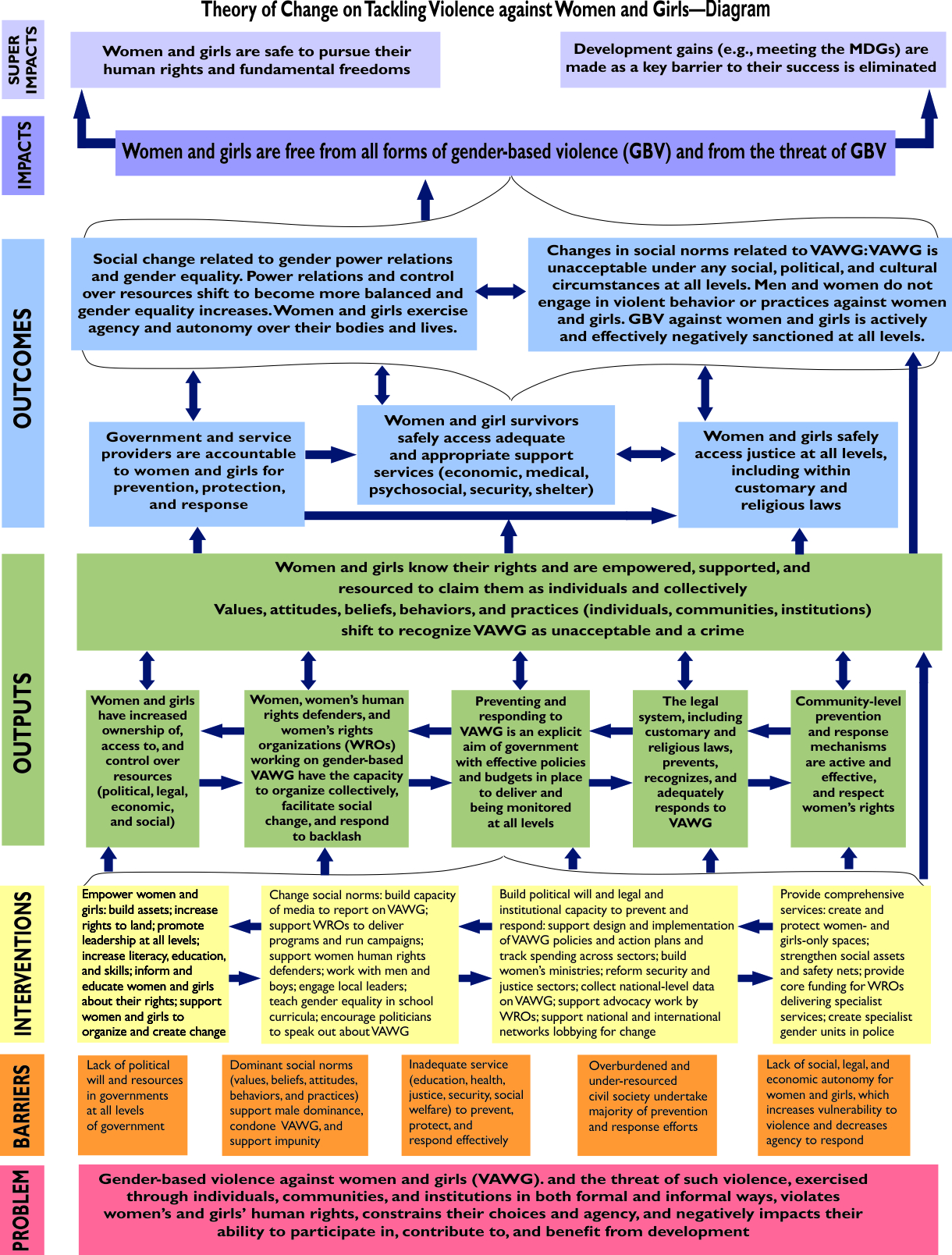
# Annex A: Stakeholder Analysis Tool

| **Guidance for Completing the Stakeholder Analysis** | | | | | | |
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| **Purpose of the Tool** | | * Identifies stakeholders with an interest in the GBV project/program that could influence results and/or that the crisis may impact. * Ranks a stakeholder’s (potential) influence and attitude toward the crisis, GBV, and the project/program. * Outlines preliminary strategies to engage with various stakeholders. | | | | |
| **When to Use the Tool** | | * **Project/Program and M&E preparation phase** to identify who should be included in planning to ensure that the ToC, evaluation questions, and desired outcomes are culturally relevant, appropriate, and that any opportunities and challenges are identified in advance of project/program implementation. * **Data collection (needs assessment and baseline assessment)** to ensure that efforts are coordinated and do not duplicate already existing data, that data is collected from reliable sources, and that key stakeholders are involved in and targeted for training of data collection. * **Design of an M&E Plan** to ensure stakeholders are included in planning for M&E, appropriate M&E mechanisms and data sources are identified, M&E data collection and reporting systems are properly linked to existing national data systems and initiatives, and capacity building on M&E is in place for national/local stakeholders to ensure sustainability beyond the project/program time period. * **Conducting Performance M&E** to ensure that key stakeholders are involved in ongoing monitoring and final evaluations; working toward a sustainable community-based M&E system that may continue beyond the project/program time period. | | | | |
| **Who Should Use the Tool** | | * GBV and M&E program officers in organizations or institutions. | | | | |
| **How to Use the Tool** | | * Identify and list stakeholders. These could be individuals or groups that are impacted by or may influence GBV and/or a crisis. Estimate the influence that each stakeholder/stakeholder group may have on the project/program (high, medium, low). This will help to prioritize which stakeholders to engage with and at what stages, and will identify who needs to be involved as decision-makers, with whom to consult, and who may need to be involved to coordinate similar efforts. * Estimate the attitudes toward GBV that each stakeholder has (positive, negative, neutral) within the context of his/her role or engagement on GBV. This will help to prioritize which stakeholders may need to be engaged in initial planning stages as well as who may be targets of, or actors in, specific activities. * Identify strategies for engaging with each stakeholder. | | | | |
| **Constraints and Opportunities** | | * During the crisis phase, prioritize stakeholders and quickly engage with those that have a high level of influence and positive attitude at the outset. | | | | |
| **Key Ethical and Safety Considerations** | | * All along the relief to development continuum, publically identifying or drawing attention to certain key stakeholders’ (potential) level of influence and attitude towards GBV could put them at risk of danger, in particular in a politically repressive environment. As well, it could subvert the existing power structures within the communities and may lead to negative perceptions of the project/program. * All efforts should be made to avoid identifying specific GBV survivors (in particular activists) unless they have expressly given consent for your organization to do so. | | | | |
| **Additional Resources** | | * Adapted from the UNDP Planning Stakeholder Analysis Tool,<http://ppmtoolkit.undp.org/1c_Stakeholder_Analysis_Tool.cfm> | | | | |
| **Stakeholder Analysis Tool** | | | | | | |
| **Stakeholder** | | **Engagement or Role with respect to GBV** | | **Influence towards GBV**  (High, Medium, Low) | **Attitude towards GBV**  (Positive, Neutral, Negative) | **Strategies for engagement** |
| *Example: Midwives* | | *Provide medical services to girls/boys/women/men with access to populations no one else has access to in IDP sites. In close contact with potential GBV survivors and those vulnerable to GBV. Can identify GBV survivors and influence access to services.* | | *High* | *Positive* | *Conduct a focus group with midwives; invite the leader of the midwives network leader to: assist in ToC development; design on indicators; collect data; conduct ongoing monitoring/training to screen for GBV and a community-based evaluation.* |
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# Annex B: DFID GBV Theory of Change[[1]](#footnote-1)



# Annex C: Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance Monitoring, and Evaluation

| **Guidance for Using Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance M&E** | |
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| **Purpose of the Tool** | * Helps organizations to identify the most appropriate sources and methods of collecting data for the situational/needs assessment and performance M&E. * Provides an overview of data collection sources and methods; the purpose and description of those sources and methods; how they may be used for situational/needs assessments, performance monitoring, and/or evaluation; and suggested stakeholders to engage or consult in collecting or analyzing the data. * Provides space for organizations to identify the security level, phase along the relief to development continuum, and political space to address GBV, which may affect the selection of tools, particularly when collecting primary data. |
| **When to Use the Tool** | * During project and M&E preparation to guide the situational/needs analysis to inform the ToC. * During the development of the Performance Monitoring Component of the M&E plan to identify sources of data to inform the development of project/program baseline and target. * During performance M&E, to monitor and evaluate progress towards achieving specific outcomes and outputs. |
| **Who Should Use the Tool** | * GBV and M&E officers in implementing organizations may lead efforts to systematically identify the most appropriate data sources throughout project design and implementation. It will be important to engage stakeholders, particularly local partners and community members, to discuss the selection and modification of the most appropriate primary data collection tools depending on the phase along the relief to development continuum, security level, and political sensitivity to addressing GBV. |
| **How to Use the Tool** | * During M&E and project preparation, review the sources/methods in the matrix. Engage stakeholders to identify existing secondary data. Use these sources when completing the Data Collection Tool. * During the development of project design and the completion of the Performance Monitoring Component of the M&E Plan (see **Annex F**). * Use Annex G to review the sources/methods in the matrix. Identify data gaps in existing data required to conduct the baseline for the M&E plan. Review the options for primary data collection sources and methods and decide with stakeholders which tools would be most appropriate to use for the needed baseline data, given the phase along the relief to development continuum, security level, and political space to address GBV. * Use the UN Security Level System to determine how dangerous the current environment is: 1, Minimal danger; 2, Low danger; 3, Moderate danger; 4, Substantial danger; 5, High danger; and 6, Extreme danger. On the basis of the assigned security level for the country in which your organization is operating, assess with stakeholders which tools, particularly those including primary data collection, may or may not be appropriate to use. * Identify the current political atmosphere in the location where the program/project is operating. Are there political space, willingness, and openness to discuss GBV, whether in the context of humanitarian or development efforts? Given the political space, identify with stakeholders, which tools may or may not be appropriate to use. |
| **Continuum Constraints and Opportunities** | * This tool helps organizations and individuals to assess which other tools may or may not be appropriate along the relief to development continuum, given varying security levels and political space to discuss GBV. |
| **Key Ethical and Safety Considerations** | In the selection of data sources there are several key ethical and safety considerations to keep in mind:   * It is critical to identify whether secondary data sources would be sufficient, in particular where collecting primary data would put certain individuals or group of individuals at risk—either of danger, stigma, or social or political repression (see **Section 1** for more information). * If collecting primary data, interviewing GBV survivors should be a last resort and only if there are no pre-existing data and the value of collecting the data outweighs potential harm to survivors. As well, measures should be put in place to have psychosocial support on-hand during interviews, and also referral information for those who require it. Finally, informed and voluntary consent protocols should be followed (see **Annex S**). * For gathering both primary and secondary data, it is absolutely essential to establish protocols for safeguarding the data, in particular those that could put individuals or groups at risk. It is also critical to establish confidential protocols for all GBV survivor-related data. * For gathering both primary and secondary data, establish information-sharing protocol for the data gathered, which should specify with whom and when information can be shared in light of the dangers of sharing the information with certain individuals, groups, or the public. * If you are using your organization’s (police, health, legal, or other provider) GBV case records or reports as a data source for a situational/ needs assessment, establishing a baseline, or implementing performance monitoring, it is essential to maintain the confidentiality of such records and the identity of GBV survivors. If your organization is sharing such records with other organizations implementing GBV programming, you *must* seek permission from survivors before sharing their records. You *must* not provide any information about their identity and any other information that could put them at risk or violate their privacy. If your organization is accessing records or reports from another organization, it has the same responsibility with respect to survivor records or files. |
| **Additional Resources** | * Annex D: Data Collection Tool * Annex P: Safety Audit Tool * Annex Q: Focus Group Guide * Annex R: Community Mapping * Annex S: General Key Informant Interview Guide * IASC. Guidelines for Gender-Based Violence in Humanitarian Settings. (revisions pending) * IRC. 2011. Caring for Child Survivors. <http://gbvresponders.org/node/1542> * IRC. 2011. GBV Emergency Response & Preparedness. * WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. <http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf> * AoR Working Group. 2011. GBV IMS Chapter 7- Sharing GBV Incident Data and Developing Inter-Agency Information Sharing Protocols, <http://gbvims.org/wp/wp-content/uploads/Ch7_Feb2011.pdf> |

