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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.

Section 2

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

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Section 2

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ACRONYMS

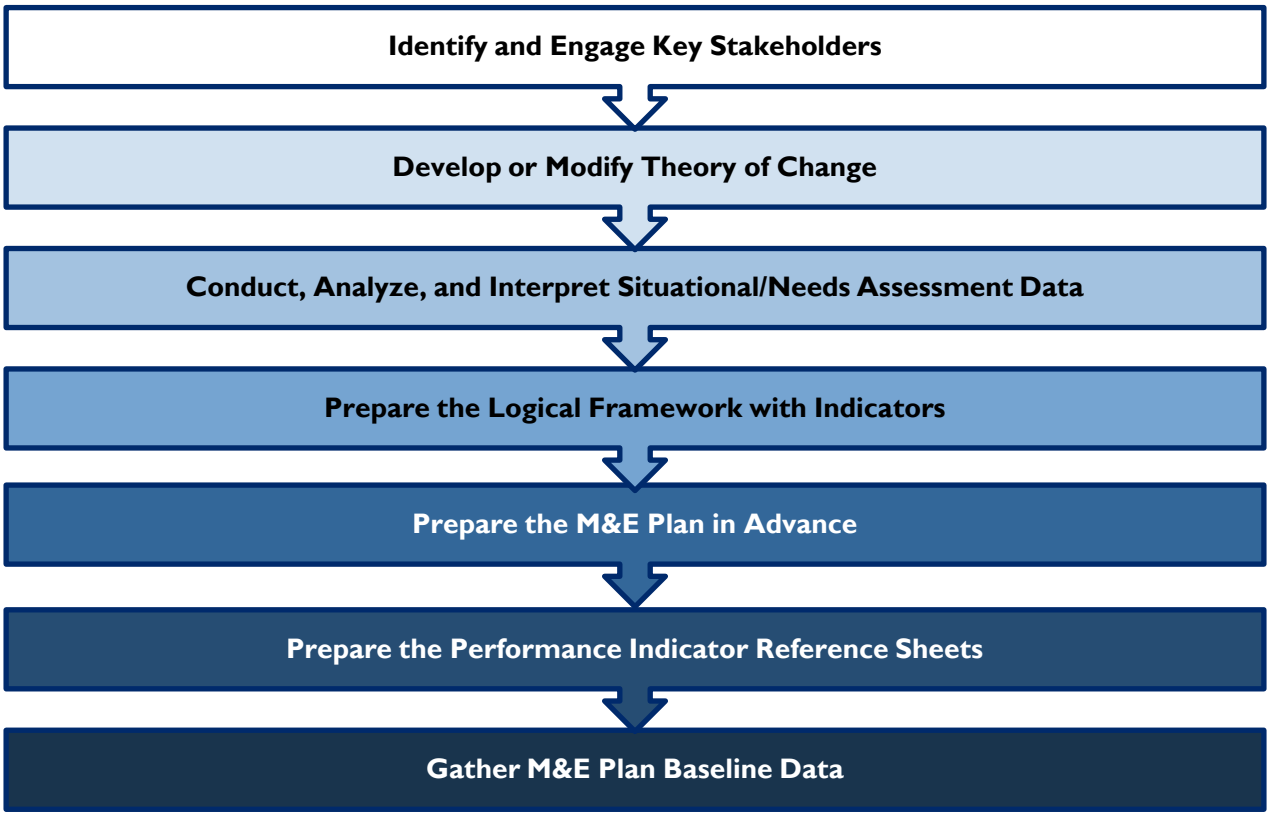
ADS	Automated Directives System
CBO	Community-based organization
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
IDP	Internally displaced persons
M&E	Monitoring and evaluation
MTE	Midterm evaluation
PEP	Post-exposure prophylaxis
PIRS	Performance indicator reference sheet
RTE	Real-time evaluation
SoW	Scope of work
ToC	Theory of change
UNHCR	United Nations High Commissioner for Refugees
USAID/OFDA	USAID's Office of U.S. Foreign Disaster Assistance

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 2-1** 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 2-1. 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).

