laws</b>			
<b>I.1.1 Legal Definitions</b>			
What is the legal definition, legal statutes, or policies defining rape/attempted rape?	T/V/C (Circle):		National laws related to GBV
What is the statute of limitations for rape/attempted rape?	T/V/C (Circle):		
What is the legal definition, legal statutes, or policies defining “defilement” or statutory rape (rape of minor)?	T/V/C (Circle):		
What is the statute of limitations for defining defilement or statutory rape (rape of minor)?	T/V/C (Circle):		
What is the legal definition, legal statutes or policies defining marital rape?	T/V/C (Circle):		
What is the statute of limitations for marital rape?	T/V/C (Circle):		

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
Are any other forms of sexual violence (e.g., sexual exploitation) defined in the law? If so, please describe the legal definition and/or legal statutes or policies defining them.	T/V/C (Circle):		
What is the statute of limitations for them?	T/V/C (Circle):		
What are the legal definition, legal statutes, or policies defining domestic violence (intimate partner abuse, including economic, emotional, etc.)?	T/V/C (Circle):		
What is the statute of limitations for domestic violence (intimate partner abuse, including economic, emotional, etc.)?	T/V/C (Circle):		
What is the legal definition of “forced marriage”?	T/V/C (Circle):		
What is the statute of limitations for forced marriage?	T/V/C (Circle):		
What are the legal definition, legal statutes, or policies defining trafficking for sex or labor?	T/V/C (Circle):		
What is the statute of limitations for trafficking for sex or labor?	T/V/C (Circle):		
Are any other forms of GBV defined in the law (e.g., early/ forced marriage, female genital cutting, forced sterilization, or infanticide)?	T/V/C (Circle):		
If so, what are the legal definition and/or legal statutes or policies defining them?	T/V/C (Circle):		
What is the statute of limitations for them?	T/V/C (Circle):		
<b>I.1.2 Other Legal Protections and Stipulations</b>			
What is the age of “majority” or the age children are legally deemed adults? Is that age the same for males and females?	T/V/C (Circle):		National laws related to GBV, customary or religious law
What are the legal procedures and consequences for the abandonment of newborns/infanticide? Are they the same for boy babies and girl babies?	T/V/C (Circle):		National laws related to GBV, customary or religious law
What are the legal stipulations regarding the age and conditions of marital consent for males and for females?	T/V/C (Circle):		National laws related to GBV, customary or religious law

<b>Data Collection and Analysis Tool</b>			
<b>Question</b>	<b>Answer</b>	<b>Potential Action</b>	<b>Data Source</b>
What are the legal stipulations regarding women's property ownership rights?	T/V/C (Circle):		National laws related to GBV, customary or religious law
What are the legal stipulations regarding Inheritance rights? Do women, girls, and widows have inheritance rights?	T/V/C (Circle):		National laws related to GBV, customary or religious law
What is the impact for women of having/not having inheritance rights?	T/V/C (Circle):		National laws related to GBV, customary or religious law
What are the legal stipulations regarding divorce, child custody, and child support rules and conditions?	T/V/C (Circle):		National laws related to GBV, customary or religious law
<b>I.1.3 Legal Framework for Emergency Contraception and Abortion</b>			
Is emergency contraception legal?	T/V/C (Circle):		National laws related to GBV
If so, under which circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for emergency contraception.	T/V/C (Circle):		National laws related to GBV
Is abortion legal?	T/V/C (Circle):		National laws related to GBV
If so, under which circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for a legal abortion.	T/V/C (Circle):		National laws related to GBV
Who covers the cost of emergency contraception (health care provider, pregnant woman, etc.)?	T/V/C (Circle):		National laws/budgeting related to GBV, key informant interviews with key reproductive health providers or policymakers
Who covers the cost of an abortion (health care provider, pregnant woman, etc.)?	T/V/C (Circle):		
<b>I.1.4 Mandatory Reporting Laws for GBV</b>			
Are there any mandatory reporting laws for GBV?	T/V/C (Circle):		National laws related to GBV
Who, if anyone, is required by law to report incidents of GBV to police authorities?	T/V/C (Circle):		
What types of GBV fall under the mandatory reporting laws?	T/V/C (Circle):		
What are the penalties for non-reporting?	T/V/C (Circle):		
Are there any special circumstances in which reporting of GBV are not mandatory?	T/V/C (Circle):		

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
<b>I.2 Police Procedures</b>			
<b>I.2.1 Police Procedures and Documentation</b>			
According to the law, what is the process for registering cases of GBV (survivor presents herself, makes complaint, receives a case number, etc.)?	T/V/C (Circle):		National laws related to GBV
Do the police typically register cases of GBV?	T/V/C (Circle):		Key informant interview with police and GBV service providers (in particular those providing legal aid)
What is the typical process that they follow (note: this may or may not adhere to the law)?	T/V/C (Circle):		
Do the police typically provide an ID/registration number for the case?	T/V/C (Circle):		
Do the police typically give reports for cases of GBV?	T/V/C (Circle):		
Where in the police stations do the initial registration take place (an exposed area or private area)?	T/V/C (Circle):		
From which individuals or organizations do police typically receive reports of GBV?	T/V/C (Circle):		
From whom do they typically allow reports?	T/V/C (Circle):		
Are there separate physical spaces for registering cases of GBV (to ensure the dignity of survivors)?	T/V/C (Circle):		Key informant interview with police, tour of police station, key informant interview with GBV service providers
What types of cases related to GBV have been seen here at this police post?	T/V/C (Circle):		Key informant interview with police, tour of police station, key informant interview with GBV service providers
What happened to those cases?	T/V/C (Circle):		
Are there some situations in which the police are more likely to investigate or follow up than others? If yes, in which types of cases or scenarios? (Probe for the reasons that may contribute to limited follow-up.)	T/V/C (Circle):		Analysis of police reports, key informant interview with police, and GBV service providers (in particular those providing legal aid)
<b>I.2.2 Investigation and Arrest</b>			
Is a medico-legal report required for investigation of cases of GBV?	T/V/C (Circle):		National laws related to GBV, GBV service providers, police

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
According to the law, who (title of position) is responsible for investigating cases of GBV?	T/V/C (Circle):		
In practice, who (title of position) typically investigates cases of GBV?	T/V/C (Circle):		Key informant interviews with police, and GBV service providers (in particular those providing legal aid)
Are cases of GBV usually investigated? If so, which?	T/V/C (Circle):		
Are there any challenges to the investigation of cases? If so which (e.g., bribery, customary law, challenges in obtaining copies of medical/medico-legal report)?	T/V/C (Circle):		Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid)
Do those who are responsible for investigating cases of GBV have the specialized training necessary to do so?	T/V/C (Circle):		Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid)
Do those who are responsible for investigating cases of GBV have the material resources necessary to do so (vehicles, stationery, photographic equipment, password-protected computers, printer, locked filing cabinet to store documents)?	T/V/C (Circle):		
Where in the police station does the investigation take place? Are there separate, private spaces for interviewing GBV victims and perpetrators in the police station?	T/V/C (Circle):		Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid)
What is the process for detaining suspects?	T/V/C (Circle):		Key informant interviews with investigative/judiciary police, perpetrators of GBV, and GBV service providers (in particular those providing legal aid)
Is there usually pre-arrest detention of GBV perpetrators?	T/V/C (Circle):		
Is there ever detention of victims of GBV or rescuer of person experiencing GBV?	T/V/C (Circle):		
Under what pretense are victims or rescuers of persons experiencing GBV detained (e.g., example adultery)?			Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid)
For how long are alleged perpetrators usually detained?	T/V/C (Circle):		Key informant interviews with investigative/judiciary, police, perpetrators of GBV, and GBV service
What are conditions like for detained perpetrators of GBV (food, treatment, water, sanitation, etc.)?	T/V/C (Circle):		

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
Are there separate facilities for men and women?	T/V/C (Circle):		providers (in particular those providing legal aid)
Are there any measures to ensure that male perpetrators are not abused in jail?	T/V/C (Circle):		
Are there any measures to ensure that victims of GBV wrongly accused of adultery are not abused in jail?	T/V/C (Circle):		
Whose role is it to write the charges being made and forward the case for prosecution (i.e., police, magistrate, or prosecutor)?	T/V/C (Circle):		Key informant interviews with investigative/judiciary police, chief magistrate/justice, chief prosecutor, and GBV service providers (in particular those providing legal aid)
Whose role is it to inform the prosecuted of the charge?	T/V/C (Circle):		
<b>1.2.3 Medical Documentation Required to Prepare a Police Report</b>			
By law, what type of documentation is required to prepare a police report (standard form, medical exam findings, forensic evidence, signature, or authorization of a doctor, additional signatures, or authorizations, other documentation)?	T/V/C (Circle):		National laws related to GBV, GBV sub-cluster or working group, protection cluster/working group
Are different standard forms required for different types of GBV or for adults/minors?	T/V/C (Circle):		
How easy/difficult is it for survivors or providers to get copies of the medico-legal form?	T/V/C (Circle):		Key informant interview GBV service providers
Do survivors or service providers have to pay for the medico-legal form (i.e., corruption)?	T/V/C (Circle):		
Who is responsible for conducting a forensic exam?	T/V/C (Circle):		Key informant interview GBV service providers, medico-legal institute, Ministry of Health officials
In practice, who typically conducts the exam?	T/V/C (Circle):		
Who is authorized to complete the medico-legal form?	T/V/C (Circle):		National laws or policies related to medico-legal services
How many people in the country/region are authorized to prepare/complete the form?	T/V/C (Circle):		Key informant interview with GBV service providers, medico-legal institute, Ministry of Health officials
Who is authorized to sign/authorize a medico-legal report?	T/V/C (Circle):		National laws or policies related to medico-legal services

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
How many people in the country/region are authorized to sign the form?	T/V/C (Circle):		Key informant interview with GBV service providers, medico-legal institute, Ministry of Health officials
Are there medico-legal facilities available to process forensic evidence?	T/V/C (Circle):		
Are there any impediments in the process of preparing and sharing the medico-legal report?	T/V/C (Circle):		
<b>1.3 Judicial Proceedings</b>			
<b>1.3.1 Criminal Legal Proceedings</b>			
Who is responsible for pressing charges in criminal proceedings?	T/V/C (Circle):		Criminal procedure code
Is witness corroboration required in the prosecution of GBV crimes?	T/V/C (Circle):		Key informant interview with the Ministry of Justice, Ministry of Defense
What is/are the requisite standard(s) of proof?	T/V/C (Circle):		
What is the typical time frame for prosecution of cases of GBV from the date that the charges are filed to the date of judgment?	T/V/C (Circle):		
Is a specific time frame for judgment required by statute, and if so, what is it?	T/V/C (Circle):		
What are reasons for delays in the prosecution of cases? (Include probing questions: If yes, what happened?)	T/V/C (Circle):		
What are the primary reasons that cases of GBV are acquitted?	T/V/C (Circle):		Key informant interview with the Ministry of Justice, Ministry of Defense, Case Law
Can court proceedings occur in camera (in private) for GBV cases (i.e., the presiding judge clears the courtroom or hears the testimony in chambers)? Who decides?	T/V/C (Circle):		Key Informant Interview with the Ministry of Justice, Ministry of Defense
<b>1.3.2 Transport, Care, and Protection of Witnesses</b>			
What are the standard procedures for transport, care, and protection of witnesses?	T/V/C (Circle):		Criminal procedure code

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
Are there any relevant legal provisions for the transport, care, and protection of witnesses?	T/V/C (Circle):		
Is protection available for survivors and witnesses in cases of GBV? If yes, what type?	T/V/C (Circle):		Key informant interview with the Ministry of Justice, Ministry of Defense
Have there ever been safe houses for survivors or witnesses?	T/V/C (Circle):		
Is there a separate entrance for perpetrator and victims into the court building?	T/V/C (Circle):		
Is video camera testimony available? Is it used?			
Is there transportation to the court?			
Which government institutions are responsible for ensuring witness protection?	T/V/C (Circle):		Criminal procedure code
Are there other organizations involved in witness assistance/protection?	T/V/C (Circle):		Key informant interview with the Ministry of Justice, Ministry of Defense
Which institutions effectively cover the cost of witness protection (transport of witnesses, food, and shelter)?	T/V/C (Circle):		Key informant interview with the Ministry of Justice, Ministry of Defense, governmental and NGO GBV service providers
In refugee setting: What role does UNHCR play if witnesses in GBV cases are refugees? To what degree does UNHCR coordinate with the police and courts in these cases?	T/V/C (Circle):		Criminal procedure code, key informant interview with UNHCR, Ministry of Social Welfare
Are there any special provisions for minors in cases of GBV for:			Criminal procedure code, Key Informant Interview with UNICEF, Ministry of Social Welfare
• Victims?	T/V/C (Circle):		
• Witnesses?	T/V/C (Circle):		
• Accused?	T/V/C (Circle):		
<b>I.3.3 Sentencing</b>			
Are there standard sentencing procedures for different types of GBV crimes?	T/V/C (Circle):		Criminal procedure code
If a person is convicted of multiple GBV crimes, are sentences concurrent or consecutive?	T/V/C (Circle):		Criminal procedure code

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
Are there any provisions for repeat GBV offenders?	T/V/C (Circle):		Criminal procedure code
How much discretion does the judge have during the sentencing process?	T/V/C (Circle):		Criminal procedure code, key informant interviews with the Ministry of Justice, Head of Criminal Court
On the basis of evidence from prior GBV cases, how likely is it that the sentence will be carried out?	T/V/C (Circle):		Criminal procedure code, key informant interviews with the Ministry of Justice, head of Criminal Court, chief prosecutor, and GBV service providers
Do alternatives to prison sentences exist for GBV offenders (e.g., parole)?	T/V/C (Circle):		Criminal procedure code, key informant interviews with the Ministry of Justice, head of Criminal Court, chief prosecutor, and GBV service providers
What, if anything, has changed since the crisis with respect to sentencing (crisis, post-crisis)?	T/V/C (Circle):		Criminal procedure code, key informant interviews with the Ministry of Justice, head of Criminal Court, chief prosecutor, and GBV service providers
<b>1.3.4 Capacity of the Court</b>			
What kinds of qualifications, experience, and trainings on GBV do the judge/magistrate, clerks, and other staffs have?	T/V/C (Circle):		Key informant interview with the director of public prosecutions, court users, legal aid providers, police, UN agencies
Are copies of GBV-related statutes and laws available to judges and prosecutors addressing cases of GBV and up-to-date?	T/V/C (Circle):		
Does the court conduct training and continuing education for court staff?	T/V/C (Circle):		Director of Criminal Court or Civil Court
Do any other institutions conduct trainings and continuing education for court staff?	T/V/C (Circle):		Key informant interview with UNDP, UN Women, UN Peacekeeping Mission, national or international legal aid organizations, National Bar Association
How equipped is the (criminal or civil) court and in what condition is the equipment (typewriters, computers, offices, papers, pens, files, vehicles, fuel, staff)?	T/V/C (Circle):		Key informant interviews with UNDP, UN Women, UN Peacekeeping Mission, national or international legal aid organizations, National Bar Association, site visit
How often do the courts see cases of GBV?	T/V/C (Circle):		

Data Collection and Analysis Tool			
Question	Answer	Potential Action	Data Source
<b>I.3.5 Civil Proceedings</b>			
According to the Civil Procedure Code, what are the options for civil proceedings in cases of GBV?	T/V/C (Circle):		Civil Procedure Code
What are the normal procedures in civil proceedings for cases of GBV?	T/V/C (Circle):		
Are there different ways that GBV cases can be heard (as in a crisis, certificate of urgency)?	T/V/C (Circle):		Civil Procedure Code, Public Declarations of a State of Emergency

# ANNEX E: LOGICAL FRAMEWORK MATRIX

Guidance for Completing the Logical Framework Matrix	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To provide an illustrative example of a Logical Framework Matrix for livelihoods programming to support women and men to become more resilient to threats of GBV.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>During program/project design before designing the M&amp;E plan.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Program managers may lead initial efforts to complete the Logical Framework Matrix in coordination with M&amp;E and GBV officers. Community members and leaders, national organizations, and local CBOs may also be involved in using the tool to develop the M&amp;E plan further, particularly if they will be involved as responsible parties in collecting and/or analyzing data.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Fill in the M&amp;E Logical Framework Matrix based on the impact (goal), outcomes (objectives), outputs, and activities identified in the ToC. Carefully select appropriate indicators for all impacts, outcomes, outputs, inputs, and processes.</li> <li>The Logical Framework Matrix template provided includes an illustrative example focused preventing and responding to GBV through increased access to livelihoods.</li> </ul>
<b>RDC Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li><b>Constraint along the relief to development continuum (RDC):</b> External reporting requirements and varying donor mandates often result in organizations reporting on standard output indicators and inputs that vary by donor and government. <b>Limits:</b> (1) opportunities for organizations to harmonize measuring of change to prevent and respond to GBV, and (2) flexibility to measure changes in programming to adapt to changing needs on the ground (e.g., conflict breaks out and new types of GBV need to be responded to). <b>Solution:</b> Do not limit the selection of indicators to those mandated in standard reporting requirements. Collaborate with national GBV work groups or clusters to harmonize GBV indicators across organizations and along the RDC.</li> <li><b>Opportunity along the RDC:</b> Your organization may be in the position to adapt its program/project and Logical Framework to account for changes in risks or vulnerabilities over time. This necessarily implies modifying programming outcomes and outputs, activities, and the indicators to measure them. It may be necessary to modify the assumptions for measuring indicators, such as a prominent GBV prevention advocate in the community passing away. The means of verification of an indicator may also need to be adapted if changes in political sensitivities have an impact on the ability to collect data from government sources, or if sources of data have been destroyed in a disaster or conflict. Where the work of humanitarian and development actors intersects along the RDC, identifying common goals and objectives can foster the identification of opportunities to track similar outcomes and outputs, and implement activities, which vary only slightly depending where one is along the RDC.</li> <li><b>Crisis phase constraint:</b> An iterative and consultative process to develop a Logical Framework Matrix and indicators may not be possible at the outset of a crisis (in particular during the acute phase). <b>Solution:</b> Engage a smaller nucleus of community members and other key stakeholders to prepare the Logical Framework Matrix, and adjust or add indicators shortly after the crisis has stabilized.</li> </ul>

### Guidance for Completing the Logical Framework Matrix

<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>• Consider carefully who will participate in the design of the Logical Framework Matrix, and whether their participation will put them at risk in any way. For example, including national human rights monitors in the preparation may provide a level of visibility that puts them at risk. This requires taking time consider whether are any potential risks for stakeholders to participate in the design of the Logical Framework Matrix, deciding with them whether they should participate, and putting measures in place to discretely and confidentially include them in the design (if that is the agreed course of action).</li> <li>• Consider carefully whether highlighting certain assumptions may put certain populations at risk. For example, highlighting in the assumptions column that specific “community leaders and chiefs must remain supportive of women/men participating in the program to avoid backlash” may create a risk of violence or other safety challenges for those community leaders and chiefs. In this case, GBV program managers and other concerned staff must take measures to protect this type of sensitive data in the Logical Framework Matrix.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>• USAID. 2008. Adapted from USAID Monitoring and Evaluation Planning: Guidelines on Monitoring and Evaluation Planning. <a href="http://pdf.usaid.gov/pdf_docs/pnadq477.pdf">http://pdf.usaid.gov/pdf_docs/pnadq477.pdf</a></li> </ul>

### Illustrative Logical Framework Matrix

Project Objectives	Indicators	Means of Verification	Assumptions
<b>Goal</b>	<b>Impact Indicator</b>		
Women/men and girls/boys are resilient to threats of GBV in a safe environment.	Proportion of participants who report economic independence from perpetrator. Proportion of participants who report experiencing violence within the past year (by type). Proportion of participants who have exchanged sexual favors for food in the past six months.	Evaluate with questionnaires at baseline, midterm, and endline with accompanying focus groups and interviews to contextualize data.	Country X must continue developing out of post-crisis and continue fostering inclusive economic growth.
<b>Outcome</b>	<b>Outcome Indicator</b>		
To provide sources of productive activities via livelihoods programs to increase incomes and become economically independent (without experiencing backlash)	Proportion of participants who report ability to pay for food and shelter for the past year.	Monitor monthly progress via SMS "check-ins" with and case management file reports. Evaluate with baseline, midterm, and endline questionnaires with	The local and national market in Country X (that the livelihoods program targets) must remain relatively stable and in demand of the services provided to participants as a

### Illustrative Logical Framework Matrix

Project Objectives	Indicators	Means of Verification	Assumptions
among participating female GBV survivors and females at risk of GBV age 15 and above to a minimum of \$50 per week (average amount needed to pay for food and shelter in the target area) for a minimum of one year within five years of program implementation.	Proportion of participants who report disharmony in household/community due to increased income.	accompanying focus groups and interviews to contextualize data.	result of training received.
Output	Output Indicator	Means of Verification	Assumptions
Participants complete livelihoods training.	Proportion of participants who successfully completed vocational training courses (by type).	Monitor on a monthly basis via project reports. Conduct monthly SMS surveys to identify participants' satisfaction and men's attitudes. Conduct community discussions, focus groups, and interviews on a quarterly basis. Conduct baseline, midterm, and endline questionnaire.	Community leaders and chiefs must remain supportive of women/men participating in the program to avoid backlash.
Participants' income increases to a minimum of \$50 per week for a minimum of one year within five years of program implementation.	Proportion of participants who report earning at least \$50 per week for the past year.		
Male community leaders and family members of participants report positive benefits as a result of participation of women/men in program.	Proportion of male community leaders/family members who report positive benefits to their household/community as a result of women/men participating in the program.		
Activities	Process Indicator	Means of Verification	Assumptions
Conduct value chain analysis to identify high value markets that women/men may feasibly enter.	Value chain analysis completed and identifies feasible high value markets with demand for females to enter.	Project document	Ethnic conflict in the target area may disrupt operation of livelihood training sites.
Create livelihoods training programs tailored to market demand.	X number of training programs (by type) created in X communities.	Monthly reporting via project documents; monthly community discussion and focus groups to discuss process, identify successes and challenges.	
Create women/men-led group savings integrated with peer and	X number of women/men-led group savings with peer and counselor psycho-social		

### Illustrative Logical Framework Matrix

Project Objectives	Indicators	Means of Verification	Assumptions
counselor psycho-social support.	support created in X communities.		
Support community creation of male support groups for program activities led by male community leaders and male family members of participants.	X number of male-led support groups created in X communities.		
Inputs	Input Indicator		
Gender and value chain experts	Gender and value chain experts hired.	Project documents; monthly reports.	Outbreak of political violence may result in increased costs for regularly needed supplies for the training sites.
Program trainers	# of program trainers hired and trained.		
Program training space	# of program facilities built/rented.		
Program training materials	# of program training materials developed and disseminated.		
Psycho-social support counselors	# of psycho-social support counselors hired and trained.		
Group savings mechanisms	Group savings mechanism established.		
Community awareness materials	# of community awareness materials created and disseminated.		