| **Data Sources for Conducting Situational/Needs Assessment, Performance M&E** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Tool/Source** | **Purpose/Description** | **Use for Situational/ Needs Assessment, Performance M&E** | **UN Security Level System/ Continuum** | **Stakeholders to Engage or Consult** | **Source of Tool** | |
| **Secondary Data Sources for Situational/Needs Assessment, Performance Monitoring, and Evaluation** | | | | | | |
| Existing national statistics, databases, and reports, including national census  (Quantitative) | National-level quantitative and qualitative data on the socioeconomic status of women and men, gender equality, GBV, health (reproductive health assessment), security/access to justice, and labor from national surveys and studies to identify GBV vulnerabilities, capacity, threats and prevalence, etc. National statistics may under-report GBV prevalence and may be skewed, outdated, or be inaccurate depending on the quality of data collection and reporting. There may also be political sensitivities surrounding the use of national statistics. | * Situational/needs assessment * Performance monitoring baseline targets | 1–6/  Pre-crisis  Crisis  Post-crisis | National line ministries/ departments of statistics, education, agriculture, labor, social welfare, gender, etc.); identify key government contacts to assist | N/A | |
| Existing national and local plans, strategies, policies, laws, and frameworks related to GBV and gender equality  (Quantitative and Qualitative) | Qualitative information on the current status of the policy/legal framework related to gender equality and GBV may be used as a guide in harmonizing program/project objectives to be in line with national GBV priorities. Collecting data on the implementation/practice of the policies from other data collection methodologies (primary) and laws will be an important component to how these data are used. | * Situational/needs assessment * Performance monitoring baseline targets | 1–6/  Pre-crisis  Crisis  Post-crisis | National and local ministries/departments; UN Women, UNDP, and other international organizations working on GBV/gender equality policy; national research/ academic institutions working on GBV and gender equality | N/A | |
| Existing institutional/ academic demographic, socioeconomic, reproductive health, and GBV surveys  (Quantitative) | Quantitative and qualitative data on the socioeconomic status of women and men, gender equality, GBV, health (reproductive health assessment), security/access to justice, and labor at national levels from national surveys and studies to identify GBV vulnerabilities, capacity, threats and prevalence, etc. Academic or institutional surveys may be reliable sources of data. | * Situational/needs assessment * Performance monitoring baseline targets * Evaluation if surveys are aligned with project/program outcomes | 1–3/  Pre-crisis  Crisis  Post-crisis | National statistics bureau/office or similar national office. National government or NGO institutions focused on combating GBV or violence against women | USAID. n.d. Demographic and Health Survey (1991–2012) DHS Final Reports, available at: http:// www.measuredhs.com/publications/Publication-Search.cfm (Search Publication Type: ‘DHS Final Reports’ and Publication Topic: ‘Domestic Violence (DV)’) | |
| Existing evaluations, baseline surveys, or other documents from existing projects in the area of influence, or assessments and reports from other clusters/sectors (child protection, etc.)  (Quantitative and Qualitative) | Qualitative and quantitative information on existing projects that may provide data, identify lessons learned, best practices, or other information about the targeted community. | * Situational/needs assessment to identify opportunities for collaboration among actors in ongoing M&E efforts * Evaluations if they are aligned with project/program outcomes | 1-6/  Pre-crisis  Crisis  Post-crisis | National GBV cluster/ working group, national protection cluster/ working group, child protection sub-cluster, National statistics bureau | WHO. Multi-country study on women’s health and DV: <http://www.who.int/gender/violence/who_multicountry_study/en/>.  UN Women. 2011. “Violence against Women Prevalence Data: Surveys by Country,” Virtual Knowledge Centre to End Violence Against Women, available at: <http://www.endvawnow.org/uploads/browser/files/vaw_prevalence_matrix_15april_2011.pdf> | |
| Existing mapping (stakeholders/ services)  (Qualitative) | Qualitative (and potentially geographic if GIS used) information and location of existing GBV services and/or prevention efforts. Identifies vulnerabilities/ capacities in service provision. Identifies opportunities for collaboration among actors in ongoing M&E efforts. | * Situational/needs assessment * Performance monitoring baseline targets | 1–6/  Pre-crisis  Crisis  Post-crisis | National statistics bureau/office or similar national office. National government or NGO institutions focused on combating GBV or violence against women, International Rescue Committee, GBV sub-cluster/working group, protection cluster/ working group | GBV AoR, IRC Service Mapping Tool  [http://www.gbvresponders.org/emergency-toolkit](http://www.gbvresponders.org/emergency-toolkit%20) | |
| GBV AoR 3/4/5W Service Mapping tool  (Quantitative and Qualitative) | Provides a template for GBV service mapping (who, what, and where) and for monitoring activities and services delivered (when and to whom GBV services were provided). | * Situational/needs assessment * Performance monitoring | 1–6/  Pre-crisis  Crisis  Post-crisis | GBV AoR, national government or NGO institutions focused on combating GBV or violence against women | GBV AoR (currently in draft) | |
| Media (newspapers, radio, television)  (Quantitative and Qualitative) | Identifies public attitudes regarding GBV (e.g., positive vs. negative media ads on GBV and male engagement, reports on public authorities, leaders, and statements from government and other influential political/social figures on GBV). | * Situational/needs assessment * Performance monitoring * Evaluation | 1–4/  Pre-crisis  Crisis  Post-crisis | Journalists; NGOs working on media issues | N/A | |
| Regular project/ program reporting, reviews and evaluation reports  (Quantitative and Qualitative) | These include previous evaluation reports, quarterly/annual progress reports, field visit reports, or other project/program documentation produced regarding the targeted beneficiary population by the implementing organization or other partners/stakeholders or government entities. | * Performance monitoring * Evaluation | 1–4/  Pre-crisis  Crisis  Post-crisis | Project/program officers | N/A | |
| **Primary Data Sources for Situational/Needs Assessment, Performance Monitoring, and Evaluation** | | | | | |
| MIRA  (Quantitative) | To identify risks of GBV (if MIRA template is supplemented with specific questions on GBV). This is typically the first tool used at the onset of a humanitarian crisis to assess general multi-sectoral threats, risks, and vulnerabilities in the affected community. | * Performance monitoring * Evaluation (may be used for evaluations where baseline data was not collected) | 1–4/  Pre-crisis  Crisis  Post-crisis (in particular during a crisis) | UN Office for the Coordination of Humanitarian Affairs, national protection cluster/working group or GBV cluster/working group (<http://gbvaor.net>), donor coordination bodies, and networks of national NGOs | IASC. Inter-Agency Standing Committee Multi-Cluster/Sector Initial Rapid Assessment (MIRA). <https://docs.unocha.org/sites/dms/CAP/mira_final_version2012.pdf> | |
| Review and analyze case data or trends (including from GBVIMS)  (Quantitative) | Service providers document cases of GBV survivors, including information on trends in GBV, quality of referral services, etc. Service providers may report non-identifying systematized information on GBV into data systems, including the GBVIMS. | * Situational/needs assessment (including early warning indicators; tool to identify opportunities for collaboration among actors in ongoing M&E efforts) * Performance monitoring * Evaluation | 1–4/  Pre-crisis  Crisis, crisis (if GBVIMS was already in place before the crisis)  Post-crisis | GBV service providers; international and national actors working on GBV data collection, including those managing the GBVIMS | GBVIMS: <http://www.gbvims.org> | |
| Police reports and court records review/analysis  (Quantitative and Qualitative) | Provides information on the quality of legal services and justice system, the quality of police response to GBV cases. Access to records depends on the strength of collaboration with police, legal, and justice actors in the government. | * Performance monitoring * Evaluation (input into evaluation) | 1–4/  Pre- and post-crisis | Ministry of Justice, police, lawyers, and NGOs working on GBV and legal issues and providing legal aid | N/A | |
| GBV legal case files review/analysis  (Quantitative and Qualitative) | Provides information on the number of cases of GBV receiving legal aid, and the number of cases investigated, prosecuted, adjudicated. | * Performance monitoring * Evaluation (input into evaluation) | 1–4/  Pre- and post-crisis | Ministry of Justice, police, lawyers, and NGOs working on GBV and legal issues and providing legal aid | N/A | |
| Ministry of Health statistics data or GBVIMS reporting  (Quantitative) | Captures the number of GBV survivors receiving medical care, number of survivors referred for specialized care. | * Performance monitoring * Evaluation (input into evaluation) | 1-4/  Pre- and post-crisis | Ministry of Health, medical providers, legal-medical institute, GBVIMS | N/A | |
| Tracking of referral documents  (Quantitative and Qualitative) | Captures the number of cases successfully referred from one service provider to another service provider (or series of providers). | * Performance monitoring * Evaluation (input into evaluation) | 1-4/  Pre- and post-crisis | GBV service providers  GBV AoR/Working Group, GBVIMS | N/A | |
| On-site observation  (Qualitative) | Entails the use of a detailed observation form to record accurate information on site about how a program/project operates (ongoing activities, processes, discussions, social interactions and observable results as directly observed during the course of an initiative). It can be useful for a situational assessment during a crisis: community agents/former GBV survivors may monitor camps to feed into rolling assessments/ performance monitoring. | * Situational/needs assessment (including early warning indicators) * Performance monitoring * Evaluation | 1-4/  Pre-crisis  Crisis  Post-crisis | Community leaders, IDP site leaders, GBV survivors, community agents, NGOs, CBOs | None | |
| Surveys  (Quantitative) | Provides a standardized approach to obtaining information on a wide range of topics from a large number or diversity of stakeholders (usually employing sampling techniques). They may provide information on attitudes, beliefs, opinions, perceptions, level of satisfaction, etc. concerning operations, inputs, outputs and contextual factors. They are relatively easy to analyze and provide anonymity to respondents. However, self-reporting may lead to biased reporting. As well, data may provide a general picture but may lack depth and adequate contextual information. Surveys may also be subject to sampling bias. | * Situational/needs assessment * Performance monitoring (in some circumstances) * Evaluation | 1–3/  Pre- and post-crisis | Local NGOs, CBOs, community leaders, and national academic/ research institutions appropriate sampling methods, questionnaire design, etc. | N/A | |
| Key stakeholder analysis  (Qualitative) | Identifies stakeholders interested in the GBV project/program and who could influence its results and/or that may be impacted by GBV in the crisis. It ranks a stakeholder’s (potential) influence and attitude toward the crisis, GBV, and the project/program. It outlines preliminary strategies to engage various stakeholders on GBV. | * Situational/needs assessment | 1–6/  Pre-crisis  Crisis  Post-crisis | Local NGOs, CBOs, community leaders, and national academic/ research institutions appropriate sampling methods, questionnaire design, and local, regional and national government officials. | Annex A: Stakeholder Analysis Tool | |
| Key informant interviews/peer-to-peer interviews  (Qualitative) | These interviews provide person-to-person qualitative responses to predetermined questions designed to obtain in-depth information about a person’s impressions or experiences, or to learn more about their answers to questionnaires or surveys. They may also provide first-hand knowledge about the operations and context. They facilitate fuller coverage, range, and depth of information of a topic with different perspectives on several issues; provide insight on the nature of problems; and recommend solutions. They are subject to sampling bias, so you should verify or corroborate information obtained from them. They can be time consuming, costly, and difficult to analyze. | * Situational/needs assessment * Performance monitoring * Evaluation | 1–4/  Pre-crisis  Crisis  Post-crisis | GBV service providers, key community leaders, GBV survivors (only if absolutely necessary) | . 2011.  IRC–key informant interview guide [http://www.gbvresponders.org/emergency-toolkit](http://www.gbvresponders.org/emergency-toolkit%20)  GBV AoR:   * Legal services structured interview guide * District authorities structured interview guide * Health services structured interview guide * Protection services structured interview guide * Psychosocial services structured interview guide * Structured interview guide: NGOs not engaged directly in GBV * Key informants Guide for individuals involved in camp coordination, management, site planning, registration, shelter, and non-food items * Key informant guide for individuals working in food security and distribution and nutrition, key informant interview guide for individuals working in water, sanitation, and hygiene   <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> | |
| Mapping of GBV prevention and response services provision  (Quantitative and Qualitative) | This mapping is typically part of the assessment during a crisis to identify the quantity and quality of services available; provides opportunity for service providers/community agents to collect information to feed into rolling assessments as they provide services. This speaks to need for service providers to be trained in the pre-crisis phase on how to collect information and what to collect and to put a system in place to capture information. | * Situational/needs assessment (to identify vulnerabilities/ capacities; tool to identify opportunities for collaboration among actors in ongoing M&E efforts) * Performance monitoring * Evaluation | 1–4/  Pre-crisis  Crisis  Post-crisis | UN Office for the Coordination of Humanitarian Affairs, national protection cluster/working group or GBV cluster/working group (<http://gbvaor.net>), donor coordination bodies, and networks of national NGOs to identify | GBV AoR, IRC Service Mapping Tool: [http://www.gbvresponders.org/emergency-toolkit](http://www.gbvresponders.org/emergency-toolkit%20) | |
| Community mapping  (Qualitative) | To identify which services are available to women/men and girls/boys to prevent and respond to GBV, and also to assess the community’s knowledge of those services. It is an excellent tool for collecting qualitative data, in particular in cultures that have strong visual and oral traditions. | * Situational/needs assessment * Performance monitoring * Evaluation | 1–4/  Pre-crisis  Crisis  Post-crisis | Community leaders, and women’s and men’s groups | Annex R  IRC. Community Mapping Tool: [http://www.gbvresponders.org/emergency-toolkit](http://www.gbvresponders.org/emergency-toolkit%20) | |
| Safety and security mapping  (Qualitative) | A physical mapping to identify GBV safety and security risks in refugee camps, IDP sites, host communities, and any other area where GBV might take place (or is already taking place). | * Situational/needs assessment * Performance Monitoring baseline and evaluations to identify if areas have become more or less safe and secure | 1–4/  Pre-Crisis  Crisis  Post-crisis | UN Office for the Coordination of Humanitarian Affairs, national protection cluster/working group or GBV cluster/working group (<http://gbvaor.net>), donor coordination bodies, and networks of national NGOs to identify | Annex P—IRC Safety Audit: <http://www.gbvresponders.org/emergency-toolkit#ER>  GBV AoR Camp Safety Audit Tool: <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> | |
| Focus groups  (Qualitative) | A small group (6–8 people) are interviewed together to explore in-depth stakeholder opinions, similar or divergent points of view, or judgments about a development initiative or policy, as well as information about their behaviors, understanding, and perceptions of an initiative or to collect information around tangible and nontangible changes resulting from an initiative. It is a quick, reliable way to obtain common impressions from diverse stakeholders but requires a trained facilitator. It may be challenging to schedule and to analyze responses. Focus groups can be useful to quickly understand community needs during a crisis, but on the other hand may not be appropriate at the onset of a crisis because community members may likely be facing critical dangers and may not be objective about their needs. | * Situational/needs assessment * Performance * Evaluation (provides contextual information for evaluations) | 1–3/  Pre-crisis  Crisis (not during acute phase)  Post-crisis | Engage with community leaders, NGOs, CBOs, local partners, camp committees, etc. to determine whether it is an appropriate time to conduct broader community focus group discussions, particularly during the crisis and post-crisis phases | Annex Q—IRC Focus Group Guide  [http://www.gbvresponders.org/emergency-toolkit](http://www.gbvresponders.org/emergency-toolkit%20) GBV AoR Women/Men Focus Group Guide,  Adolescent Girls Focus Group Discussion Guide, and Adolescent Boys Focus Group Discussion Guide  <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> | |
| Case Studies  (Qualitative) | Develop fictional case studies that may include pieces from a number of cases to shed light on a commonly observed trend. The case study should not fully resemble an existing case in any way. It involves comprehensive examination through cross-comparison of cases to obtain in-depth information with the goal to fully understand the operational dynamics, activities, outputs, outcomes, and interactions of a GBV project/ program. It is useful to fully explore factors that contribute to outputs and outcomes. Requires considerable time and resources not usually available for commissioned evaluations. Can be difficult to analyze. | * Situational/needs assessment | 1–3/  Pre-crisis  Post-crisis | Community leaders, NGOs, CBOs, local partners, academic/ research institutions | N/A | |
| Expert Panels  (Qualitative) | A peer review, or reference group, composed of external experts to provide input on technical or other substance topics covered by the evaluation. Adds credibility and can serve as added (expert) source of information that can provide greater depth. It can verify or substantiate information and results in a specific topic area. It is necessary to ensure impartiality and that there are no conflicts of interest. | * Evaluation | 1–6/  Pre-crisis  Crisis  Post-crisis | Institutions with humanitarian protection monitoring mandate and/or programming,community members | N/A | |
| Protection Monitoring  (Qualitative) | Identifies incidents of GBV, the number of GBV cases successfully addressed, and problems in service delivery. | * Performance monitoring | 1–6/  Pre-crisis  Crisis  Post-crisis | Institutions with humanitarian protection monitoring mandate and/or programming,community members | N/A | |
| Community consultations to discuss issues, contributing factors, and specific problems requiring action  (Qualitative) | Identifies GBV prevention and response issues requiring improvement. | * Performance monitoring * Evaluation (input) | 1–4/  Pre-crisis  Crisis  Post-crisis | Knowledgeable community members (as identified in **Annex A**: Stakeholder Analysis) | SASA! Raising Voices <http://raisingvoices.org/about/> | |
| Community-based monitoring  (Qualitative) | Community monitoring of general trends on GBV prevention and response. | * Performance monitoring | 1–5/  Pre-crisis  Crisis  Post-crisis | Community leaders, IDP site and refugee camp, or settlement leaders, community agents, NGOs, CBOs, academic and research institutions | SASA! Raising Voices <http://raisingvoices.org/about/> | |
| Pre- and post-tests, or other method to assess changes in knowledge as a result of awareness- raising activities  (Quantitative and Qualitative) | Captures whether awareness-raising activities have increased/decreased participants’ knowledge with respect to GBV, GBV services, or how to provide GBV services (depends on the target population). | * Performance monitoring | 1–4/  Pre-crisis  Crisis  Post-crisis (but not in an acute emergency) | Depends on the target population | N/A | |
| Print media and social media (including Facebook)  (Quantitative and Qualitative) | To conduct informal surveys or to seek the answers single questions to gauge attitudes, beliefs, and knowledge about GBV in a community at large. They can be used post-crisis to gather information about social/attitudinal change | * Situational/needs assessment * Performance monitoring | 1–6/  Pre-crisis  Crisis  Post-crisis | Community leaders, IDP site and refugee camp, or settlement leaders, GBV survivors, community agents, NGOs, CBOs, academic and research institutions | Handbook for coordinating GBV interventions in humanitarian settings. <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> | |
| SASA Outcome Tracking Tool, based on skills, behavior, attitude and knowledge  (Qualitative) | Tracks the progress on key outcomes (knowledge, attitude, skills, and behaviors) for each phase of the SASA program. | * Situational/needs assessment * Performance monitoring * Evaluation (input) | 1–3/  Pre- and post-crisis | Community leaders, IDP site and refugee camp, or settlement leaders, GBV survivors, community agents, NGOs, CBOs | SASA! Raising Voices <http://raisingvoices.org> | |