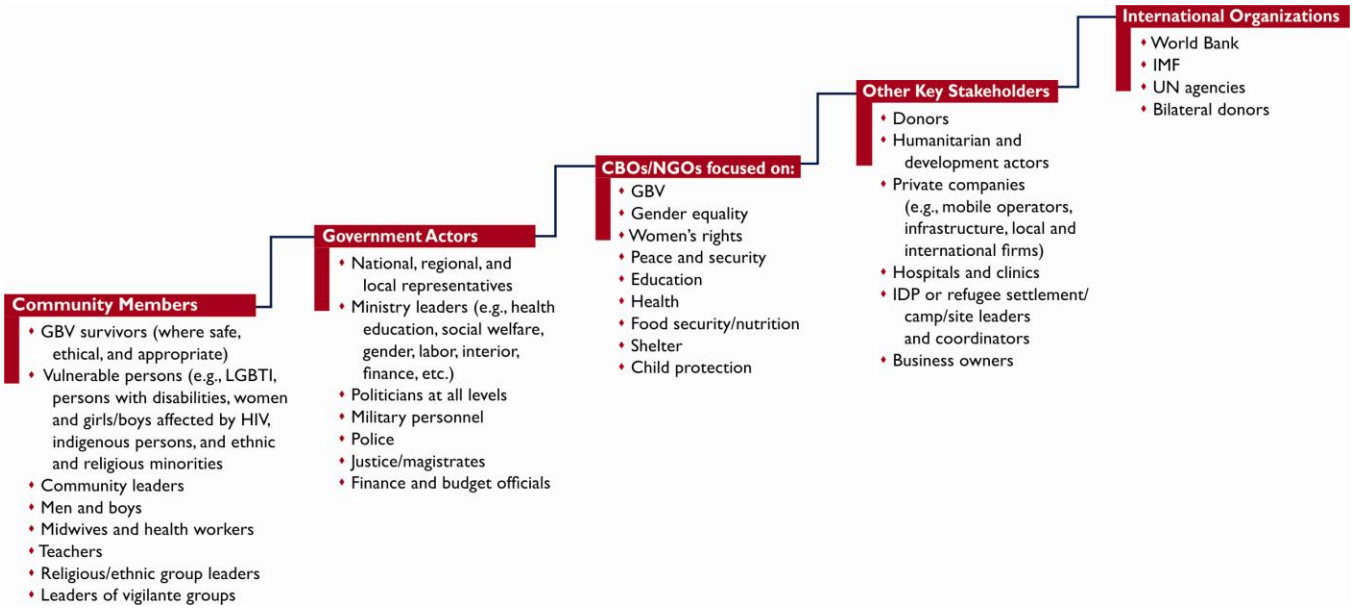
KEY CONSIDERATIONS: USING THE STAKEHOLDER ANALYSIS TOOL

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 2-2**). 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 2-2. 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

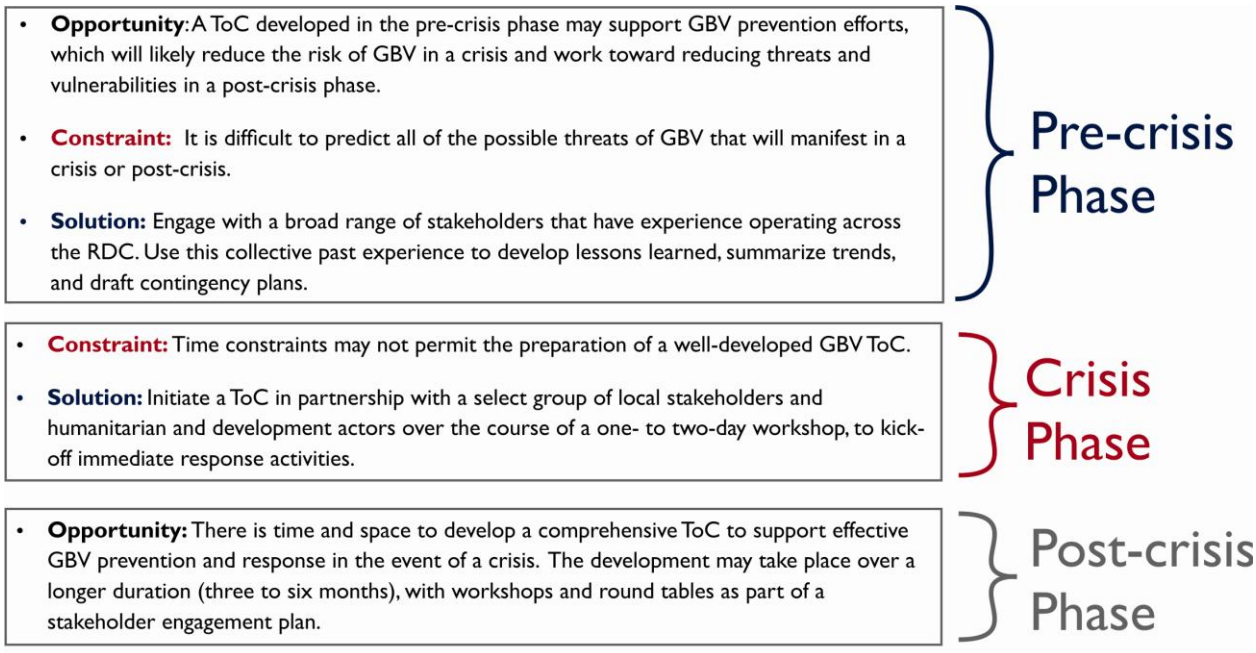
Annex B of the Toolkit provides an outline that can help develop a ToC.

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



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

1. 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 2-1**).