# ANNEX F: THE GBV INDICATOR CHECKLIST

Guidance for the GBV Indicator Checklist	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To ensure that the indicators included in the Logical Framework Matrix fulfill the following criteria: specific, measureable, appropriate, realistic, time-bound, survivor-centered, rights and community-based, consistently defined, balanced, and linked to existing indicators, fulfilled external requirements.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Before finalizing the Logical Framework Matrix (<b>Annex D</b>), use the checklist to verify that the indicators meet the criteria in the checklist.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Program managers in coordination with the GBV and M&amp;E officers.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Use the checklist to verify that each outcome and output level indicator meet the criteria established in the checklist. Modify indicators, as necessary, in accordance with findings.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>As with the PIRS, there may be insufficient time during a crisis for field staff to verify that indicators fulfill the criteria established in the checklist. Headquarters-based staff may support this process by completing it on their behalf using the Logical Framework Matrix as a basis.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>Ensuring that indicators are survivor-centered and rights- and community-based are essential components for this step. Though community consultation may be challenging, especially during a crisis, this is a mandatory step to ensure that indicators measure changes that GBV survivors and/or communities will find valuable and desirable.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>Khan, M.E. 2011. "Monitoring and Evaluating of Sexual and Reproductive Health Services: Key considerations and Challenges." Presented TO the Population Council in SVRI Forum. October 10, 2011. <a href="http://www.svri.org/forum2011/MonitoringandEvaluation.pdf">http://www.svri.org/forum2011/MonitoringandEvaluation.pdf</a></li> </ul>

The GBV Indicator Checklist		
Is the indicator/ Are all indicators:	Ask:	Yes or No?
<b>Specific</b>	Does the indicator identify a concrete change, event, or action that will take place (i.e., ensure that it is not too vague)?	
<b>Measureable</b>	Does the indicator quantify the amount of resources, activity, or change to be expended or achieved?	
<b>Appropriate</b>	Does the indicator logically relate to the overall problem statement and desired effects of the programming (i.e., ensure that it is linked to the Logical Framework Matrix and it measures something the program can affect)?	
	Does the indicator provide information that can be used for future decision-making or learning for the program?	
<b>Realistic</b>	Does the indicator provide a realistic dimension that can be achieved with available resources and plans for implementation?	
<b>Time-bound</b>	Does the indicator specify a time within which the objective or activity will be achieved?	
<b>Survivor-centered</b>	Does the (relevant) indicator measure the empowerment of a GBV survivor, and does it measure the change in responding to a GBV survivor's rights, needs, and wishes that are important to her/him?	
<b>Systems approach</b>	Does the (relevant) indicator specify how project/program efforts will contribute to national- and global-level GBV prevention and response goals and objectives?	
<b>Rights based</b>	Does the (relevant) indicator measure how beneficiaries will play an active role in GBV prevention <sup>15</sup> and response, as opposed simply to providing support or services to them on an assumed needs basis without their having any say in what action is taken?	
<b>Community based</b>	Does the (relevant) indicator measure the change that program beneficiaries and community stakeholders deem important in their lives?	
<b>Consistently defined</b>	Does the indicator use international and/or national definitions for what is being measured (i.e., are types of GBV correctly defined so that data are consistent and comparable nationally)?	
<b>Linked to existing indicators</b>	Do the selected indicators build upon existing national-level GBV indicators (i.e., will they contribute to learning about national GBV prevention and response efforts)?	
	Do the selected indicators build upon existing development or humanitarian GBV indicators already in use (i.e., will they contribute to longer-term learning on effectiveness of GBV programming along the relief to development continuum)?	
<b>Meet external requirements</b>	Do the indicators comply with requirements from the government, donor, or other external organizations?	
	Are all relevant USG Standard Foreign Assistance or USAID/OFDA indicators pertaining to GBV included?	
<b>Balanced</b>	Are there at least one or two indicators per key activity or result?	
	Are there no more than 8–10 indicators per area of significant program focus?	
	Are there sufficient amounts of both outcome and output indicators to measure real changes in practices, behaviors, or policies?	
	Do the indicators use a mix of qualitative/quantitative data collection strategies/sources?	

<sup>15</sup> Rights-based GBV prevention views GBV as an injustice for women, men, girls, and boys as rights-holders. States and non-state actors are duty bearers with the obligation to take measures to prevent GBV by making available legal frameworks and services, and by enforcing legal frameworks for those who commit GBV.

# ANNEX G: PERFORMANCE MONITORING COMPONENT OF THE M&E PLAN

Guidance for Completing the Performance Monitoring Component of the M&E Plan	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>The Performance Monitoring Component of the M&amp;E plan provides a summary of performance monitoring to collect and analyze data to measure progress towards each performance indicator in the Logical Framework Matrix (<b>Annex D</b>) on an ongoing basis. It is an integral part of the M&amp;E plan. An illustrative GBV economic empowerment intervention is provided below for the Performance Monitoring Component of the M&amp;E plan. Note that it may not be possible to undertake economic/livelihoods programming at the outset of a crisis.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete the Performance Monitoring Component of the M&amp;E plan template following the completion of the Logical Framework Matrix.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>GBV and M&amp;E officers, project/program directors, and officers engaged in program/project and M&amp;E design. Engage community members, national organizations, and local CBOs and both humanitarian and development actors to coordinate efforts.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Once the Logical Framework Matrix is complete (<b>Annex D</b>), complete the Performance Monitoring Component of the M&amp;E plan.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li><b>Crisis phase Constraint:</b> It may not be possible to collect detailed primary data at the onset of a crisis to establish baseline targets. <b>Solution:</b> Initiate programming, and specify in the Performance Monitoring Component at what point after programming implementation begins that your organization will collect baseline data. Alternatively, use existing secondary data to establish the baseline or collaborate with an existing GBV program/project to continue monitoring against common indicators of interest.</li> <li><b>Crisis phase Constraint:</b> Existing national organizations and development actors may not be able to continue using monitoring tools identified in previously developed Performance Monitoring Component, which may result in inconsistencies or interruptions in data collection. <b>Solution:</b> Support national organizations and development actors to adapt monitoring tools. Ensure that data analysis describes challenges and potential data inconsistencies.</li> <li><b>Post-crisis phase Constraint:</b> Performance monitoring plans used for shorter-term relief efforts may not have planned for ongoing monitoring of important outcomes beyond the crisis. <b>Solution:</b> Collaborate with national organizations and development actors to provide data and take-up continued monitoring to be folded into the Performance Monitoring Component developed post-crisis where there are synergies.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>Completing the Risks and Assumptions Column of the Performance Monitoring Component of the M&amp;E plan is essential to identify and prevent any potential harm to data sources or beneficiary populations. As well, measures should be put in place to ensure limited distribution of the M&amp;E plan if the information contained therein is sensitive or could put concerned populations in danger or at risk.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>USAID. 2010. Adapted from USAID Performance Monitoring and Evaluation TIPS: Baselines and Targets. <a href="http://www.innonet.org/resources/node/636">http://www.innonet.org/resources/node/636</a></li> <li>USAID. 2008. USAID Monitoring and Evaluation Planning: Guidelines on Monitoring and Evaluation Planning. <a href="http://pdf.usaid.gov/pdf_docs/pnadq477.pdf">http://pdf.usaid.gov/pdf_docs/pnadq477.pdf</a></li> </ul>

**Sample Performance Monitoring Plan for: Increased Access to Livelihoods of GBV Survivors**

<b>Indicators</b>	<b>Indicator Definitions</b>	<b>Baseline and Target</b>	<b>Methods/ Sources</b>	<b>Frequency/ Schedule</b>	<b>Persons Responsible</b>	<b>Cost</b>	<b>Data Analysis</b>	<b>Information Use</b>	<b>Risks/ Assumptions</b>
Proportion of participants (GBV survivors) who report economic independence from perpetrator	# of female participants who report economic independence from perpetrator (by age, ethnicity, religion, marital status, fertility status, community)	Baseline: 10%	Develop questionnaires and focus group guides and interviews to contextualize data	Before project implementation: (baseline), midterm (2 years), and endline (5 years)	Collection: skilled and trained GBV enumerators on impact evaluation team; analysis: GBV program officer, M&E officer	Funds for questionnaire development, hiring of X personnel for fieldwork, fieldwork logistics/ support materials, purchase of statistical analysis programs, snacks for focus groups, meeting space for community workshops to develop materials	Statistical analysis and analysis of focus groups	Impact evaluation, advocacy	Team developing, collecting, analyzing, and reporting data will follow safety and ethical guidelines
	Total # of female participants	Target: 50%							
Proportion of participants who report experiencing violence within the past year	# of female participants who report experiencing violence within the past year (by type of violence, age, ethnicity, marital status, fertility status, community)	Baseline: 80%	Develop questionnaires and focus group guides and interviews to contextualize data	Before project implementation: (baseline), midterm (2 years), and endline (5 years)	Collection: skilled and trained GBV enumerators on impact evaluation team; Analysis: GBV program officer, M&E officer	Funds for questionnaire development, hiring of X personnel for fieldwork, fieldwork logistics/support materials, purchase of statistical analysis programs, snacks for focus groups, meeting space for community workshops to develop materials	Statistical analysis and analysis of focus groups	Impact evaluation, advocacy	Team developing, collecting, analyzing, and reporting data will follow safety and ethical guidelines
	Total # of female participants	Target: 20%							

**Sample Performance Monitoring Plan for: Increased Access to Livelihoods of GBV Survivors**

<b>Indicators</b>	<b>Indicator Definitions</b>	<b>Baseline and Target</b>	<b>Methods/ Sources</b>	<b>Frequency/ Schedule</b>	<b>Persons Responsible</b>	<b>Cost</b>	<b>Data Analysis</b>	<b>Information Use</b>	<b>Risks/ Assumptions</b>
Proportion of participants who have exchanged sexual favors for food in the past 6 months	# of female participants who exchanged sexual favors for food in the past 6 months (by age, ethnicity, marital status, community)	Baseline: 80%	Develop questionnaires and focus group guides and interviews to contextualize data	Before project implementation: (baseline), midterm (2 years), and endline (5 years)	Collection: Skilled and trained GBV enumerators on impact evaluation team; analysis: GBV program officer, M&E officer	Collection: skilled and trained GBV enumerators on impact evaluation team; analysis: GBV program officer, M&E officer	Statistical analysis and analysis of focus groups	Impact evaluation, advocacy	Team developing, collecting, analyzing, and reporting data will follow safety and ethical guidelines
	Total # of female participants	Target: 20%							
Proportion of participants who report ability to independently pay for food and shelter for the past year	# of female participants who report ability to independently pay for food and shelter for the past year (by age, marital status, fertility status, ethnicity, religion, community)	Baseline: 10%	Develop focus group guides; develop SMS survey mechanism; develop questionnaires Monitor monthly progress via SMS "check-ins" with beneficiaries and case management file reports.	Before project implementation: (baseline), midterm (2 years), and endline (5 years); monthly monitoring and reporting	Data collection: M&E officer, program trainers, impact evaluation team; data analysis: GBV program officer, program trainers	Funds for SMS survey development and ongoing implementation; hiring of X personnel for fieldwork, fieldwork logistics/support materials, purchase of statistical analysis programs, snacks for focus groups, meeting space for community workshops to develop materials	Statistical analysis of questionnaires and SMS reports, and analysis of focus groups	Impact evaluation, performance monitoring, decision-making for ongoing project modifications, advocacy	All program participants have individual cellular phones and no risk is posed in sending/receiving data. Trained and skilled enumerators will implement surveys and conduct focus group discussions with psycho-social support following safety and ethical standards.
	Total # of female participants	Target: 50%							
Proportion of participants who report	# of female participants who report disharmony	Baseline: NA	Develop focus group guides; develop SMS	Before project implementa-	Data collection: M&E officer, program	Funds for SMS survey development and ongoing	Statistical analysis of question-	Impact evaluation, performance	All program participants have individual cellular

**Sample Performance Monitoring Plan for: Increased Access to Livelihoods of GBV Survivors**

<b>Indicators</b>	<b>Indicator Definitions</b>	<b>Baseline and Target</b>	<b>Methods/ Sources</b>	<b>Frequency/ Schedule</b>	<b>Persons Responsible</b>	<b>Cost</b>	<b>Data Analysis</b>	<b>Information Use</b>	<b>Risks/ Assumptions</b>
disharmony in household/ community due to increased income	in household/ community due to increased income (by age, ethnicity, religion, marital status, fertility status, community or household)		survey mechanism; develop questionnaires Monitor monthly progress via SMS "check-ins" with beneficiaries and case management file reports.	tion: (baseline), midterm (2 years), and endline (5 years); monthly monitoring and reporting	trainers, impact evaluation team; data analysis: GBV program officer, program trainers	implementation; hiring of X personnel for fieldwork, fieldwork logistics/ support materials, purchase of statistical	naires and SMS reports, and analysis of focus groups	monitoring, decision-making for ongoing project modifications, advocacy	phones and no risk is posed in sending/receiving data. Trained and skilled enumerators will implement surveys and conduct focus group discussions with psycho-social support following safety and ethical standards.
	Total # of female participants	Target: 0%							

# ANNEX H: USAID/OFDA SAMPLE PERFORMANCE MONITORING PLAN

## Definitions for Sample M&E Plan

### Objective

- Identifies the larger aim of the program and what the expected results will add up to (e.g., decreased mortality rates among children under 5). Objectives should be SMART (*Specific, Measurable, Achievable, Realistic, and Time-bound*)

### Expected Result

- This is what one expects to achieve as the outcome(s) of one or more activities. There may be one expected result for each activity, or the results of several activities combined may add up to one expected result. Each result should be measurable by an indicator that is clearly linked to the result it is intended to measure, and with a clear cause-effect relationship (although there will always be some assumptions made).

### Performance Indicator

- A performance indicator is a measurement used to gauge change and/or project/program progress or achievement. Indicator selection should follow the guidance provided in OFDA's proposal guidelines, and should be very closely correlated to the activities. Example: Training activity X indicator = # of people trained, or % of trainees who have applied skills. PIRS are useful tools to accompany performance indicators.

### Performance Baseline

- The starting point from which progress will be measured. It should reflect the current context at the onset of the program. Baseline data justify why a particular activity was conceived and further data collection may follow, once a partner is awarded a grant and begins implementation.

### Beneficiary Data

- The intended beneficiaries—who will be served by the project? There may be primary and secondary beneficiaries. This is difficult when it comes to mitigation work, but best estimates will suffice. For reporting purposes, it is possible to respond “not applicable” for some programs, such as capacity building, so long as a justification is provided.

### Data Source/Collection Frequency

- Data source refers to where/how partners will gather information. It could be from key informant interviews, surveys, hospital records, and so on. Collection frequency is simply the plan for how often data will be collected (e.g., what is the schedule for site visits?).

### Person Responsible

- Someone should be identified as the primary person to undertake the task of data collection.

### Data Use and Dissemination

- Partners should consider how they plan to use the data, and to make a note of the schedule of reporting for adhering to deadlines



## USAID/OFDA Sample Monitoring and Evaluation Plan

**Implementing Organization:**

**Program Title:**

**Cost and Duration:**

Objective I:		
Expected Result I.1	Performance Indicators (Linked to each ER or for each activity, # of indicators will vary)	
	OFDA Indicator (1)	
	OFDA Indicator (2)	
	NGO Indicator ( <i>optional</i> )	Indicator Definition ( <i>see Indicator Reference Sheet Template &amp; suggestions</i> )
Activity A	Performance Baseline	Data Source(s) and Collection Frequency:
	(Provide baseline data that justifies the need for each activity)	
Activity Target		
Beneficiary Data	(Who is expected to benefit?)	
		Person(s) responsible for data collection:
Activity Timeline		Data utilization and dissemination plan to enhance performance: (How will the data be used and integrated into activities? What is the reporting schedule?)

# ANNEX I: DATA QUALITY ASSESSMENT CHECKLIST AND RECOMMENDED PROCEDURES

Guidance for Assessing Data Quality	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>The USAID Data Quality Assessment (DQA) Checklist and Procedures is a tool to ensure internal quality and consistency of the data collected in the M&amp;E plan. The checklist is provided as a recommended tool that an operating unit (OU) may use to complete its DQAs. If the OU prefers or has successfully used a different tool for conducting and documenting its DQAs in the past, they can continue to use that tool instead. The checklist below is intended to assist in assessing each of the five aspects of data quality and to provide a convenient manner in which to document the OU's DQA findings.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete DQA Checklist and Procedures during program/project design phase following Logical Framework Matrix.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>GBV and M&amp;E officers, project/program directors, and officers engaged in program/project and M&amp;E design. Engage community members, national organizations, and local CBOs and both humanitarian and development actors to coordinate efforts.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Once the Logical Framework Matrix is complete (<b>Annex D</b>), complete the DQA Checklist. Use the PIRS completed in Annex I to support this process.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>See above under Annex G.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<p>The assessment of data quality may be undertaken by donors and implementing organizations. Within this context, it may also be necessary to consult project/program beneficiaries, in particular to assess the validity of the data (i.e., to determine whether the data clearly and adequately represent the intended result). Key ethical considerations in so doing are the following:</p> <ul style="list-style-type: none"> <li>Maintain the confidentiality of all data. Do not use the names or individually identify GBV survivors in any of the documentation associated with the DQA. This includes providing their names or any other information that could potentially put them in danger (location of violence, ethnicity, or type of violence).</li> <li>Avoid interviewing GBV survivors. If such interviews are absolutely necessary and will not further traumatize them, do not pose any questions about specific experiences of violence.</li> <li>Maintain the confidentiality of data sources if in so doing, those sources will suffer negative consequences or be put in danger. For example, if a data source reveals that a GBV service provider is (intentionally) not using sound research methods to collect data with the intention of over reporting the number of survivors receiving services, it is crucial that their identity be protected at all stages of the assessment.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>USAID. 2010. Adapted from USAID Performance Monitoring and Evaluation TIPS: Baselines and Targets. <a href="http://www.innonet.org/resources/node/636">http://www.innonet.org/resources/node/636</a></li> </ul>

### Guidance for Assessing Data Quality

- USAID. 2008. USAID Monitoring and Evaluation Planning: Guidelines on Monitoring and Evaluation Planning.  
[http://pdf.usaid.gov/pdf\\_docs/pnadq477.pdf](http://pdf.usaid.gov/pdf_docs/pnadq477.pdf)
- USAID. Data Quality Assessment Checklist and Recommended Procedures.  
<http://usaidlearninglab.org/sites/default/files/resource/files/Data%20Quality%20Assessment%20Checklist.pdf>



## Data Quality Assessment Checklist and Recommended Procedures

USAID Mission or Operating Unit Name:	
Title of Performance Indicator: <i>[Indicator should be copied directly from the Performance Indicator Reference Sheet]</i>	
Linkage to Foreign Assistance Standardized Program Structure, if applicable (i.e. Program Area, Element, etc.):	
Result This Indicator Measures <i>[For USAID only]</i> (i.e., Specify the Development Objective, Intermediate Result, or Project Purpose, etc.):	
Data Source(s): <i>[Information can be copied directly from the Performance Indicator Reference Sheet]</i>	
Partner or Contractor Who Provided the Data: <i>[It is recommended that this checklist is completed for each partner that contributes data to an indicator– it should state in the contract or grant that it is the prime’s responsibility to ensure the data quality of sub-contractors or sub grantees.]</i>	
Period for Which the Data Are Being Reported:	
Is This Indicator a Standard or Custom Indicator?	<input type="checkbox"/> Standard Foreign Assistance Indicator <input type="checkbox"/> Custom (created by the OU; not standard)
Data Quality Assessment methodology: <i>[Describe here or attach to this checklist the methods and procedures for assessing the quality of the indicator data. E.g., Reviewing data collection procedures and documentation, interviewing those responsible for data analysis, checking a sample of the data for errors, etc.]</i>	
Date(s) of Assessment:	
Assessment Team Members:	
USAID Mission/OU Verification of DQA Team Leader Officer approval  X _____	

		YES	NO	COMMENTS
<b>VALIDITY: Data should clearly and adequately represent the intended result</b>				
1.	Does the information collected measure what it is supposed to measure (i.e., a valid measure of overall nutrition is healthy variation in diet; age is not a valid measure of overall health)?			
2.	Do results collected fall within a plausible range?			
3.	Is there reasonable assurance that the data collection methods being used do not produce systematically biased data (e.g., consistently over- or under-counting)?			
4.	Are sound research methods being used to collect the data?			
<b>RELIABILITY: Data should reflect stable and consistent data collection processes and analysis methods over time</b>				
1.	When the same data collection method is used to measure/observe the same thing multiple times, is the same result produced each time (i.e., a ruler used over and over always indicates the same length for an inch)?			
2.	Are data collection and analysis methods documented in writing and being used to ensure that the same procedures are followed each time?			
<b>TIMELINESS: Data should be available at a useful frequency, should be current, and should be timely enough to influence management decision-making</b>				
1.	Are data available frequently enough to inform program management decisions?			
2.	Are the data reported the most current practically available?			
3.	Are the data reported as soon as possible after collection?			
<b>PRECISION: Data have a sufficient level of detail to permit management decision-making (e.g., the margin of error is less than the anticipated change)</b>				
1.	Is the margin of error less than the expected change being measured (i.e., if a change of only 2% is expected and the margin of error in a survey used to collect the data is +/-5%, then the tool is not precise enough to detect the change)?			
2.	Has the margin of error been reported along with the data? (Only applicable to results obtained through statistical samples.)			
3.	Is the data collection method/tool being used to collect the data fine-tuned or exact enough to register the expected change (i.e., a yardstick may not be a precise enough tool to measure a change of a few millimeters)?			
<b>INTEGRITY: Data collected should have safeguards to minimize the risk of transcription error or data manipulation</b>				
1.	Are procedures or safeguards in place to minimize data transcription errors?			

		YES	NO	COMMENTS
2.	Is there independence in key data collection, management, and assessment procedures?			
3.	Are mechanisms in place to prevent unauthorized changes to the data?			

<b>SUMMARY</b>	
Based on the assessment relative to the five standards, what is the overall conclusion regarding the quality of the data?	
Significance of limitations (if any):	
Actions needed to address limitations prior to the next DQA (given level of USG control over data):	
<b>IF NO DATA ARE AVAILABLE FOR THE INDICATOR</b>	<b>COMMENTS</b>
If no recent relevant data are available for this indicator, why not?	
What concrete actions are now being taken to collect and report these data as soon as possible?	
When will data be reported?	

### Recommendations for Conducting DQAs

6. Data quality (DQ) assessors should make sure that they understand the precise definition of the indicator by checking the PIRS. Address any issues of ambiguity before the DQA is conducted.
7. DQ assessors should have a copy of the methodology for data collection in hand before assessing the indicator. For the USAID implementing partner, it should be in the M&E plan. Each indicator should have a written description of how the data being assessed are supposed to be collected.
8. Each implementing partner should have a copy of the method of data collection in its files and documented evidence that it is collecting the data according to the methodology.
9. DQ assessors should record the names and titles of all individuals involved in the assessment.
10. Does the implementing partner have documented evidence that it has verified the data that have been reported? Partners should be able to provide USAID with documents (process/person conducting the verification/field visit dates/persons met/activities visited, etc.) that demonstrate that it has verified the data that were reported. Verification by the partners should be an ongoing process.
11. DQ assessors should be able to review the implementing partner files/records against the methodology for data collection laid out in the PMP (for USAID Missions only) or the M&E plan (for USAID implementing partners). Any data quality concerns should be documented.
12. DQ assessors should include a summary of significant limitations found. A plan of action, including timelines and responsibilities, for addressing the limitations should be made.

# ANNEX J: PERFORMANCE INDICATORS REFERENCE SHEETS (PIRS) FOR GBV PROGRAMMING

Guidance for Completing the PIRS	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To provide specific information on how data will be collected and analyzed for each indicator in the Logical Framework Matrix. The first tool is the PIRS template, which includes an additional section on ethical considerations for data acquisition. This is followed by PIRS for an illustrative list of 23 outcome- and output-level GBV indicators. These are not “USAID-endorsed” indicators; rather they are an illustrative list of potential GBV indicators that may be used and/or modified for GBV-specific programming.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Upon completion of the Logical Framework Matrix before completing the M&amp;E plan.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Program managers and the M&amp;E and GBV officers of implementing organizations.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete a PIRS for each indicator in the Logical Framework Matrix.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>During a crisis, there may be insufficient time for field staff to complete a PIRS for each indicator. Headquarters-based staff may support this process by completing it on their behalf using the Logical Framework Matrix as a basis.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li><b>Data Source:</b> Consider the risks (in particular to safety) for program staff of gathering the data on indicators. As well, it is important to consider the risks to the source of providing the information for the indicator. Finally, it is important to consider the repercussions of reporting the source of data, and the data on progress to achieving targets, in particular in a politically repressive environment. These considerations should be taken into account during the process of completing the PIRS.</li> <li><b>Data Collection:</b> Similar to considerations for the data source, it is essential to consider the risks of the method of data collection and construction. Specifically, it is important to consider whether (1) the data methods used will be traumatizing or put key sources in danger; (2) data collection from a specific source will be feasible; and (3) the data collection will yield the expected data. As well, it is critical to define at this point how and where data will be stored to ensure the safety of data sources and anyone else who could be endangered if the data were to be made public.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>USAID. USAID Performance Indicator Reference Sheet. <a href="http://usaidlearninglab.org/sites/default/files/resource/files/Recommended%20Performance%20Indicator%20Reference%20Sheet%20for%20USAID%20Indicators.pdf">http://usaidlearninglab.org/sites/default/files/resource/files/Recommended%20Performance%20Indicator%20Reference%20Sheet%20for%20USAID%20Indicators.pdf</a></li> <li>USAID. 2012. USAID Automatic Directives System Chapter 203 – Assessment and Learning, November. <a href="http://www.usaid.gov/sites/default/files/documents/1870/203.pdf">http://www.usaid.gov/sites/default/files/documents/1870/203.pdf</a></li> </ul>

<b>Project Indicator Reference Sheet</b>	
<b>Project Goal</b>	
<b>Project Purpose</b>	
<b>Sub-Purpose</b>	
<b>Output</b>	
<b>Indicator</b>	
<b>Standard Indicator Number (USAID, if applicable)</b>	
<b>DESCRIPTION</b>	
<b>Precise Definition(s)</b>	
<b>Unit of Measure</b>	
<b>Disaggregated By</b>	
<b>Rationale</b>	
<b>PLAN FOR DATA ACQUISITION AND ANALYSIS</b>	
<b>Responsible Individual/Office</b>	
<b>Data Source</b>	
<b>Frequency and Timing</b>	
<b>Budget Implications</b>	
<b>Data Collection Method</b>	
<b>Method of Data Acquisition</b>	
<b>Ethical Considerations for Data Acquisition</b>	
<b>DATA QUALITY ISSUES</b>	
<b>Data Quality Assessment Procedures</b>	
<b>Known/Important Limitations and Actions</b>	

Project Indicator Reference Sheet				
Planned to Address Them				
PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING/DISSEMINATION				
Data Analysis Method				
Data and Implications Review(s)				
Data Reporting/Dissemination Plan				
PERFORMANCE DATA TABLE				
Year	Baseline Value	Target	Actual	Comments
NOTES ON BASELINES AND TARGETS				



## ILLUSTRATIVE INDICATORS FOR GENDER-BASED VIOLENCE PROGRAMMING WITH PERFORMANCE REFERENCE SHEETS

These indicators are illustrative and suggest outputs and outcomes relating to different categories of GBV program/project objectives, such as, objectives relating to safety, health, and law enforcement. These indicators have been gathered through field research and have been refined. These indicators are purposefully focused on measuring change; therefore outcome indicators are emphasized, in addition to sector-specific indicators that could be considered outputs or outcomes depending on the specific project and Logical Framework Matrix for which they are being used. Below are the intermediate sector-specific indicators that measure the results that are driving toward desired outcomes.