# Annex D: Data Collection Tool

| **Guidance for Using the Data Collection Tool** | |
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| **Purpose of the Tool** | * Provides a guide for data collection, using an illustrative example for the security and justice sector. It outlines key questions to ask; where to find the answers to the questions (primary and secondary data sources); how to code the answers/responses using the risk reduction framework presented in **Section 2.3**; and how to identify specific measures to address identified threats, vulnerability, and capabilities through programming to augment policy, practices, knowledge, or attitudes/beliefs. * The template for this tool may be adapted to other sectors of intervention, and completed with questions for other sectors, using the forthcoming revised IASC GBV Guidelines as a resource.   The tool allows organizations to identify:   * Existing threats of GBV, and the vulnerabilities and capabilities that exist to mitigate those threats. * How to diminish vulnerabilities and bolster capabilities to mitigate risk through support for enhanced policy, increased knowledge, enhanced practices, and changes in attitudes/beliefs. * Analysis and interpretation of the data collected using this tool can inform the situational/needs assessment, the ToC, Logical Framework Matrix, and the baseline and targets in the M&E plan. |
| **When to Use the Tool** | * To identify the types of data that may be needed to conduct the situational/needs assessment and to establish baseline and targets in the M&E plan. |
| **Who Should Use the Tool** | * GBV and M&E officers engaged in project/program design. Consult with national and local stakeholders and humanitarian and development actors to ensure a systems approach to gathering data. |
| **How to Use the Tool** | * Provides illustrative questions for the security and justice sector. Your organization should develop similar key questions for the sectors in which your organization intends to operate. Other potential categories of questions may include the following: general population demographics, characterization of GBV (including incidence data if available), education levels by sex, GBV national laws and frameworks, GBV prevention and response coordination, health services and clinical management of sexual violence, psychosocial support, socioeconomic reintegration, and reparations for GBV. * Complete the answers to the questions, using first existing data sources (noted in this tool), and also circle the appropriate category to indicate whether the answer represents a threat, vulnerability, or capability. Your organization may also use Annex B to support the selection of existing sources of data. * Then complete the answers to the questions using primary data collection methods, in the same manner as above. Again, your organization may use Annex B to support the selection of appropriate primary data collection tools. * Analyze and interpret the data and use it to finalize the situational/needs assessment, or to complete the M&E plan. * In interpreting the data, contextualize it within the historical context, in particular that of previous crises (where applicable). |
| **Continuum**  **Constraints and Opportunities** | * The Data Collection Tool is intended for use along the relief to development continuum. Collecting secondary and primary data in the pre-crisis, crisis, and post-crisis phases will allow GBV service providers to identify changes in GBV threats, and the vulnerabilities and capabilities that enhance or mitigate those threats across phases. * During the crisis phase, it is often necessary to develop a ToC, Logical Framework Matrix, and M&E plan quickly based on secondary data collection using the Data Collection Tool. Once the crisis subsides, your organization should gather any necessary primary data in light of the gaps identified in the first round of completion of the Data Collection Tool. * During the pre- and post-crisis phases, it is essential to collect robust primary data to ensure better preparedness for a potential crisis phase. Similarly, in areas that are crisis-prone, it is essential to update primary data collection to take advantage of learning opportunities for the prevention and response to GBV. |
| **Key Ethical and Safety Considerations** | * The questions contained in the Data Collection Tool are not intended to be extracted and used verbatim in secondary or primary data collection. They are intended to be used as a guide and adapted according to the audience in light of several considerations (using Annex A as a departure point), keeping in mind the following:   + Potential risks to the safety of the individuals being interviewed (both how questions are posed, and whether in particular how questions are posed.   + Political repercussions of interviewing certain key stakeholders.   + Psychological repercussions of interviewing certain key stakeholders (this applies in particular to GBV survivors, but may also include the families and communities of survivors, and even public officials who have witnessed abuses). * As mentioned in previous sections, interviewing GBV survivors should be a last resort, and take place only if there are no pre-existing secondary data and the value of collecting the data outweighs the potential harm to survivors. Data should not be collected in general and in particular from GBV survivors if they will not be used in some fashion in the programming that your organization intends to implement. * For collecting both primary and secondary data, you *must* establish protocols for safeguarding the data, in particular data that could put individuals or groups at risk. It is also critical to establish confidential protocols for all GBV survivor-related data. * For gathering both primary and secondary data, you *must* establish information-sharing protocol for the data gathered, which should specify with whom and when information can be shared in light of the dangers of sharing the information with certain individuals, groups, or the public. |
| **Additional Resources** | * Annex C: Data Sources Matrix for Conducting GBV Situational/Needs Assessment, Performance Monitoring and Evaluation * IASC. Guidelines for Gender-Based Violence in Humanitarian Settings (revisions pending). * IRC. Caring for Child Survivors. 2011. <http://gbvresponders.org/node/1542> * IRC. 2011. GBV Emergency Response & Preparedness. * WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. <http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf> * GBV AoR, GBV IMS Chapter 7- Sharing GBV Incident Data and Developing Inter-Agency Information Sharing Protocols. 2011. <http://gbvims.org/wp/wp-content/uploads/Ch7_Feb2011.pdf> |

| **Data Collection and Analysis Tool** | | | |
| --- | --- | --- | --- |
| **Question** | **Answer** | **Potential Action** | **Data Source** |
| Select and adapt the questions that are applicable to your organization. Consider if they are applicable in the pre-crisis, crisis, and post-crisis phase. Look ahead! | Describe the answer to the question. Based on the answer, indicate whether there is a threat, vulnerability, or capacity? | Can the threat, vulnerability, or capacity identified be mitigated or bolstered via policy, practices, knowledge, attitudes, and/or beliefs? (Select all that apply.) | Below are suggested data sources where you may find answers to the questions. Modify as needed. |
| **Completed by:** |  | | |
| **Date completed:** |  | | |
| **Current Phase (Pre-Crisis, Crisis, or Post-Crisis):** |  | | |
|  | | | |
| **1. National Security and Legal Authority** | | | |
| **1.1 Laws** | | | |
| **1.1.1 Legal Definitions** | | | |
| What is the legal definition, legal statutes, or policies defining rape/attempted rape? | T/V/C (Circle): |  | National laws related to GBV |
| What is the statute of limitations for rape/attempted rape? | T/V/C (Circle): |  |
| What is the legal definition, legal statutes, or policies defining “deﬁlement” or statutory rape (rape of minor)? | T/V/C (Circle): |  |
| What is the statute of limitations for defining deﬁlement or statutory rape (rape of minor)? | T/V/C (Circle): |  |
| What is the legal definition, legal statutes or policies defining marital rape? | T/V/C (Circle): |  |
| What is the statute of limitations for marital rape? | T/V/C (Circle): |  |
| Are any other forms of sexual violence (e.g., sexual exploitation) defined in the law? If so, please describe the legal definition and/or legal statutes or policies defining them. | T/V/C (Circle): |  |
| What is the statute of limitations for them? | T/V/C (Circle): |  |
| What are the legal definition, legal statutes, or policies defining domestic violence (intimate partner abuse, including economic, emotional, etc.)? | T/V/C (Circle): |  |
| What is the statute of limitations for domestic violence (intimate partner abuse, including economic, emotional, etc.)? | T/V/C (Circle): |  |
| What is the legal definition of “forced marriage”? | T/V/C (Circle): |  |
| What is the statute of limitations for forced marriage? | T/V/C (Circle): |  |
| What are the legal definition, legal statutes, or policies defining trafficking for sex or labor? | T/V/C (Circle): |  |
| What is the statute of limitations for trafficking for sex or labor? | T/V/C (Circle): |  |
| Are any other forms of GBV defined in the law (e.g., early/ forced marriage, female genital cutting, forced sterilization, or infanticide)? | T/V/C (Circle): |  |
| If so, what are the legal definition and/or legal statutes or policies defining them? | T/V/C (Circle): |  |
| What is the statute of limitations for them? | T/V/C (Circle): |  |
| **1.1.2 Other Legal Protections and Stipulations** | | | |
| What is the age of “majority” or the age children are legally deemed adults? Is that age the same for males and females? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| What are the legal procedures and consequences for the abandonment of newborns/infanticide? Are they the same for boy babies and girl babies? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| What are the legal stipulations regarding the age and conditions of marital consent for males and for females? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| What are the legal stipulations regarding women’s property ownership rights? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| What are the legal stipulations regarding Inheritance rights? Do women, girls, and widows have inheritance rights? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| What is the impact for women of having/not having inheritance rights? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| What are the legal stipulations regarding divorce, child custody, and child support rules and conditions? | T/V/C (Circle): |  | National laws related to GBV, customary or religious law |
| **1.1.3 Legal Framework for Emergency Contraception and Abortion** | | | |
| Is emergency contraception legal? | T/V/C (Circle): |  | National laws related to GBV |
| If so, under which circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for emergency contraception. | T/V/C (Circle): |  | National laws related to GBV |
| Is abortion legal? | T/V/C (Circle): |  | National laws related to GBV |
| If so, under which circumstances (e.g., only in cases of rape, etc.)? Note any types of evidence or documentation required to qualify for a legal abortion. | T/V/C (Circle): |  | National laws related to GBV |
| Who covers the cost of emergency contraception (health care provider, pregnant woman, etc.)? | T/V/C (Circle): |  | National laws/budgeting related to GBV, key informant interviews with key reproductive health providers or policymakers |
| Who covers the cost of an abortion (health care provider, pregnant woman, etc.)? | T/V/C (Circle): |  |
| **1.1.4 Mandatory Reporting Laws for GBV** | | | |
| Are there any mandatory reporting laws for GBV? | T/V/C (Circle): |  | National laws related to GBV |
| Who, if anyone, is required by law to report incidents of GBV to police authorities? | T/V/C (Circle): |  |
| What types of GBV fall under the mandatory reporting laws? | T/V/C (Circle): |  |
| What are the penalties for non-reporting? | T/V/C (Circle): |  |
| Are there any special circumstances in which reporting of GBV are not mandatory? | T/V/C (Circle): |  |
| **1.2 Police Procedures** | | | |
| **1.2.1 Police Procedures and Documentation** | | | |
| According to the law, what is the process for registering cases of GBV (survivor presents herself, makes complaint, receives a case number, etc.)? | T/V/C (Circle): |  | National laws related to GBV |
| Do the police typically register cases of GBV? | T/V/C (Circle): |  | Key informant interview with police and GBV service providers (in particular those providing legal aid) |
| What is the typical process that they follow (note: this may or may not adhere to the law)? | T/V/C (Circle): |  |
| Do the police typically provide an ID/registration number for the case? | T/V/C (Circle): |  |
| Do the police typically give reports for cases of GBV? | T/V/C (Circle): |  |
| Where in the police stations do the initial registration take place (an exposed area or private area)? | T/V/C (Circle): |  |
| From which individuals or organizations do police typically receive reports of GBV? | T/V/C (Circle): |  |
| From whom do they typically allow reports? | T/V/C (Circle): |  |
| Are there separate physical spaces for registering cases of GBV (to ensure the dignity of survivors)? | T/V/C (Circle): |  | Key informant interview with police, tour of police station, key informant interview with GBV service providers |
| What types of cases related to GBV have been seen here at this police post? | T/V/C (Circle): |  | Key informant interview with police, tour of police station, key informant interview with GBV service providers |
| What happened to those cases? | T/V/C (Circle): |  |
| Are there some situations in which the police are more likely to investigate or follow up than others? If yes, in which types of cases or scenarios? (Probe for the reasons that may contribute to limited follow-up.) | T/V/C (Circle): |  | Analysis of police reports, key informant interview with police, and GBV service providers (in particular those providing legal aid) |
| **1.2.2 Investigation and Arrest** | | | |
| Is a medico-legal report required for investigation of cases of GBV? | T/V/C (Circle): |  | National laws related to GBV, GBV service providers, police |
| According to the law, who (title of position) is responsible for investigating cases of GBV? | T/V/C (Circle): |  |
| In practice, who (title of position) typically investigates cases of GBV? | T/V/C (Circle): |  | Key informant interviews with police, and GBV service providers (in particular those providing legal aid) |
| Are cases of GBV usually investigated? If so, which? | T/V/C (Circle): |  |
| Are there are any challenges to the investigation of cases? If so which (e.g., bribery, customary law, challenges in obtaining copies of medical/medico-legal report)? | T/V/C (Circle): |  | Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid) |
| Do those who are responsible for investigating cases of GBV have the specialized training necessary to do so? | T/V/C (Circle): |  | Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid) |
| Do those who are responsible for investigating cases of GBV have the material resources necessary to do so (vehicles, stationery, photographic equipment, password-protected computers, printer, locked filing cabinet to store documents)? | T/V/C (Circle): |  |
| Where in the police station does the investigation take place? Are there separate, private spaces for interviewing GBV victims and perpetrators in the police station? | T/V/C (Circle): |  | Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid) |
| What is the process for detaining suspects? | T/V/C (Circle): |  | Key informant interviews with investigative/judiciary police, perpetrators of GBV, and GBV service providers (in particular those providing legal aid) |
| Is there usually pre-arrest detention of GBV perpetrators? | T/V/C (Circle): |  |
| Is there ever detention of victims of GBV or rescuer of person experiencing GBV? | T/V/C (Circle): |  |
| Under what pretense are victims or rescuers of persons experiencing GBV detained (e.g., example adultery)? |  |  | Key informant interviews with investigative/judiciary police and GBV service providers (in particular those providing legal aid) |
| For how long are alleged perpetrators usually detained? | T/V/C (Circle): |  | Key informant interviews with investigative/judiciary, police, perpetrators of GBV, and GBV service providers (in particular those providing legal aid) |
| What are conditions like for detained perpetrators of GBV (food, treatment, water, sanitation, etc.)? | T/V/C (Circle): |  |
| Are there separate facilities for men and women? | T/V/C (Circle): |  |
| Are there any measures to ensure that male perpetrators are not abused in jail? | T/V/C (Circle): |  |
| Are there any measures to ensure that victims of GBV wrongly accused of adultery are not abused in jail? | T/V/C (Circle): |  |
| Whose role is it to write the charges being made and forward the case for prosecution (i.e., police, magistrate, or prosecutor)? | T/V/C (Circle): |  | Key informant interviews with investigative/judiciary police, chief magistrate/justice, chief prosecutor, and GBV service providers (in particular those providing legal aid) |
| Whose role is it to inform the prosecuted of the charge? | T/V/C (Circle): |  |
| **1.2.3 Medical Documentation Required to Prepare a Police Report** | | | |
| By law, what type of documentation is required to prepare a police report (standard form, medical exam findings, forensic evidence, signature, or authorization of a doctor, additional signatures, or authorizations, other documentation)? | T/V/C (Circle): |  | National laws related to GBV, GBV sub-cluster or working group, protection cluster/working group |
| Are different standard forms required for different types of GBV or for adults/minors? | T/V/C (Circle): |  |
| How easy/difficult is it for survivors or providers to get copies of the medico-legal form? | T/V/C (Circle): |  | Key informant interview GBV service providers |
| Do survivors or service providers have to pay for the medico-legal form (i.e., corruption)? | T/V/C (Circle): |  |
| Who is responsible for conducting a forensic exam? | T/V/C (Circle): |  | Key informant interview GBV service providers, medico-legal institute, Ministry of Health officials |
| In practice, who typically conducts the exam? | T/V/C (Circle): |  |
| Who is authorized to complete the medico-legal form? | T/V/C (Circle): |  | National laws or policies related to medico-legal services |
| How many people in the country/region are authorized to prepare/complete the form? | T/V/C (Circle): |  | Key informant interview with GBV service providers, medico-legal institute, Ministry of Health officials |
| Who is authorized to sign/authorize a medico-legal report? | T/V/C (Circle): |  | National laws or policies related to medico-legal services |
| How many people in the country/region are authorized to sign the form? | T/V/C (Circle): |  | Key informant interview with GBV service providers, medico-legal institute, Ministry of Health officials |
| Are there medico-legal facilities available to process forensic evidence? | T/V/C (Circle): |  |
| Are there any impediments in the process of preparing and sharing the medico-legal report? | T/V/C (Circle): |  |
| **1.3 Judicial Proceedings** | | | |
| **1.3.1 Criminal Legal Proceedings** | | | |
| Who is responsible for pressing charges in criminal proceedings? | T/V/C (Circle): |  | Criminal procedure code |
| Is witness corroboration required in the prosecution of GBV crimes? | T/V/C (Circle): |  | Key informant interview with the Ministry of Justice, Ministry of Defense |
| What is/are the requisite standard(s) of proof? | T/V/C (Circle): |  |
| What is the typical time frame for prosecution of cases of GBV from the date that the charges are ﬁled to the date of judgment? | T/V/C (Circle): |  |
| Is a speciﬁc time frame for judgment required by statute, and if so, what is it? | T/V/C (Circle): |  |
| What are reasons for delays in the prosecution of cases? (Include probing questions: If yes, what happened?) | T/V/C (Circle): |  |
| What are the primary reasons that cases of GBV are acquitted? | T/V/C (Circle): |  | Key informant interview with the Ministry of Justice, Ministry of Defense, Case Law |
| Can court proceedings occur in camera (in private) for GBV cases (i.e., the presiding judge clears the courtroom or hears the testimony in chambers)? Who decides? | T/V/C (Circle): |  | Key Informant Interview with the Ministry of Justice, Ministry of Defense |
| **1.3.2 Transport, Care, and Protection of Witnesses** | | | |
| What are the standard procedures for transport, care, and protection of witnesses? | T/V/C (Circle): |  | Criminal procedure code |
| Are there any relevant legal provisions for the transport, care, and protection of witnesses? | T/V/C (Circle): |  |
| Is protection available for survivors and witnesses in cases of GBV? If yes, what type? | T/V/C (Circle): |  | Key informant interview with the Ministry of Justice, Ministry of Defense |
| Have there ever been safe houses for survivors or witnesses? | T/V/C (Circle): |  |
| Is there a separate entrance for perpetrator and victims into the court building? | T/V/C (Circle): |  |
| Is video camera testimony available? Is it used? |  |  |
| Is there transportation to the court? |  |  |
| Which government institutions are responsible for ensuring witness protection? | T/V/C (Circle): |  | Criminal procedure code |
| Are there other organizations involved in witness assistance/ protection? | T/V/C (Circle): |  | Key informant interview with the Ministry of Justice, Ministry of Defense |
| Which institutions effectively cover the cost of witness protection (transport of witnesses, food, and shelter)? | T/V/C (Circle): |  | Key informant interview with the Ministry of Justice, Ministry of Defense, governmental and NGO GBV service providers |
| In refugee setting: What role does UNHCR play if witnesses in GBV cases are refugees? To what degree does UNHCR coordinate with the police and courts in these cases? | T/V/C (Circle): |  | Criminal procedure code, key informant interview with UNHCR, Ministry of Social Welfare |
| Are there any special provisions for minors in cases of GBV for:   * Victims? * Witnesses? * Accused? |  |  | Criminal procedure code, Key Informant Interview with UNICEF, Ministry of Social Welfare |
| T/V/C (Circle):  T/V/C (Circle):  T/V/C (Circle): |  |
| **1.3.3 Sentencing** | | | |
| Are there standard sentencing procedures for different types of GBV crimes? | T/V/C (Circle): |  | Criminal procedure code |
| If a person is convicted of multiple GBV crimes, are sentences concurrent or consecutive? | T/V/C (Circle): |  | Criminal procedure code |
| Are there any provisions for repeat GBV offenders? | T/V/C (Circle): |  | Criminal procedure code |
| How much discretion does the judge have during the sentencing process? | T/V/C (Circle): |  | Criminal procedure code, key informant interviews with the Ministry of Justice, Head of Criminal Court |
| On the basis of evidence from prior GBV cases, how likely is it that the sentence will be carried out? | T/V/C (Circle): |  | Criminal procedure code, key informant interviews with the Ministry of Justice, head of Criminal Court, chief prosecutor, and GBV service providers |
| Do alternatives to prison sentences exist for GBV offenders (e.g., parole)? | T/V/C (Circle): |  | Criminal procedure code, key informant interviews with the Ministry of Justice, head of Criminal Court, chief prosecutor, and GBV service providers |
| What, if anything, has changed since the crisis with respect to sentencing (crisis, post-crisis)? | T/V/C (Circle): |  |
| **1.3.4 Capacity of the Court** | | | |
| What kinds of qualiﬁcations, experience, and trainings on GBV do the judge/magistrate, clerks, and other staffs have? | T/V/C (Circle): |  | Key informant interview with the director of public prosecutions, court users, legal aid providers, police, UN agencies |
| Are copies of GBV-related statutes and laws available to judges and prosecutors addressing cases of GBV and up-to-date? | T/V/C (Circle): |  |
| Does the court conduct training and continuing education for court staff? | T/V/C (Circle): |  | Director of Criminal Court or Civil Court |
| Do any other institutions conduct trainings and continuing education for court staff? | T/V/C (Circle): |  | Key informant interview with UNDP, UN Women, UN Peacekeeping Mission, national or international legal aid organizations, National Bar Association |
| How equipped is the (criminal or civil) court and in what condition is the equipment (typewriters, computers, ofﬁces, papers, pens, ﬁles, vehicles, fuel, staff)? | T/V/C (Circle): |  | Key informant interviews with UNDP, UN Women, UN Peacekeeping Mission, national or international legal aid organizations, National Bar Association, site visit |
| How often do the courts see cases of GBV? | T/V/C (Circle): |  |
| **1.3.5 Civil Proceedings** | | | |
| According to the Civil Procedure Code, what are the options for civil proceedings in cases of GBV? | T/V/C (Circle): |  | Civil Procedure Code |
| What are the normal procedures in civil proceedings for cases of GBV? | T/V/C (Circle): |  |
| Are there different ways that GBV cases can be heard (as in a crisis, certificate of urgency)? | T/V/C (Circle): |  | Civil Procedure Code, Public Declarations of a State of Emergency |