Table 2-1. Definitions and Examples of Threats, Vulnerabilities, and Capacities

Threats	Vulnerabilities	Capacities
Definition: Dangerous phenomenon, human activity, or condition that may result in causing or exacerbating GBV. **GBV Examples:** • Political or ethnic conflict • Poor resettlement plan • Incidence of rape • Food crisis or disaster • Loss of economic security • Displacement • Loss of adequate shelters	**Definition**: 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. **GBV Examples:** • Lack of awareness of rights (knowledge) • Poverty • Belief of the community that it is acceptable to beat a woman (attitudes) • Discrimination against those with an alternative sexual orientation/ gender identity; disability, of certain age groups, or of ethnic or religious minority backgrounds.	**Definition**: 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. **GBV Examples**: • Active support network of GBV survivors • Strong legal framework on GBV • Male religious leaders speak out against GBV • High self-esteem of girls/boys and women/men.

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:

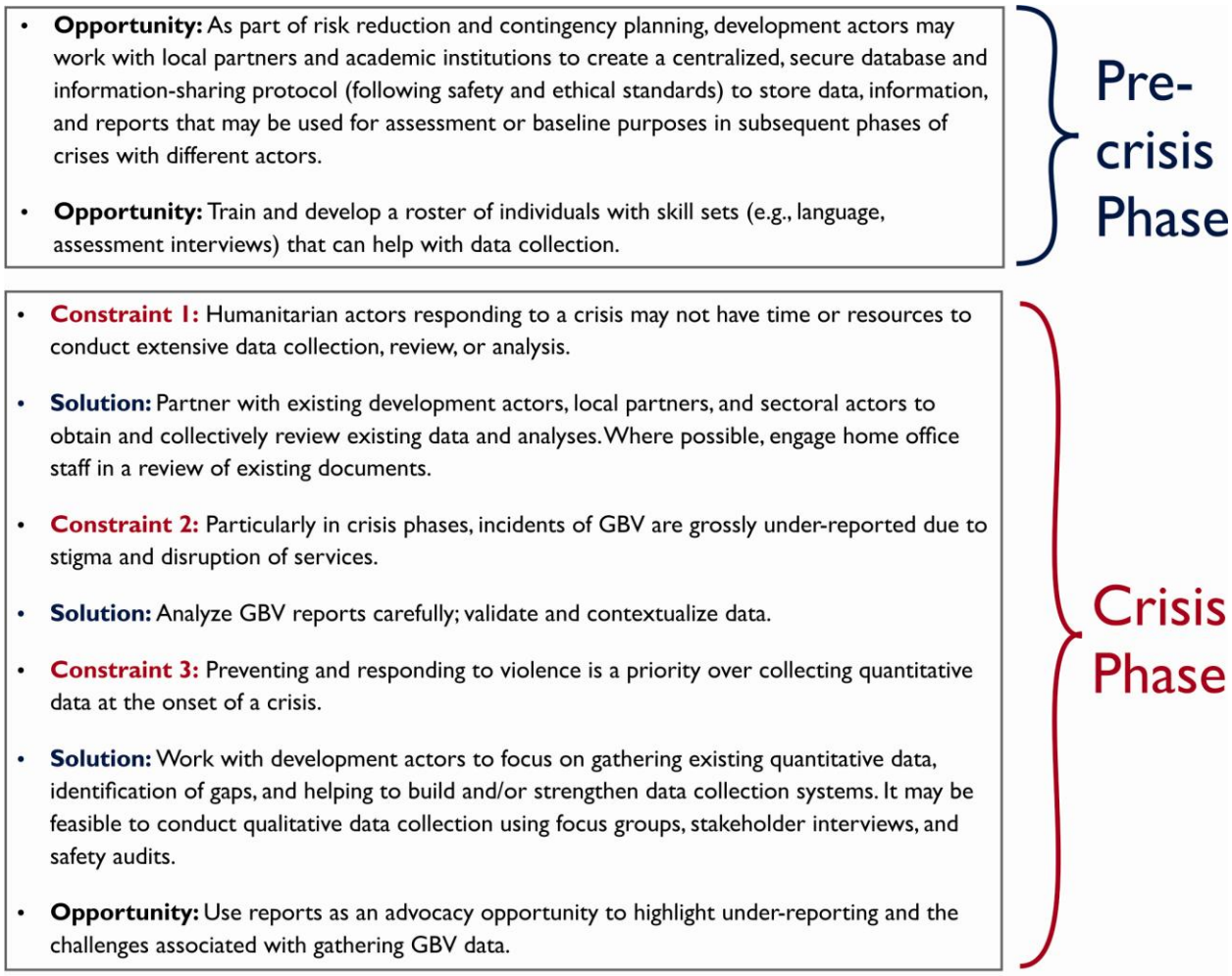
- The data collected inform the targets in the ToC, and subsequently the outcomes of the program/ project that will be detailed in the Logical Framework Matrix and the M&E plan.
- The data are analyzed to identify relationships that affect project/program objectives, outputs, and outcomes that will ultimately 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



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.