Each indicator has a PIR with additional resources listed at the end of the annex. The criteria defining indicator terms are illustrative, not exhaustive. For example, once PIRS are developed for a project, they should also address data quality issues such as dates of previous DQAs and name of reviewer, date of future DQAs, and known data limitations. USAID Missions and other U.S. agencies can use indicator data gathered from GBV programs/projects to report against the standard gender indicators administered by the U.S. State Department’s Office of U.S. Foreign Assistance Resources (F) listed below.

* = required as applicable	GENDER EQUALITY AND FEMALE EMPOWERMENT
GNDR – 1	Number of laws, policies, or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level
*GNDR – 2	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)
GNDR – 3	Proportion of females who report increased self-efficacy at the conclusion of USG-supported training/programming.
*GNDR – 4	Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic, and political opportunities
	GENDER-BASED VIOLENCE
GNDR – 5	Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and GBV at the regional, national, or local level.
*GNDR – 6	Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)
GNDR – 7	Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming
	WOMEN, PEACE, AND SECURITY
*1.3-9	Number of training and capacity-building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities
*1.6-6	Number of local women participating in a substantive role or position in a peace-building process supported with USG assistance

## List of Illustrative Indicators

Indicator Number	Indicator	Sector
1.	Percentage of women/girls able to travel without fear of GBV	General
2.	Percentage of women/girls fearful of experiencing GBV	General
3.	Percentage of women and girls who have ever experienced violence from an intimate partner	General
4.	Percentage of community initiatives to prevent and respond to GBV undertaken collaboratively with women's and men's groups	Information, education, and communication (IEC)
5.	Establishment of GBV as a key component of professional qualifying courses in relevant sectors	General
6.	Percentage of health care facilities following nationally or internationally accepted guidelines on clinical care for sexual violence survivors	Health
7.	Percentage of health care providers who consider GBV a medical emergency	Health
8.	Mean and median time elapsed (in hours) from assault to care-seeking at health care provider and to reporting of assault to a police station	Health
9.	Percentage of GBV survivors who report being optimistic about rebuilding life after GBV incident	(Mental) Health
10.	Percentage of prosecuted GBV cases that have resulted in a conviction of the perpetrator	Legal/access to justice
11.	Percentage of GBV cases filed and adjudicated within X months of the date charges filed	Legal/access to justice
12.	Gender equitable community-based dispute resolution mechanisms are in place	Legal/access to justice
13.	Percentage of requests to send police/military/peacekeeper escorts to insecure areas that are responded to effectively and in a timely manner	Security/protection
14.	Percentage of children who report feeling safe from GBV while traveling to/from school	Education
15.	Percentage of students who report learning new ways of managing interpersonal relationships	Education
16.	Percentage of national government general and sector budgets dedicated to VAW/GBV	Policy
17.	Percentage of individuals who are knowledgeable about any of the national legal sanctions for GBV	Policy
18.	Level of openness (scale of 1–5) among community members to have public discussions about the impact of GBV on their community	IEC
19.	National level legal framework complies with internationally recognized minimum standards on gender equality and GBV	Policy
20.	Percentage of GBV-related policies/laws/amendments to laws rejected by national ministry/parliament/government	Policy

Indicator Number	Indicator	Sector
21.	Percentage of women reporting increased intimate partner violence in marriage/partnership/union following reported increases in women-controlled income	Livelihoods
22.	Percentage of persons at risk of GBV and/or GBV survivors who report having the ability to economically sustain her/himself and her/his family	Livelihoods
23.	Level of women's involvement in community resolution of land disputes	General and livelihoods

**Indicator #1**

PERCENTAGE OF WOMEN/GIRLS ABLE TO TRAVEL WITHOUT FEAR OF GBV	
<p><b>DEFINITION:</b></p> <p>This indicator measures the ability of women/girls to travel without fear of GBV to a specific location, or at a specific time of day. “Fear” may be defined as feeling threatened or in danger of GBV, including but not limited to, rape, harassment, and exploitation. The numerator of this indicator is the number of women/girls who report being able to travel without fear of GBV. The denominator is the total number of women/girls responding to the survey in the project area. The indicator may be disaggregated by key variables that capture when and where there is most danger, such as a specific time of day or location of travel.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of women/girls in the project area who report being able to travel without fear of GBV during the last month.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Time of day or location of travel, as well as by age group, ethnic group, political affiliation, religion, neighborhood, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Survey using randomized samples.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li> <p><b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project location. If feasible, it may also be collected outside of the project area from an identified control group. National data collection efforts (e.g., demographic and health survey) may take the place of or complement project-level data collection for this indicator. In this case, data will be available for project areas, and all other surveyed regions of the country.</p> </li> <li> <p><b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Designated survey implementers from implementing partner staff will collect data in the project target area. It is important that the team collecting data comprise predominantly women, to encourage feelings of safety and facilitating discussions of fear of GBV. Any member who may potentially increase fear of danger should not participate in data collection. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. If data are being collected in collaboration with other institutions or partners (e.g., the Ministry of Health, academic institutions, international/national NGOs), their staff would likely collect this information. Data on Indicator #1 may also be collected by a group of trained data collection staff from multiple institutions and implementing partners.</p> </li> <li> <p><b>HOW SHOULD IT BE COLLECTED:</b> Survey implementers will conduct a randomized survey of adult women (age 12–17) and adult women (age 18 and above) in the households in the project area. It may be useful to host focus groups prior to the survey in order to gather information regarding likely “fearful times and places,” so questions can be asked with appropriately. During a crisis, it may not be possible to conduct a randomized survey of some households in the project area due to insecurity, or other factors. <i>In this case, it will be not be possible to measure this indicator.</i></p> </li> <li> <p><b>FREQUENCY OF COLLECTION:</b> Data will be collected through a baseline, midterm, and endline project survey. For ongoing monitoring, focus groups and key stakeholder interviews should be conducted quarterly for the duration of the project/program.</p> </li> </ul>	

## PERCENTAGE OF WOMEN/GIRLS ABLE TO TRAVEL WITHOUT FEAR OF GBV

### KNOWN DATA LIMITATIONS:

The indicator cannot measure the actual GBV taking place. It is only a measure of the ability to travel without fear of GBV.

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

### ETHICAL CONSIDERATIONS:

It would be unethical to have a treatment and a control group if in so doing, women/girls do not receive available services provided through the program. Data collection staff require training on appropriate questions in order to measure this indicator. In particular, staff require training to ensure they do not ask questions about specific GBV experiences, or try to identify or pressure women/girls to disclose experiences of GBV. Since there is the potential for some women/girls to choose to “disclose themselves” during data collection, data collection staff should also be trained on (1) psycho-social first aid; (2) guiding principles of working with GBV survivors (i.e., safety, confidentiality, respect, and nondiscrimination); and (3) how and where to refer any potential GBV survivors. If it is not possible to provide training for data collectors and/or referrals for survivors, and there is a moderate to high likelihood of survivor disclosure of violence, this information should not be collected.

## Indicator # 2

PERCENTAGE OF WOMEN/GIRLS FEARFUL OF EXPERIENCING GBV	
<p><b>DEFINITION:</b></p> <p>This indicator measures the percentage of women/girls who are fearful of experiencing GBV. It is not a measure of violence actually taking place. It is a measure of the <i>fear</i> of GBV, which can limit the ability of women/girls to participate actively in economic, social, and political activities in and outside the home. Being “fearful of experiencing GBV” may be defined as feeling threatened or in danger of GBV, including but not limited to rape, harassment, and exploitation. The numerator of this indicator is the number of women/girls who report being fearful of experiencing GBV over a given time period in a defined area (geographic or otherwise). The denominator is the total number of women/girls responding to the survey.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of women and girls who report feeling fearful of experiencing GBV.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Age (group), neighborhood, marital status, ethnic group, religion, political affiliation, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>A decrease in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Survey using randomized samples.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project location. If feasible, it may also be collected outside of the project area from an identified control group. National data collection efforts (e.g., demographic and health survey) may take the place of or complement project-level data collection for this indicator. In this case, data will be available for project areas, and all other surveyed regions of the country.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Designated survey implementers from implementing partner staff will collect data in the project target area. It is important that the project monitoring team comprise predominantly women, to encourage feelings of safety and facilitating discussions of fear of GBV. Any member who may potentially increase fear of danger should not participate in data collection. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. If data are being collected in collaboration with other institutions or partners (e.g., the Ministry of Health, academic institutions, international/national NGOs), their staff would likely collect this information. Data on Indicator #2 may also be collected by a group of trained data collection staff from multiple institutions and implementing partners.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Survey implementers will conduct a randomized survey of women (age 18 and above) and girls (age 12 and above) from households in the project area, complemented by focus group and key stakeholder interviews to contextualize the data from the survey. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. During a crisis, it may not be possible to conduct a randomized survey of households in the project area due to insecurity, or other factors. In this case, purposeful sampling, reduced sample size, and integration of key questions in vulnerability assessments may be used for data collection.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data should be collected through a baseline, midterm, and end line project survey. This may not be possible if another institution is the lead on data collection (e.g., the Ministry of Health). Focus groups and key stakeholder interviews should be conducted quarterly for the duration of</li> </ul>	

## PERCENTAGE OF WOMEN/GIRLS FEARFUL OF EXPERIENCING GBV

the project/program to complement the quantitative survey data and for ongoing monitoring.

- **SOURCE OF INDICATOR:** Moser, Annalise. 2007. *Gender and Indicators, Overview Report*, Bridge Development-Gender and UNDP. (July).

### **KNOWN DATA LIMITATIONS:**

The indicator cannot measure the actual GBV taking place. It is only a measure of the percentage of women and girls fearful of experiencing GBV.

### **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

### **ETHICAL CONSIDERATIONS:**

Same as Indicator #1.

### Indicator # 3

PERCENTAGE OF WOMEN/GIRLS WHO HAVE EVER EXPERIENCED VIOLENCE FROM AN INTIMATE PARTNER OR FAMILY MEMBER	
<p><b>DEFINITION:</b></p> <p>This indicator measures the incidence of violence experienced by women/girls from an intimate partner or family member. An intimate partner or family member may include a husband, boyfriend, co-wife, father, uncle, brother, or other close male relative. Girls are included in this indicator because in some regions or countries, they are married before they are of legal age. The numerator of this indicator is the number of women/girls who ever experienced violence from an intimate partner or family member. The denominator is the total number of women/girls responding to the survey. The indicator may be disaggregated by key variables—such as type of violence, age (group), type and level of injury, religion, ethnic group, and region—which may capture whether specific categories of women/girls are more likely to have experienced violence from an intimate partner.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of women who have ever experienced violence from an intimate partner or family member.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Type of intimate violence, age (group), type and level of injury (dummy variable), religion or ethnic group, region, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>A decrease in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Survey using randomized samples.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project location. If feasible, it may also be collected outside of the project area from an identified control group. National data collection efforts (e.g., demographic and health survey) may take the place of or complement project-level data collection for this indicator. In this case, data will be available for project areas, and all other surveyed regions of the country.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Designated survey implementers among implementing partner staff will collect the data in the project target area. If data are being collected in collaboration with other institutions or partners (example through the Ministry of Health, academic institutions, or international/national NGOs), their data collection staff would likely collect these data. Data on this indicator may also be collected by a group of trained data collection staff from multiple institutions and implementing partners.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Survey implementers will conduct a randomized survey of households in the project area, complemented by focus group and key stakeholder interviews to contextualize the data. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. Data gathered through qualitative methods (i.e., key stakeholder interview with GBV service providers) should be used to complement and supplement the survey data. During a crisis, it may not be possible to conduct a randomized survey of households in the project area due to insecurity, or other factors. In this case, purposeful sampling, reduced sample size, and integration of key questions in vulnerability assessments may be used for data collection.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data may be collected through a baseline, midterm, and end line project survey.</li> </ul>	

## PERCENTAGE OF WOMEN/GIRLS WHO HAVE EVER EXPERIENCED VIOLENCE FROM AN INTIMATE PARTNER OR FAMILY MEMBER

### KNOWN DATA LIMITATIONS:

This indicator does not measure other forms of household-level violence, including child or elder abuse.

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

### ETHICAL CONSIDERATIONS:

- It would be unethical to have a treatment and a control group if in so doing, women/girls do not receive available services provided through the program.
- These data should be collected only from all adult women and women in intimate partner relationships in the household (including minors).
- To ensure adequate privacy to conduct the interview, interview staff should ensure that no males in the household are present during the interview. To ensure privacy, the interviewer may convey the message that she is undertaking a survey on women's health and needs to speak with the women alone. If male members return during the collection of data, the interviewer should switch topics until the male members depart.
- Data collection staff require training on appropriate questions in order to measure this indicator. In particular, staff require training to ensure they do not ask questions about specific GBV experiences, or try to identify or pressure women/girls to disclose experiences of GBV. Since there is the potential for some women/girls to choose to "disclose themselves" during data collection, data collection staff should also be trained on (1) psycho-social first aid; (2) guiding principles of working with GBV survivors (i.e., safety, confidentiality, respect, and non-discrimination); and (3) how and where to refer any potential GBV survivors; and (4) how to interview minors. If it is not possible to provide training for data collectors and/or referrals for survivors, and there is a moderate to high likelihood of survivor disclosure of violence, this information should not be collected.

**Indicator # 4**

<b>PERCENTAGE OF COMMUNITY INITIATIVES TO PREVENT AND RESPOND TO GBV THAT ARE UNDERTAKEN COLLABORATIVELY WITH WOMEN'S AND MEN'S GROUPS</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures the percentage of community initiatives to prevent and respond to GBV that are undertaken in a collaborative fashion with women’s and men's groups. A community initiative is defined as an activity with an objective to prevent or respond to GBV initiated by informal or formal local CSOs or NGOs. Collaborative efforts may be defined as (1) initiatives that include at least one female and one male CSO or NGO, focused on GBV prevention and response; (2) CSOs or NGOs that are active decision-makers; and (3) CSOs and NGOs that contribute resources to the initiative (e.g., financial, human resources/time, materials, vehicles, equipment) and participate (at least monthly) in collective GBV prevention and response activities. This indicator measures how well female and male leadership (groups) are working together to ensure more effective GBV initiatives at the community level. If there is further collaboration between women’s and men’s groups, this may also suggest a more gender transformative environment and increased positive engagement of men towards preventing and responding to GBV. This is ultimately indicative of a positive shift toward an environment conducive to GBV prevention. The numerator of this indicator is community initiatives to prevent and respond to GBV that are undertaken collaboratively with women's and men's groups. The denominator is the total number of community initiatives.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of community initiatives to prevent and respond to GBV that are undertaken collaboratively with women's and men's groups, within the past year</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Urban/rural, community, predominant ethnicity/religion of the community, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Community reporting, on-site observation of community meetings.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Trusted community leaders (men or women), and/or women’s and men’s groups.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of community reporting combined with on-site observation of community meetings. This will be used to enumerate the number of community initiatives and (among those) the number focused on preventing and responding to GBV. Key stakeholder interviews may be conducted to contextualize data from community reporting and observation of community meetings. It is extremely important to engage men and women in data collection during all phases through the relief to development continuum and, in particular, during a crisis, where gender roles tend to shift and men tend to feel disempowered.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator does not capture the actual outcomes or results of community initiatives to prevent and respond to GBV. It only measures the percentage of initiatives that are undertaken collaborative with women’s and men’s groups.</p>	

**PERCENTAGE OF COMMUNITY INITIATIVES TO PREVENT AND RESPOND TO GBV THAT ARE UNDERTAKEN COLLABORATIVELY WITH WOMEN'S AND MEN'S GROUPS**

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

**ETHICAL CONSIDERATIONS:**

Follow all standard guidelines for ethical research.

**Indicator # 5**

<b>ESTABLISHMENT OF GBV AS KEY COMPONENT OF PROFESSIONAL QUALIFYING COURSES IN RELEVANT SECTORS</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures whether GBV is a key component of professional qualifying courses in relevant sectors (e.g., social work, teaching, counseling, health, police, or legal). This may be defined by the number of hours focused on GBV, the comprehensiveness and quality of the content in line with international standards, and/or the existence of practical training to accompany coursework. Such standards include the <i>Inter-Agency Network for Education in Emergencies' Gender Equality</i> in and through <i>Education INEE Pocket Guide to Gender</i> and the <i>IASC Guidelines on Mental Health and Psycho-social Support in Emergency Settings</i>.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>GBV established as core content in professional qualifying courses for teachers and nursery workers (binary variable).</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Region, type of learning institution, sector (e.g., social work, teaching, counseling, health), and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>A “yes” response represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Curriculum review.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. A national review of curricula, and in control areas, may also be appropriate for comparison purposes.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Project M&amp;E, technical staff, or school administrators.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of the curriculum to determine whether or not GBV is a key component of a professional qualifying course by assessing (1) overall percentage of time focused on GBV; (2) whether it is comprehensive and meets international standards; and (3) whether it includes an element of practical training. This can be complemented by key stakeholder interviews with teachers and students, and post-course surveys of students to measure their absorption of knowledge and attitudes toward GBV, following training. It is important to measure this indicator (and take measures to increase it) during the pre-crisis phase to ensure a sufficient number of trained professionals are available to undertake programming to prevent and respond to GBV during a crisis.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator does not capture the level of skill or knowledge acquired in professional qualifying courses. As well, it does not capture whether students in these courses will actual apply the skills/knowledge acquired in their current or future jobs.</p>	

**ESTABLISHMENT OF GBV AS KEY COMPONENT OF PROFESSIONAL QUALIFYING COURSES IN RELEVANT SECTORS**

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

**ETHICAL CONSIDERATIONS:**

Follow all standard guidelines for ethical research.

**Indicator #6**

**PERCENTAGE OF HEALTH CARE FACILITIES FOLLOWING NATIONALLY OR INTERNATIONALLY ACCEPTED WRITTEN GUIDELINES ON CLINICAL CARE FOR SEXUAL VIOLENCE SURVIVORS**

<p><b>DEFINITION:</b></p> <p>This indicator measures whether health care facilities are following national written guidelines on clinical care for survivors of sexual violence. If there are no national guidelines in place, the indicator will measure whether health care facilities are following internationally recognized guidelines, such as the <i>Minimum Initial Services Package</i>, regarding treatment; WHO's <i>Clinical Management of Rape Guidelines</i> and the Inter-Agency Standing Committee <i>Caring for Survivors of Sexual Violence in Emergencies Training Guide</i>. The numerator of this indicator is the number of health care facilities that follow national written guidelines on clinical care for survivors of sexual violence in a defined location/at a specified facility. The denominator is the total number of healthcare facilities in the survey area.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of health care facilities in project areas following national or internationally accepted written guidelines for the clinical care for sexual violence</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Level or type of health care facility, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Independent onsite facility inspections.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> An independent observation lead by third-party monitors, using standard checklists of required components.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Trained on-site supervisors and medical staff or external medical providers to review case management files and conduct a physical inspection of medical facility, using existing checklists for service and physical infrastructure management. These data can be used to establish a baseline, conduct ongoing performance monitoring, and for comparative analysis during midterm and final evaluations. During the immediate onset of a crisis, it may not be possible to conduct in-depth reviews of case management files and physical inspections of the health care facility, simulations of exams, and anonymous post-treatment surveys. However, it is possible to conduct at a minimum a less intensive review of case management files and a physical inspection of the health care facility.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data may be collected at intake (baseline) and every month thereafter. At a minimum, these data should be collected every four to six months.</li> <li>• <b>SOURCE OF INDICATOR:</b> Keesbury and Askew. 2010. <i>Comprehensive Response to GBV in Low-Resource Settings: Lessons Learned from Implementation</i>. Lusaka, Zambia: Population Council. (June).</li> </ul>	

**PERCENTAGE OF HEALTH CARE FACILITIES FOLLOWING NATIONALLY OR INTERNATIONALLY ACCEPTED WRITTEN GUIDELINES ON CLINICAL CARE FOR SEXUAL VIOLENCE SURVIVORS**

**KNOWN DATA LIMITATIONS:**

This indicator cannot provide information about health care facilities follow or do not follow national written guidelines or internationally accepted guidelines on clinical care for sexual violence survivors. If, for example, health care facilities do not follow guidelines due to a lack of supplies from the government or donors, it will not be revealed in the data collected from this indicator.

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

**ETHICAL CONSIDERATIONS:**

Avoid using the health care facility's internal medical or project staff for monitoring this indicator, to avoid bias.

**Indicator # 7**

<b>PERCENTAGE OF HEALTH CARE PROVIDERS WHO CONSIDER GBV A MEDICAL EMERGENCY</b>	
<p><b>DEFINITION:</b>                      Whether health care providers consider GBV a medical emergency or not is a strong indicator of whether providers are likely to provide survivor-centered clinical care to women, girls, and boys who have experienced sexual violence. A medical emergency may be defined as a situation that requires immediate treatment be provided, and/or ambulance transfer to an advanced care facility, and/or a 24/7 response to an initial report of incident or patient contact. It may also capture knowledge of treatment protocols for violence, such as the need to treat sexual violence within 72 hours. The numerator of this indicator is the number of health care providers who consider GBV a medical emergency. The denominator is the total number of health care providers in the survey area.</p>	
<p><b>UNIT OF MEASURE:</b>                      Percentage of health care providers who consider GBV a medical emergency in the project area.</p>	<p><b>DISAGGREGATE BY:</b>                      Location of the health care provider, area of specialization of the provider, type of provider (e.g., doctor, nurse, midwife), age/sex of the provider, number of years of training by the provider, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b>                      Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b>                      An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b>                      Targeted anonymous surveys of GBV survivors and interviews.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li> <p><b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. National data collection efforts (e.g., those initiated by a Ministry of Health) may take the place of, or complement, project-level data collection for this indicator. In this case, data will be available for project areas, as well as for all other regions of the country.</p> </li> <li> <p><b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Health care providers who are trained in the clinical care of survivors of sexual violence. An independent third party with staff trained to understand GBV medical emergencies and procedures should collect the data.</p> </li> <li> <p><b>HOW SHOULD IT BE COLLECTED:</b> Review of medical facility registration documents (to identify the time of arrival in facility) and comparison of such data to the time it took to receive medical attention (in medical files) will help calculate duration, from arrival to treatment, at the facility or referral. If ethical, it is advisable to conduct anonymous surveys with survivors to contextualize survey data. The surveys should focus on capturing survivors' views as to whether the health care provider considered sexual violence a medical emergency—how they were treated by guards, receptionists, and nurses at the facility. It is advisable to conduct interviews with medical facility staff to understand the impediments to considering sexual violence a medical emergency (i.e., lack of trained staff; lack of prioritization by facility leadership, guards, and receptionists; failure to communicate with medical personnel urgency; lack of post-exposure prophylaxis [PEP] kits/other meds). Data gathered through qualitative methods (key stakeholder interview with GBV service providers and legal aid staff) should be used to complement and supplement survey data. During pre-crisis, it is advisable to put together a medical rapid response team of experts trained in clinical care for</p> </li> </ul>	

## PERCENTAGE OF HEALTH CARE PROVIDERS WHO CONSIDER GBV A MEDICAL EMERGENCY

survivors. These experts can do on-site inspections, instead of reviewing case files (may be difficult during a crisis), to identify whether health care providers treat sexual violence as an emergency.