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# Annex E: Logical Framework Matrix

| **Guidance for Completing the Logical Framework Matrix** | |
| --- | --- |
| **Purpose of the Tool** | * To provide an illustrative example of a Logical Framework Matrix for livelihoods programming to support women and men to become more resilient to threats of GBV. |
| **When to Use the Tool** | * During program/project design before designing the M&E plan. |
| **Who Should Use the Tool** | * Program managers may lead initial efforts to complete the Logical Framework Matrix in coordination with M&E and GBV officers. Community members and leaders, national organizations, and local CBOs may also be involved in using the tool to develop the M&E plan further, particularly if they will be involved as responsible parties in collecting and/or analyzing data. |
| **How to Use the Tool** | * Fill in the M&E Logical Framework Matrix based on the impact (goal), outcomes (objectives), outputs, and activities identified in the ToC. Carefully select appropriate indicators for all impacts, outcomes, outputs, inputs, and processes. * The Logical Framework Matrix template provided includes an illustrative example focused preventing and responding to GBV through increased access to livelihoods. |
| **RDC Constraints and Opportunities** | * **Constraint along the relief to development continuum (RDC):** External reporting requirements and varying donor mandates often result in organizations reporting on standard output indicators and inputs that vary by donor and government. **Limits:** (1) opportunities for organizations to harmonize measuring of change to prevent and respond to GBV, and (2) flexibility to measure changes in programming to adapt to changing needs on the ground (e.g., conflict breaks out and new types of GBV need to be responded to). **Solution:** Do not limit the selection of indicators to those mandated in standard reporting requirements. Collaborate with national GBV work groups or clusters to harmonize GBV indicators across organizations and along the RDC. * **Opportunity along the RDC:** Your organization may be in the position to adapt its program/project and Logical Framework to account for changes in risks or vulnerabilities over time. This necessarily implies modifying programming outcomes and outputs, activities, and the indicators to measure them. It may be necessary to modify the assumptions for measuring indicators, such as a prominent GBV prevention advocate in the community passing away. The means of verification of an indicator may also need to be adapted if changes in political sensitivities have an impact on the ability to collect data from government sources, or if sources of data have been destroyed in a disaster or conflict. Where the work of humanitarian and development actors intersects along the RDC, identifying common goals and objectives can foster the identification of opportunities to track similar outcomes and outputs, and implement activities, which vary only slightly depending where one is along the RDC. * **Crisis phase constraint:** An iterative and consultative process to develop a Logical Framework Matrix and indicators may not possible at the outset of a crisis (in particular during the acute phase). **Solution:** Engage a smaller nucleus of community members and other key stakeholders to prepare the Logical Framework Matrix, and adjust or add indicators shortly after the crisis has stabilized. |
| **Key Ethical and Safety Considerations** | * Consider carefully who will participate in the design of the Logical Framework Matrix, and whether their participation will put them at risk in any way. For example, including national human rights monitors in the preparation may provide a level of visibility that puts them at risk. This requires taking time consider whether are any potential risks for stakeholders to participate in the design of the Logical Framework Matrix, deciding with them whether they should participate, and putting measures in place to discretely and confidentially include them in the design (if that is the agreed course of action). * Consider carefully whether highlighting certain assumptions may put certain populations at risk. For example, highlighting in the assumptions column that specific “community leaders and chiefs must remain supportive of women/men participating in the program to avoid backlash” may create a risk of violence or other safety challenges for those community leaders and chiefs. In this case, GBV program managers and other concerned staff must take measures to protect this type of sensitive data in the Logical Framework Matrix. |
| **Additional Resources** | * USAID. 2008. Adapted from USAID Monitoring and Evaluation Planning: Guidelines on Monitoring and Evaluation Planning. <http://pdf.usaid.gov/pdf_docs/pnadq477.pdf> |

| **Illustrative** Logical Framework Matrix | | | |
| --- | --- | --- | --- |
| **Project Objectives** | **Indicators** | **Means of Verification** | **Assumptions** |
| **Goal** | **Impact Indicator** |  |  |
| Women/men and girls/boys are resilient to threats of GBV in a safe environment. | Proportion of participants who report economic independence from perpetrator. | Evaluate with questionnaires at baseline, midterm, and endline with accompanying focus groups and interviews to contextualize data. | Country X must continue developing out of post-crisis and continue fostering inclusive economic growth. |
| Proportion of participants who report experiencing violence within the past year (by type). |
| Proportion of participants who have exchanged sexual favors for food in the past six months. |
| **Outcome** | **Outcome Indicator** |  |  |
| To provide sources of productive activities via livelihoods programs to increase incomes and become economically independent (without experiencing backlash) among participating female GBV survivors and females at risk of GBV age 15 and above to a minimum of $50 per week (average amount needed to pay for food and shelter in the target area) for a minimum of one year within five years of program implementation. | Proportion of participants who report ability to pay for food and shelter for the past year. | Monitor monthly progress via SMS "check-ins" with and case management file reports. Evaluate with baseline, midterm, and endline questionnaires with accompanying focus groups and interviews to contextualize data. | The local and national market in Country X (that the livelihoods program targets) must remain relatively stable and in demand of the services provided to participants as a result of training received. |
| Proportion of participants who report disharmony in household/community due to increased income. |
| **Output** | **Output Indicator** |  |  |
| Participants complete livelihoods training. | Proportion of participants who successfully completed vocational training courses (by type). | Monitor on a monthly basis via project reports. Conduct monthly SMS surveys to identify participants' satisfaction and men's attitudes. Conduct community discussions, focus groups, and interviews on a quarterly basis. Conduct baseline, midterm, and endline questionnaire. | Community leaders and chiefs must remain supportive of women/men participating in the program to avoid backlash. |
| Participants’ income increases to a minimum of $50 per week for a minimum of one year within five years of program implementation. | Proportion of participants who report earning at least $50 per week for the past year. |
| Male community leaders and family members of participants report positive benefits as a result of participation of women/men in program. | Proportion of male community leaders/ family members who report positive benefits to their household/community as a result of women/men participating in the program. |
| **Activities** | **Process Indicator** |  |  |
| Conduct value chain analysis to identify high value markets that women/men may feasibly enter. | Value chain analysis completed and identifies feasible high value markets with demand for females to enter. | Project document | Ethnic conflict in the target area may disrupt operation of livelihood training sites. |
| Create livelihoods training programs tailored to market demand. | X number of training programs (by type) created in X communities. | Monthly reporting via project documents; monthly community discussion and focus groups to discuss process, identify successes and challenges. |
| Create women/men-led group savings integrated with peer and counselor psychosocial support. | X number of women/men-led group savings with peer and counselor psychosocial support created in X communities. |
| Support community creation of male support groups for program activities led by male community leaders and male family members of participants. | X number of male-led support groups created in X communities. |
| **Inputs** | **Input Indicator** |  |  |
| Gender and value chain experts | Gender and value chain experts hired. | Project documents; monthly reports. | Outbreak of political violence may result in increased costs for regularly needed supplies for the training sites. |
| Program trainers | # of program trainers hired and trained. |
| Program training space | # of program facilities built/rented. |
| Program training materials | # of program training materials developed and disseminated. |
| Psychosocial support counselors | # of psychosocial support counselors hired and trained. |
| Group savings mechanisms | Group savings mechanism established. |
| Community awareness materials | # of community awareness materials created and disseminated. |

# Annex F: The GBV Indicator Checklist

| **Guidance for the GBV Indicator Checklist** | |
| --- | --- |
| **Purpose of the Tool** | * To ensure that the indicators included in the Logical Framework Matrix fulfill the following criteria: specific, measureable, appropriate, realistic, time-bound, survivor-centered, rights and community-based, consistently defined, balanced, and linked to existing indicators, fulfilled external requirements. |
| **When to Use the Tool** | * Before finalizing the Logical Framework Matrix (**Annex D**), use the checklist to verify that the indicators meet the criteria in the checklist. |
| **Who Should Use the Tool** | * Program managers in coordination with the GBV and M&E officers. |
| **How to Use the Tool** | * Use the checklist to verify that each outcome and output level indicator meet the criteria established in the checklist. Modify indicators, as necessary, in accordance with findings. |
| **Continuum Constraints and Opportunities** | * As with the PIRS, there may be insufficient time during a crisis for field staff to verify that indicators fulfill the criteria established in the checklist. Headquarters-based staff may support this process by completing it on their behalf using the Logical Framework Matrix as a basis. |
| **Key Ethical and Safety Considerations** | * Ensuring that indicators are survivor-centered and rights- and community-based are essential components for this step. Though community consultation may be challenging, especially during a crisis, this is a mandatory step to ensure that indicators measure changes that GBV survivors and/or communities will find valuable and desirable. |
| **Additional Resources** | * Khan, M.E. 2011. “Monitoring and Evaluating of Sexual and Reproductive Health Services: Key considerations and Challenges.” Presented TO the Population Council in SVRI Forum. October 10, 2011. <http://www.svri.org/forum2011/MonitoringandEvaluation.pdf> |

| **The GBV Indicator Checklist** | | |
| --- | --- | --- |
| **Is the indicator/ Are all indicators:** | **Ask:** | **Yes or No?** |
| **Specific** | Does the indicator identify a concrete change, event, or action that will take place (i.e., ensure that it is not too vague)? |  |
| **Measureable** | Does the indicator quantify the amount of resources, activity, or change to be expended or achieved? |  |
| **Appropriate** | Does the indicator logically relate to the overall problem statement and desired effects of the programming (i.e., ensure that it is linked to the Logical Framework Matrix and it measures something the program can affect)? |  |
| Does the indicator provide information that can be used for future decision-making or learning for the program? |  |
| **Realistic** | Does the indicator provide a realistic dimension that can be achieved with available resources and plans for implementation? |  |
| **Time-bound** | Does the indicator specify a time within which the objective or activity will be achieved? |  |
| **Survivor-centered** | Does the (relevant) indicator measure the empowerment of a GBV survivor, and does it measure the change in responding to a GBV survivor's rights, needs, and wishes that are important to her/him? |  |
| **Systems approach** | Does the (relevant) indicator specify how project/program efforts will contribute to national- and global-level GBV prevention and response goals and objectives? |  |
| **Rights based** | Does the (relevant) indicator measure how beneficiaries will play an active role in GBV prevention[[2]](#footnote-2) and response, as opposed simply to providing support or services to them on an assumed needs basis without their having any say in what action is taken? |  |
| **Community based** | Does the (relevant) indicator measure the change that program beneficiaries and community stakeholders deem important in their lives? |  |
| **Consistently defined** | Does the indicator use international and/or national definitions for what is being measured (i.e., are types of GBV correctly defined so that data are consistent and comparable nationally)? |  |
| **Linked to existing indicators** | Do the selected indicators build upon existing national-level GBV indicators (i.e., will they contribute to learning about national GBV prevention and response efforts)? |  |
| Do the selected indicators build upon existing development or humanitarian GBV indicators already in use (i.e., will they contribute to longer-term learning on effectiveness of GBV programming along the relief to development continuum)? |  |
| **Meet external requirements** | Do the indicators comply with requirements from the government, donor, or other external organizations? |  |
| Are all relevant USG Standard Foreign Assistance or USAID/OFDA indicators pertaining to GBV included? |  |
| **Balanced** | Are there at least one or two indicators per key activity or result? |  |
| Are there no more than 8–10 indicators per area of significant program focus? |  |
| Are there sufficient amounts of both outcome and output indicators to measure real changes in practices, behaviors, or policies? |  |
| Do the indicators use a mix of qualitative/quantitative data collection strategies/sources? |  |