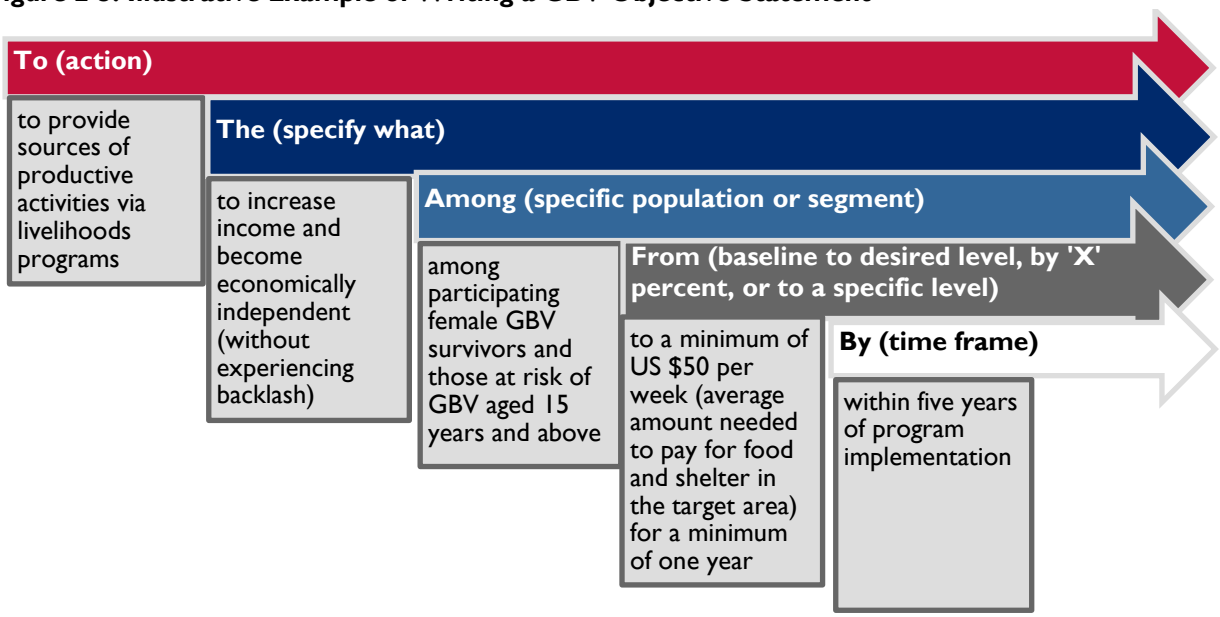
- Displaying the key elements of a project and their relationship to each other in a way that facilitates analysis, decision-making, and the creation of measurable impacts (USAID Technical Note: "The Logical Framework" 2012).

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 2-3** 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 2-3. 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:

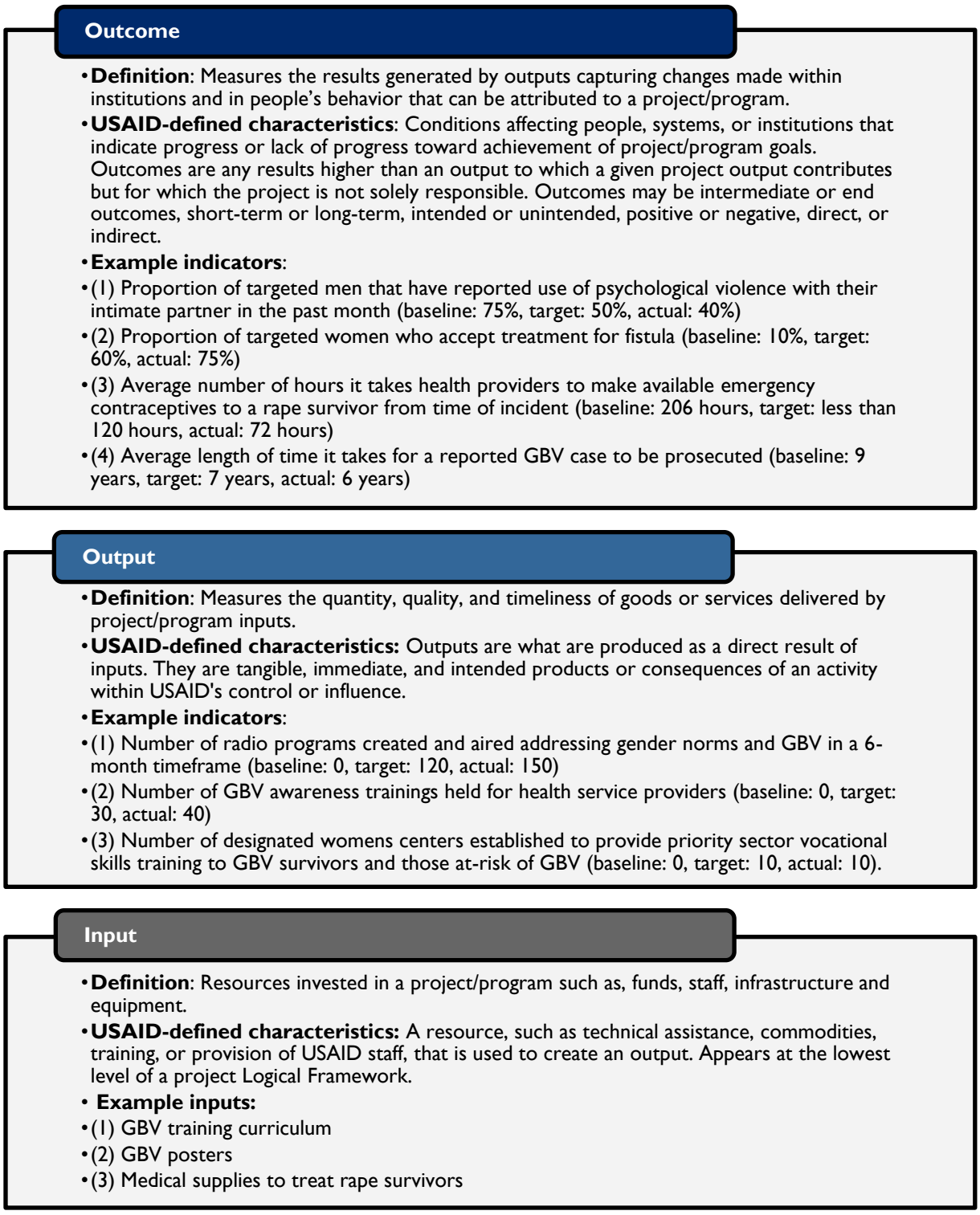
- Some women who experience domestic violence do not want to separate from their husbands. Having someone to talk to the husband is considered sufficient.
- Some Muslim women are reluctant to seek institutional support for GBV. They prefer to use low-level conflict resolution options provided by Karzai 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 2-4** provides examples of GBV-specific indicators of outcomes, outputs, and inputs and what they should measure.