- **FREQUENCY OF COLLECTION:** Indicator data should be collected at intake (baseline), project mid-term, and endline.
- **SOURCE OF INDICATOR:** Keesbury and Askew. 2010. *Comprehensive Response to GBV in Low-Resource Settings: Lessons Learned from Implementation*. Lusaka, Zambia: Population Council. (June).

### KNOWN DATA LIMITATIONS:

This indicator cannot measure the type or quality of treatment that GBV survivors receive when medical providers do consider GBV a medical emergency.

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

### ETHICAL CONSIDERATIONS:

All data collection, analysis, interpretation, and reporting should be conducted confidentially and survivor satisfaction surveys should not include the name of GBV survivor. They should also omit any identifying information that could potentially put the survivor at risk of being re-traumatized.

**Indicator #8**

<b>MEAN AND MEDIAN TIME ELAPSED (IN HOURS) FROM ASSAULT TO CARE SEEKING AT HEALTH CARE PROVIDER AND TO REPORTING OF ASSAULT TO A POLICE STATION</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures the mean and median, time elapsed (in hours), from assault to care-seeking, at a health care provider and reporting assault in a police station. It captures survivor awareness on the importance of reporting GBV within 72-hours, to ensure timely access to PEP and emergency contraception (120 hours maximum). If complemented with additional questions, it may also capture the reasons for delays in seeking care or reporting assault (e.g., lack of trust or confidence in health care facilities and the police, transport costs, or distance to facilities).</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Mean and median time elapsed (in hours) from assault to care seeking at health center and from assault to reporting in a police station.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Type of GBV, region, rural/urban distance to police station or healthcare provider, police station, healthcare provider, ethnicity or religion of survivor, age/sex of survivor, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>A decrease in the number of hours represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Health information system, police records, case management files, hospital records, and patient satisfaction questionnaires.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Healthcare provider, police, Ministry of Justice or Ministry of the Interior, and trained M&amp;E specialists/enumerators to conduct interviews and focus groups.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of medical files and police reports to identify time it took for GBV survivor to seek care and report violence. The surveys may be complemented by focus groups or key stakeholder interviews with medical professionals, institutions providing GBV case management services, community leaders, and GBV survivors (if ethical) to determine what factors contributed to delays in seeking care or reporting violence. It is important to measure this indicator during all phases through the relief to development continuum. In particular, during a crisis, this indicator may help where reduced access to resources to cover transport costs, insecurity, or lack of trust in the government may increase mean and medium time elapsed from assault to care seeking at a health center or reporting to a police station.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Indicator data should be collected at intake (baseline) and every three months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator cannot measure the reasons for delays in seeking care or reporting assault unless it is completed by additional targeted questions on this issue.</p>	

## MEAN AND MEDIAN TIME ELAPSED (IN HOURS) FROM ASSAULT TO CARE SEEKING AT HEALTH CARE PROVIDER AND TO REPORTING OF ASSAULT TO A POLICE STATION

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

### ETHICAL CONSIDERATIONS:

It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline and conducting performance M&E, case management files should not include the name of GBV survivor. They should also omit any identifying information that could potentially put a survivor at risk. Reporting GBV to the police should not be encouraged or viewed as a positive development if the police are not able to provide survivor-centered services.

**Indicator #9**

<b>PERCENTAGE OF GBV SURVIVORS WHO REPORT BEING OPTIMISTIC ABOUT REBUILDING LIFE AFTER GBV INCIDENT</b>	
<p><b>DEFINITION:</b>                      The optimism of GBV survivors about rebuilding their lives is an important measure of progress toward recovery from an incident or series of incidents of GBV. Optimism may be defined as the presence of positive feelings about one’s future and the ability look forward to enjoyable things in the future. It may measure both the well-being of a survivor, as well as the performance of a project or program supporting GBV survivors. It is important to note that, as with all outcome indicators, it is difficult to attribute positive changes in this indicator to only one variable (type of intervention)—access to psycho-social support, quality medical care, justice, and emotional or social support from the family and community. The numerator of this indicator is the number of GBV survivors who report being optimistic about rebuilding their lives after a GBV incident. The denominator is the total number of GBV survivors who have received psycho-social support services in a given project area.</p>	
<p><b>UNIT OF MEASURE:</b>                      Percentage of GBV survivors receiving psycho-social support services who report being more optimistic about rebuilding life after an incident of GBV.</p>	<p><b>DISAGGREGATE BY:</b>                      By average length of treatment, time since incident, number of treatment sessions, type of support, community, GBV type, age (group), and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b>                      Outcome/Output</p>	<p><b>DIRECTION OF CHANGE:</b>                      An increase in the percentage represents positive change</p>
<p><b>DATA SOURCE:</b>                      Case management files.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in a project area.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> The implementing organization’s trained supervisory staff or independent consultants (if there is a possible lack of objectivity or qualifications among the implementing organization’s staff).</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of case management files and interviews with institutional psycho-social support staff, complemented by individual interviews with GBV survivors whom the implementing organization has treated. Project staff will be asked to identify a spectrum of optimism identified by the client (i.e., not optimistic, somewhat optimistic, very optimistic).</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Indicator data will be collected at intake (baseline) and every six months thereafter. It may also be reviewed among project staff during periodic case management meetings (weekly, biweekly, or monthly, depending on the institution).</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b>                      If case management files do not provide adequate data, it will be necessary to interview GBV survivors to collect the data for this indicator. In this case, the denominator for the indicator would change to the total number of surveyed GBV survivors who have received psycho-social support services in a given project area. This indicator does not indicate attribution (i.e., whether a specific type of intervention or service provider caused positive or negative changes in the indicator).</p>	

**PERCENTAGE OF GBV SURVIVORS WHO REPORT BEING OPTIMISTIC ABOUT  
REBUILDING LIFE AFTER GBV INCIDENT**

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

**ETHICAL CONSIDERATIONS:**

If ethical, individual interviews with GBV survivors that the implementing organization has treated may be used to supplement data collection. One of the key considerations is whether existing case management data are sufficient for the purposes of measuring this indicator. Another is whether benefits to respondents or communities of documenting sexual violence are greater than the risk of re-traumatizing respondents.

## Indicator #10

PERCENTAGE OF PROSECUTED GBV CASES THAT HAVE RESULTED IN A CONVICTION OF THE PERPETRATOR	
<p><b>DEFINITION:</b></p> <p>This indicator measures the proportion of prosecuted cases of GBV that result in a conviction of the perpetrator. This is an important outcome-level indicator that measures the level of justice received by GBV survivors, which is an important step in their recovery, and may also be a proxy measure of shifts in societal attitudes towards GBV (e.g., if there are more prosecutions this may also be indicative of a shift in society to recognize GBV as a crime and to condone punishment for perpetrators which is important for the prevention of GBV). It is also a proxy output indicator for political and social will to adjudicate cases, as well as for the effectiveness of programming (e.g., training, education, technology) targeting police, lawyers, judges, and others involved in reporting and evidence collection to prosecution of cases. Depending on the functioning of the judiciary and the average length of time it takes to prosecute a case, this may be an indicator that will require measurement over a longer time period (years). In this case, it should be used in projects where longer-term measurement is possible. The numerator of this indicator is the number of prosecuted GBV cases that have resulted in a conviction of the perpetrator. The denominator is the total number of prosecuted GBV cases in a defined time period in the project area.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of prosecuted GBV cases that resulted in a conviction in a defined time period in the project area.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Type of GBV, type of court, region of court, sex/age ethnicity of judge adjudicating in the case (where applicable), and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Outcome/Output</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Case management files, police records, court records, and monitoring of GBV trials.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. National data collection efforts (e.g., by the Ministry of Justice) may take the place of, or complement, project-level data collection for this indicator so that project area data may be compared to national prosecution rates. In this case, data will be available for the project area, as well as other parts of the country.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Ministry of Justice, legal aid providers, GBV case management services provider, and/or implementing organization M&amp;E or GBV staff.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of case management files, court and police records, and monitoring of GBV trials. It may be difficult to use and measure this indicator during a crisis due to the likely poor functioning of the justice system. To do so, it is advisable to engage multiple actors to gather data from multiple sources, and calculate the proportion of prosecuted GBV cases that resulted in a conviction. In crises with population displacement, the displaced groups may not have access to the legal system, making this indicator irrelevant to report on.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Indicator data should be collected at baseline (when cases are formally submitted for prosecution), and depending on the volume of cases, staff capacity and the efficiency of the justice system. It should be collected at weekly, monthly, or six-month intervals. It should be collected</li> </ul>	

## PERCENTAGE OF PROSECUTED GBV CASES THAT HAVE RESULTED IN A CONVICTION OF THE PERPETRATOR

at project midterm and endline.

- **SOURCE OF INDICATOR:** Bloom, Sheila. 2008. *Violence against Women: Compendium of Indicators*. USAID/East Africa, IGWG, and Measure Evaluation. (October).

### KNOWN DATA LIMITATIONS:

Though this indicator may be a proxy measure of shifts in societal attitudes towards GBV, political and social will to adjudicate cases, and the effectiveness of GBV programming, additional questions or research are necessary to determine this in a definitive fashion.

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

### ETHICAL CONSIDERATIONS:

It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline and conducting performance M&E, case management files should not include the name of GBV survivor nor should include any identifying information that could potentially put a survivor at risk. This indicator may not be ethical to collect in countries without strong legal systems or where there is a high likelihood of conviction without due process.

## Indicator #11

### PERCENTAGE OF GBV CASES FILED AND ADJUDICATED WITHIN A REASONABLE TIME FRAME (MONTHS) OF THE DATE CHARGES FILED

#### DEFINITION:

This indicator measures whether perpetrators in GBV cases were acquitted or convicted within a predetermined period of time from the date that the charges were initially filed in court. It is a proxy indicator to identify if a project has resulted in improving the collection and reporting of evidence, assuming that improved services by such providers (e.g., police officers, counselors, lawyers, judges) will shorten the amount of time it takes to adjudicate a GBV case. The specification of the number of months will depend on the context in which this indicator is being measured. In some regions or countries, it is reasonable to expect that a judgment may be rendered within eight months of the filing of charges. In others, it is reasonable to expect it to be rendered within 60 months (since it normally takes 96 months). The numerator of this indicator is the number of GBV cases filed in court with acquittal or conviction within a reasonable time frame (months) of the date from when the charges were filed. The denominator is the total number of GBV cases filed in court over a defined period of time (at a minimum two years to provide sufficient time for observation).

#### UNIT OF MEASURE:

Percentage of GBV cases filed in court with acquittal or conviction within the specified number of months since the date charges filed.

#### DISAGGREGATE BY:

Type of GBV, court, type/level of court, judge adjudicating the case, prosecutor for the case, and/or crisis phase

#### TYPE (OUTCOME/IMPACT):

Output/Outcome

#### DIRECTION OF CHANGE:

An increase in the percentage represents a positive change

#### DATA SOURCE:

Case management files, police records, court records, and monitoring of GBV trials.

#### MEASUREMENT NOTES:

- **LEVEL OF COLLECTION:** This indicator should be collected in the project area.
- **WHO COLLECTS DATA FOR THIS INDICATOR:** Ministry of Justice, legal aid providers, and/or GBV case management services providers, and/or implementing organization M&E or GBV staff.
- **HOW SHOULD IT BE COLLECTED:** Review of case management files, review of court and police records, and monitoring of GBV trials to calculate the proportion of filed GBV cases that resulted in acquittal or conviction.
- **FREQUENCY OF COLLECTION:** Indicator data should be collected at baseline (when cases are formally submitted for prosecution), and depending on the volume of cases, staff capacity, and the efficiency of the justice system. Data should be collected at weekly, monthly, or six-month intervals. It should be collected at project midterm and endline. During a crisis, it may be difficult to collect data on this indicator, due to challenges with the functioning of the justice system. To do so, it is advisable to engage multiple actors to gather data from multiple sources, and analyze and interpret the data collectively to identify how many months took to adjudicate cases of GBV that have been filed.
- **SOURCE OF INDICATOR:** RHRC Consortium. 2004. *Checklist for Action: Prevention and Response to Gender-Based Violence in Displaced Settings*. RHRC Consortium/JSI Research and Training Institute, Geneva. (June).

**PERCENTAGE OF GBV CASES FILED AND ADJUDICATED WITHIN A REASONABLE TIME FRAME (MONTHS) OF THE DATE CHARGES FILED**

**KNOWN DATA LIMITATIONS:**

Though this indicator may be a proxy measure of shifts in societal attitudes towards GBV, political and social will to adjudicate cases, and the effectiveness of GBV programming, additional questions or research are necessary to determine this in a definitive fashion.

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

**ETHICAL CONSIDERATIONS:**

All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline, and conducting performance monitoring and evaluation, case management files should not include the name of GBV survivor. They should also omit any identifying information that could potentially put the survivor at risk.

## Indicator #12

GENDER EQUITABLE COMMUNITY-BASED DISPUTE RESOLUTION MECHANISMS ARE IN PLACE	
<p><b>DEFINITION:</b></p> <p>This indicator measures whether gender equitable community-based dispute resolution mechanisms are in place. Gender equitable may be defined as mechanisms that (1) include a representative number of females on decision-making bodies who have decision-making authority; (2) written and/or verbal guidelines on fair and equitable treatment of men and women during the dispute resolution process; and (3) men and women have equal access and ability to overcome any gender-based constraints from receiving fair treatment. This indicator is important for capturing whether community-based dispute resolution mechanisms are likely to address cases of GBV in a survivor-centered manner. This indicator is measured by a “yes/no” response (binary variable).</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Gender equitable community-based dispute resolution mechanisms are in place (binary variable).</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Urban/rural, community, predominant ethnicity/religion in the community, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>A “yes” response represents a positive change</p>
<p><b>DATA SOURCE:</b></p> <p>Project reports, key stakeholder interviews, on-site observation, and focus groups.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Project M&amp;E or technical staff, and community leaders or organizations.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Through key stakeholder interviews, on-site observation, and focus groups (if key stakeholder interviews and on-site observation are not sufficient). It is very important to measure this indicator during a crisis, where humanitarian actors tend to support community dispute resolutions mechanisms that are not gender equitable.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data should be collected at intake (baseline) and ideally every six months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline.</li> <li>• <b>SOURCE OF INDICATOR:</b> CARE. 2011. <i>An Assessment of Gender-Based Violence in Emergencies in Southern Benin</i>. Emergency Program. (March). CARE Benin.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator cannot measure the outcome of using gender-equitable community-based response mechanisms.</p>	
<p><b>RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):</b></p> <ul style="list-style-type: none"> <li>• Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.</li> </ul>	
<p><b>ETHICAL CONSIDERATIONS:</b></p> <p>Follow all standard guidelines for ethical research.</p>	

**Indicator #13**

<b>PERCENTAGE OF REQUESTS TO SEND POLICE, PEACEKEEPERS, OR MILITARY ESCORTS TO INSECURE AREAS RESPONDED TO EFFECTIVELY AND IN A TIMELY MANNER</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures whether police, peacekeepers, or military personnel, send escorts (e.g., individual(s) responsible for preventing and protecting vulnerable at-risk populations) in an effective and timely manner to specific (insecure) areas upon the request of women/girls and men/boys. Sending escorts to insecure areas is a potential measure to prevent GBV in regions where the police, peacekeepers, and military personnel themselves are not likely to be perpetrators. It is a proxy indicator for measuring how responsive police are to requests for escorts and their underlying awareness and personal beliefs/values with respect to the importance and need to protect individuals from GBV. The numerator of this indicator is the total number of requests for police escorts responded to in an effective and timely fashion. Effective may be defined as the presence of an appropriate number of escorts placed in an area at times identified to be most dangerous (which could include 24/7) and act as a deterrent to violence and in the interest of the at-risk population. The definition of a “timely fashion” may vary depending on the context. In an acute emergency, it is expected that requests be responded to almost immediately (within an hour), whereas in a development or stable context, it may be acceptable to take 1–2 days to allow a unit to mobilize and establish a presence in the specified area. The denominator is the total number of requests for sending police escorts to a specific (insecure) area.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of requests for police/peacekeeper/military escorts to insecure areas that are responded to effectively and in a timely manner.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Region/area of request, rural/urban, police station responding, time of day of request, crisis phase, and/or type of GBV reported</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Interviews with community leaders who are aware of requests and review of police/military/peacekeeper logbooks and reports. A secondary data source may include NGOs on the ground that may have assisted in making a request for additional security.</p>	

## PERCENTAGE OF REQUESTS TO SEND POLICE, PEACEKEEPERS, OR MILITARY ESCORTS TO INSECURE AREAS RESPONDED TO EFFECTIVELY AND IN A TIMELY MANNER

### MEASUREMENT NOTES:

- **LEVEL OF COLLECTION:** This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.
- **WHO COLLECTS DATA FOR THIS INDICATOR:** Police or protection staff of organizations undertaking protection monitoring.
- **HOW SHOULD IT BE COLLECTED:** Trained and skilled enumerators should conduct interviews with community leaders using a structured interview format. A review of police/peacekeeper/military personnel call logs and reports, protection monitoring, and focus groups may be conducted to contextualize and verify reports from community leaders. As a secondary data source, enumerators may also conduct structured key stakeholder interviews with NGOs involved in placing requests or with knowledge of the security situation. During a crisis, it may also be possible to measure this indicator by inserting questions into other data collection efforts such as the IASC's *Multi-Cluster/Sector Rapid Assessment*, usually undertaken under the leadership of the UN Office for the Coordination of Humanitarian Affairs. It is necessary to undertake focus groups to determine the level of community trust in the police before undertaking quantitative data collection on this indicator.

### KNOWN DATA LIMITATIONS:

This indicator cannot measure what happens when police, peacekeepers, or military personnel respond to requests for escorts from women and girls and men and boys.

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

### ETHICAL CONSIDERATIONS:

All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously.

## Indicator # 14

### PERCENTAGE OF CHILDREN WHO REPORT FEELING SAFE FROM GBV WHILE TRAVELING TO/FROM SCHOOL.

**DEFINITION:**

This indicator measures whether children feel safe from GBV while traveling to/from school. Depending on the specificity of questions to measure, the indicator may capture whether they feel safe from GBV committed by potential perpetrators while traveling to/from school (e.g., students, vigilantes, rebels, government forces). It may also be an indicator of how well a community and its schools are fostering a violence-free environment (including GBV). It may also be an indicator of how well communities and schools are fostering changes in gender roles, for example, acceptance of violence between boys, which may ultimately lead to negative reinforcement of masculinities and perpetuation of cycles of violence and GBV in homes and communities. The numerator of this indicator is the total number of children who report feeling safe while traveling to/from school. The denominator is the total number of children enrolled in school who were surveyed in the project area.

**UNIT OF MEASURE:**

Percentage of children who report feeling safe from GBV while traveling to/from school.

**DISAGGREGATE BY:**

Sex, age, location of school, ethnicity or religion of student, country of origin, primary language of student, and/or crisis phase

**TYPE (OUTCOME/IMPACT):**

Output/Outcome

**DIRECTION OF CHANGE:**

An increase in the percentage generally represents a positive change. A decrease may also represent a positive change, however, if it indicates that students feel more comfortable reporting that they feel unsafe.

**DATA SOURCE:**

Surveys using randomized sampling.

**MEASUREMENT NOTES:**

- **LEVEL OF COLLECTION:** This indicator should be collected in the project area.
- **WHO COLLECTS DATA FOR THIS INDICATOR:** Counselors and other staff trained to work with children.
- **HOW SHOULD IT BE COLLECTED:** Conduct a survey using a simple random sampling of children or stratified sampling method (i.e., ethnic group, religious background, or country of origin). Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. The data from key stakeholder interviews with parents or teachers may be used to contextualize the survey data. In a crisis context, protection monitoring may also help to contextualize survey data. Data gathered through qualitative sources (key stakeholder interviews with teachers, and students if ethically sound) should be used to complement and supplement the survey data to clarify whether children actually feel safer from GBV or simply more comfortable reporting GBV.

**KNOWN DATA LIMITATIONS:**

This indicator cannot measure why GBV is actually taking place among children while traveling to/from school.

**PERCENTAGE OF CHILDREN WHO REPORT FEELING SAFE FROM GBV WHILE TRAVELING TO/FROM SCHOOL.**

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

**ETHICAL CONSIDERATIONS:**

Engaging counselors trained to work with children in the design of all interview tools (i.e., survey, key stakeholder interview protocol, and protection monitoring tools) and in carrying out data collection is required. All data collection staff should be trained on interviewing techniques for children and psycho-social first aid. It is necessary to have referral material available to provide to parents, if and when children disclose violence.

**Indicator #15**

<b>PERCENTAGE OF STUDENTS WHO REPORT LEARNING NEW WAYS OF MANAGING INTERPERSONAL RELATIONSHIPS</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures the proportion of students who report learning new ways of managing interpersonal relationships in an educational institution. This is an important proxy indicator that may measure progress towards creating a gender-transformative environment focused on positive masculinities and healthy interpersonal relationships to prevent GBV from taking place in homes and communities. The numerator of this indicator is the number of students who report learning new ways of managing interpersonal relationships in an educational institution. The denominator is the total number of students targeted in a given educational institution.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of students who report learning new ways of managing interpersonal relationships in an educational institution.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Sex of student, age of student, educational institution, urban/rural, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change</p>
<p><b>DATA SOURCE:</b></p> <p>Surveys using randomized sampling.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>● <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group/area for comparison purposes.</li> <li>● <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Teachers at the institutional level and project technical staff. Data may be collected in partnership with other national and international institutions such as a teacher’s union or UNICEF.</li> <li>● <b>HOW SHOULD IT BE COLLECTED:</b> Survey of students in schools implementing a curriculum focused on managing interpersonal relationships, using a simple random sampling method. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. Focus groups may be conducted with children 13 years of age and older to contextualize the survey data with a focus on identifying the impediments to the implementation of the curriculum on managing interpersonal relationships. Key stakeholder interview with teachers and parent may be used to complement and supplement the survey data.</li> <li>● <b>FREQUENCY OF COLLECTION:</b> Indicator data should be collected at intake (baseline), every six months, and at project midterm, and endline.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator cannot measure whether students actually put into practice what they have learned about managing interpersonal relationships.</p>	

## PERCENTAGE OF STUDENTS WHO REPORT LEARNING NEW WAYS OF MANAGING INTERPERSONAL RELATIONSHIPS

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).
- Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.

### ETHICAL CONSIDERATIONS:

It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. Engaging counselors trained to work with children in the design of all interview tools (i.e., survey, key stakeholder interview protocol, and protection monitoring tools) and in carrying out data collection is required. All data collection staff should be trained on interviewing techniques for children and psycho-social first aid. It is necessary to have referral material available to provide to parents, if and when children disclose violence.