# Annex G: Performance Monitoring Component of the M&E Plan

| **Guidance for Completing the Performance Monitoring Component of the M&E Plan** | |
| --- | --- |
| **Purpose of the Tool** | * The Performance Monitoring Component of the M&E plan provides a summary of performance monitoring to collect and analyze data to measure progress towards each performance indicator in the Logical Framework Matrix (**Annex D**) on an ongoing basis. It is an integral part of the M&E plan. An illustrative GBV economic empowerment intervention is provided below for the Performance Monitoring Component of the M&E plan. Note that it may not be possible to undertake economic/livelihoods programming at the outset of a crisis. |
| **When to Use the Tool** | * Complete the Performance Monitoring Component of the M&E plan template following the completion of the Logical Framework Matrix. |
| **Who Should Use the Tool** | * GBV and M&E officers, project/program directors, and officers engaged in program/project and M&E design. Engage community members, national organizations, and local CBOs and both humanitarian and development actors to coordinate efforts. |
| **How to Use the Tool** | * Once the Logical Framework Matrix is complete (**Annex D**), complete the Performance Monitoring Component of the M&E plan. |
| **Continuum Constraints and Opportunities** | * **Crisis phase Constraint:** It may not be possible to collect detailed primary data at the onset of a crisis to establish baseline targets. **Solution:** Initiate programming, and specify in the Performance Monitoring Component at what point after programming implementation begins that your organization will collect baseline data. Alternatively, use existing secondary data to establish the baseline or collaborate with an existing GBV program/project to continue monitoring against common indicators of interest. * **Crisis phase Constraint:** Existing national organizations and development actors may not be able to continue using monitoring tools identified in previously developed Performance Monitoring Component, which may result in inconsistencies or interruptions in data collection**. Solution:** Support national organizations and development actors to adapt monitoring tools. Ensure that data analysis describes challenges and potential data inconsistencies. * **Post-crisis phase Constraint:** Performance monitoring plans used for shorter-term relief efforts may not have planned for ongoing monitoring of important outcomes beyond the crisis. **Solution:** Collaborate with national organizations and development actors to provide data and take-up continued monitoring to be folded into the Performance Monitoring Component developed post-crisis where there are synergies. |
| **Key Ethical and Safety Considerations** | * Completing the Risks and Assumptions Column of the Performance Monitoring Component of the M&E plan is essential to identify and prevent any potential harm to data sources or beneficiary populations. As well, measures should be put in place to ensure limited distribution of the M&E plan if the information contained therein is sensitive or could put concerned populations in danger or at risk. |
| **Additional Resources** | * USAID. 2010. Adapted from USAID Performance Monitoring and Evaluation TIPS: Baselines and Targets. [http://www.innonet.org/resources/node/636](http://www.innonet.org/resources/node/636%20) * USAID. 2008. USAID Monitoring and Evaluation Planning: Guidelines on Monitoring and Evaluation Planning. http://pdf.usaid.gov/pdf\_docs/pnadq477.pdf |

| **Sample Performance Monitoring Plan for: Increased Access to Livelihoods of GBV Survivors** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicators** | **Indicator Definitions** | **Baseline and Target** | **Methods/ Sources** | **Frequency/ Schedule** | **Persons Responsible** | **Cost** | **Data Analysis** | **Information Use** | **Risks/ Assumptions** |
| Proportion of participants (GBV survivors) who report economic independence from perpetrator | # of female participants who report economic independence from perpetrator (by age, ethnicity, religion, marital status, fertility status, community) | Baseline: 10% | Develop questionnaires and focus group guides and interviews to contextualize data | Before project implementa-tion: (baseline), midterm (2 years), and endline (5 years) | Collection: skilled and trained GBV enumerators on impact evaluation team; analysis: GBV program officer, M&E officer | Funds for question- naire development, hiring of X personnel for fieldwork, fieldwork logistics/ support materials, purchase of statistical analysis programs, snacks for focus groups, meeting space for community workshops to develop materials | Statistical analysis and analysis of focus groups | Impact evaluation, advocacy | Team developing, collecting, analyzing, and reporting data will follow safety and ethical guidelines |
| Total # of female participants | Target: 50% |
| Proportion of participants who report experiencing violence within the past year | # of female participants who report experiencing violence within the past year (by type of violence, age, ethnicity, marital status, fertility status, community) | Baseline: 80% | Develop questionnaires and focus group guides and interviews to contextualize data | Before project implementa-tion: (baseline), midterm (2 years), and endline (5 years) | Collection: skilled and trained GBV enumerators on impact evaluation team; Analysis: GBV program officer, M&E officer | Funds for question-naire development, hiring of X personnel for fieldwork, field-work logistics/support materials, purchase of statistical analysis programs, snacks for focus groups, meeting space for community workshops to develop materials | Statistical analysis and analysis of focus groups | Impact evaluation, advocacy | Team developing, collecting, analyzing, and reporting data will follow safety and ethical guidelines |
| Total # of female participants | Target: 20% |
| Proportion of participants who have exchanged sexual favors for food in the past 6 months | # of female participants who exchanged sexual favors for food in the past 6 months (by age, ethnicity, marital status, community) | Baseline: 80% | Develop questionnaires and focus group guides and interviews to contextualize data | Before project implementa-tion: (baseline), midterm (2 years), and endline (5 years) | Collection: Skilled and trained GBV enumerators on impact evaluation team; analysis: GBV program officer, M&E officer | Collection: skilled and trained GBV enumerators on impact evaluation team; analysis: GBV program officer, M&E officer | Statistical analysis and analysis of focus groups | Impact evaluation, advocacy | Team developing, collecting, analyzing, and reporting data will follow safety and ethical guidelines |
| Total # of female participants | Target: 20% |
| Proportion of participants who report ability to independently pay for food and shelter for the past year | # of female participants who report ability to independently pay for food and shelter for the past year (by age, marital status, fertility status, ethnicity, religion, community) | Baseline: 10% | Develop focus group guides; develop SMS survey mechanism; develop questionnaires Monitor monthly progress via SMS "check-ins" with beneficiaries and case management file reports. | Before project implementa-tion: (baseline), midterm (2 years), and endline (5 years); monthly monitoring and reporting | Data collection: M&E officer, program trainers, impact evaluation team; data analysis: GBV program officer, program trainers | Funds for SMS survey development and ongoing implementation; hiring of X personnel for fieldwork, fieldwork logistics/support materials, purchase of statistical analysis programs, snacks for focus groups, meeting space for community workshops to develop materials | Statistical analysis of question-naires and SMS reports, and analysis of focus groups | Impact evaluation, performance monitoring, decision-making for ongoing project modifica-tions, advocacy | All program participants have individual cellular phones and no risk is posed in sending/receiving data. Trained and skilled enumerators will implement surveys and conduct focus group discussions with psychosocial support following safety and ethical standards. |
| Total # of female participants | Target: 50% |
| Proportion of participants who report disharmony in household/ community due to increased income | # of female participants who report disharmony in household/ community due to increased income (by age, ethnicity, religion, marital status, fertility status, community or household) | Baseline: NA | Develop focus group guides; develop SMS survey mechanism; develop questionnaires Monitor monthly progress via SMS "check-ins" with beneficiaries and case management file reports. | Before project implementa-tion: (baseline), midterm (2 years), and endline (5 years); monthly monitoring and reporting | Data collection: M&E officer, program trainers, impact evaluation team; data analysis: GBV program officer, program trainers | Funds for SMS survey development and ongoing implementation; hiring of X personnel for fieldwork, fieldwork logistics/ support materials, purchase of statistical | Statistical analysis of question-naires and SMS reports, and analysis of focus groups | Impact evaluation, performance monitoring, decision-making for ongoing project modifica-tions, advocacy | All program participants have individual cellular phones and no risk is posed in sending/receiving data. Trained and skilled enumerators will implement surveys and conduct focus group discussions with psychosocial support following safety and ethical standards. |
| Total # of female participants | Target: 0% |
|  |  |

# Annex H: USAID/OFDA Sample Performance Monitoring Plan

### Definitions for Sample M&E Plan

**Objective**

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

**Expected Result**

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

**Performance Indicator**

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

**Performance Baseline**

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

**Beneficiary Data**

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

**Data Source/Collection Frequency**

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

**Person Responsible**

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

**Data Use and Dissemination**

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



**USAID/OFDA Sample Monitoring and Evaluation Plan**

**Implementing Organization: Program Title: Cost and Duration:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1:** | | | |
| **Expected Result 1.1** | | **Performance Indicators (Linked to each ER or for each activity, # of indicators will vary)** | |
|  | | OFDA Indicator (1) |  |
| OFDA Indicator (2) |  |
| NGO Indicator (*optional*) | Indicator Definition *(see Indicator Reference Sheet Template & suggestions)* |
| **Activity A** | **Performance Baseline** | Data Source(s) and Collection Frequency: | |
|  | (Provide baseline data that justifies the need for each activity) |
| **Activity Target** | Person(s) responsible for data collection: | |
|  |
| **Beneficiary Data** |
| (Who is expected to benefit?) |
| Activity Timeline | Data utilization and dissemination plan to enhance performance: (How will the data be used and integrated into activities? What is the reporting schedule?) | |
|  |

# Annex I: Data Quality Assessment Checklist and Recommended Procedures

| **Guidance for Assessing Data Quality** | |
| --- | --- |
| **Purpose of the Tool** | * The USAID Data Quality Assessment (DQA) Checklist and Procedures is a tool to ensure internal quality and consistency of the data collected in the M&E plan. The checklist is provided as a recommended tool that an operating unit (OU) may use to complete its DQAs. If the OU prefers or has successfully used a different tool for conducting and documenting its DQAs in the past, they can continue to use that tool instead. The checklist below is intended to assist in assessing each of the five aspects of data quality and to provide a convenient manner in which to document the OU’s DQA findings. |
| **When to Use the Tool** | * Complete DQA Checklist and Procedures during program/project design phase following Logical Framework Matrix. |
| **Who Should Use the Tool** | * GBV and M&E officers, project/program directors, and officers engaged in program/project and M&E design. Engage community members, national organizations, and local CBOs and both humanitarian and development actors to coordinate efforts. |
| **How to Use the Tool** | * Once the Logical Framework Matrix is complete (**Annex D**), complete the DQA Checklist. Use the PIRS completed in Annex I to support this process. |
| **Continuum Constraints and Opportunities** | * See above under Annex G. |
| **Key Ethical and Safety Considerations** | The assessment of data quality may be undertaken by donors and implementing organizations. Within this context, it may also be necessary to consult project/program beneficiaries, in particular to assess the validity of the data (i.e., to determine whether the data clearly and adequately represent the intended result). Key ethical considerations in so doing are the following:   * Maintain the confidentiality of all data. Do not use the names or individually identify GBV survivors in any of the documentation associated with the DQA. This includes providing their names or any other information that could potentially put them in danger (location of violence, ethnicity, or type of violence). * Avoid interviewing GBV survivors. If such interviews are absolutely necessary and will not further traumatize them, do not pose any questions about specific experiences of violence. * Maintain the confidentiality of data sources if in so doing, those sources will suffer negative consequences or be put in danger. For example, if a data source reveals that a GBV service provider is (intentionally) not using sound research methods to collect data with the intention of over reporting the number of survivors receiving services, it is crucial that their identity be protected at all stages of the assessment. |
| **Additional Resources** | * USAID. 2010. Adapted from USAID Performance Monitoring and Evaluation TIPS: Baselines and Targets.   [http://www.innonet.org/resources/node/636](http://www.innonet.org/resources/node/636%20)   * USAID. 2008. USAID Monitoring and Evaluation Planning: Guidelines on Monitoring and Evaluation Planning.   http://pdf.usaid.gov/pdf\_docs/pnadq477.pdf   * USAID. Data Quality Assessment Checklist and Recommended Procedures.   <http://usaidlearninglab.org/sites/default/files/resource/files/Data%20Quality%20Assessment%20Checklist.pdf> |

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**Data Quality Assessment Checklist and Recommended Procedures**

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

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

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

**Recommendations for Conducting DQAs**

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

# Annex J: Performance Indicators Reference Sheets (PIRS) for GBV Programming

| **Guidance for Completing the PIRS** | |
| --- | --- |
| **Purpose of the Tool** | * To provide specific information on how data will be collected and analyzed for each indicator in the Logical Framework Matrix. The first tool is the PIRS template, which includes an additional section on ethical considerations for data acquisition. This is followed by PIRS for an illustrative list of 23 outcome- and output-level GBV indicators. These are not “USAID-endorsed” indicators; rather they are an illustrative list of potential GBV indicators that may be used and/or modified for GBV-specific programming. |
| **When to Use the Tool** | * Upon completion of the Logical Framework Matrix before completing the M&E plan. |
| **Who Should Use the Tool** | * Program managers and the M&E and GBV officers of implementing organizations. |
| **How to Use the Tool** | * Complete a PIRS for each indicator in the Logical Framework Matrix. |
| **Continuum Constraints and Opportunities** | * During a crisis, there may be insufficient time for field staff to complete a PIRS for each indicator. Headquarters-based staff may support this process by completing it on their behalf using the Logical Framework Matrix as a basis. |
| **Key Ethical and Safety Considerations** | * **Data Source:** Consider the risks (in particular to safety) for program staff of gathering the data on indicators. As well, it is important to consider the risks to the source of providing the information for the indicator. Finally, it is important to consider the repercussions of reporting the source of data, and the data on progress to achieving targets, in particular in a politically repressive environment. These considerations should be taken into account during the process of completing the PIRS. * **Data Collection:** Similar to considerations for the data source, it is essential to consider the risks of the method of data collection and construction. Specifically, it is important to consider whether (1) the data methods used will be traumatizing or put key sources in danger; (2) data collection from a specific source will be feasible; and (3) the data collection will yield the expected data. As well, it is critical to define at this point how and where data will be stored to ensure the safety of data sources and anyone else who could be endangered if the data were to be made public. |
| **Additional Resources** | * USAID. USAID Performance Indicator Reference Sheet. <http://usaidlearninglab.org/sites/default/files/resource/files/Recommended%20Performance%20Indicator%20Reference%20Sheet%20for%20USAID%20Indicators.pdf> * USAID. 2012. USAID Automatic Directives System Chapter 203 – Assessment and Learning, November. <http://www.usaid.gov/sites/default/files/documents/1870/203.pdf> |

| **Project Indicator Reference Sheet** | | | | |
| --- | --- | --- | --- | --- |
| **Project Goal** |  | | | |
| **Project Purpose** |  | | | |
| **Sub-Purpose** |  | | | |
| **Output** |  | | | |
| **Indicator** |  | | | |
| **Standard Indicator Number (USAID, if applicable)** |  | | | |
| **DESCRIPTION** | | | | |
| **Precise Definition(s)** |  | | | |
| **Unit of Measure** |  | | | |
| **Disaggregated By** |  | | | |
| **Rationale** |  | | | |
| **PLAN FOR DATA ACQUISITION AND ANALYSIS** | | | | |
| **Responsible Individual/Office** |  | | | |
| **Data Source** |  | | | |
| **Frequency and Timing** |  | | | |
| **Budget Implications** |  | | | |
| **Data Collection Method** |  | | | |
| **Method of Data Acquisition** |  | | | |
| **Ethical Considerations for Data Acquisition** |  | | | |
| **DATA QUALITY ISSUES** | | | | |
| **Data Quality Assessment Procedures** |  | | | |
| **Known/Important Limitations and Actions Planned to Address Them** |  | | | |
| **PLAN FOR DATA ANALYSIS, REVIEW, AND REPORTING/DISSEMINATION** | | | | |
| **Data Analysis Method** |  | | | |
| **Data and Implications Review(s)** |  | | | |
| **Data Reporting/Dissemination Plan** |  | | | |
| **PERFORMANCE DATA TABLE** | | | | |
| **Year** | **Baseline Value** | **Target** | **Actual** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
| **NOTES ON BASELINES AND TARGETS** | | | | |
|  | | | | |