Figure 2-4. 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[1] (**Table 2-2**) and/or the USAID/Office of U.S. Foreign Disaster Assistance (OFDA) indicators (if implementing programming with OFDA funding)[2] before selecting the relevant standard indicators to integrate into the Logical Framework Matrix.

[1] USG Standard Foreign Assistance Indicators: http://www.state.gov/f/indicators/

[2] USAID Office of Foreign Disaster Assistance Indicators. http://www.usaid.gov/sites/default/files/documents/1866/guidelines_for_proposals_2012.pdf

Table 2-2. USG Standard Foreign Assistance Gender Indicators

USG STANDARD FOREIGN ASSISTANCE GENDER INDICATORS	
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.

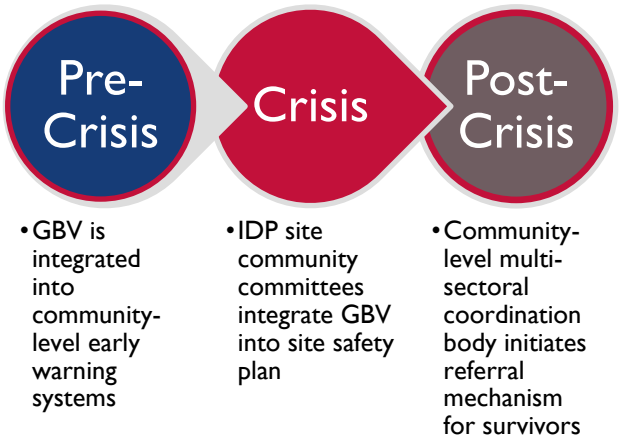
Source: The "Standard Foreign Assistance Master Indicator List" at http://www.state.gov/f/indicators/. Access the PIRs for the standard gender indicators using http://f.state.sbu/Pages/Indicators.aspx. Non-USAID users may face restrictions in accessing these PIRs online."

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 2-5**).

Figure 2-5. 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."