**Indicator #16**

<b>PERCENTAGE OF NATIONAL GOVERNMENT GENERAL AND SECTOR BUDGETS DEDICATED TO VAW/GBV</b>	
<p><b>DEFINITION:</b>                      This indicator measures the percentage of the budget dedicated to the prevention of/response to violence against women (VAW) or GBV, out of an overall budget and/or in relevant sectors. Such sectors may include justice, health, education, social services, livelihoods, forestry and natural resource management, interior/land management, and/or emergency preparedness (cross-sectoral). Each individual sector should be reviewed for specific budget allocation and line items to VAW/GBV prevention and response. It may be collected at the national, regional, or municipal level, or other relevant regional unit of analysis. The numerator of this indicator is the proportion of the budget dedicated to VAW/GBV in a specific sector. The denominator is the total budget for each sector during a given period of time.</p>	
<p><b>UNIT OF MEASURE:</b>                      Percentage of national government general and sector budgets dedicated to VAW/GBV during a given period of time.</p>	<p><b>DISAGGREGATE BY:</b>                      Sector, funding allocated to prevention of GBV, funding allocated to response to GBV, level (national, regional, municipal), urban/rural (where applicable), existence of gender equality/GBV policy at level of government, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b>                      Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b>                      An increase in the percentage represents a positive change</p>
<p><b>DATA SOURCE:</b>                      National, regional, or municipal budgets, by sector.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Relevant national, regional, or municipal financial staff, Ministry of Finance, and/or organizations providing support for gender-responsive budgeting, implementing organization project staff.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Select target sectors and levels (national, regional, municipal or other), and calculate the percentage of the budget dedicated to VAW/GBV.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data should be collected at intake (baseline) and then once the budget has been finalized (in line with the budget cycle).</li> </ul> <p><i>*This indicator may also be modified to measure the percentage of humanitarian or development organizations general and sector budgets dedicated to VAW/GBV.</i></p>	
<p><b>KNOWN DATA LIMITATIONS:</b>                      This indicator cannot measure whether national government general and sector budgets dedicated to GBV/VAW are actually expended on GBV prevention and response. They also do not measure the quality of services received from those expenditures.</p>	
<p><b>RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):</b></p> <ul style="list-style-type: none"> <li>• Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.</li> </ul>	
<p><b>ETHICAL CONSIDERATIONS:</b>                      Follow all standard guidelines for ethical research.</p>	

**Indicator #17**

<b>PERCENTAGE OF INDIVIDUALS KNOWLEDGEABLE ON AT LEAST ONE OF THE NATIONAL LEGAL SANCTIONS FOR GBV</b>	
<p><b>DEFINITION:</b>                      This indicator measures the proportion of individuals (male and female) who are knowledgeable on at least one national legal sanction for GBV. Individual knowledge of national legal sanctions may be a proxy indicator for survivor likelihood of seeking legal redress, if and when GBV takes place. It may be a proxy indicator for the likelihood of potential perpetrators to commit GBV. The numerator of this indicator is the total number of individuals who are knowledgeable about at least one of the national legal sanctions for GBV. The denominator is total number of individuals asked to respond to the survey.</p>	
<p><b>UNIT OF MEASURE:</b>                      Percentage of individuals who know any of the legal sanctions for GBV.</p>	<p><b>DISAGGREGATE BY:</b>                      Sex, age, community, urban/rural, ethnicity, religion, political affiliation, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b>                      Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b>                      An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b>                      (Traditional) Survey using randomized sampling and SMS survey.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. National data collection efforts may take the place of or complement project-level data collection for this indicator. In this case, data will be available for the project location, and all other regions of the country.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Implementing organization project or M&amp;E staff. It may also be collected in partnership with national academic institutions or NGOs with area expertise.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Through traditional surveys, using randomized sampling or SMS surveys. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. The data from these data gathering techniques may be contextualized through the use of focus groups (in particular with specific segments of the population). Data gathered through qualitative methods (key stakeholder interview with national women’s organizations,) may be used to complement and supplement the survey data.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data should be collected at intake (baseline), every six months, and at project midterm and endline.</li> <li>• <b>SOURCE OF INDICATOR:</b> Bloom, Sheila. 2008. <i>Violence against Women: Compendium of Indicators</i>. USAID/East Africa, IGWG, and Measure Evaluation. (October).</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b>                      This indicator cannot measure attitudes towards GBV or behavior of potential or actual perpetrators of GBV.</p>	
<p><b>RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):</b></p> <ul style="list-style-type: none"> <li>• Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).</li> <li>• Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.</li> </ul>	
<p><b>ETHICAL CONSIDERATIONS:</b>                      Follow all standard guidelines for ethical research.</p>	

**Indicator # 18**

<b>LEVEL OF OPENNESS (SCALE OF 1–5) AMONG COMMUNITY MEMBERS TO HAVING PUBLIC DISCUSSIONS ABOUT THE IMPACT OF GBV ON THEIR COMMUNITY</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures the level of openness (scale of 1-5) among community members to having public discussions about the impact of GBV on their community. If there are positive changes in the level of openness, the indicator may measure how effective a project/program has been in increasing awareness and acceptance of GBV in the community as a community/social/legal problem. The willingness to have public discussions about the impact of GBV is likely to prevent GBV and ensure a more survivor-centered response to it once it takes place.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Average level of openness among community members to have a public discussion about the impact of GBV on their community (minimum 1, maximum 5).</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Community, urban/rural, ethnicity/religion of community members, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the number represents a positive change</p>
<p><b>DATA SOURCE:</b></p> <p>On-site observation of community meetings.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Trusted community leaders (men or women) and/or women and men’s groups.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Community reporting and on-site observation using a pre-established to measure the level of openness (minimum 1, maximum 5). The average should be calculated from the data set. Key stakeholder interviews and focus groups may be conducted to contextualize the quantitative data from community reporting and on-site observation. Data gathered through qualitative methods (key stakeholder interview with leaders of women’s groups) may be used to complement and supplement the survey data.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>The indicator cannot measure community level sanctioning of GBV.</p>	
<p><b>RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):</b></p> <ul style="list-style-type: none"> <li>• Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming.</li> </ul>	
<p><b>ETHICAL CONSIDERATIONS:</b></p> <p>It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program.</p>	

**Indicator #19**

<b>NATIONAL LEVEL LEGAL FRAMEWORK COMPLIES WITH INTERNATIONALLY RECOGNIZED MINIMUM STANDARDS ON GENDER EQUALITY AND GBV</b>	
<p><b>DEFINITION:</b> This indicator measures whether the national legal framework complies with internationally recognized minimum standards on gender equality and GBV.</p>	
<p><b>UNIT OF MEASURE:</b> Legal framework reaches minimum standards with respect to gender equality and GBV (binary variable).</p>	<p><b>DISAGGREGATE BY:</b> Not applicable</p>
<p><b>TYPE (OUTCOME/IMPACT):</b> Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b> A “yes” response represents a positive change.</p>
<p><b>DATA SOURCE:</b> Laws and policies, hearings on gender equality and GBV laws and amendments to laws, National CEDAW, key stakeholder interviews with policymakers and national gender experts, and reports.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL of COLLECTION:</b> This indicator should be collected at the national level.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Implementing organization project staff, national academic institutions, NGOs, and/or Ministry of Justice.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of GBV and gender equality laws, participation and review of the proceedings from hearings on gender equality and GBV laws and amendments to laws. Review of GBV and gender equality policies themselves, National CEDAW reports, as well as key stakeholder interviews with policymakers and national gender experts.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data should be collected at intake (baseline), every six months, and at project midterm and endline.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b> The indicator cannot measure whether the national level framework on GBV is actually implemented, how it is implemented, and whether GBV perpetrators are effectively sanctioned.</p>	
<p><b>RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):</b></p> <ul style="list-style-type: none"> <li>• Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.</li> </ul>	
<p><b>ETHICAL CONSIDERATIONS:</b> Follow all standard guidelines for ethical research.</p>	

**Indicator # 20**

<b>PERCENTAGE OF GBV-RELATED POLICIES/LAWS/AMENDMENTS TO LAWS REJECTED BY NATIONAL MINISTRY/PARLIAMENT/GOVERNMENT</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures the percentage of GBV policies/laws/amendments to laws rejected by a national ministry/parliament/government. It measures the political will to criminalize and punish GBV. It may also capture social attitudes and will toward criminalizing and punishing GBV and recognizing GBV as an issue of public concern. The numerator of this indicator is the number of GBV-related policies/laws/amendments rejected by a national ministry/parliament/government. The denominator is the total number of GBV-related policies/laws/amendments to laws that have been introduced to a national ministry/parliament/government. The indicator may be disaggregated by the type of GBV initiative introduced and/or crisis phase.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of GBV-related policies/laws/amendments to law rejected by national ministry/parliament/government.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Type, type of GBV it addresses, sex of political leader introducing the law, amendment, or policy, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>A decrease in the percentage generally represents a positive change. If the proposed policies/laws/amendments, however, are not progressive, an increase in the percentage will represent a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Laws and policies, hearings on gender equality and GBV laws and amendments to laws, National CEDAW reports, newspaper and radio, interviews with political leaders, and national gender experts.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected at the national level.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Implementing organization project staff, national academic institutions, NGOs, and/or Ministry of Justice.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Review of GBV laws, participation and review of the proceedings from hearings on GBV laws and amendments to laws, and review of National CEDAW reports to identify the number of GBV policies/laws/amendments to laws rejected by a national ministry/parliament/government. Reviews of newspaper and radio reports/discussion, and interviews with political leaders introducing laws and national gender experts supporting laws could be used as a method to contextualize the review of documents mentioned above.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>See above under the direction of change.</p>	
<p><b>RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):</b></p> <ul style="list-style-type: none"> <li>• Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.</li> </ul>	
<p><b>ETHICAL CONSIDERATIONS:</b></p> <p>Follow all standard guidelines for ethical research.</p>	

**Indicator #21**

**PERCENTAGE OF WOMEN REPORTING INCREASED INTIMATE PARTNER CONFLICT IN MARRIAGE/PARTNERSHIP/UNION FOLLOWING REPORTED INCREASES IN WOMEN-CONTROLLED INCOME**

**DEFINITION:**

This indicator measures the percentage of GBV survivors reporting increased conflict (including violence) in their marriage/partnership/union following reported increases in women-controlled income. In some GBV projects/programs, there is an income-generation component that has potential impacts on family dynamics. However, many do not take into account the potential impact of increased income on conflict with intimate partners, including violence. Income generation may possibly result in increased conflict (including intimate partner violence), in particular where projects/programs are not designed in such a way to minimize this conflict. The numerator of this indicator is the number of women reporting increased conflict in their marriage/partnership/union following reported increases in women-controlled income. The denominator is the total number of women in the project area who are in a marriage/partnership/union who responded to the survey.

**UNIT OF MEASURE:**

Percentage of women reporting increased intimate partner violence in marriage/partnership/union after their income increases in project area.

**DISAGGREGATE BY:**

Level of increase in income, age/sex of female participants, employment status of partner of female participants, type of intimate partner violence, type of union/partnership, community, urban/rural, and/or crisis phase

**TYPE (OUTCOME/IMPACT):**

Output/Outcome

**DIRECTION OF CHANGE:**

A decrease in the percentage represents a positive change.

**DATA SOURCE:**

Surveys using randomized sampling, targeted questionnaires, and reviews of case management files (of service providers to women at risk).

**MEASUREMENT NOTES:**

- **LEVEL OF COLLECTION:** This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.
- **WHO COLLECTS DATA FOR THIS INDICATOR:** Case management or project staff.
- **HOW SHOULD IT BE COLLECTED:** Through surveys, using randomized sampling, targeted questionnaires of project participants known to have increased income, and reviews of case management files. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. This may be complemented by focus groups with women at risk in the community to contextualize the survey and case management data. Data gathered through qualitative methods (key stakeholder interview) should be used to complement and supplement the survey data.
- **FREQUENCY OF COLLECTION:** Data should be collected at intake (baseline), every six months, and at project midterm and endline.
- **SOURCE OF INDICATOR:** Ayoo and Omona. 2009. *Women Empowerment for Peace Project Final Evaluation*. (November). Care International in Uganda.

**PERCENTAGE OF WOMEN REPORTING INCREASED INTIMATE PARTNER CONFLICT IN MARRIAGE/PARTNERSHIP/UNION FOLLOWING REPORTED INCREASES IN WOMEN-CONTROLLED INCOME**

**KNOWN DATA LIMITATIONS:**

The indicator may identify a correlation but not necessarily a causal relationship between harmony or disharmony in a union/partnership and being a beneficiary of the project/program.

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

**ETHICAL CONSIDERATIONS:**

It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline and conducting performance M&E, case management files should not include the name of GBV survivor, nor should they contain any identifying information that could potentially put a survivor at risk.

## Indicator #22

<b>PERCENTAGE OF PERSONS AT RISK OF GBV AND/OR GBV SURVIVORS WHO REPORT HAVING THE ABILITY TO PROVIDE FOR THE BASIC NEEDS OF THEIR FAMILY</b>	
<p><b>DEFINITION:</b></p> <p>This indicator measures the percentage of persons at risk of GBV and/or GBV survivors who report having the ability to provide for the basic needs of their family. The ability for an individual to provide for the basic needs of his or her family include the ability to pay for adequate food that meet basic nutritional needs and minimum standard definitions of food security, shelter, clean water, and basic health care and basic education requirements. In the crisis context, these standards may be derived from the Sphere Standards. In a development context (or pre-crisis or post-crisis context), they may be derived from national standards in line with the Millennium Development Goals. The ability to support oneself and one's family is likely to reduce vulnerability to GBV and support increased access to GBV services. The numerator of this indicator is the number of persons at risk of GBV and/or GBV survivors who report that they have the ability to provide for the basic needs of her/his family. The denominator is the total number of beneficiaries who responded to the survey and are persons at risk of GBV and/or GBV survivors.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Percentage of persons at risk and/or GBV survivors who report having the ability to provide for the basic needs of his/her family.</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Sex/age, urban/rural, person at-risk of GBV/GBV survivor, and/or crisis phase</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the percentage represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>Case management files and specialized survey among people participating in GBV services.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>● <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group.</li> <li>● <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Project staff.</li> <li>● <b>HOW SHOULD IT BE COLLECTED:</b> Through specialized surveys among people participating in GBV services using randomized sampling and reviews of case management files, complemented by individual interviews with women at risk and/or GBV survivors in the community to contextualize the survey and case management data. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. Data gathered through qualitative methods (key stakeholder interview with GBV service providers, camp/site management, and livelihoods or protection clusters (if appropriate) may be used to complement and supplement the survey data.</li> <li>● <b>FREQUENCY OF COLLECTION:</b> Data should be collected at intake (baseline), every six months, and at project midterm and endline.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator may identify a correlation but not necessarily causation of a person's ability to provide for their family; issues of attribution will need to be carefully assessed.</p>	

**PERCENTAGE OF PERSONS AT RISK OF GBV AND/OR GBV SURVIVORS WHO REPORT HAVING THE ABILITY TO PROVIDE FOR THE BASIC NEEDS OF THEIR FAMILY**

**RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

**ETHICAL CONSIDERATIONS:**

Follow the ethical guidelines under Indicator #21. As well, if ethical, individual interviews with GBV survivors that the implementing organization has treated may be used to supplement data collection. One of the key considerations is whether the existing case management data are sufficient for the purposes of measuring this indicator. Another is whether the benefits to respondents or communities of documenting sexual violence are greater than the risk of re-traumatizing the respondents.

## Indicator #23

LEVEL OF WOMEN'S INVOLVEMENT IN COMMUNITY RESOLUTION OF LAND DISPUTES	
<p><b>DEFINITION:</b></p> <p>This indicator measures women's level of involvement as decision-makers in community resolution of land disputes. Involvement of women in land disputes, in particular during or after a crisis, may reduce GBV by ensuring that women are not economically and socially marginalized. Involvement of women in community resolution of land disputes during development or post-crisis phases may also lessen land-related conflict or the likelihood of tensions over land being reignited, thus preventing a crisis (e.g., it may serve as an important peace-making, peace-building, and peace-keeping tool). If women in the country are legally precluded from owning or inheriting land, women will likely be limited in their involvement in community resolution of land disputes. As such, it is particularly important to provide contextualized information regarding the data collected.</p>	
<p><b>UNIT OF MEASURE:</b></p> <p>Average level of engagement of women as decision-makers in community resolution of land disputes (minimum 1, maximum 5).</p>	<p><b>DISAGGREGATE BY:</b></p> <p>Community, region, crisis phase, type of crisis, level of displacement during crisis, political orientation of community or community leadership, and/or predominant religious or ethnic group in the community.</p>
<p><b>TYPE (OUTCOME/IMPACT):</b></p> <p>Output/Outcome</p>	<p><b>DIRECTION OF CHANGE:</b></p> <p>An increase in the number represents a positive change.</p>
<p><b>DATA SOURCE:</b></p> <p>On-site observation of community meetings.</p>	
<p><b>MEASUREMENT NOTES:</b></p> <ul style="list-style-type: none"> <li>• <b>LEVEL OF COLLECTION:</b> This indicator should be collected in the project area. If feasible, it may also be collected in a control area or nationally as a comparison.</li> <li>• <b>WHO COLLECTS DATA FOR THIS INDICATOR:</b> Trusted community leaders (men or women), women and men's groups, and trained project staff.</li> <li>• <b>HOW SHOULD IT BE COLLECTED:</b> Community reporting and on-site observation using a pre-established scale to capture the level of involvement as decision-makers (minimum 1, maximum 5). Key stakeholder interviews may be used to substantiate the quantitative data obtained through community reporting and on-site observation. It will also be important to identify legal and customary rights for women to inherit land and interpret the data in the context of how well those rights are being respected and upheld. Similarly, it will be important to identify levels of female-headed households in the area to determine whether or not there is a correlation between higher levels of female-headed households and lower levels of women's involvement in community resolution of land disputes.</li> <li>• <b>FREQUENCY OF COLLECTION:</b> Data should be collected at intake (baseline) and every three months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline.</li> </ul>	
<p><b>KNOWN DATA LIMITATIONS:</b></p> <p>This indicator relies upon observation and may be limited by the subjectivity of the data collector.</p>	

## LEVEL OF WOMEN'S INVOLVEMENT IN COMMUNITY RESOLUTION OF LAND DISPUTES

### RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):

- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level.
- Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines).

### ETHICAL CONSIDERATIONS:

It would be unethical to have a treatment and a control group if in so doing, community members did not receive available services from the program. Community resolution of land disputes may be highly sensitive, in particular in the aftermath of a crisis. Project staff should be trained on how to pose questions, how to interact with community leadership, how to maintain neutrality, how to protect the identity of respondents, and how and in which manner to report and share potentially sensitive data.

# ANNEX K: IFRC PROJECT/PROGRAM INDICATOR TRACKING TABLE (ITT)

Guidance for Completing the Project/Program Indicator Tracking Table	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>The ITT records and monitors indicator performance to inform project/program implementation and management. This tool measures how the project is performing against the Logical Framework and M&amp;E plan on a quarterly basis, and allows project/program staff to monitor progress towards specific targets.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Use the tool on a quarterly basis to track outcome and output level indicators.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Project/program staff engaged in performance monitoring.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>See the tool instructions provided below.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li><b>Crisis phase Constraint:</b> Owing to security, safety, political or other considerations, it may be difficult to collect the data on progress towards achieving the indicators in the ITT. <b>Solution:</b> Collect the data as possible, and specify the time frame for data collection and related constraints in the reporting that accompanies the table.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>Ensure that the data contained in the ITT are safeguarded to ensure the protection of project/program beneficiaries.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>International Federation of the Red Cross and Red Crescent Societies. 2011. Project/Programme Monitoring and Evaluation Guide. <a href="http://www.ifrc.org/Global/Publications/monitoring/IFRC-ME-Guide-8-2011.pdf">http://www.ifrc.org/Global/Publications/monitoring/IFRC-ME-Guide-8-2011.pdf</a></li> <li>USAID. 2012. USAID Automatic Directives System Chapter 203 – Assessment and Learning, November. <a href="http://www.usaid.gov/sites/default/files/documents/1870/203.pdf">http://www.usaid.gov/sites/default/files/documents/1870/203.pdf</a></li> </ul>

### Project/Programme Indicator Tracking Table (ITT)\*

Project/Program Name

Project/Program Manager  Reporting Period

Project/Program #/ID  Project/Program Start Date

Project/Program Location  Project/Program End Date

Project/Program Sector  Extra Field

Federation-Wide Reporting System (FWRS) Indicators														
People Reached					Total People Covered	Volunteers			National Society Paid Staff			Secretariat Paid Staff		
Direct			Indirect	Grand Total		Women	Men	Total	Women	Men	Total	Women	Men	Total
Women	Men	Total	Total	Total										

Project/Program Logical Framework Indicators																				
Indicator	Project Baseline		LoP Target	LoP Actual	% of LoP Target	Annual Target	Year to Date Actual	% of Annual Target	Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period		
	Date	Value							Target	Actual	% of Target									
<b>Goal</b>																				
Ga.																				
0%																				
<b>Outcome 1. Example - Improve community capacity to prepare for and respond to disasters.</b>																				
1a. Example - % people in participating communities who practice 5 or more disaster preparedness measures identified in the community disaster management (DM) plan.																				
1-Dec	10%	80%	45%	56%	80%	45%	56%	50%	UK	0%	60%	30%	50%	70%	45%	64%	80%		0%	
Output 1.1. Example - Improved community awareness of measures to prepare for and respond to disasters.																				
1.1a. Example - % people in participating communities who can identify at least 5 preparedness and 5 response measures.																				
1-Dec	20%	70%	55%	79%	70%	55%	79%	40%	20%	50%	50%	30%	60%	60%	55%	92%	70%		0%	
Output 1.2. Example - Community Disaster Management Plans are developed and tested by Community Disaster Management Committees.																				
1.2a. Example - # of participating communities that have a tested DM plan.																				
1-Dec	0	100	23	23%	50	23	46%	10	3	30%	10	5	50%	20	15	75%	10		0%	
<b>Outcome 2. Example - School capacity to prepare for and respond to disasters is improved.</b>																				
2a. Example - % of schools that have passed the annual disaster safety																				
1-Dec	10%	50%	30%	60%	50%	30%	60%	20%	15%	75%	30%	25%	83%	40%	30%	75%	50%		0%	

Project/Program Logical Framework Indicators																				
Indicator	Project Baseline		LoP Target	LoP Actual	% of LoP Target	Annual Target	Year to Date Actual	% of Annual Target	Q1 Reporting Period			Q2 Reporting Period			Q3 Reporting Period			Q4 Reporting Period		
	Date	Value							Target	Actual	% of Target									
inspection from the Ministry of Disaster Management.																				
Output 2.1. Example - School Disaster Management Plans are developed and tested at participating schools.																				
2.1a. Example - # of participating schools that have a new DM plan tested.	1-Dec	0	100	30	30%	45	30	67%	NA	NA	0%	10	5	50%	15	10	67%	20	15	75%
Output 2.2. Example - Disaster risk reduction lessons are included in the curriculum.																				
2.2a. Example - % of students in the targeted schools who have received disaster preparedness and disaster risk education.	1-Dec	25%	75%	35%	47%	50%	35%	70%	25%	UK	0%	30%	25%	83%	40%	35%	88%	50%		0%
Output 2.3																				
2.3a					0%			0%			0%			0%			0%			0%
2.3b					0%			0%			0%			0%			0%			0%
2.3c					0%			0%			0%			0%			0%			0%

## Reference Guide

Type	Instruction
<b>People Reached</b>	Enter the direct and indirect recipients and people covered by federation services, disaggregated by service areas.
<b>Direct Recipients</b>	Enter the countable recipients of services from a federation provider at the delivery point, disaggregated by gender.
<b>Indirect Recipients</b>	Enter the total number of recipients that cannot be directly counted because they receive services apart from the provider and the delivery point.
<b>Volunteers</b>	Enter the people that have volunteered at least four hours during the annual reporting period, disaggregated by gender.
<b>National Society/ Secretariat Paid Staff</b>	Enter the people who work with a national society or the secretariat for a minimum of three months and are remunerated.
<b>Project Name</b>	Enter the project name using the project proposal (include location if relevant).
<b>Project Code</b>	Enter the project code.
<b>Project Sector</b>	Enter the appropriate project sector (e.g., disaster management).
<b>Project Start/End Date</b>	Enter project start and end date.
<b>Reporting Period</b>	Enter the quarter and the year for which you are reporting.
<b>Outcome and Output Indicators</b>	Enter these as they are written in your project Logical Framework.
<b>Project Baseline Date/Value</b>	Enter the date of the project baseline and value for this indicator. If a baseline has not yet been conducted but is planned, leave this blank. If no baseline will be conducted or no data are required for a particular indicator, write "NA" (for "not applicable").
<b>Target</b>	All indicators in the quarterly project report (QPR) must have quarterly targets for the current year. Quarterly targets should be set for each quarter and entered into the indicator tracking sheet. This means that quarterly targets are created during the same time period as the annual project budget for the next year, which should help ensure accurate financial planning for each quarter. Targets should be drafted in consultation with relevant program staff as necessary. Quarterly targets should not be changed once the table is finalized. If your project does not measure this indicator for a respective quarter, enter "NA" not "0."
<b>Actual</b>	Enter the actual indicator value for the current reporting period. Enter only accurate data, not estimated data. If your project does not measure this indicator for a respective quarter, write "NA."
<b>% of Target</b>	There is a formula in this box to automatically calculate this value based on data entered into the "target" and "actual" boxes. Double check to make sure that this is the accurate percentage and that the formula is working correctly.
<b>Annual Target</b>	Annual targets are entered into this column at the start of the project. All indicators in the QPR must have annual targets for each and every year of the approved project implementation period. These targets should be set at the beginning of the project implementation during the submission of the first QPR. All annual targets should be included in each annual indicator tracking sheet. Annual targets for individual indicators may be revised during the same time period as the annual project budget for the next year to reflect major programmatic changes/revisions. Revisions should not affect total life of project (LoP) targets.
<b>Year to Date Actual</b>	Enter the year to date actuals here. Depending on the indicator, you may want to create a formula to tabulate this automatically. Some indicators may need to be calculated manually (e.g., where the actual is not the sum of all quarterly actuals but the highest number).