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Illustrative Indicators for Gender-based Violence Programming with Performance Reference Sheets

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

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

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

### List of Illustrative Indicators

| **Indicator Number** | **Indicator** | **Sector** |
| --- | --- | --- |
| **1.** | Percentage of women/girls able to travel without fear of GBV | General |
| **2.** | Percentage of women/girls fearful of experiencing GBV | General |
| **3.** | Percentage of women and girls who have ever experienced violence from an intimate partner | General |
| **4.** | Percentage of community initiatives to prevent and respond to GBV undertaken collaboratively with women's and men's groups | Information, education, and communication (IEC) |
| **5.** | Establishment of GBV as a key component of professional qualifying courses in relevant sectors | General |
| **6.** | Percentage of health care facilities following nationally or internationally accepted guidelines on clinical care for sexual violence survivors | Health |
| **7.** | Percentage of health care providers who consider GBV a medical emergency | Health |
| **8.** | Mean and median time elapsed (in hours) from assault to care-seeking at health care provider and to reporting of assault to a police station | Health |
| **9.** | Percentage of GBV survivors who report being optimistic about rebuilding life after GBV incident | (Mental) Health |
| **10.** | Percentage of prosecuted GBV cases that have resulted in a conviction of the perpetrator | Legal/access to justice |
| **11.** | Percentage of GBV cases filed and adjudicated within X months of the date charges filed | Legal/access to justice |
| **12.** | Gender equitable community-based dispute resolution mechanisms are in place | Legal/access to justice |
| **13.** | Percentage of requests to send police/military/peacekeeper escorts to insecure areas that are responded to effectively and in a timely manner | Security/protection |
| **14.** | Percentage of children who report feeling safe from GBV while traveling to/from school | Education |
| **15.** | Percentage of students who report learning new ways of managing interpersonal relationships | Education |
| **16.** | Percentage of national government general and sector budgets dedicated to VAW/GBV | Policy |
| **17.** | Percentage of individuals who are knowledgeable about any of the national legal sanctions for GBV | Policy |
| **18.** | Level of openness (scale of 1–5) among community members to have public discussions about the impact of GBV on their community | IEC |
| **19.** | National level legal framework complies with internationally recognized minimum standards on gender equality and GBV | Policy |
| **20.** | Percentage of GBV-related policies/laws/amendments to laws rejected by national ministry/parliament/government | Policy |
| **21.** | Percentage of women reporting increased intimate partner violence in marriage/partnership/union following reported increases in women-controlled income | Livelihoods |
| **22.** | Percentage of persons at risk of GBV and/or GBV survivors who report having the ability to economically sustain her/himself and her/his family | Livelihoods |
| **23.** | Level of women’s involvement in community resolution of land disputes | General and livelihoods |

### Indicator #1

| **PERCENTAGE OF WOMEN/GIRLS ABLE TO TRAVEL WITHOUT FEAR OF GBV** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the ability of women/girls to travel without fear of GBV to a specific location, or at a specific time of day. “Fear” may be defined as feeling threatened or in danger of GBV, including but not limited to, rape, harassment, and exploitation. The numerator of this indicator is the number of women/girls who report being able to travel without fear of GBV. The denominator is the total number of women/girls responding to the survey in the project area. The indicator may be disaggregated by key variables that capture when and where there is most danger, such as a specific time of day or location of travel. | |
| **UNIT OF MEASURE:**  Percentage of women/girls in the project area who report being able to travel without fear of GBV during the last month. | **DISAGGREGATE BY:**  Time of day or location of travel, as well as by age group, ethnic group, political affiliation, religion, neighborhood, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Survey using randomized samples. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project location. If feasible, it may also be collected outside of the project area from an identified control group. National data collection efforts (e.g., demographic and health survey) may take the place of or complement project-level data collection for this indicator. In this case, data will be available for project areas, and all other surveyed regions of the country. * **WHO COLLECTS DATA FOR THIS INDICATOR:** Designated survey implementers from implementing partner staff will collect data in the project target area. It is important that the team collecting data comprise predominantly women, to encourage feelings of safety and facilitating discussions of fear of GBV. Any member who may potentially increase fear of danger should not participate in data collection. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. If data are being collected in collaboration with other institutions or partners (e.g., the Ministry of Health, academic institutions, international/national NGOs), their staff would likely collect this information. Data on Indicator #1 may also be collected by a group of trained data collection staff from multiple institutions and implementing partners. * **HOW SHOULD IT BE COLLECTED:** Survey implementers will conduct a randomized survey of adult women (age 12–17) and adult women (age 18 and above) in the households in the project area. It may be useful to host focus groups prior to the survey in order to gather information regarding likely “fearful times and places,” so questions can be asked with appropriately. During a crisis, it may not be possible to conduct a randomized survey of some households in the project area due to insecurity, or other factors. *In this case, it will be not be possible to measure this indicator.* * **FREQUENCY OF COLLECTION:** Data will be collected through a baseline, midterm, and endline project survey. For ongoing monitoring, focus groups and key stakeholder interviews should be conducted quarterly for the duration of the project/program. | |
| **KNOWN DATA LIMITATIONS:**  The indicator cannot measure the actual GBV taking place. It is only a measure of the ability to travel without fear of GBV. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, women/girls do not receive available services provided through the program. Data collection staff require training on appropriate questions in order to measure this indicator. In particular, staff require training to ensure they do not ask questions about specific GBV experiences, or try to identify or pressure women/girls to disclose experiences of GBV. Since there is the potential for some women/girls to choose to “disclose themselves” during data collection, data collection staff should also be trained on (1) psychosocial first aid; (2) guiding principles of working with GBV survivors (i.e., safety, confidentiality, respect, and nondiscrimination); and (3) how and where to refer any potential GBV survivors. If it is not possible to provide training for data collectors and/or referrals for survivors, and there is a moderate to high likelihood of survivor disclosure of violence, this information should not be collected. | |

### Indicator # 2

| **PERCENTAGE OF WOMEN/GIRLS FEARFUL OF EXPERIENCING GBV** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the percentage of women/girls who are fearful of experiencing GBV. It is not a measure of violence actually taking place. It is a measure of the *fear* of GBV, which can limit the ability of women/girls to participate actively in economic, social, and political activities in and outside the home. Being “fearful of experiencing GBV” may be defined as feeling threatened or in danger of GBV, including but not limited to rape, harassment, and exploitation. The numerator of this indicator is the number of women/girls who report being fearful of experiencing GBV over a given time period in a defined area (geographic or otherwise). The denominator is the total number of women/girls responding to the survey. | |
| **UNIT OF MEASURE:**  Percentage of women and girls who report feeling fearful of experiencing GBV. | **DISAGGREGATE BY:**  Age (group), neighborhood, marital status, ethnic group, religion, political affiliation, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Outcome | **DIRECTION OF CHANGE:**  A decrease in the percentage represents a positive change. |
| **DATA SOURCE:**  Survey using randomized samples. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project location. If feasible, it may also be collected outside of the project area from an identified control group. National data collection efforts (e.g., demographic and health survey) may take the place of or complement project-level data collection for this indicator. In this case, data will be available for project areas, and all other surveyed regions of the country. * **WHO COLLECTS DATA FOR THIS INDICATOR:** Designated survey implementers from implementing partner staff will collect data in the project target area. It is important that the project monitoring team comprise predominantly women, to encourage feelings of safety and facilitating discussions of fear of GBV. Any member who may potentially increase fear of danger should not participate in data collection. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. If data are being collected in collaboration with other institutions or partners (e.g., the Ministry of Health, academic institutions, international/national NGOs), their staff would likely collect this information. Data on Indicator #2 may also be collected by a group of trained data collection staff from multiple institutions and implementing partners. * **HOW SHOULD IT BE COLLECTED:** Survey implementers will conduct a randomized survey of women (age 18 and above) and girls (age 12 and above) from households in the project area, complemented by focus group and key stakeholder interviews to contextualize the data from the survey. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. During a crisis, it may not be possible to conduct a randomized survey of households in the project area due to insecurity, or other factors. In this case, purposeful sampling, reduced sample size, and integration of key questions in vulnerability assessments may be used for data collection. * **FREQUENCY OF COLLECTION:** Data should be collected through a baseline, midterm, and end line project survey. This may not be possible if another institution is the lead on data collection (e.g., the Ministry of Health). Focus groups and key stakeholder interviews should be conducted quarterly for the duration of the project/program to complement the quantitative survey data and for ongoing monitoring. * **SOURCE OF INDICATOR:** Moser, Annalise. 2007. *Gender and Indicators, Overview Report*, Bridge Development-Gender and UNDP. (July). | |
| **KNOWN DATA LIMITATIONS:**  The indicator cannot measure the actual GBV taking place. It is only a measure of the percentage of women and girls fearful of experiencing GBV. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  Same as Indicator #1. | |

### Indicator # 3

| **Percentage of women/girls who have ever experienced violence from an intimate partner or family member** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the incidence of violence experienced by women/girls from an intimate partner or family member. An intimate partner or family member may include a husband, boyfriend, co-wife, father, uncle, brother, or other close male relative. Girls are included in this indicator because in some regions or countries, they are married before they are of legal age. The numerator of this indicator is the number of women/girls who ever experienced violence from an intimate partner or family member. The denominator is the total number of women/ girls responding to the survey. The indicator may be disaggregated by key variables—such as type of violence, age (group), type and level of injury, religion, ethnic group, and region—which may capture whether specific categories of women/girls are more likely to have experienced violence from an intimate partner. | |
| **UNIT OF MEASURE:**  Percentage of women who have ever experienced violence from an intimate partner or family member. | **DISAGGREGATE BY:**  Type of intimate violence, age (group), type and level of injury (dummy variable), religion or ethnic group, region, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):** Outcome | **DIRECTION OF CHANGE:** A decrease in the percentage represents a positive change. |
| **DATA SOURCE:**  Survey using randomized samples. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project location. If feasible, it may also be collected outside of the project area from an identified control group. National data collection efforts (e.g., demographic and health survey) may take the place of or complement project-level data collection for this indicator. In this case, data will be available for project areas, and all other surveyed regions of the country. * **WHO COLLECTS DATA FOR THIS INDICATOR:** Designated survey implementers among implementing partner staff will collect the data in the project target area. If data are being collected in collaboration with other institutions or partners (example through the Ministry of Health, academic institutions, or international/national NGOs), their data collection staff would likely collect these data. Data on this indicator may also be collected by a group of trained data collection staff from multiple institutions and implementing partners. * **HOW SHOULD IT BE COLLECTED:** Survey implementers will conduct a randomized survey of households in the project area, complemented by focus group and key stakeholder interviews to contextualize the data. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. Data gathered through qualitative methods (i.e., key stakeholder interview with GBV service providers) should be used to complement and supplement the survey data. During a crisis, it may not be possible to conduct a randomized survey of households in the project area due to insecurity, or other factors. In this case, purposeful sampling, reduced sample size, and integration of key questions in vulnerability assessments may be used for data collection. * **FREQUENCY OF COLLECTION:** Data may be collected through a baseline, midterm, and end line project survey. * **SOURCE OF INDICATOR:** Bloom, Sheila. *Violence against Women: Compendium of Indicators*. USAID/East Africa, IGWG, and Measure Evaluation, October 2008. | |
| **KNOWN DATA LIMITATIONS:**  This indicator does not measure other forms of household-level violence, including child or elder abuse. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**   * It would be unethical to have a treatment and a control group if in so doing, women/girls do not receive available services provided through the program. * These data should be collected only from all adult women and women in intimate partner relationships in the household (including minors). * To ensure adequate privacy to conduct the interview, interview staff should ensure that no males in the household are present during the interview. To ensure privacy, the interviewer may convey the message that she is undertaking a survey on women’s health and needs to speak with the women alone. If male members return during the collection of data, the interviewer should switch topics until the male members depart. * Data collection staff require training on appropriate questions in order to measure this indicator. In particular, staff require training to ensure they do not ask questions about specific GBV experiences, or try to identify or pressure women/girls to disclose experiences of GBV. Since there is the potential for some women/girls to choose to “disclose themselves” during data collection, data collection staff should also be trained on (1) psychosocial first aid; (2) guiding principles of working with GBV survivors (i.e., safety, confidentiality, respect, and non-discrimination); and (3) how and where to refer any potential GBV survivors; and (4) how to interview minors. If it is not possible to provide training for data collectors and/or referrals for survivors, and there is a moderate to high likelihood of survivor disclosure of violence, this information should not be collected. | |

### Indicator # 4

| **Percentage of community initiatives to prevent and respond to GBV that are undertaken collaboratively with women's and men's groups** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the percentage of community initiatives to prevent and respond to GBV that are undertaken in a collaborative fashion with women’s and men's groups. A community initiative is defined as an activity with an objective to prevent or respond to GBV initiated by informal or formal local CSOs or NGOs. Collaborative efforts may be defined as (1) initiatives that include at least one female and one male CSO or NGO, focused on GBV prevention and response; (2) CSOs or NGOs that are active decision-makers; and (3) CSOs and NGOs that contribute resources to the initiative (e.g., financial, human resources/time, materials, vehicles, equipment) and participate (at least monthly) in collective GBV prevention and response activities. This indicator measures how well female and male leadership (groups) are working together to ensure more effective GBV initiatives at the community level. If there is further collaboration between women’s and men’s groups, this may also suggest a more gender transformative environment and increased positive engagement of men towards preventing and responding to GBV. This is ultimately indicative of a positive shift toward an environment conducive to GBV prevention. The numerator of this indicator is community initiatives to prevent and respond to GBV that are undertaken collaboratively with women's and men's groups. The denominator is the total number of community initiatives. | |
| **UNIT OF MEASURE:**  Percentage of community initiatives to prevent and respond to GBV that are undertaken collaboratively with women's and men's groups, within the past year | **DISAGGREGATE BY:**  Urban/rural, community, predominant ethnicity/religion of the community, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Community reporting, on-site observation of community meetings. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project area. * **WHO COLLECTS DATA FOR THIS INDICATOR:** Trusted community leaders (men or women), and/or women’s and men’s groups. * **HOW SHOULD IT BE COLLECTED:** Review of community reporting combined with on-site observation of community meetings. This will be used to enumerate the number of community initiatives and (among those) the number focused on preventing and responding to GBV. Key stakeholder interviews may be conducted to contextualize data from community reporting and observation of community meetings. It is extremely important to engage men and women in data collection during all phases through the relief to development continuum and, in particular, during a crisis, where gender roles tend to shift and men tend to feel disempowered. * **FREQUENCY OF COLLECTION:** Indicator data should be collected at intake (baseline) and every three months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline. | |
| **KNOWN DATA LIMITATIONS:**  This indicator does not capture the actual outcomes or results of community initiatives to prevent and respond to GBV. It only measures the percentage of initiatives that are undertaken collaborative with women’s and men’s groups. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