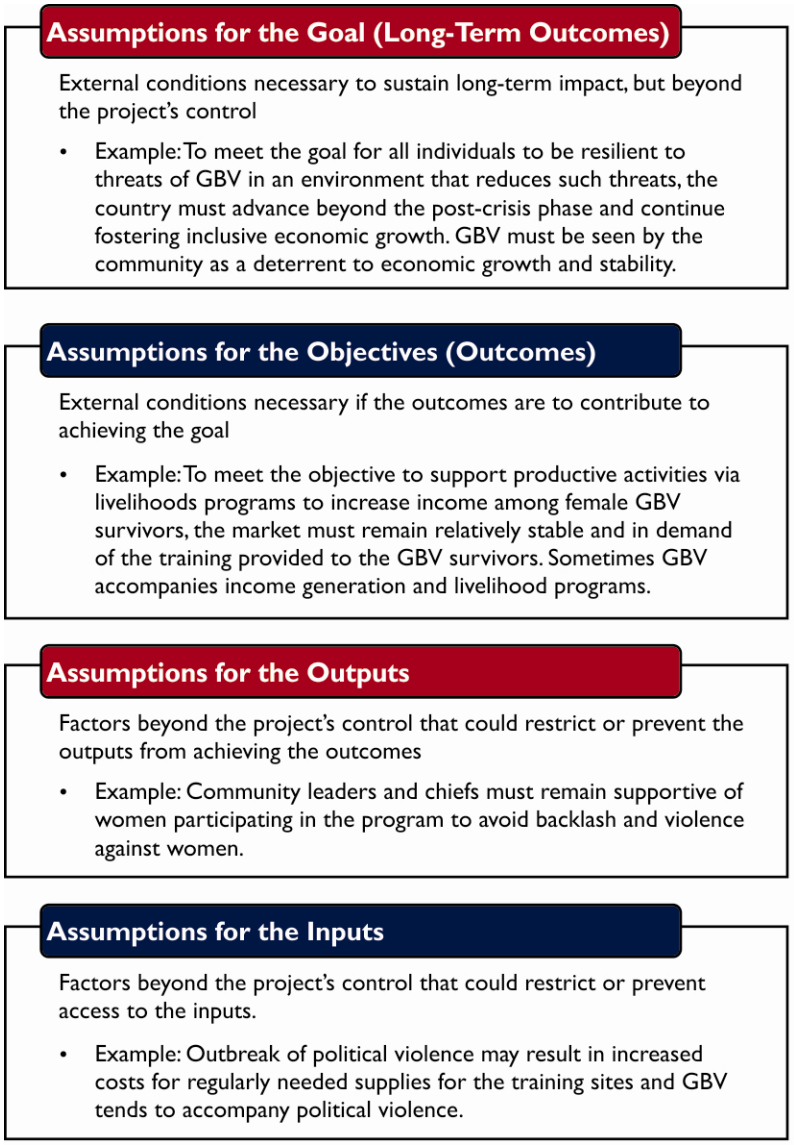
Another indicator that is an important sign of change is, **GBV survivor's ability to feed, clothe, shelter, and educate children**. This is a powerful set of indicators that measure:

- 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 2-6**).

Figure 2-6. 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

- **Opportunity:** Select outcome-level indicators that may be measured long term.

→ Pre-crisis Phase

- **Constraint:** An iterative consultative process to develop a Logical Framework matrix and indicators may not be possible during the onset of a crisis. In particular, consulting with community members may not be appropriate, safe, or ethical.
- **Solution:** Engage a smaller nucleus of community members and adjust/add indicators shortly after the crisis has stabilized.

→ Crisis Phase

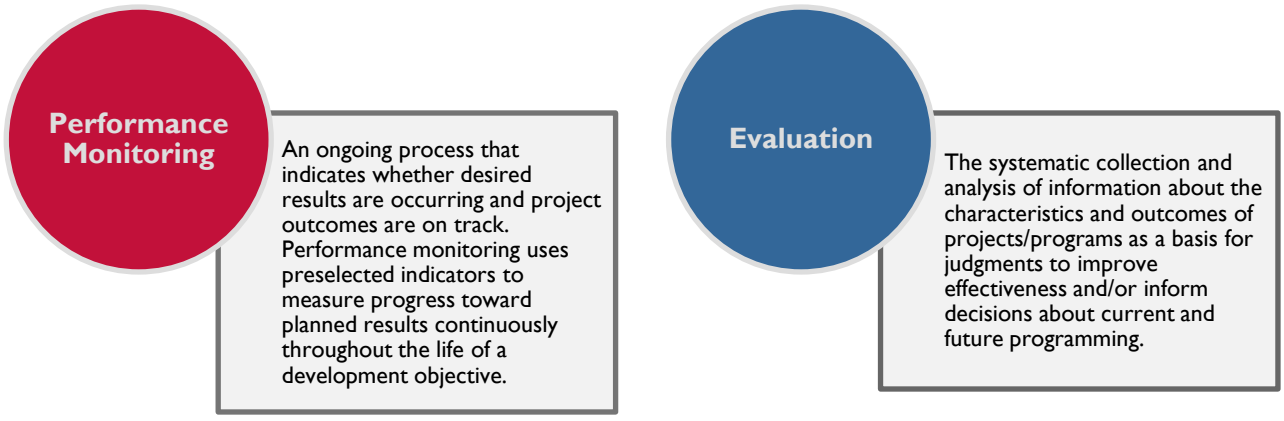
- **Opportunity:** Select outcome-level indicators that may be measured over the long term.

→ Post-crisis Phase

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 2-7**).

Figure 2-7. USAID Definitions of Performance Monitoring and Evaluation[3]



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.

[3] 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 2-3**) designed to facilitate performance management (USAID ADS 2013).

Table 2-3. The Four Components of a USAID M&E Plan

Performance Monitoring	Evaluation	Learning	M&E Planning Budget
• Indicator definitions and unit of analysis • Data sources and collection methods • Data analysis • Frequency and schedule • Baseline values • Performance targets	• Evaluation type and projected use • Evaluation timing • Main/priority evaluation questions • Anticipated evaluation start/ completion	• Collaborative learning with stakeholders • Informing innovation and new strategies • Testing of hypotheses • Identifying and monitoring "game changers" that could impede performance	• Annual costs of performance monitoring • Annual costs of evaluation • Annual costs of learning activities

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 1**. 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

- **Constraint:** 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&E activities.
- **Solution:** Be prepared to adjust and modify your M&E plan to respond to changes that may occur before or during program and M&E plan implementation.