## Reference Guide

Type	Instruction
<b>% of Annual Target</b>	There is a formula in this box to automatically calculate this value by dividing the year to date actual by the annual target. Double check to make sure that this is the accurate percentage and that the formula is working correctly.
<b>Life of Project Target</b>	All indicators in the QPR must have LoP targets. Many key project achievements will have already been determined in the project proposal. Once a project is approved and begins implementation, LoP targets must be established for all other indicators in the QPR. These should be set and approved during the first quarterly reporting cycle of project implementation and submitted with the first QPR using the indicator tracking sheet. LoP targets should be entered into this column at the start of the project and, generally, should not be changed except under rare circumstances.
<b>Life of Project Actual</b>	Enter life of project actuals in this box. Depending on the indicator, you may want to create a formula to tabulate this automatically. Some indicators may need to be calculated manually (e.g., where the LoP actual is not the sum of all quarterly actuals but the highest number).
<b>% of LoP Target</b>	There is a formula in this box to automatically calculate this value by dividing the actual to date by the life of project target. Double check to make sure that this is the accurate percentage and the formula is working correctly.
<b>Key things to Consider:</b>	
<ul style="list-style-type: none"> <li>• Actual data reported should be confirmed data that have been collected during the reporting period, not estimates or guesses. If you are confused about what an indicator means or how to enter the data, refer to your project M&amp;E plan.</li> <li>• Remember that “0,” “NA,” and “unknown” all mean different things. Entering “0” means that no progress was made against an indicator for the given time period. If your project does not measure an indicator for a given time period, enter “NA,” not a zero. Likewise, when M&amp;E systems for collecting data are not in place and there are no definite or reliable data for an indicator, enter “unknown,” not “0” or “NA,” until reliable systems are in place to collect the data.</li> <li>• Formulas are embedded in some cells of the tracking sheet. Formulas are used so that percentages and other information calculate automatically, theoretically reducing the amount of data that must be entered manually. However, formulas can be tricky and should be double-checked to ensure that the data have been calculated correctly.</li> <li>• Values for indicators should be numeric with narrative reserved for the narrative report.</li> <li>• After you have completed the report, review it one last time before submitting it. Make sure that the data you filled out for this quarter are accurate and complete.</li> </ul>	

# ANNEX L: EVALUATION COMPONENT OF THE M&E PLAN

Guidance for Completing the Evaluation Component of the M&E Plan	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>Provides a summary of the planning for performance and/or impact evaluations. It is an integral part of the M&amp;E plan.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete the evaluation plan during the M&amp;E plan development.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>GBV and M&amp;E officers, program/project directors, and officers engaged in program/project and M&amp;E design. Engage community members, national organizations, and local CBOs and both humanitarian and development actors to coordinate efforts.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>In the first column, identify the projected use of the evaluation. Will your organization be conducting a performance evaluation? An impact evaluation?</li> <li>In the second column, identify the timing for the evaluation. Will it take place at midterm and at the end, or at some other interval?</li> <li>In the third column, detail the main/priority evaluation questions. A limited number of key evaluation questions should be explicitly linked to specific future decisions made by the organization, USAID, and/or other key stakeholders or essential elements of learning.</li> <li>In the fourth column, record the anticipated start and end dates of the evaluation. In the last column, estimate the budget required to complete the evaluation; use Annexes L and M for guidance.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li><b>Crisis phase Constraint:</b> Conducting impact evaluations using quasi-experimental approaches with control groups is likely not practical or ethical in a crisis phase. <b>Solution:</b> Focus on conducting performance evaluations during the crisis phase while also looking at opportunities for collaboration with development actors on continued data collection throughout the post-crisis phase that might contribute toward ongoing impact evaluations.</li> <li><b>Pre-crisis phase Opportunity:</b> Development and humanitarian actors may identify synergies in plans to evaluate GBV interventions along the relief to development continuum, taking a systems approach rather than a project-focused approach. Identifying common evaluation questions of interest and working with local partners to lead efforts may contribute to consistency in data collection.</li> <li><b>Post-crisis phase Constraint:</b> Following a crisis, previous plans for impact evaluations may face challenges due to inconsistency in data collection methods due to security, safety, or ethical issues that arose during the crisis. <b>Solution:</b> Do your best to continue plans for the evaluation. Make sure challenges in completing the evaluation per the original plan are clearly identified. Work with local partners and humanitarian and development actors to identify strategies to fill data gaps.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>There are many ethical considerations for devising an evaluation plan, in particular in the case of an impact evaluation. Some of the key considerations are the ethical implications of interviewing certain populations of beneficiaries (in particular GBV survivors), interview fatigue, and the timing of the evaluation (in relation to the anticipated atmosphere of political or social repression, among others). These considerations should be taken into account to the largest extent possible with the information available at the time that your organization is completing the evaluation plan summary.</li> </ul>

### Guidance for Completing the Evaluation Component of the M&E Plan

<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>• USAID. 2012. USAID Automatic Directives System Chapter 203 – Assessment and Learning, November. <a href="http://www.usaid.gov/sites/default/files/documents/1870/203.pdf">http://www.usaid.gov/sites/default/files/documents/1870/203.pdf</a></li> <li>• USAID. 2011. USAID Evaluation Policy. <a href="http://www.usaid.gov/evaluation/policy">http://www.usaid.gov/evaluation/policy</a></li> </ul>
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### Evaluation Component of the M&E Plan Summary

Evaluation Type and Projected Use	Evaluation Timing	Main/Priority Evaluation Questions	Anticipated Evaluation Start/Completion		Evaluation Budget
			Start	End	
(Performance, Impact)	(Mid-Project/Program, final, first 18 months, etc.)				

# ANNEX M: BUDGET CONSIDERATIONS FOR THE M&E PLAN

Guidance for Budget Considerations for the M&E Plan	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>This template is intended to help design teams prepare the budget of the M&amp;E plan.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>Once the performance M&amp;E and learning components of the M&amp;E plan are complete, use this tool to complete the budget of the M&amp;E plan.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>GBV and M&amp;E officers and finance specialists at the field level, in partnership with similar staff at the headquarters level (if they are not one and the same).</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Use this tool to support completion of the budget of the M&amp;E plan. It will help to identify cost factors and build a realistic budget for M&amp;E and learning.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>During a crisis, costs may fluctuate enormously due to increased demand for certain goods or increased international presence in a specific region or country. In particular, the costs of hiring GBV staff may increase due to increased demand combined (possibly) with a limited number of professionals who possess the appropriate qualifications required for GBV M&amp;E.</li> <li>It is important to anticipate travel and other costs (communication) associated with performance monitoring being undertaken by local staff and/or community members in contexts where GBV is highly sensitive and travel by national and international staff to certain areas is limited. To the largest extent possible, anticipate and account for these costs.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>It is essential to include funding for equipment or other logistics that are necessary to safeguard any GBV data (filing cabinets, USB sticks, secure e-mail addresses for local partners, etc.).</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>USAID/Carana. n.d. <i>M&amp;E and Learning Plan Budget</i>. <a href="http://usaidprojectstarter.org/content/me-and-learning-plan-budget">http://usaidprojectstarter.org/content/me-and-learning-plan-budget</a></li> </ul>

<b>Budget Component of the M&amp;E Plan</b>	
<b>Budget Consideration</b>	<b>Implication</b>
<b>Duration and Scope</b>	
Is it a performance evaluation, which may require fewer data, or an impact evaluation data, which may be “heavier”?	
Is it a multi-year impact evaluation that will require ongoing data collection efforts?	
Are there plans for a longer-term impact evaluation beyond the project/program time period that will require allocating some portion of the budget to a national/academic research institution?	
Is there a robust quasi-experimental approach that will require more resources than a simpler approach?	
Does reliable primary and secondary data already exist, or will more time and resources need to be spent to collect these data?	
Are there specific donor-required tasks that require additional resources?	
<b>Costs of evaluators and external advisers, and expenses related to their duties</b>	
Costs of evaluation consultants and expert advisory panel members?	
One evaluator or team? How many in a team? What is the composition (national or international)?	
Will there be full-time staff?	
How many days will be required for each consultant and adviser?	
What would be the daily rate range for each one of them?	
Are there any costs associated with hiring?	
Are the advisory panel members paid (daily fees, honorarium)?	
What types of capacity building/training will be required?	
<b>Travel Requirements</b>	
How many times does the team need to travel to the country? Is international travel required; travel to field locations?	
What travel requirements exist for briefings in USAID offices, interviews with stakeholders, data collection activities, stakeholder meetings, etc.?	
What would be the primary mode of travel (air, project vehicle, etc.)?	
Is there a need for special modes of transportation due to accessibility and security considerations?	
What will lodging expenses be?	
For how many days and what are the allowances?	
<b>Requirements for consultations with stakeholders</b>	
Are there regular meetings with the steering committee members to discuss the progress of the evaluation?	
Will there be a meeting with a wider group of stakeholders to discuss the findings and recommendations of the evaluation?	
How many and who will be invited?	

<b>Budget Component of the M&amp;E Plan</b>	
<b>Budget Consideration</b>	<b>Implication</b>
What would be the cost associated with renting venues, and bringing in stakeholders (allowances and travel expenses), refreshments and printing materials?	
<b>Data collection and analysis tools and methodologies</b>	
What are the methods of data collection?	
If surveys and/or questionnaires will be used, what is the target population and area to be covered?	
Which resources are required (fees for enumerators, including their travel expenses, etc.)?	
Which resources are required for researchers to complete a detailed analysis of data collected?	
Will there be facility costs?	
What supplies are needed (e.g., office supplies, computer software for data analysis, etc.)?	
<b>Communication costs</b>	
What are the phone, Internet, and fax usage requirements?	
If surveys and/or questionnaires are conducted, how will they be administered (mail, Internet, telephone, etc.)? Printing costs?	
What are translation costs?	
What types of publication and dissemination of evaluation reports and other products, including translation costs are needed?	
Are there any resources allocated for incidentals?	
Are there partners for evaluation?	
Is this evaluation cost shared? What would be the cost to USAID, other donors or an implementing organization?	
<b>Crisis-Related/Unexpected Contingency Costs</b>	
Is it anticipated there could be inflation or currency devaluation?	
Is equipment theft/damage a concern?	
Is there a need for additional data collection/analysis to verify findings?	
Are any new/modified activities to regular programming expected in response to a crisis that will require modifications to the M&E plan?	
Are there security risks that may increase costs for security/protection?	
Is there a risk for data loss or security that will require investment Are there costs for data storage and protection?	

# ANNEX N: CATHOLIC RELIEF SERVICES BUDGETING FOR M&E IN AN EMERGENCY



## M&E in Emergencies Tips and Tools

### DESIGN: How to budget for M&E activities for emergencies

M&E costs are variable and largely depend on how you structure your organization's M&E plan. For instance, field agents can do much of the monitoring during other field activities, so if you structure part of your M&E plan to include this type of monitoring, you will reduce costs. A good rule of thumb is to budget at least 5% of total project costs for M&E, though some donors specify the amount allowed for M&E activities (usually up to 10%).

Below are some line items to consider when developing a budget that includes M&E costs (not all will apply to your project):

LINE ITEMS	DETAILS
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Salary and benefits, housing/per diem, R&amp;R, etc. for:</li> <li>• M&amp;E officer</li> <li>• Data collection and entry people (full, part time, or temporary)</li> </ul>
<b>Assessments and/or baselines</b>	<ul style="list-style-type: none"> <li>• For all staff (CRS and partner; including drivers) involved in assessment:</li> <li>• Transportation, per diem, lodging</li> </ul>
<b>Field monitoring</b>	<ul style="list-style-type: none"> <li>• For monitoring trips beyond what is already planned by field agents (including M&amp;E officer accompanying field agents on already planned trips), including drivers:</li> <li>• Transportation, per diem, lodging</li> </ul>
<b>Real-time and other evaluations</b>	<ul style="list-style-type: none"> <li>• Real Time Evaluations</li> <li>• For external evaluator(s) [external to the project, so the evaluator can be a CRS staff person, whose salary during the RTE may or may not have to be covered by the project]:               <ul style="list-style-type: none"> <li>• Consulting fees or salary</li> <li>• Travel (to the country and for the field visits) • Per diem</li> <li>• Lodging</li> </ul> </li> <li>• Cost of evaluation               <ul style="list-style-type: none"> <li>• Per Diem, travel, lodging of project staff involved in data collection (including drivers).</li> <li>• Meeting costs of one day management workshop at the end of the RTE (office supplies, lunch)</li> </ul> </li> <li>• Other evaluations: Line items are similar to a Real Time Evaluation but the evaluation is preferably led by an external evaluator. All other costs remain the same.</li> </ul>
<b>Reflection event</b>	<ul style="list-style-type: none"> <li>• Per diem, travel, lodging of any staff who have to travel a long distance to the location of the event (e.g., main office staff to field office, field staff to main office)</li> <li>• Meals during event</li> <li>• Office supplies</li> <li>• Meeting room rental</li> </ul>

# ANNEX O: OVERVIEW OF THE GBVIMS

## **GBVIMS Background**

When the UNHCR evaluated some GBV programs in Tanzania in January 2000, it discovered that NGOs and UN agencies collecting GBV data in the area were all using different terminology as well as classifying and counting procedures. They found that program strategies and activities were guided by subjective impressions, not by analysis of data and evaluation of intended outcomes. None of the NGOs had a system for compiling data that was useful and effective for analyzing incident rates, types, risk factors, contributing/causative factors, survivor details, perpetrator details, or case outcomes. Monthly reports by the implementing partners to UNHCR contained inconsistent information, making it impossible to glean an understanding of problems and successes across a region (of Tanzania).

It became apparent that this was not only a problem in Tanzania, but in several locations. Over the course of the next five years, the UNHCR, Reproductive Health Response in Crises Consortium, and the Inter-Agency Standing Committee all produced documents in an attempt to improve GBV programming, M&E, and information management. While helpful, these documents failed to produce sustained results.

In 2005 and 2006 WHO and UNFPA hosted a consultation and a symposium that called for a standardized system for GBV information management. In 2006, as a result of this call to action, the IRC hired a consultant, funded by the United Nations Office for the Coordination of Humanitarian Affairs, to assess the situation and recommend how to move forward. At the same time, the UNHCR began developing a standardized database.

In 2007, the GBVIMS global team was established; this inter-agency partnership consisted of members from UNFPA, IRC, and UNHCR. The GBVIMS global team developed and piloted the first GBVIMS that year, in Thailand. From that time until today, the GBVIMS and its tools have been piloted in more countries, and modified and improved. After several years of development and the participation of numerous humanitarian agencies and organizations, the GBVIMS is ready to be launched.

The GBVIMS is a response to the fact that, as of today, the humanitarian community does not have a system that allows for the effective and safe collection, storage, analysis, and sharing of GBV-related data. This affects humanitarian actors' ability to obtain a reliable picture of the GBV being reported. It also minimizes the utility of collected data to inform program decisions for effective GBV prevention and care for survivors. Owing to the sensitive nature of GBV data and concerns by many frontline GBV actors in how GBV data are used, there is also very limited information-sharing between key stakeholders. This hampers GBV coordination and limits a multi-sectoral response.

## **Purpose**

The GBVIMS was created to harmonize data collection on GBV in humanitarian settings; to provide a simple system for GBV project managers to collect, store, and analyze their data; and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to help service providers better understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination.

- **Data Compilation & Statistical Analysis**

Using standardized incident report forms and a globally standardized incident classification system, GBV primary service providers can enter data into the Incident Recorder and instantly generate statistical tables and charts. These enable them to analyze their data, identify correlations between data fields, and reveal trends in their reported data. These automatically generated reports include statistics on the incidents, survivors, and, to a lesser extent, the perpetrators.

They also include a snapshot of referral pathways and actions taken. Examples of the types of information provided by the Incident Recorder include the most-commonly reported types of GBV; the most-affected age groups of survivors; and the type of service that survivors are most frequently referred from and referred to (e.g., health, police, etc.).

- **Data Sharing**

Providing a safe and ethical mechanism for primary service providers to share and access compiled GBV data is one cornerstone of good GBV coordination. At a minimum, actors should be clear on what data will be shared, for what purpose, who will compile the data, and how and when actors will be able to access the compiled statistics. The GBVIMS Incident Recorder standardizes reported GBV data and makes the data anonymous in order to facilitate sharing of sensitive information between humanitarian actors in a safe manner. Comprehensive guidelines for developing data-sharing protocols, as well as information on all of the ethical and safety issues that must be considered before sharing data, are an integral part of the GBVIMS project.

# ANNEX P: SAFETY AUDIT TOOL

Guidance for Using the Safety Audit Tool	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To identify whether the physical layout of the community could potentially make women/men and girls/boys more vulnerable or capable to resist threats of GBV. It focuses on the overall layout, the location of water and sanitation points, the household and community layout, and presence of actors that could potentially pose a threat of GBV to women/men and girls/boys in the community.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement to the collection of primary quantitative data.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Skilled GBV program managers with significant field experience and previous experience conducting safety audits.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Identify who will participate in the design in the safety audit. Consider whether and how to engage local partners, community leaders and activists (male and female), and GBV survivors (if safe and ethical).</li> <li>Prepare the PIRS to inform this process. If it would be unsafe for certain individuals to participate in the physical walkthrough of the community, consider asking them to draw a visual representation of the community and indicate what would be make women/men and girls/boys vulnerable to GBV.</li> <li>In partnership with the individuals selected in <b>Section 2.1</b>, review the Safety Audit Tool, and modify it to exclude any sections that are not necessary, and include additional sections or questions that might be useful in the particular context in which you are working.</li> <li>Analyze and interpret the safety audit data with those participating the design and implementation of the safety audit.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>The safety audit tool can be very useful along the relief to development continuum, in particular during a crisis where time is of the essence and/or quantitative data collection methods are not appropriate. Along the whole relief to development continuum, it is essential not to fill out the paper safety audit template in areas of insecurity or political repression. Rather, take mental note of questions and observations and fill in the form later, after leaving the site/community.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>It is essential to identify and mitigate any potential risks that conducting a safety audit, and visibility associated with it, would create for those participating in it.</li> <li>As well, it is necessary before initiating the safety audit to identify a protocol for safe data storage and sharing, as well as a protocol for the dissemination of results, to minimize any risks to communities at large, individual community members and leaders, members of certain ethnic or political groups, and GBV specialized or non-specialized service providers.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>This tool is a modified version of the International Rescue Safety Audit Tool, <a href="http://www.gbvresponders.org/emergency-toolkit#ER">http://www.gbvresponders.org/emergency-toolkit#ER</a></li> <li>GBV AoR Working Group. 2010. <i>Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings</i>. <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a></li> <li>Women's Refugee Commission. 2012. Preventing Gender-based Violence, Building Livelihoods Safety Mapping Tool.</li> <li>WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies.</li> </ul>



**Safety Audit Team:**  
**Geographic Location of Safety Audit:**  
**Date of Safety Audit:**

<b>Safety Audit</b>		
Overall Layout	Problem?	Comments
Night lighting	Yes /No	
Overcrowding (space for shelters, spaces for fires/kitchens, sufficient walkways/movement)	Yes/No	
Observations related to movements of women/men and girls/boys outside the camp for water, firewood, etc.:		
<b>Water and Sanitation</b>	Problem?	Comments
Water points (distance, secure location, time to wait, etc.)	Yes/No	
Showers (distance? Separated for gender? Locks/no locks? etc.)	Yes/No	
Latrines (distance? Separated for gender? Locks/no locks? etc.)	Yes/No	
Observations related to water and sanitation:		
<b>Household</b>		
Safety/privacy	Yes/No	
Cooking Spaces	Yes/No	
Observations related to Household safety and security:		
<b>Community</b>		
Schools (distance? Safety of access route? Presence of armed actors in vicinity? etc.)	Yes/No	
Markets (distance? Safety of Access Route? Presence of armed actors in vicinity? etc.)		
Observations about the safety and security of women/men and girls/boys in the community:		
<b>Presence of Armed Actors</b>		
State Military (Presence in/around civilian areas? Rapport with Communities, etc.)	Yes/No	
Other Armed Actors (Presence in/around civilian areas? Rapport with communities? etc.)	Yes/No	
Barriers/checkpoints (Existence? Blocking key routes to health centers, schools, etc.)?	Yes/No	
Observations on the presence of armed actors:		

# ANNEX Q: FOCUS GROUP GUIDE

Guidance on Using the Focus Group Guide	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To obtain greater insights into the settings and contexts in which GBV occurs, the dynamics of abuse, and how women/men, children, and communities are affected by this violence. Focus groups can be used to monitor project progress throughout the life of a GBV project, collect baseline data, and contribute to evaluation insights at the end of a project. Additionally, focus groups about male engagement can provide important insights into the causes of violence, as well as into the most effective strategies for preventing violence. Focus groups also help to determine the survival mechanisms that women/men employ to deal with GBV, both on their own and with the help of their families and friends, especially those women/men for whom there is an absence of formal services. Understanding survivors' pathways to recovery can improve clinical interventions and public education campaigns.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement for gathering primary quantitative data.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Trained focus group facilitators fluent in the local language accompanied by project staff that have been provided with guidance from M&amp;E and GBV officers.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete the steps for preparation and implementation of the focus group in the Focus Group Guide tool below.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>It may be inappropriate or not feasible to conduct focus groups during the crisis phase. This may be the case due to lack of security, focus group fatigue, or the risk of drawing attention to certain individuals or populations participating in the focus group. In these cases, consider more informal discussions that can take place between women/men while they are engaged in normal every day activities, such as coffee roasting, collective laundry washing, or baking bread.</li> <li>Focus groups are very useful for understanding how violence or services provision have changed or evolved since the onset of a crisis. This is particularly the case where pre-crisis qualitative or quantitative data may exist. As such, it is essential to gather and review any pre-existing pre-crisis data on services before initiating a focus group. This will permit a more effective discussion of what has changed since the collection of data during the pre-crisis phase.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>The Focus Group Guide below highlights numerous ethical and safety measures that should be taken before and while carryout the focus group. In sum, these include:               <ul style="list-style-type: none"> <li>— Ask participants to provide voluntary and informed consent at the beginning of the focus group.</li> <li>— Make available a trained counselor during the focus group if interviewing survivors (last resort).</li> <li>— Make available a trained counselor if there is a strong likelihood that unidentified GBV survivors, family members, or witnesses to abuse might be participants in the focus group.</li> <li>— Have available GBV referral service information.</li> <li>— Have in place safe and ethical data storage and dissemination plan before initiating the focus group.</li> <li>— Make available translation with carefully selected translators that are appropriate given the gender, ethnicity, and language of participants.</li> <li>— Consider carefully the composition of focus groups (ethnicity, sex, political affiliation) in line with the guidance provided in</li> </ul> </li> </ul>

## Guidance on Using the Focus Group Guide

Section C of the tool below.

### Additional Resources

- This tool is a modified version of the International Rescue Committee Focus Group Guide.  
<http://www.gbvresponders.org/emergency-toolkit#ER>.
- GBV AoR Working Group. 2010. *Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings*.  
<http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf>
- WHO. 2007. *Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies*.



**Date of Focus Group:**

**Location of Focus Group:**

**Secretary (if applicable):**

**Translation necessary for the interview:**

**Number of Participants:**

**Age Range of Participants:**

**Sex of Participants: Male/Female/Mixed**

***Preparing for the Focus Group***

**A. Clearly identify the purpose of the focus group**, what type of information your organization is seeking to obtain and why. To do so, refer to the M&E plan to identify which type of baseline information your organization requires that could not be collected through secondary data. This will ensure that your organization is not collecting information that already exists or that is not necessary for designing effective GBV programming. This is the foundation for an ethical research approach, which dictates more specifically that:

- Information about specific incidents of GBV should not be shared and special care should be taken with distributing any collated data: all guiding principles associated with ethical and safe data collection must be upheld; a standard system for sharing data should be developed and agreed upon by partners; and no identifying information should be included in any of the data summaries (Global Protection Cluster 2010).
- As well, current WHO norms and standards for researching, documenting, and monitoring sexual violence strongly discourage gathering information from, and possibility re-traumatizing, survivors in particular where that information is readily available or exists in another form. They further discourage gathering information from survivors where referral services are not available or where survivors may not feel comfortable availing themselves of those services (WHO 2007).

**B. Develop questions using the format of the Data Collection Tool** (see **Annex C**) as a guide to gather the baseline and any other data necessary. The questions are written generally so that they can be adapted to the audience and purpose of the focus group. Insert the adapted questions below in **Section 2** “Conducting the Interview.” If the primary aim of the focus group is to assess the risks of GBV and services to address it, you may modify the template provided below.

**C. Decide how many times and in different locations to run the focus group.** Running a focus group one time will not provide you with a variety of perspectives across different groups nor will it provide triangulation of data. Your agency will want to adapt for your unique project needs, but consider running at least three focus groups in one community (village/neighborhood) among different groups.