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### Indicator # 5

| **Establishment of GBV as key component of professional qualifying courses in relevant sectors** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether GBV is a key component of professional qualifying courses in relevant sectors (e.g., social work, teaching, counseling, health, police, or legal). This may be defined by the number of hours focused on GBV, the comprehensiveness and quality of the content in line with international standards, and/or the existence of practical training to accompany coursework. Such standards include the *Inter-Agency Network for Education in Emergencies’ Gender Equality* in and through *Education INEE Pocket Guide to Gender and the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. | |
| **UNIT OF MEASURE:**  GBV established as core content in professional qualifying courses for teachers and nursery workers (binary variable). | **DISAGGREGATE BY:**  Region, type of learning institution, sector (e.g., social work, teaching, counseling, health), and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  A “yes” response represents a positive change. |
| **DATA SOURCE:**  Curriculum review. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project area. A national review of curricula, and in control areas, may also be appropriate for comparison purposes. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Project M&E, technical staff, or school administrators. * **HOW SHOULD IT BE COLLECTED**: Review of the curriculum to determine whether or not GBV is a key component of a professional qualifying course by assessing (1) overall percentage of time focused on GBV; (2) whether it is comprehensive and meets international standards; and (3) whether it includes an element of practical training. This can be complemented by key stakeholder interviews with teachers and students, and post-course surveys of students to measure their absorption of knowledge and attitudes toward GBV, following training. It is important to measure this indicator (and take measures to increase it) during the pre-crisis phase to ensure a sufficient number of trained professionals are available to undertake programming to prevent and respond to GBV during a crisis. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at intake (baseline), every six months, and at project midterm and endline. | |
| **KNOWN DATA LIMITATIONS:**  This indicator does not capture the level of skill or knowledge acquired in professional qualifying courses. As well, it does not capture whether students in these courses will actual apply the skills/knowledge acquired in their current or future jobs. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

### Indicator #6

| **Percentage of health care facilities following nationally or internationally accepted written guidelines on clinical care for sexual violence survivors** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether health care facilities are following national written guidelines on clinical care for survivors of sexual violence. If there are no national guidelines in place, the indicator will measure whether health care facilities are following internationally recognized guidelines, such as the *Minimum Initial Services Package*, regarding treatment; WHO’s *Clinical Management of Rape Guidelines* and the Inter-Agency Standing Committee *Caring for Survivors of Sexual Violence in Emergencies Training Guide*. The numerator of this indicator is the number of health care facilities that follow national written guidelines on clinical care for survivors of sexual violence in a defined location/at a specified facility. The denominator is the total number of healthcare facilities in the survey area. | |
| **UNIT OF MEASURE:**  Percentage of health care facilities in project areas following national or internationally accepted written guidelines for the clinical care for sexual violence survivors. | **DISAGGREGATE BY:**  Level or type of health care facility, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Independent onsite facility inspections. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. * **WHO COLLECTS DATA FOR THIS INDICATOR**: An independent observation lead by third-party monitors, using standard checklists of required components. * **HOW SHOULD IT BE COLLECTED**: Trained on-site supervisors and medical staff or external medical providers to review case management files and conduct a physical inspection of medical facility, using existing checklists for service and physical infrastructure management. These data can be used to establish a baseline, conduct ongoing performance monitoring, and for comparative analysis during midterm and final evaluations. During the immediate onset of a crisis, it may not be possible to conduct in-depth reviews of case management files and physical inspections of the health care facility, simulations of exams, and anonymous post-treatment surveys. However, it is possible to conduct at a minimum a less intensive review of case management files and a physical inspection of the health care facility. * **FREQUENCY OF COLLECTION**: Data may be collected at intake (baseline) and every month thereafter. At a minimum, these data should be collected every four to six months. * **SOURCE OF INDICATOR**: Keesbury and Askew. 2010. *Comprehensive Response to GBV in Low-Resource Settings: Lessons Learned from Implementation*. Lusaka, Zambia: Population Council. (June). | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot provide information about health care facilities follow or do not follow national written guidelines or internationally accepted guidelines on clinical care for sexual violence survivors. If, for example, health care facilities do not follow guidelines due to a lack of supplies from the government or donors, it will not be revealed in the data collected from this indicator. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  Avoid using the health care facility’s internal medical or project staff for monitoring this indicator, to avoid bias. | |

**Indicator # 7**

| **Percentage of health care providers who consider GBV a medical emergency** | |
| --- | --- |
| **DEFINITION:**  Whether health care providers consider GBV a medical emergency or not is a strong indicator of whether providers are likely to provide survivor-centered clinical care to women, girls, and boys who have experienced sexual violence. A medical emergency may be defined as a situation that requires immediate treatment be provided, and/or ambulance transfer to an advanced care facility, and/or a 24/7 response to an initial report of incident or patient contact. It may also capture knowledge of treatment protocols for violence, such as the need to treat sexual violence within 72 hours. The numerator of this indicator is the number of health care providers who consider GBV a medical emergency. The denominator is the total number of health care providers in the survey area. | |
| **UNIT OF MEASURE:**  Percentage of health care providers who consider GBV a medical emergency in the project area. | **DISAGGREGATE BY:**  Location of the health care provider, area of specialization of the provider, type of provider (e.g., doctor, nurse, midwife), age/sex of the provider, number of years of training by the provider, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Targeted anonymous surveys of GBV survivors and interviews. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. National data collection efforts (e.g., those initiated by a Ministry of Health) may take the place of, or complement, project-level data collection for this indicator. In this case, data will be available for project areas, as well as for all other regions of the country. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Health care providers who are trained in the clinical care of survivors of sexual violence. An independent third party with staff trained to understand GBV medical emergencies and procedures should collect the data. * **HOW SHOULD IT BE COLLECTED**: Review of medical facility registration documents (to identify the time of arrival in facility) and comparison of such data to the time it took to receive medical attention (in medical files) will help calculate duration, from arrival to treatment, at the facility or referral. If ethical, it is advisable to conduct anonymous surveys with survivors to contextualize survey data. The surveys should focus on capturing survivors’ views as to whether the health care provider considered sexual violence a medical emergency—how they were treated by guards, receptionists, and nurses at the facility. It is advisable to conduct interviews with medical facility staff to understand the impediments to considering sexual violence a medical emergency (i.e., lack of trained staff; lack of prioritization by facility leadership, guards, and receptionists; failure to communicate with medical personnel urgency; lack of post-exposure prophylaxis [PEP] kits/other meds). Data gathered through qualitative methods (key stakeholder interview with GBV service providers and legal aid staff) should be used to complement and supplement survey data. During pre-crisis, it is advisable to put together a medical rapid response team of experts trained in clinical care for survivors. These experts can do on-site inspections, instead of reviewing case files (may be difficult during a crisis), to identify whether health care providers treat sexual violence as an emergency. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at intake (baseline), project mid-term, and endline. * **SOURCE OF INDICATOR:** Keesbury and Askew. 2010. *Comprehensive Response to GBV in Low-Resource Settings: Lessons Learned from Implementation*. Lusaka, Zambia: Population Council. (June). | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure the type or quality of treatment that GBV survivors receive when medical providers do consider GBV a medical emergency. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  All data collection, analysis, interpretation, and reporting should be conducted confidentially and survivor satisfaction surveys should not include the name of GBV survivor. They should also omit any identifying information that could potentially put the survivor at risk of being re-traumatized. | |

### Indicator #8

| **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** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the mean and median, time elapsed (in hours), from assault to care-seeking, at a health care provider and reporting assault in a police station. It captures survivor awareness on the importance of reporting GBV within 72-hours, to ensure timely access to PEP and emergency contraception (120 hours maximum). If complemented with additional questions, it may also capture the reasons for delays in seeking care or reporting assault (e.g., lack of trust or confidence in health care facilities and the police, transport costs, ordistance to facilities). | |
| **UNIT OF MEASURE:**  Mean and median time elapsed (in hours) from assault to care seeking at health center and from assault to reporting in a police station. | **DISAGGREGATE BY:**  Type of GBV, region, rural/urban distance to police station or healthcare provider, police station, healthcare provider, ethnicity or religion of survivor, age/sex of survivor, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  A decrease in the number of hours represents a positive change. |
| **DATA SOURCE:**  Health information system, police records, case management files, hospital records, and patient satisfaction questionnaires. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Healthcare provider, police, Ministry of Justice or Ministry of the Interior, and trained M&E specialists/enumerators to conduct interviews and focus groups. * **HOW SHOULD IT BE COLLECTED**: Review of medical files and police reports to identify time it took for GBV survivor to seek care and report violence. The surveys may be complemented by focus groups or key stakeholder interviews with medical professionals, institutions providing GBV case management services, community leaders, and GBV survivors (if ethical) to determine what factors contributed to delays in seeking care or reporting violence. It is important to measure this indicator during all phases through the relief to development continuum. In particular, during a crisis, this indicator may help where reduced access to resources to cover transport costs, insecurity, or lack of trust in the government may increase mean and medium time elapsed from assault to care seeking at a health center or reporting to a police station. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at intake (baseline) and every three months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline. * **SOURCE OF INDICATOR**: Keesbury, J. and Askew I. *Comprehensive Response to GBV in Low-Resource Settings: Lessons Learned from Implementation*. Lusaka, Zambia: Population Council, June 2010. | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure the reasons for delays in seeking care or reporting assault unless it is completed by additional targeted questions on this issue. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline and conducting performance M&E, case management files should not include the name of GBV survivor. They should also omit any identifying information that could potentially put a survivor at risk. Reporting GBV to the police should not be encouraged or viewed as a positive development if the police are not able to provide survivor-centered services. | |

### Indicator #9

| **Percentage of GBV survivors who report being optimistic about rebuilding life after GBV incident** | |
| --- | --- |
| **DEFINITION:**  The optimism of GBV survivors about rebuilding their lives is an important measure of progress toward recovery from an incident or series of incidents of GBV. Optimism may be defined as the presence of positive feelings about one’s future and the ability look forward to enjoyable things in the future. It may measure both the well-being of a survivor, as well as the performance of a project or program supporting GBV survivors. It is important to note that, as with all outcome indicators, it is difficult to attribute positive changes in this indicator to only one variable (type of intervention)—access to psychosocial support, quality medical care, justice, and emotional or social support from the family and community. The numerator of this indicator is the number of GBV survivors who report being optimistic about rebuilding their lives after a GBV incident. The denominator is the total number of GBV survivors who have received psychosocial support services in a given project area. | |
| **UNIT OF MEASURE:**  Percentage of GBV survivors receiving psychosocial support services who report being more optimistic about rebuilding life after an incident of GBV. | **DISAGGREGATE BY:**  By average length of treatment, time since incident, number of treatment sessions, type of support, community, GBV type, age (group), and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Outcome/Output | **DIRECTION OF CHANGE:**  An increase in the percentage represents positive change |
| **DATA SOURCE:**  Case management files. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in a project area. * **WHO COLLECTS DATA FOR THIS INDICATOR:** The implementing organization’s trained supervisory staff or independent consultants (if there is a possible lack of objectivity or qualifications among the implementing organization’s staff). * **HOW SHOULD IT BE COLLECTED**: Review of case management files and interviews with institutional psychosocial support staff, complemented by individual interviews with GBV survivors whom the implementing organization has treated. Project staff will be asked to identify a spectrum of optimism identified by the client (i.e., not optimistic, somewhat optimistic, very optimistic). * **FREQUENCY OF COLLECTION**: Indicator data will be collected at intake (baseline) and every six months thereafter. It may also be reviewed among project staff during periodic case management meetings (weekly, biweekly, or monthly, depending on the institution). | |
| **KNOWN DATA LIMITATIONS:**  If case management files do not provide adequate data, it will be necessary to interview GBV survivors to collect the data for this indicator. In this case, the denominator for the indicator would change to the total number of surveyed GBV survivors who have received psychosocial support services in a given project area. This indicator does not indicate attribution (i.e., whether a specific type of intervention or service provider caused positive or negative changes in the indicator). | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  If ethical, individual interviews with GBV survivors that the implementing organization has treated may be used to supplement data collection. One of the key considerations is whether existing case management data are sufficient for the purposes of measuring this indicator. Another is whether benefits to respondents or communities of documenting sexual violence are greater than the risk of re-traumatizing respondents. | |

**Indicator #10**

| **Percentage of prosecuted GBV cases that have resulted in a conviction of the perpetrator** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the proportion of prosecuted cases of GBV that result in a conviction of the perpetrator. This is an important outcome-level indicator that measures the level of justice received by GBV survivors, which is an important step in their recovery, and may also be a proxy measure of shifts in societal attitudes towards GBV (e.g., if there are more prosecutions this may also be indicative of a shift in society to recognize GBV as a crime and to condone punishment for perpetrators which is important for the prevention of GBV). It is also a proxy output indicator for political and social will to adjudicate cases, as well as for the effectiveness of programming (e.g., training, education, technology) targeting police, lawyers, judges, and others involved in reporting and evidence collection to prosecution of cases. Depending on the functioning of the judiciary and the average length of time it takes to prosecute a case, this may be an indicator that will require measurement over a longer time period (years). In this case, it should be used in projects where longer-term measurement is possible. The numerator of this indicator is the number of prosecuted GBV cases that have resulted in a conviction of the perpetrator. The denominator is the total number of prosecuted GBV cases in a defined time period in the project area. | |
| **UNIT OF MEASURE:**  Percentage of prosecuted GBV cases that resulted in a conviction in a defined time period in the project area. | **DISAGGREGATE BY:**  Type of GBV, type of court, region of court, sex/age ethnicity of judge adjudicating in the case (where applicable), and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Outcome/Output | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Case management files, police records, court records, and monitoring of GBV trials. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. National data collection efforts (e.g., by the Ministry of Justice) may take the place of, or complement, project-level data collection for this indicator so that project area data may be compared to national prosecution rates. In this case, data will be available for the project area, as well as other parts of the country. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Ministry of Justice, legal aid providers, GBV case management services provider, and/or implementing organization M&E or GBV staff. * **HOW SHOULD IT BE COLLECTED:** Review of case management files, court and police records, and monitoring of GBV trials. It may be difficult to use and measure this indicator during a crisis due to the likely poor functioning of the justice system. To do so, it is advisable to engage multiple actors to gather data from multiple sources, and calculate the proportion of prosecuted GBV cases that resulted in a conviction. In crises with population displacement, the displaced groups may not have access to the legal system, making this indicator irrelevant to report on. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at baseline (when cases are formally submitted for prosecution), and depending on the volume of cases, staff capacity and the efficiency of the justice system. It should be collected at weekly, monthly, or six-month intervals. It should be collected at project midterm and endline. * **SOURCE OF INDICATOR**: Bloom, Sheila. 2008. *Violence against Women: Compendium of Indicators*. USAID/East Africa, IGWG, and Measure Evaluation. (October). | |
| **KNOWN DATA LIMITATIONS:**  Though this indicator may be a proxy measure of shifts in societal attitudes towards GBV, political and social will to adjudicate cases, and the effectiveness of GBV programming, additional questions or research are necessary to determine this in a definitive fashion. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline and conducting performance M&E, case management files should not include the name of GBV survivor nor should include any identifying information that could potentially put a survivor at risk. This indicator may not be ethical to collect in countries without strong legal systems or where there is a high likelihood of conviction without due process. | |