Crisis Phase

- **Opportunity:** Work with local partners to strengthen M&E capacity and monitoring to promote longer-term GBV M&E. Invest in national efforts to strengthen national GBV data collection systems and analysis.

Post-crisis Phase

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 2-8**).

Figure 2-8. Performance Evaluation Plans and Impact Evaluation Plans[4]

Performance Evaluation Plans

- Broad in scope.
- Undertaken during project/program implementation with an eye toward improving performance; at the end of a project/program period, to inform future programming; or on an ex-post basis after project/program funding for key activities has ceased.
- Relatively less detailed, describing when the performance evaluation will take place, a timeline for specific actions needed to draft the evaluation scope of work, procure the services of an external evaluation team, and conduct the evaluation in time to inform specific decisions.
- Focused on descriptive and normative questions of 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; or whether expected results are occurring. Plans also look at other questions that are pertinent to program design, management, and operational decision-making.
- Often incorporated with before-and-after comparisons, but generally lack a rigorously defined counterfactual.
- Performance evaluations for GBV programming will focus on whether GBV programming achieved its goals (e.g., delivered/expanded services efficiently and effectively or reached a new base of community members for awareness).

Impact Evaluation Plans

- Designed to measure the change in a project outcome that is attributable to a defined intervention.
- Focused primarily on a few cause-and-effect questions about specific interventions and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. (Strongest evaluations randomly assign beneficiaries either to a treatment or control group to provide evidence of a relationship between the intervention under study and the outcome measured.)
- Built upon the evaluation purpose and questions developed previously.
- Relatively more detailed, including a preliminary description of an impact evaluation start-up plan, description of the impact evaluation design, and the questions to be addressed in order to establish comparison groups before the GBV intervention is initated.
- Developed closely with project/program design so that parallel contracts can be procured to bring on an evaluation team at the same time as the project/program design team and so that baseline data can be collected on both the treatment and control/comparison groups.
- Impact evaluation for GBV programming will focus on whether GBV programming has made the impact, or change, that it set out to make (e.g., GBV survivors' quality of life is improved, women and girls feel safer in their communities, all community members experience less GBV).

KEY CONSIDERATIONS: DESIGNING EVALUATIONS FOR THE M&E OF GBV INTERVENTIONS

1. 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

[4] 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).[5] 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.

[5] 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 2-9** shows the main elements of a SoW.

Figure 2-9. 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

Pre-crisis Phase

- **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.

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.

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

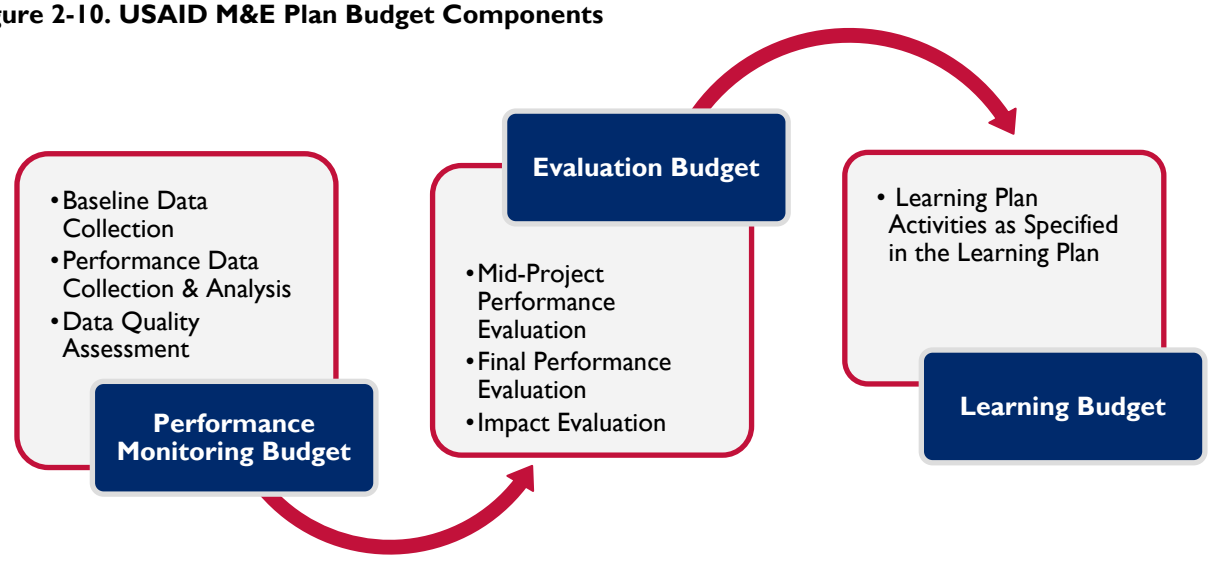
The learning plan component of the M&E plan allows a range of humanitarian and development actors and local partners to identify how they may collaborate. One example is having both actors and partners contribute data and analyses to national efforts and existing systems for continued learning about 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 2-10**). It is an estimate of the financial resources needed for M&E throughout project/program implementation.