**D. Select Focus Group Participants**, keeping in mind the following:

- The ideal size for a focus group is 8–10 respondents. In general, the smaller the group, the more manageable it is. Where the purpose is to generate depth of expression from participants, a smaller group size may be preferable. Remember to recruit a few more respondents than you need in case some decide to drop out.
- In selecting participants, consider whether one participant will dominate the conversation or make other participants feel uncomfortable if dissenting opinions or information comes out.
- When conducting focus groups on sensitive or taboo topics such as GBV, it is often preferable that participants are relatively similar to one another in terms of age, culture, sex, social class, and so on. By attempting to create a more homogeneous profile of participants within each focus group, you may be able to increase group comfort level when discussing sensitive topics. After your organization has gained sufficient experience in conducting focus groups within your target community, you may wish to design more heterogeneous groups in order to stimulate communication within and among disparate groups.
- Whenever your organization is investigating an issue through focus group discussions, it is important for purposes of representation and comparison to conduct at least two focus groups for each representative population (e.g., women/men; men; married/unmarried; different ethnic groups; different age cohorts; etc.).
- Participants may be recruited through local organizations or community leaders. In refugee settings, the local UNHCR office or sub-office and/or NGO service provider staff can help determine the most feasible way of doing this. However, your organization must always weigh its strategies for recruiting participants against safety and security issues posed by investigating issues of GBV.

**E. Select a sufficiently private location for the focus group** so that participants may speak without being overheard or seen by others not in the group. Avoid noisy areas where it will be difficult for participants and the moderator to hear each other. In addition, the setting should be comfortable, nonthreatening, and easily accessible for the respondents. Seating should be arranged to encourage participation and interaction, preferably in a circle where all respondents can see each other and the moderator.

**F. Have available GBV referral services information** for any participants who might need it. If no referral services are available, consider not having the focus group if it is likely that GBV survivors will be participating in the focus group.

**G. Determine whether the time scheduled for the interview is optimal** for the key informant(s). There may be certain times of day that are better for women/men or men depending on when they undertake income generating activities, care for children, and/or complete household tasks.

**H. Select interview staff carefully**, taking into account language, ethnicity, religion, political orientation/affiliation, and sex of the interview staff. Consult with informed local stakeholders to determine what would be most appropriate and acceptable.

**I. Consider carefully whether it is necessary to have trained psycho-social staff** present during the interview, in particular with GBV survivors.

**J. If GBV is a politically or culturally sensitive topic**, consider joining forces with other institutions/individuals conducting stakeholder interviews so that discussions on GBV can be couched in larger discussions on less sensitive topics.

**K. Vet the focus group topics, methodologies, questions, selected participants, locations, and other key decisions** with local women/men before actually beginning the focus group to

ensure that they are culturally appropriate and will not put participants in danger. Meet with community leaders and/or local government to explain the purpose of the assessment visit—to better understand the health and safety concerns affecting women/men and girls/boys after the crisis—and the presence of the data collection team in the community. Do not meet with community leaders and/or local government officials if it will compromise the safety or protection of GBV survivors, GBV service providers, or any other persons at risk.

### **Providing an Introduction and Obtaining Informed and Voluntary Consent**

- **Introduce all interviewers and translators and your organization.** Ensure that during this and all stages that interviewers and translators display a warm and human demeanor.
- **Explain clearly and simply the purpose of the discussion** to the focus group participants (i.e., what type of information that you are seeking and for what purpose it will be used).
  - Clarify that participation in the focus group is voluntary. Participants can leave the discussion at any time.
- **Ask participants if you may take notes** during the discussion (it is not advisable to record the discussion). Explain that the purpose of taking notes is to ensure that the information collected is precise. Clarify that you will not attribute comments to specific persons or note any personal information.
- **Clarify that all discussions are confidential** and that neither the facilitators nor the participants should share information with others once the focus groups is over.
  - Clarify that you are not asking the participants to speak of any specific experiences of GBV that they have experienced or witnessed.
  - Explain the process of informed and voluntary consent (see **Annex T**) and ask participants if they have any questions about the interview process. After addressing any questions, ask respondents to sign, or to provide their thumbprint on the informed voluntary consent participation form. If participants are unable or feel uncomfortable in doing so, ask them to provide some form of verbal indication that gives their consent voluntarily to participate in the interview.
- **Clarify whether there are any guaranteed sources of funding** to address the issues/needs that might arise during the interview. This will ensure that no false expectations are created.

### **Conducting the Focus Group**

- **Insert the substantive questions** developed above into this section or use the template provided below.

### **Tips for Conducting the Focus Group**

- It can be useful to incorporate group mapping activities in focus groups, such as “please draw your community and mark ‘red Xs’ where you feel the more risky locations exist.”
- It can be useful to allow participants to rank and prioritize their ideas that they have communicated as a group. This can be done using a variety of hands-on-methods, such as distribution of matchsticks into various categories of risk to represent proportion among their community.
- Be prepared for silence; do not press participants to answer sensitive questions. This may indicate something is wrong with the group composition or facilitators, or a larger issue that is too risky for them to share.

### **Compiling Data from the Focus Group**

- After the meeting facilitators should immediately meet and fill out a collective record sheet of the focus group. Facilitators should share differing opinions of what the prevalent ideas or concerns were and providing their interpretation of why participants answered in certain ways. Record on group data sheet that all facilitators sign and agree upon, this will serve as the official record of that group's data.

**First I would like to ask you some general questions about life, or the way you live in your community or in this area.**

**13.** How do women/men spend their time in this community? Are they working?

**14.** What about girls/boys? Are they in school? Are they working?

**15.** What are the problems/challenges that women/men and girls/boys face when they move around in this community? (*Ask for specific examples*). PROBE:

- Where are the known danger zones in this community (or in this area) where women/men and girls/boys are at increased risk for violence (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)? Are there different danger zones for women/men than for girls/boys? If yes, what are they?

**16.** How safe are women/men and young girls/boys when they leave the community?

**17.** What kinds of things might put women/men at risk when they leave the community? What about girls/boys? PROBE:

- Going to and from school, crossing borders, going to town, visiting another area? Traveling at night?

**18.** What about boys, are there specific types of violence that they experience? What examples can you provide? Where does it happen?

**19.** From whom can women/men and girls/boys seek assistance in case of a security problem?

**20.** According to you, what could be done in this community to create a safe environment for women/men and girls/boys?

**(If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question)**

**21.** Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against women/men and girls/boys take place in your community? (*Ask for specific examples*.) PROBE:

- When and where does sexual violence occur in this community/area?
- How is the problem of sexual violence now? How is it different from last year and previous years?

**22.** Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? PROBE:

- People in authority, family members, others

**23.** Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? (*Ask for specific examples*.)

**24.** Who is considered powerful in this community? What gives people power in this community? PROBE:

- Property, spiritual leadership, position of authority, money, having a job...

25. Are there ever times when women/men or girls/boys have to provide sexual favors to meet their basic needs (school fees, protection, food, housing, health care, etc.)?
26. Can you give any examples of young girls/boys engaging in sexual relationships with people who are influential/powerful in the home or in this community?
27. What about boys—can you describe situations when this might happen to them? PROBE:
- When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)?

**(If the following issues have not come up use the following questions to explore areas that have been mentioned)**

28. What other types of violence affect women/men and girls/boys in this community/area? PROBE:
- What about violence between married couples or intimate partners?
  - Can you describe any situations when men and boys say things to girls/boys that make them uncomfortable?
  - What kinds of cultural practices exist that you think might be harmful to women/men and girls/boys in this community?
  - At what age/stage do girls/boys and boys get married in this community? Has this changed this year as compared to previous years?
  - Can you describe times when girls/boys or women/men are forced or made to leave the community to find new work or other opportunities?

***Now I want to ask you a few questions about what happens after violence takes place.***

29. If a woman or young girl suffers violence (use the different forms/types that were mentioned) is she/he likely to tell anyone about it? Who is she/he likely to talk to (family members, other women/men, health workers, community leaders, police/security or other authorities or anyone else)?
30. What about violence experienced by a woman?
31. If violence were perpetrated against a boy, would he tell anyone? Why or why not?
32. How comfortable are women/men and girls/boys in seeking help from service providers? PROBE: Health workers, police, etc....?
33. If you were going to seek health services in this area where would you go? (PROBE: health center, traditional healer, or faith healer.) Please describe any barriers that someone might face.
34. Without mentioning any names, how are girls/boys or women/men that are affected by violence treated in this community? Is there ever a situation where girls/boys or women/men might be blamed for what has happened to them (through their behaviors, dress, etc.)?
35. What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of women/men and girls/boys in this community?
36. What groups are there that women/men, girls/boys, men or boys can go to for support in this community? How could these services be improved?

- 37.** What do you think is the most important thing for a person to do after they experience sexual violence and especially rape (female or male)?
- 38.** Right now, if a person from your community wanted the perpetrator punished, would they be able to do this? Please describe any barriers that they might face.
- 39.** What could be done to prevent sexual violence from occurring in this community? What are some things that you could do?

**Closing the Focus Group:**

- Thank the participants for their participation. Provide respondents with your contact information/ business card if they do not already have it.
- Ask the key informant if they have any questions about the discussion.
- Provide the informant with referral information to pass on to any GBV survivors whom they may know.
- Finalize by clarifying again how and with whom the information that the informant provided will be used and shared.

# ANNEX R: COMMUNITY MAPPING

Guidance on Using the Community Mapping Tool	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To identify which services are available to women/men and girls/boys to prevent and respond to GBV, and to assess the community's knowledge of those services. Community mapping is an excellent tool for collecting qualitative data, particularly in cultures that have strong visual and oral traditions. Community mapping may be created using paper with colored pens or in the dirt/sand using natural materials such as sticks, pebbles, and leaves. Ultimately, the data gathered may also be used to create or supplement existing GIS mapping data on GBV risks and services. However, it is important to take great care when not to map locations of specific incidents of GBV during community, and it is important to get consent from service providers before mapping their location(s). This does not prohibit mapping of GBV incidents when survivors or other community members call into hotlines to report GBV.</li> <li>Community mapping, as well as the Safety and Security Audit, may be incorporated into focus group discussions as a means of better assessing the community's knowledge of GBV services available to women/men and girls/boys (e.g., number, location, and quality of medical and psycho-social care), challenges women/men and girls/boys may face in accessing services (privacy, distance, safety), and the community's perception of areas that present high risks to women/men and girls/boys (public or remote areas where sexual assaults or harassment are likely to take place).</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement for gathering primary quantitative data.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Skilled GBV program managers with significant field experience and previous experience conducting community mapping.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete the steps for preparation and implementation of the community mapping enumerated below.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>Community mapping is very useful for understanding how violence or services provision have changed or evolved since the onset of a crisis. This is particularly the case where pre-crisis qualitative or quantitative data may exist. As such, it is essential to gather and review any pre-existing pre-crisis data on services before initiating the community mapping. This will permit a more effective discussion on what has changed since the collection of data during the pre-crisis phase.</li> <li>Consider repeating the community mapping frequently during a crisis to identify new threats, and vulnerabilities and capabilities to mitigate those threats.</li> <li>During the pre-crisis phase, consider taking measures through contingency planning to diminish the risk of GBV and also the risk that survivors might not gain access to response services.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>The following ethical and safety considerations should be taken into account when conducting the community mapping:               <ul style="list-style-type: none"> <li>— Make available a trained counselor if there is a strong likelihood that identified or unidentified GBV survivors, family members, or witnesses to GBV might be participants in the community mapping.</li> <li>— Engage known survivors in community mapping only as a last resort.</li> </ul> </li> </ul>

### Guidance on Using the Community Mapping Tool

	<ul style="list-style-type: none"> <li>— Have available GBV referral service information.</li> <li>— Have in place safe and ethical data storage and dissemination plan before initiating the community mapping.</li> <li>— Make available translation with carefully selected translators that are appropriate given the gender, ethnicity, and language of participants.</li> <li>• As well, it is absolutely mandatory (1) not to map locations of specific incidents of GBV, (2) to obtain consent from service providers before mapping and sharing their location(s), and (3) not to note the names of participants in the community mapping.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>• This tool is a modified version of the International Rescue Committee Community Mapping Tool. <a href="http://www.gbvresponders.org/emergency-toolkit#ER">http://www.gbvresponders.org/emergency-toolkit#ER</a>.</li> <li>• GBV AoR Working Group. 2010. <i>Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings</i>. <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a></li> <li>• WHO. 2007. <i>Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies</i>.</li> </ul>



## **Location of Community Mapping:**

## **Date of Community Mapping:**

### **40. Preparing for Community Mapping**

- Have available pencils or markers of different colors, paper, sticks, stones, leaves, or potential drawing materials.
- Consider having a counselor or someone trained in psycho-social support facilitate the community mapping. This may be necessary to minimize the possibility of re-traumatizing GBV survivors or their family/community members who participate in the discussions. For example, making visual representations of unsafe locations may serve as a trigger for survivors who were abused or violated there.
- Do not take notes or write the names of participants on the map.

### **41. Conducting Community Mapping**

- To incorporate community mapping into your primary data collection efforts in the Data Collection Tool in Annex D, follow the introductory guidance found in the Focus Group Discussion tool. Identify questions that may be “mapped” rather than addressed through discussion, and proceed with the following steps:
- Request that a participant draw a map of the general area, settlement camp, or site. Have materials (paper, pens, pencils, sticks, stones, leaves, or other potential drawing materials) ready in case participants do not naturally reach for something.
- As the map is taking shape, other participants are likely to provide input or to get involved. Give plenty of time and space.
- Wait until participants have completely finished before you begin asking questions. Then use the below questions to help you understand risk factors and services for women/men and girls/boys. After each question, give participants time to consider and indicate their responses on the map.
- Where do people in the community go if they need medical treatment?
- Where do people in the community go if they are feeling sad, stressed out or shaken up?
- Where do people in the community go if they want to express a concern about safety?
- Is there a place where women/men can go to discuss problems together?
- Are there places on the map that are not safe for women/men and girls/boys during the day or at night?
- Why are they unsafe?

- Are there places on the map that are not safe for women/men and girls/boys during the night?
- Why are they unsafe?
- Where might a woman go for help if she/he is the victim of violence?
- Where might a girl go for help if she/he is the victim of violence?
- Have you or anyone you know found any ways to reduce the possibility of becoming a victim of violence? What are they?
- Record any visual output from this process, whether it is drawn on the ground or on paper. Note the date that the date the map was created. Do not note directly on the map the location of the map to ensure that it does not put any community members or service providers in danger.

# ANNEX S: GENERAL KEY INFORMANT INTERVIEW GUIDE

Guidance for Using the Key Informant Guide—General	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To gather information from individuals who are deemed knowledgeable and well-informed regarding the risk factors that make women/men and girls/boys vulnerable to GBV, and also how best to address them. A key informant interview may serve several purposes:               <ul style="list-style-type: none"> <li>Gathering information from actors in different sectors on GBV-specific programming (e.g., health, security, legal, and psycho-social actors).</li> <li>Gathering information when cultural barriers making survey or focus group research on GBV difficult. Key informant interviews with community leaders who know their communities well may provide key nuances on the characterization or means to prevent and respond effectively to GBV in a given context.</li> <li>Gathering information when the urgency of an immediate onset crisis, politically repressive culture, or security concerns would otherwise make it difficult to conduct survey or focus group research. Carefully selected key informant interviews can provide a wealth of information on how to prevent and respond to GBV where it might otherwise be difficult to conduct survey or focus group research.</li> <li>Engaging community members as agents of change. Key informants who are directly involved in data collection efforts are more likely to be invested in future programming and M&amp;E of such programming to address GBV.</li> <li>Clarifying the findings of quantitative research. Key informant interviews can substantiate or clarify the findings of previous quantitative research that your organizations or others have conducted.</li> </ul> </li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement for gathering primary quantitative data.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Skilled GBV program managers with significant field experience and previous experience conducting key informant interviews.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Complete the steps for preparation and implementation of the Key Informant Guide enumerated below.</li> <li>It is absolutely essential to adjust the questions according to each stakeholder to mitigate any risks associated with interviewing them—either for them specifically or for concerned populations. These risks include increased GBV or diminished availability of quality, safe, and accessible response services.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>Key informant interviews are useful during a crisis and/or when politically repressive culture, or security concerns would otherwise make it difficult to conduct survey or focus group research. Carefully selecting key informants (including GBV service providers) can provide a wealth of information on how to prevent and respond to GBV where it might otherwise be difficult to conduct survey or focus group research. Interviewing GBV survivors should be a last resort and only take place in adherence with the criteria established in <b>Section I</b>.</li> <li>Key informant interviews also engage community members so that they become the eyes and ears of GBV programming and M&amp;E when the crisis or political/security context would otherwise make it difficult to conduct performance monitoring.</li> <li>During a crisis phase or politically sensitive/repressive context, it is very important to develop information storage and dissemination protocols regarding the intended use and expected outcome of the stakeholder interview. This is because tensions are often high and poorly communication can create challenges with GBV Programming implementation.</li> </ul>

### Guidance for Using the Key Informant Guide—General

<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>• During all phases along the relief to development continuum, but in particular during the crisis phase or in a politically sensitive, repressive context, or where there is significant stigma surrounding GBV, it is very important to develop information storage and dissemination protocols about the intended use and expected outcome of the stakeholder interview to protect GBV survivors, service providers, and their communities.</li> </ul>
<b>Special Considerations for Key Informant Interviews with GBV Survivors</b>	<ul style="list-style-type: none"> <li>• In general, key informant interviews should be conducted on a very limited basis with GBV survivors, and in line with the WHO Safety and Ethics Recommendations listed below:             <ul style="list-style-type: none"> <li>— The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.</li> <li>— Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.</li> <li>— Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.</li> <li>— The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.</li> <li>— The confidentiality of individuals who provide information about sexual (and other forms of GBV) must be protected at all times.</li> <li>— Anyone providing information about sexual (and other forms of gender-based) violence must give informed consent before participating in the data gathering activity.</li> <li>— All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.</li> <li>— Additional safeguards must be put into place if children (i.e., those under 18 years) are to be the subject of information gathering.</li> <li>— As well, it is highly advisable to select GBV survivors who are already identified by an existing service provider. It is prohibited to ask publicly or go door-to-door in search of GBV survivors. Finally, information storage and dissemination protocols must be in place to protect survivors, service providers and communities.</li> </ul> </li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>• This tool is a modified version of the International Rescue Committee Key Informant Interview Guide. <a href="http://www.gbvresponders.org/emergency-toolkit#ER">http://www.gbvresponders.org/emergency-toolkit#ER</a></li> <li>• GBV AoR Working Group. 2010. <i>Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings</i>. <a href="http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf">http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf</a></li> <li>• WHO. 2007. <i>Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies</i>.</li> </ul>



## GENERAL KEY INFORMANT INTERVIEW GUIDE

**Name and Position of Key Informant (If not Confidential):**

**Age and Sex of Informant:**

**Date of Interview:**

**Location of Interview:**

### 42. Preparing for a Key Informant Interview

- **Identify clearly the purpose** of the key informant interview and what type of information your organization is seeking to obtain, and for which purpose. To do so, refer to the M&E plan in the checklist to identify which type of baseline information you require that could not be collected through secondary data collection. This will ensure that you are not collecting information that already exists or not necessary for designing effective GBV programming. This is the bedrock of an ethical research approach.
- **Select, modify, and add any pertinent interview questions** to those contained in the Data Collection Tool in Annex D to include in the key informant interview guide below in Section 2.
- **Identify key informants** from whom you will gather the data. Use the last column in the Data Collection Tool to help you with select the appropriate informants.
- **Determine whether it is necessary and advisable to record the interview**, taking into consideration whether doing so would pose a security risk to key informants. Be prepared to not record the interview if respondents feel uncomfortable with you so doing.
- Have available **GBV referral services information** for any stakeholders who might need it. If no referral services are available, and there is a likelihood that the interview might be traumatizing to the respondent, consider not conducting the interview unless your organization can make available a trained counselor.
- Determine whether **the time scheduled for the interview is optimal** for the key informant(s). There may be certain times of day that are better for women/men or men depending on when they undertake income generating activities, care for children, and/or complete household tasks.
- **Select interview staff carefully**, taking into account language, ethnicity, religion, political orientation/affiliation, and sex of the interview staff.
- Consider having **trained psycho-social staff** present during the interview, not only for interviews with GBV survivors, but also for anyone who may be experiencing stress or trauma related to GBV. This may include the families of GBV survivors, and the community members and leaders, service providers, and policy makers in the area where the survivors live.

- If GBV is a sensitive topic, consider joining forces with other institutions/individuals conducting stakeholder interviews so that discussions on GBV can be couched in larger discussions on less sensitive topics.

### **43. Conducting the Key Informant Interview**

#### ***Providing an Introduction and Obtaining Informed and Voluntary Consent***

- Interviewers introduce themselves. It is essential for the interviewer to have a warm and human demeanor during this and every stage of the interview process.
- Explain the purpose of the discussion to respondent (i.e., what type of information you are seeking and for what purpose it will be used).
- Clarify whether there are any guaranteed sources of funding to address the issues that arise during the interview.
- Clarify whether you are asking the respondent to speak of any specific experiences of gender-based violence that they have experienced or witnessed. Also address whether they should provide any personally identifying information and how this information will be handled.
- Explain the process of informed and voluntary consent (see **Annex T**), and ask participants if they have any questions about the interview process. After addressing any questions, ask respondents to sign or to provide their thumbprint on the informed voluntary consent participation form. If participants are unable or feel uncomfortable in doing so, ask them to provide some form of verbal indication that gives their consent voluntarily to participate in the interview.

#### ***Posing Interview Questions***

- Insert and pose the substantive questions developed above into this section.

#### ***Closing***

- Thank the respondent for his/her participation in the discussion. Provide the respondent with your contact information/business card.
- Ask the key informant if they have any questions about the discussion.
- Provide the informant with referral information to pass on to any GBV survivors that they may know.
- Finalize by clarifying again how and with whom the information that the informant provided will be used and shared

# ANNEX T: GUIDANCE FOR OBTAINING INFORMED AND VOLUNTARY CONSENT

Guidance for Obtaining Informed and Voluntary Consent	
<b>Purpose of the Tool</b>	<ul style="list-style-type: none"> <li>To obtain informed and voluntary consent from participants in focus groups, community mapping, key stakeholder interviews (in particular with GBV survivors), and any other interviewing technique or method that requires it.</li> </ul>
<b>When to Use the Tool</b>	<ul style="list-style-type: none"> <li>At the beginning of a focus group, key stakeholder interview, or community mapping, it is necessary to obtain informed and voluntary consent from participants.</li> </ul>
<b>Who Should Use the Tool</b>	<ul style="list-style-type: none"> <li>Anyone who is conducting the aforementioned interviews, focus groups, or discussion groups.</li> </ul>
<b>How to Use the Tool</b>	<ul style="list-style-type: none"> <li>Use the guidance to develop a protocol for obtaining informed and voluntary consent at the beginning of the focus group, key stakeholder interview, and community mapping. If conducting a focus group, consider using the Template for Introduction and Informed Consent provided below.</li> </ul>
<b>Continuum Constraints and Opportunities</b>	<ul style="list-style-type: none"> <li>See the guidance below.</li> </ul>
<b>Key Ethical and Safety Considerations</b>	<ul style="list-style-type: none"> <li>For populations that are not literate, or for whom signing a document would put them at ill at-ease, consider asking them to provide a thumbprint or verbal consent during the informed and voluntary consent process.</li> <li>Ensure to save informed and voluntary consent forms in safe location, and preferably away from other related data.</li> </ul>
<b>Additional Resources</b>	<ul style="list-style-type: none"> <li>The guidance for obtaining informed and voluntary consent is a modified version of the guidance provided in WHO. 2007. <i>Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies</i>.</li> <li>The template for data collector confidentiality rights and responsibilities/confidentiality is a slightly modified version of that provided by Jeanne Ward, Independent Consultant on GBV.</li> <li>The template for introduction and informed consent for focus groups is a slightly modified version of the following document: US Centers for Disease Control and Prevention and International Rescue Committee. 2013. Evaluation of a Handheld Solar Light Project among Internally Displaced Persons in Port-au-Prince, Haiti, June.</li> </ul>



## **GUIDANCE FOR OBTAINING INFORMED AND VOLUNTARY CONSENT**

The role of informed and voluntary consent is to ensure that respondents are aware of, and *understand*, the purpose and content of the data collection exercise, the procedures that will be followed during the data collection, and also their rights. It is also to ensure that participants are aware that participation is voluntary and that they may elect not to respond to any question, at any time.

The informed and voluntary consent *process* is crucial. It is much more than simply providing a form for participants to read and sign.