Figure 2-10. 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 2-11**). 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 2-11. Considerations for Selecting Staff and Engaging Stakeholders in Conducting M&E

Identify tasks and skills needed to conduct all M&E

- Consider the needs for data collection, research design, data entry, and analysis.
- Identify the number of staff required for all M&E and learning activities.
- Develop clear terms of reference, outlining the specific roles and responsibilities of everyone involved in the identified tasks.

Engage skilled individuals

- Experts with qualified experience in GBV and M&E should be included.
- Data collection teams should be gender equitable and ethnically/religiously diverse with appropriate language qualifications.
- Recruit consultants, students, and others who can provide missing skills and can provide special needs such as translation, statistical analysis, and cultural knowledge (if there are no ethical or safety concerns with doing so).

Collaborate with national efforts

- Consider cooperating with nationally recognized research institutions and universities.
- Identify pertinent government institutions and officials who will have a key role in implementing similar or complementary programming in the short or long term. This will be important to harmonize efforts over a sustained period and to strengthen government policy and practice in collecting and analyzing GBV data.

Engage local partners

- Specify to what extent local stakeholders will or will not participate in the M&E process. Give special attention to building local M&E capacity where needed.
- Consider the potential roles of local NGOs and service providers, male and female community leaders and members, as well as GBV survivors (only if ethical). They can serve as community agents and participate in data collection and assessments since they are best placed to understand the community needs and the nuances of GBV in the local area.
- Consider their access to populations affected by crisis, including those vulnerable to GBV; their credibility in conducting M&E activities with the population; and their capacity, commitment, and expertise in the project area. Factor in accountability and transparency.

Provide ongoing GBV M&E training

- Identify topics for which formal training is needed and hold training sessions, particularly on safety and ethics, on an ongoing basis.
- Encourage staff to provide informal training to key stakeholders through on-the-job guidance and feedback, such as how to comment on a report or to use computer software programs.

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 2-4**) 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 2-4. 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 2-5**).

Table 2-5. Illustrative Baseline Data Collection Tools by Sector

Sector	Baseline Data Collection Tools
Health	• 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 • 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 • Independent on-site facility inspections • Review of data from health information management system • Review of data from GBVIMS (if GBVIMS is in place) • Review of medical or mental health case management files • Review of hospital records • Patient satisfaction questionnaires • Focus groups or key stakeholder interviews with medical professionals/institutions providing GBV case management services • GBV service mapping • Review of existing laws or drafted, laws, policies, and strategies • Targeted anonymous surveys of GBV survivors (as a last resort) • Key stakeholder interviews with GBV survivors (as a last resort)
Justice/ Security	• 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 • Review of legal aid and/or GBV service provider case management files • Review of police records • Review of court records • On-site observation/monitoring of GBV trials and justice system facilities • Mock trials of legal service providers • Pre-/post-tests of attitudes, knowledge of legal aid providers, judges, prosecutors, lawyers, and other justice system staff • Focus groups or key stakeholder interviews with medical professionals, institutions providing GBV case management services, and community leaders • Safety and security audits • Community and GBV service mapping • Review of existing laws or drafted, laws, policies, and strategies • Targeted anonymous surveys of GBV survivors (as a last resort) • Key stakeholder interviews with GBV survivors (as a last resort)
Livelihoods	• Surveys using randomized sampling (to measure changes in income levels and violence) • Targeted questionnaires • Reviews of case management files (of service providers) • Focus groups or key stakeholder interviews with livelihoods professionals, institutions

Sector	Baseline Data Collection Tools
	providing GBV case management services, community leaders, and women at-risk of GBV • GBV service mapping • Review of existing laws or drafted, laws, policies and strategies • Targeted anonymous surveys of GBV survivors (as a last resort) • Key stakeholder interviews with GBV survivors (as a last resort)
Education	• Surveys using randomized sampling • Focus groups (with children over 13 years of age) • On-site observation • Key stakeholder interviews with educators, parents, and policymakers • Review of existing laws or drafted, laws, policies, and strategies • GBV service mapping
Policy	• Review of national, regional, or municipal budgets, by sector and by organization/institution • Traditional survey using randomized sampling • On-site observation of national, regional, and community hearings or meetings • Review of existing or drafted laws, policies, and strategies • Key stakeholder interviews with policymakers and national gender experts • Review of media reports and social media

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.[6]

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.

[6] 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.[7]

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.[8]

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 Kenya also conducts rolling needs assessments and M&E with community and national organizations,

[7] Personal communication, Suriya Women's Development Organization interview, Sri Lanka (Batticaloa).

[8] Workshop on GBV M&E with USAID/Haiti, GHESKIO, Kay Fanm, MSH, and KOFAVIV in Port-au-Prince Haiti, 21 March 2013.

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

Crisis Phase

- **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 theToolkit). 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.

Post-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.