1. Careful attention must be paid to how information is given, considering issues of power and control in the setting. Those collecting information about sensitive subjects like GBV must recognize that, especially in emergency settings, individuals contributing information may feel beholden to them or dependent on them as a possible route to services. Thus, individuals may feel compelled to answer all questions, submit to examinations, and/or agree to interview requests regardless of their own discomfort, risk, or preference.
2. Information gatherers need to make sure they are not overly influencing participants with their authority, attitude, or demeanor—for example, their heartfelt conviction that the information collection is worthwhile, that it will not hurt the participants, and that professionals know best. Those collecting information should also be mindful of not making any unrealistic promises, in terms of benefits of participation, as it might unduly influence someone to agree to an interview. Experience shows that respondents may misunderstand the purposes of interviews and/or misunderstand whether interviews will lead directly to an increase in or personal access to services. After working through the steps outlined in Step 4 below, the interviewer should ask the participant to repeat back in her/his own words why she/he thinks the interview is being conducted, what she/he will gain by doing it, what she/he has agreed to, what the risks might be, and what would happen if she/he refuses. In other words, the interviewer must carefully assess each aspect of the participant's understanding and explain or rephrase the information as many times as required.
3. As part of the informed and voluntary consent process, it is critical that participants are given information about each of the following (all of these should be communicated to the potential participant in what is often called a “consent statement”):
  - The reason for the interview; the subject matter(s) to be discussed; the personal, and possibly upsetting, nature of questions that may be asked; the potential risk and benefits involved in participating (bearing in mind that respondents may misinterpret the possibility of personal benefit that may come to them if they agree to participate in an interview or other form of data collection).
  - The precautions being taken to protect confidentiality.
  - Whether information will be shared, and if so, how and with whom (if identifiable information is going to be shared with third parties, the identity of these third parties must be disclosed).

- Their rights to refuse to take part in the interview and/or to answer any particular questions or parts of the interview and also their right to put restrictions on how the information they have given is used.
4. The generally accepted approach to obtaining informed and voluntary consent is as follows:
    - Read aloud to the interviewee the consent statement (Step 3 above), allowing time for questions and clarifications of individual points.
    - Having explained the key points, the interviewer should ask the participant to repeat back in their own words why they think the interview is being done, what they think they will gain from doing it, what they have agreed to, what the risks might be, and what would happen if they refuse. This will allow the interviewer to assess the participant's understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.
    - The last step, obtaining informed and voluntary consent, can be done either verbally or in writing.
  5. Given the sensitive nature of the issue, asking for a signature to confirm that informed consent has been given may not always be appropriate. A signature will identify someone and possibly place that individual at risk. Three alternative strategies are:
    - The interviewer can sign a form to confirm that the respondent gave consent.
    - The respondent can sign a separate form that simply states that informed consent is given to participate in an interview (or other activity) but does not specify the topic.
    - Thumbprint or X signatures may not be appropriate for respondents who are illiterate as they cannot read what they are "signing."
  6. As previously mentioned (see Step 3 above), respondents have a right to refuse to answer specific questions or to take part in sections of the interview. During the course of an interview, interviewers should therefore offer participants a number of opportunities to decide whether or not they wish to go on. For instance, a researcher could say, "The next few questions concern the most recent violent incident. May I continue?"

## DATA COLLECTOR RIGHTS AND RESPONSIBILITIES/CONFIDENTIALITY

**Confidentiality** means that information is not shared outside the setting where it was obtained; it is kept private. There are several types of confidentiality involved with this study.

1. *Employee confidentiality* means that personal information that interviewers, site coordinator, and other participants in the training share about themselves during the training and afterwards will not be shared outside the training group or study staff.
2. *Participant confidentiality* means that we will not reveal the names of the participants who participated in the study. When we share the results of the study with others, no individual's responses will be identified. For site coordinators and interviewers, this means that we will not discuss or reveal names of participants to anyone except to other study staff. It also means that we will not discuss any information that we learn during the course of any interview with anyone except for other study staff. See the confidentiality policy for other ways that we will protect the information we collect during the interviews.
3. *Questionnaire confidentiality* means that the interview materials that we will be using are not to be shared with anyone except during the course of an interview. It is important to let participants in the study know what the study is about and the nature of the questions we will be asking (see Rights of Research Participants). However, we will not show interview materials to people outside of the study. These interview materials are tools for research that are only to be used by people who have been trained to administer them. Always keep the completed interviews in a private secure place.

I agree that I will observe the rules of confidentiality in conducting this research. I will not reveal the names of the participants or the information obtained during the interviews. I will not discuss any specific information from the interviews with anyone who is not directly involved in the research.

I understand that if I do not respect the confidentiality of the research process and the participants, that I will be dismissed from the research process.

Signature

Date

## TEMPLATE FOR INTRODUCTION AND INFORMED CONSENT

My name is \_\_\_\_\_ and I work at \_\_\_\_\_ (insert organization name). We are here to learn from you about \_\_\_\_\_ (insert topic of discussion). The information discussed will be provided to \_\_\_\_\_ (insert name of agencies, organizations or institutions) to \_\_\_\_\_ (insert purpose of sharing information).

I would like to now introduce my team. Our two note takers are \_\_\_\_\_ and \_\_\_\_\_.

[Would anyone like to open the discussion with a prayer or a warm up exercise?]

Your participation is voluntary. No one is obligated to respond to any questions if she (or he) does not wish to do so. Participants can leave the discussion at any time. No one is obligated to share personal experiences if she (or he) does not wish to do so. Individual names should not be shared. Please be respectful when others speak. The facilitator might stop the discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion. I may also ask that the discussion slow down so that the note takers have time to write the important things that you say.

We will ask if each of you provide your agreement to be a participant in this discussion and also permission to write (record) everyone's responses. We are recording the responses so that the valuable information that you share with us will not be missed. We will keep all discussion confidential. Please do not share details of the discussion later, whether with people who are present or not. If someone asks, explain that you were speaking about the health concerns of women/girls [or another appropriate topic].

We are conducting \_\_\_\_\_ (insert number) focus groups in \_\_\_\_\_ (specify location or area). Your voice will represent the community but there will be no benefit to you directly for participating in this discussion.

Do you give us permission to begin the discussion?

Do you give us permission to take notes?

\_\_\_\_\_  
(Signature of facilitator)

<b>Date:</b>	<b>Number of Participants in this group (total):</b>
<b>Focus group discussion facilitator:</b>	
<b>Note taker(s):</b>	
<b>Location of FGD:</b>	Age of FGD participants: <input type="checkbox"/> 14-19 years (specify) _____ <input type="checkbox"/> 25-45 years (specify) _____
<b>Time FGD started:</b>	Range and/or average for 25-45 group:
<b>Time FGD concluded:</b>	
<b>Number of refusals:</b>	

# ANNEX U: USAID CHECKLIST FOR REVIEWING SCOPES OF WORK FOR PERFORMANCE EVALUATIONS



## Checklist for Reviewing Scopes of Work (SoWs) for Performance Evaluations

Use the evaluation SoW checklist to review and strengthen SoWs during the evaluation planning stage. In most cases you should plan evaluations during the project design stage. Use the checklist at this stage to “rough out” the SoW while adding detail as you get closer to the start date for the evaluation. The 18 items that are bolded are the most critical factors that should be addressed in early drafts of the SoW. All 40 factors should be adequately addressed (with a rating of 3 or higher) by the time the SoW is finalized. One of the most critical factors in the SoW is to ensure that the relationship between the number of evaluation questions, level of effort, and budget for the evaluation is clear and realistic. Refer to the related *Checklist for Estimating Level of Effort and Budget for Performance Evaluations* to support these estimates.



**Evaluation SoW Checklist**

**Version 1.0**

**Statement of Work Checklist Keyed to USAID’s Evaluation Policy and ADS**

**203.3.6.3**

Project or Program to be Evaluated \_\_\_\_\_

Main Implementer(s): \_\_\_\_\_

Person who reviewed the SoW: \_\_\_\_\_

Date of the review \_\_\_\_\_

SoW Elements and Sub-Elements	How Well is the SoW Element Addressed					Issues Noted by SoW Reviewer
	5	4	3	2	1	
<b>Adherence to General Principles in USAID’s New Evaluation Policy</b>						
1. Is the SoW developed as part of project design?						
2. Does the SoW take measures to reduce bias such as contracting evaluations with third-party contractors?						
3. Does the evaluation address the most important and relevant questions about project performance?						
4. Does the SoW propose methods that are spelled out in detail to answer the key questions?						
5. Are limitations to the methods identified?						
6. Are high-quality data sources identified for each method?						
7. Does the SoW include methods of reinforcing local evaluation capacity and/or using local evaluation specialists?						
8. Does the SoW include provisions for sharing the findings from the evaluation as widely as possible with full and active disclosure?						
9. Is the SoW clear about requirements for the Final Evaluation Report following Appendix I of USAID’s New Evaluation Policy?						

SoW Elements and Sub-Elements	How Well is the SoW Element Addressed					Issues Noted by SoW Reviewer
	5	4	3	2	1	
<b>Identify the activity, project, or approach to be evaluated</b>						
<b>10. Is the SoW clear and specific about what is to be evaluated, e.g., activity, project/approach (identified by name and relevant identifier and agreement numbers); funding mission/office; sector/topic; budget; target group/area? (looking at the big picture)</b>						
<b>11. Is the duration of the project or program stated in the SoW (i.e., start and end years)? Is the reference period for the evaluations stated clearly?</b>						
<b>Provide a brief background on the development hypotheses and its implementation</b>						
<b>12. Does the SoW provide a clear description of the development hypotheses; intended results; critical assumptions (e.g., narrative, and/or Results Framework/Logical Framework)? (can refer to other documents)</b>						
<b>13. Does the SoW clearly describe the nature of the intervention (i.e., what USAID would deliver—training, TA, etc.) and what was expected to change (at the output and especially outcome levels)?</b>						
<b>Identify existing performance information source, with special attention to monitoring data.</b>						
<b>14. Is SoW clear and specific about existing activity/project/approach (program) monitoring data/reports that are available (i.e., specific indicators tracked, baseline data, targets, progress towards targets; narrative quarterly/annual reports; and when/how evaluators can access these data)?</b>						
<b>15. Does the SoW describe other documents or sources of information that would be useful to the evaluation team (e.g., government or international data) USAID is using to monitor activity/project/approach outcomes (e.g., growth rate, poverty rate, etc.)?</b>						
<b>State the purpose of, audience for and use of the evaluation</b>						
<b>16. Is the SoW clear and specific about why, in management terms, the evaluation is being conducted (i.e., what management decisions an evaluation at this time will</b>						

SoW Elements and Sub-Elements	How Well is the SoW Element Addressed					Issues Noted by SoW Reviewer
	5	4	3	2	1	
inform)? (ADS 203.3.6.1 identifies several management reasons why USAID might undertake an evaluation).						
17. Does the SoW indicate who makes up the audience for the evaluation (i.e., what types of managers in which organizations, e.g., USAID); implementing partner(s); the host government, other donors, etc., are expected to benefit from the evaluation and how?						
<b>Clarify the evaluation question(s)</b>						
18. Does the SoW include a list of the specific questions the evaluation team is expected to answer? [Please enter the number of question in the far right hand column.]						Number of Questions SoW asks the evaluation to address [count question marks]: __
19. Is the SoW list of evaluation questions consistent with USAID expectations about limiting the number asked? (ADS 203.3.6.2 says “a small number of key questions or specific issues answerable with empirical evidence.”) [Small is often considered to be less than ten; every question mark signals a question.]						
20. Does the SoW indicate the relative priority of each evaluation questions (e.g., are they in priority order or are “top priorities” identified)?						
21. As a group, do the evaluation questions appear to be consistent and supportive of the evaluation’s purpose?						
<b>Identify the evaluation methods (USAID may either specify methods or ask the evaluation team to suggest methods)</b>						
22. Is it clear from the SoW whether USAID requires the use of specific data collection/analysis methods or is leaving such decisions up to the evaluators?						Describe:
23. Is the SoW clear and specific about any data disaggregation (e.g., by gender, or geographic region, etc.) it requires?						
24. Is the SoW clear and specific about any samples (e.g., representative); analyses (comparison of means for two groups); or response criteria (significant at the .05 level) it mentions?						

SoW Elements and Sub-Elements	How Well is the SoW Element Addressed					Issues Noted by SoW Reviewer
	5	4	3	2	1	
<b>Specify evaluation deliverable(s) and the timeline</b>						
25. Are the deliverables for which the evaluation team is responsible clearly specified in the SoW?						
26. If deliverables in addition to a draft and final version of the report are required (e.g., detailed evaluation plan, summary of findings prior to drafting the report; oral briefings for stakeholders, are these deliverables clearly described)?						
27. Does the SoW include information about expected start and completion dates for the evaluation?						
28. Are dates provided for all of the deliverables specified as evaluation requirements?						
<b>Discuss evaluation team composition (one team member should be an evaluation specialist) and participation of customers and partners.</b>						
29. Are specific positions and/or skills the team is expected to include clearly defined (e.g., specific positions and associated qualifications including technical, geographic, language and other skill/ experience requirements)?						
30. Is the SoW explicit about requiring that one team member be an evaluation specialist?						
31. Is the SoW clear about whether and how USAID expects its staff; partners; customer/beneficiaries or other stakeholders to participate in the evaluation process (i.e., developing the SoW, collecting/analyzing data or providing recommendations)?						
<b>Cover procedures such as scheduling and logistics</b>						
32. Is the SoW clear and specific about any dates that need to be reflected in the evaluation team's plan (e.g., local holidays, specific dates for oral presentations already scheduled, etc.)?						
33. Is the SoW clear about whether space, a car or any other equipment will be made available to the team or that they must make their own arrangements?						

SoW Elements and Sub-Elements	How Well is the SoW Element Addressed					Issues Noted by SoW Reviewer
	5	4	3	2	1	
<b>Clarify requirements for reporting</b>						
34. In addition to the reporting requirements in USAID Evaluation Policy, is the SoW clear about places visited, language(s) in which the report is to be submitted, etc.?						
35. Does the SoW state when an oral report will be given at the mission and which stakeholders should be present for this meeting?						
36. Is the SoW clear about dissemination requirements, e.g., numbers of hard copies of final report needed; PowerPoint/handouts for oral briefings; submission to the DEC, etc.						
<b>Include a Level of Effort and Budget</b>						
37. Is the SoW clear about the LoE available for the evaluation?						
38. Is the LoE consistent with the types of methods that will be used?						
39. Is the SoW clear about the total budget for the evaluation?						
<b>Reviewer Sense of Reasonableness</b>						
40. In the reviewer's judgment, is the relationship between the number of evaluation questions, timeline and budget for this evaluation clear and reasonable?	Yes	No	Insufficient Information			

**DEFINITIONS:**

Key: 1 = element was not covered at all in SoW; 2 = At least one key aspect was not covered; 3 = All aspects were covered at a basic level; 4 = Covered all aspects but went beyond basics in at least one way that is likely to help evaluators; 5 = All aspects were covered thoroughly and completely, going beyond basics in a number of ways which will aid the evaluators.

**Performance evaluation:** focuses on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision-making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

**Impact evaluation:** measures the change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provides the strongest evidence of a relationship between the intervention under study and the outcome measured.

**Theory of change:** A tool to design and evaluate social change initiatives. It is a blueprint of the building blocks needed to achieve long-term goals of a social change initiative.

**Development hypothesis:** Identifies causal linkages between USAID actions and the intended strategic objective (highest level result).

**External validity:** The degree to which findings, conclusions, and recommendations produced by an evaluation are applicable to other settings and contexts.

**Results Framework:** A management tool that presents the logic of a project or program as a diagram. It links higher level objectives to its intermediate and lower level objectives. The diagram (and related description) may also indicate main activities, indicators, and strategies used to achieve the objectives. The results framework is used by managers to ensure that its overall program is logically sound and considers all the inputs, activities and processes needed to achieve the higher level results.

**Logical Framework:** A management tool used to improve the design and evaluation of interventions that is widely used by development agencies. It is a type of logic model that identifies strategic project elements (inputs, outputs, outcomes, impact) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure.

**Findings:** Empirical facts collected during the evaluation.

**Conclusions:** Interpretations and judgments based on the findings.

**Recommendations:** Proposed actions for management.

# ANNEX V: EVALUATION REPORT TEMPLATE

This evaluation report template is adapted from the UNDP (2009) *Handbook on Planning, Monitoring, and Evaluation for Development Results*.

The evaluation report should be complete and logically organized. It should be written clearly and understandable to the intended audience. In a country context, the report should be translated into local languages whenever possible. The report should also include the following:

**Title and opening pages (front matter)**—Should provide the following basic information:

- Name of the evaluation intervention
- Time frame of the evaluation and date of the report
- Countries of the evaluation intervention
- Names and organizations of evaluators
- Name of the organization commissioning the evaluation
- Acknowledgments

**Table of contents**—Should always include boxes, figures, tables, and annexes with page references.

**List of acronyms and abbreviations**

**Executive summary**—A stand-alone section of two to three pages that should:

- Briefly describe the intervention (the project(s), program(s), policies or other interventions) that was evaluated.
- Explain the purpose and objectives of the evaluation, including the audience for the evaluation and the intended uses
- Describe key aspect of the evaluation approach and methods.
- Summarize principle findings, conclusions, and recommendations.

**Introduction**—Should:

- Explain why the evaluation was conducted (the purpose), why the intervention is being evaluated at this point in time, and why it addressed the questions it did.
- Identify the primary audience or users of the evaluation, what they wanted to learn from the evaluation and why and how they are expected to use the evaluation results.
- Identify the intervention (the project(s) program(s), policies or other interventions) that was evaluated—see upcoming section on intervention.
- Acquaint the reader with the structure and contents of the report and how the information contained in the report will meet the purposes of the evaluation and satisfy the information needs of the report's intended users.

**Description of the intervention**—Provides the basis for report users to understand the logic and assess the merits of the evaluation methodology and understand the applicability of the evaluation results. The description needs to provide sufficient detail for the report user to derive meaning from the evaluation. The description should:

- Describe what is being evaluated, who seeks to benefit, and the problem or issue it seeks to address.
- Explain the expected results map or results framework, implementation strategies, and the key assumptions underlying the strategy.
- Link the intervention to national priorities, USAID priorities, corporate multi-year funding frameworks or strategic plan goals, or other program- or country-specific GBV prevention and response plans and goals.
- Identify the phase in the implementation of the intervention and any significant changes (e.g., plans, strategies, Logical Frameworks) that have occurred over time, and explain the implications of those changes for the evaluation.
- Identify and describe the key partners involved in the implementation and their roles.
- Describe the scale of the intervention, such as the number of components (e.g., phases of a project/program) and the size of the target population for each component.
- Indicate the total resources, including human resources and budgets.
- Describe the context of the social, political, economic, and institutional factors, and the geographical landscape within which the intervention operates and explain the effects (challenges and opportunities) those factors present for its implementation and outcomes.
- Point out design weaknesses (e.g., intervention logic) or other implementation constraints (e.g., resource limitations).

**Evaluation scope and objectives**—Should provide a clear explanation of the evaluation’s scope, primary objectives and main questions.

- **Evaluation scope**—Define the parameters of the evaluation, for example, the time period, the segments of the target population included, the geographic area included, and which components, outputs or outcomes were and were not assessed.
- **Evaluation objectives**—Spell out the types of decisions evaluation users will make, the issues they will need to consider in making those decisions, and what the evaluation will need to achieve to contribute to those decisions.
- **Evaluation criteria**—Define the evaluation criteria or performance standards used. The report should explain the rationale for selecting the particular criteria used in the evaluation.
- **Evaluation questions**—Evaluation questions define the information that the evaluation will generate. The report should detail the main evaluation questions addressed by the evaluation and explain how the answers to these questions address the information needs of users.

**Evaluation approach and methods**—The evaluation report should describe in detail the selected methodological approaches, methods and analysis; the rationale for their selection; and how, within the constraints of time and money, the approaches and methods employed yielded data that helped answer the evaluation questions and achieved the evaluation purposes. The description should help the report users judge the merits of the methods used in the evaluation and the credibility of the findings, conclusions and recommendations. The description on methodology should include discussion of each of the following:

- **Data sources**—Sources of information (documents reviewed and stakeholders), the rationale for their selection and how the information obtained addressed the evaluation questions.
- **Sample and sampling frame**—If a sample was used: the sample size and characteristics; the sample selection criteria (e.g., single women, under 45); the process for selecting the sample (e.g., random, purposive); if applicable, how comparison and treatment groups were assigned; and the extent to which the sample is representative of the entire target population, including discussion of the limitations of the sample for generalizing results.
- **Data collection procedures and instruments**—Methods or procedures used to collect data, including discussion of data collection instruments (e.g., interview protocols), their appropriateness for the data source and evidence of their reliability and validity.
- **Performance standards**—Standard or measure that will be used to evaluate performance relative to the evaluation questions (e.g., national or regional indicators, rating scales).
- **Stakeholder engagement**— Stakeholders’ engagement in the evaluation and how the level of involvement contributed to the credibility of the evaluation and the results.
- **Ethical considerations**—Measures taken to protect the rights and confidentiality of informants.
- **Background information on evaluators**—The composition of the evaluation team, the background and skills of team members and the appropriateness of the technical skill mix, gender balance and geographical representation for the evaluation.
- **Major limitations of the methodology**—Major limitations of the methodology should be identified and openly discussed as to their implications for evaluation, as well as steps taken to mitigate those limitations.
- **Data analysis**—Procedures used to analyze the data collected to answer the evaluation questions. It should detail the various steps and stages of analysis that were carried out, including the steps to confirm the accuracy of data and the results. The report also should discuss the appropriateness of the analysis to the evaluation questions. Potential weaknesses in the data analysis and gaps or limitations of the data should be discussed, including their possible influence on the way findings may be interpreted and conclusions drawn.

**Findings and conclusions**—Present the evaluation findings based on the analysis and conclusions drawn from the findings.

- **Findings**—Presented as statements of fact that are based on analysis of the data. They should be structured around the evaluation criteria and questions so that report users can readily make the connection between what was asked and what was found. Variances between planned and actual results should be explained, as well as factors affecting the achievement of intended results.

Assumptions or risks in the project/program design that subsequently affected implementation should be discussed.

- **Conclusions**—Comprehensive and balanced, and highlight the strengths, weaknesses and outcomes of the intervention. They should be well substantiated by the evidence and logically connected to evaluation findings. They should respond to key evaluation questions and provide insights into the identification of and/or solutions to important problems or issues pertinent to the decision-making of intended users.

**Recommendations**—Provide practical, feasible recommendations directed to the intended users of the report about what actions to take or decisions to make. The recommendations should be specifically supported by the evidence and linked to the findings and conclusions around key questions addressed by the evaluation. They should address sustainability of the initiative and comment on the adequacy of the project/program exit strategy, if applicable.

**Lessons learned**—As appropriate, the report should include discussion of lessons learned from the evaluation, that is, new knowledge gained from the particular circumstance (intervention, context outcomes, even about evaluation methods) that are applicable to a similar context. Lessons should be concise and based on specific evidence presented in the report.

**Report annexes**—Suggested annexes should include the following to provide the report user with supplemental background and methodological details that enhance the credibility of the report:

- ToR for the evaluation
- Additional methodology-related documentation, such as the evaluation matrix and data collection instruments (questionnaires, interview guides, observation protocols, etc.) as appropriate
- List of individuals or groups interviewed or consulted and sites visited
- List of supporting documents reviewed
- Project or program results map or results framework
- Summary tables of findings, such as tables displaying progress towards outputs, targets, and goals relative to established indicators
- Short biographies of the evaluators and justification of team composition
- Code of conduct signed by evaluator.

# ANNEX W: ELEMENTS IN USAID'S AND USAID/OFDA'S GBV M&E PLANS

GBV M&E Plans	
Agency	Components of the GBV M&E Plan
<b>USAID</b>	<ul style="list-style-type: none"> <li>• Examples of GBV indicators at the project goal, purpose, and output levels that feed into the ToC</li> <li>• USAID PAD or a grantee project implementation plan attached to a final Logical Framework</li> <li>• Sources of GBV indicator data</li> <li>• Plan to collect baseline data</li> <li>• GBV evaluation approach, type of evaluation, main evaluation questions, and tentative schedule</li> <li>• M&amp;E staffing plans</li> <li>• M&amp;E budget</li> </ul>
<b>USAID/OFDA</b>	<ul style="list-style-type: none"> <li>• List of proposed indicators, each with its own realistic target using baseline data as a comparison</li> <li>• Source, method, and time frame for data collection</li> <li>• Office, team, or individual identified to undertake monitoring-related tasks</li> <li>• Data quality assessment procedures used to verify and validate reported measures of actual performance</li> <li>• Known monitoring limitations, impacts such limitations may have on program implementation, and plans for addressing these limitations</li> <li>• Plans for data analysis, reporting, review, and use</li> <li>• Type of methods proposed to evaluate the project and time frame</li> </ul>

# ANNEX Y: RESOURCES TO ASSIST PRACTITIONERS<sup>16</sup>

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