### Indicator #11

| **Percentage of GBV cases filed and adjudicated within a reasonable time frame (months) of the date charges filed** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether perpetrators in GBV cases were acquitted or convicted within a predetermined period of time from the date that the charges were initially filed in court. It is a proxy indicator to identify if a project has resulted in improving the collection and reporting of evidence, assuming that improved services by such providers (e.g., police officers, counselors, lawyers, judges) will shorten the amount of time it takes to adjudicate a GBV case. The specification of the number of months will depend on the context in which this indicator is being measured. In some regions or countries, it is reasonable to expect that a judgment may be rendered within eight months of the filing of charges. In others, it reasonable to expect it to be rendered within 60 months (since it normally takes 96 months). The numerator of this indicator is the number of GBV cases filed in court with acquittal or conviction within a reasonable time frame (months) of the date from when the charges were filed. The denominator is the total number of GBV cases filed in court over a defined period of time (at a minimum two years to provide sufficient time for observation). | |
| **UNIT OF MEASURE:**  Percentage of GBV cases filed in court with acquittal or conviction within the specified number of months since the date charges filed. | **DISAGGREGATE BY:**  Type of GBV, court, type/level of court, judge adjudicating the case, prosecutor for the case, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change |
| **DATA SOURCE:**  Case management files, police records, court records, and monitoring of GBV trials. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Ministry of Justice, legal aid providers, and/or GBV case management services providers, and/or implementing organization M&E or GBV staff. * **HOW SHOULD IT BE COLLECTED**: Review of case management files, review of court and police records, and monitoring of GBV trials to calculate the proportion of filed GBV cases that resulted in acquittal or conviction. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at baseline (when cases are formally submitted for prosecution), and depending on the volume of cases, staff capacity, and the efficiency of the justice system. Data should be collected at weekly, monthly, or six-month intervals. It should be collected at project midterm and endline. During a crisis, it may be difficult to collect data on this indicator, due to challenges with the functioning of the justice system. To do so, it is advisable to engage multiple actors to gather data from multiple sources, and analyze and interpret the data collectively to identify how many months took to adjudicate cases of GBV that have been filed. * **SOURCE OF INDICATOR**: RHRC Consortium*.* 2004. *Checklist for Action: Prevention and Response to Gender-Based Violence in Displaced Settings.* RHRC Consortium/JSI Research and Training Institute, Geneva. (June). | |
| **KNOWN DATA LIMITATIONS:**  Though this indicator may be a proxy measure of shifts in societal attitudes towards GBV, political and social will to adjudicate cases, and the effectiveness of GBV programming, additional questions or research are necessary to determine this in a definitive fashion. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline, and conducting performance monitoring and evaluation, case management files should not include the name of GBV survivor. They should also omit any identifying information that could potentially put the survivor at risk. | |

### Indicator #12

| **Gender equitable community-based dispute resolution mechanisms are in place** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether gender equitable community-based dispute resolution mechanisms are in place. Gender equitable may be defined as mechanisms that (1) include a representative number of females on decision-making bodies who have decision-making authority; (2) written and/or verbal guidelines on fair and equitable treatment of men and women during the dispute resolution process; and (3) men and women have equal access and ability to overcome any gender-based constraints from receiving fair treatment. This indicator is important for capturing whether community-based dispute resolution mechanisms are likely to address cases of GBV in a survivor-centered manner. This indicator is measured by a “yes/no” response (binary variable). | |
| **UNIT OF MEASURE:**  Gender equitable community-based dispute resolution mechanisms are in place (binary variable). | **DISAGGREGATE BY:**  Urban/rural, community, predominant ethnicity/religion in the community, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  A “yes” response represents a positive change |
| **DATA SOURCE:**  Project reports, key stakeholder interviews, on-site observation, and focus groups. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Project M&E or technical staff, and community leaders or organizations. * **HOW SHOULD IT BE COLLECTED**: Through key stakeholder interviews, on-site observation, and focus groups (if key stakeholder interviews and on-site observation are not sufficient). It is very important to measure this indicator during a crisis, where humanitarian actors tend to support community dispute resolutions mechanisms that are not gender equitable. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline) and ideally every six months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline. * **SOURCE OF INDICATOR**: CARE. 2011. *An Assessment of Gender-Based Violence in Emergencies in Southern Benin*. Emergency Program. (March). CARE Benin. | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure the outcome of using gender-equitable community-based response mechanisms. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

### Indicator #13

| **Percentage of requests to send police, peacekeepers, or military escorts to insecure areas responded to effectively and in a timely manner** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether police, peacekeepers, or military personnel, send escorts (e.g., individual(s) responsible for preventing and protecting vulnerable at-risk populations) in an effective and timely manner to specific (insecure) areas upon the request of women/girls and men/boys. Sending escorts to insecure areas is a potential measure to prevent GBV in regions where the police, peacekeepers, and military personnel themselves are not likely to be perpetrators. It is a proxy indicator for measuring how responsive police are to requests for escorts and their underlying awareness and personal beliefs/values with respect to the importance and need to protect individuals from GBV. The numerator of this indicator is the total number of requests for police escorts responded to in an effective and timely fashion. Effective may be defined as the presence of an appropriate number of escorts placed in an area at times identified to be most dangerous (which could include 24/7) and act as a deterrent to violence and in the interest of the at-risk population. The definition of a “timely fashion” may vary depending on the context. In an acute emergency, it is expected that requests be responded to almost immediately (within an hour), whereas in a development or stable context, it may be acceptable to take 1–2 days to allow a unit to mobilize and establish a presence in the specified area. The denominator is the total number of requests for sending police escorts to a specific (insecure) area. | |
| **UNIT OF MEASURE:**  Percentage of requests for police/peacekeeper/ military escorts to insecure areas that are responded to effectively and in a timely manner. | **DISAGGREGATE BY:**  Region/area of request, rural/urban, police station responding, time of day of request, crisis phase, and/or type of GBV reported |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Interviews with community leaders who are aware of requests and review of police/military/peacekeeper logbooks and reports. A secondary data source may include NGOs on the ground that may have assisted in making a request for additional security. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Police or protection staff of organizations undertaking protection monitoring. * **HOW SHOULD IT BE COLLECTED:** Trained and skilled enumerators should conduct interviews with community leaders using a structured interview format. A review of police/peacekeeper/military personnel call logs and reports, protection monitoring, and focus groups may be conducted to contextualize and verify reports from community leaders. As a secondary data source, enumerators may also conduct structured key stakeholder interviews with NGOs involved in placing requests or with knowledge of the security situation. During a crisis, it may also be possible to measure this indicator by inserting questions into other data collection efforts such as the IASC’s *Multi-Cluster/Sector Rapid Assessment*, usually undertaken under the leadership of the UN Office for the Coordination of Humanitarian Affairs. It is necessary to undertake focus groups to determine the level of community trust in the police before undertaking quantitative data collection on this indicator. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline) and ideally every six months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline. | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure what happens when police, peacekeepers, or military personnel respond to requests for escorts from women and girls and men and boys. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. | |

### Indicator # 14

| **Percentage of children who report feeling safe from GBV while traveling to/from school.** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether children feel safe from GBV while traveling to/from school. Depending on the specificity of questions to measure, the indicator may capture whether they feel safe from GBV committed by potential perpetrators while traveling to/from school (e.g., students, vigilantes, rebels, government forces). It may also be an indicator of how well a community and its schools are fostering a violence-free environment (including GBV). It may also be an indicator of how well communities and schools are fostering changes in gender roles, for example, acceptance of violence between boys, which may ultimately lead to negative reinforcement of masculinities and perpetuation of cycles of violence and GBV in homes and communities. The numerator of this indicator is the total number of children who report feeling safe while traveling to/from school. The denominator is the total number of children enrolled in school who were surveyed in the project area. | |
| **UNIT OF MEASURE:**  Percentage of children who report feeling safe from GBV while traveling to/from school. | **DISAGGREGATE BY:**  Sex, age, location of school, ethnicity or religion of student, country of origin, primary language of student, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage generally represents a positive change. A decrease may also represent a positive change, however, if it indicates that students feel more comfortable reporting that they feel unsafe. |
| **DATA SOURCE:**  Surveys using randomized sampling. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Counselors and other staff trained to work with children. * **HOW SHOULD IT BE COLLECTED**: Conduct a survey using a simple random sampling of children or stratified sampling method (i.e., ethnic group, religious background, or country of origin). Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. The data from key stakeholder interviews with parents or teachers may be used to contextualize the survey data. In a crisis context, protection monitoring may also help to contextualize survey data. Data gathered through qualitative sources (key stakeholder interviews with teachers, and students if ethically sound) should be used to complement and supplement the survey data to clarify whether children actually feel safer from GBV or simply more comfortable reporting GBV. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at intake (baseline) and ideally every three months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline. | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure why GBV is actually taking place among children while traveling to/from school. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  Engaging counselors trained to work with children in the design of all interview tools (i.e., survey, key stakeholder interview protocol, and protection monitoring tools) and in carrying out data collection is required. All data collection staff should be trained on interviewing techniques for children and psychosocial first aid. It is necessary to have referral material available to provide to parents, if and when children disclose violence. | |

### Indicator #15

| **Percentage of students who report learning new ways of managing interpersonal relationships** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the proportion of students who report learning new ways of managing interpersonal relationships in an educational institution. This is an important proxy indicator that may measure progress towards creating a gender-transformative environment focused on positive masculinities and healthy interpersonal relationships to prevent GBV from taking place in homes and communities. The numerator of this indicator is the number of students who report learning new ways of managing interpersonal relationships in an educational institution. The denominator is the total number of students targeted in a given educational institution. | |
| **UNIT OF MEASURE:**  Percentage of students who report learning new ways of managing interpersonal relationships in an educational institution. | **DISAGGREGATE BY:**  Sex of student, age of student, educational institution, urban/rural, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change |
| **DATA SOURCE:**  Surveys using randomized sampling. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group/area for comparison purposes. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Teachers at the institutional level and project technical staff. Data may be collected in partnership with other national and international institutions such as a teacher’s union or UNICEF. * **HOW SHOULD IT BE COLLECTED**: Survey of students in schools implementing a curriculum focused on managing interpersonal relationships, using a simple random sampling method. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. Focus groups may be conducted with children 13 years of age and older to contextualize the survey data with a focus on identifying the impediments to the implementation of the curriculum on managing interpersonal relationships. Key stakeholder interview with teachers and parent may be used to complement and supplement the survey data. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at intake (baseline), every six months, and at project midterm, and endline. | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure whether students actually put into practice what they have learned about managing interpersonal relationships. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. Engaging counselors trained to work with children in the design of all interview tools (i.e., survey, key stakeholder interview protocol, and protection monitoring tools) and in carrying out data collection is required. All data collection staff should be trained on interviewing techniques for children and psychosocial first aid. It is necessary to have referral material available to provide to parents, if and when children disclose violence. | |

**Indicator #16**

| **Percentage of national government general and sector budgets dedicated to VAW/GBV** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the percentage of the budget dedicated to the prevention of/response to violence against women (VAW) or GBV, out of an overall budget and/or in relevant sectors. Such sectors may include justice, health, education, social services, livelihoods, forestry and natural resource management, interior/land management, and/or emergency preparedness (cross-sectoral). Each individual sector should be reviewed for specific budget allocation and line items to VAW/GBV prevention and response. It may be collected at the national, regional, or municipal level, or other relevant regional unit of analysis. The numerator of this indicator is the proportion of the budget dedicated to VAW/GBV in a specific sector. The denominator is the total budget for each sector during a given period of time. | |
| **UNIT OF MEASURE:**  Percentage of national government general and sector budgets dedicated to VAW/GBV during a given period of time. | **DISAGGREGATE BY:**  Sector, funding allocated to prevention of GBV, funding allocated to response to GBV, level (national, regional, municipal), urban/rural (where applicable), existence of gender equality/GBV policy at level of government, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change |
| **DATA SOURCE:**  National, regional, or municipal budgets, by sector. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR:** Relevant national, regional, or municipal financial staff, Ministry of Finance, and/or organizations providing support for gender-responsive budgeting, implementing organization project staff. * **HOW SHOULD IT BE COLLECTED:** Select target sectors and levels (national, regional, municipal or other), and calculate the percentage of the budget dedicated to VAW/GBV. * **FREQUENCY OF COLLECTION:** Data should be collected at intake (baseline) and then once the budget has been finalized (in line with the budget cycle).   *\*This indicator may also be modified to measure the percentage of humanitarian or development organizations general and sector budgets dedicated to VAW/GBV.* | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure whether national government general and sector budgets dedicated to GBV/VAW are actually expended on GBV prevention and response. They also do not measure the quality of services received from those expenditures. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

### Indicator #17

| **Percentage of individuals knowledgeable ON at least one of the national legal sanctions for GBV** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the proportion of individuals (male and female) who are knowledgeable on at least one national legal sanction for GBV. Individual knowledge of national legal sanctions may be a proxy indicator for survivor likelihood of seeking legal redress, if and when GBV takes place. It may be a proxy indicator for the likelihood of potential perpetrators to commit GBV. The numerator of this indicator is the total number of individuals who are knowledgeable about at least one of the national legal sanctions for GBV. The denominator is total number of individuals asked to respond to the survey. | |
| **UNIT OF MEASURE:**  Percentage of individuals who know any of the legal sanctions for GBV. | **DISAGGREGATE BY:**  Sex, age, community, urban/rural, ethnicity, religion, political affiliation, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  (Traditional) Survey using randomized sampling and SMS survey. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. National data collection efforts may take the place of or complement project-level data collection for this indicator. In this case, data will be available for the project location, and all other regions of the country. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Implementing organization project or M&E staff. It may also be collected in partnership with national academic institutions or NGOs with area expertise. * **HOW SHOULD IT BE COLLECTED**: Through traditional surveys, using randomized sampling or SMS surveys. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. The data from these data gathering techniques may be contextualized through the use of focus groups (in particular with specific segments of the population). Data gathered through qualitative methods (key stakeholder interview with national women’s organizations,) may be used to complement and supplement the survey data. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline), every six months, and at project midterm and endline. * **SOURCE OF INDICATOR**: Bloom, Sheila. 2008. *Violence against Women: Compendium of Indicators*. USAID/East Africa, IGWG, and Measure Evaluation. (October). | |
| **KNOWN DATA LIMITATIONS:**  This indicator cannot measure attitudes towards GBV or behavior of potential or actual perpetrators of GBV. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

### Indicator # 18

| **Level of openness (scale of 1–5) among community members to having public discussions about the impact of GBV on their community** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the level of openness (scale of 1-5) among community members to having public discussions about the impact of GBV on their community. If there are positive changes in the level of openness, the indicator may measure how effective a project/program has been in increasing awareness and acceptance of GBV in the community as a community/social/legal problem. The willingness to have public discussions about the impact of GBV is likely to prevent GBV and ensure a more survivor-centered response to it once it takes place. | |
| **UNIT OF MEASURE:**  Average level of openness among community members to have a public discussion about the impact of GBV on their community (minimum 1, maximum 5). | **DISAGGREGATE BY:**  Community, urban/rural, ethnicity/religion of community members, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the number represents a positive change |
| **DATA SOURCE:**  On-site observation of community meetings. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Trusted community leaders (men or women) and/or women and men’s groups. * **HOW SHOULD IT BE COLLECTED**: Community reporting and on-site observation using a pre-established to measure the level of openness (minimum 1, maximum 5). The average should be calculated from the data set. Key stakeholder interviews and focus groups may be conducted to contextualize the quantitative data from community reporting and on-site observation. Data gathered through qualitative methods (key stakeholder interview with leaders of women’s groups) may be used to complement and supplement the survey data. * **FREQUENCY OF COLLECTION**: Indicator data should be collected at intake (baseline) and every three months thereafter. At a minimum, these data should be collected at baseline, midterm, and endline. | |
| **KNOWN DATA LIMITATIONS:**  The indicator cannot measure community level sanctioning of GBV. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Percentage of target population that views GBV as less acceptable after participating in/being exposed to USG programming. | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. | |

### Indicator #19

| **National level legal framework complies with internationally recognized minimum standards on gender equality and GBV** | |
| --- | --- |
| **DEFINITION:**  This indicator measures whether the national legal framework complies with internationally recognized minimum standards on gender equality and GBV. | |
| **UNIT OF MEASURE:**  Legal framework reaches minimum standards with respect to gender equality and GBV (binary variable). | **DISAGGREGATE BY:**  Not applicable |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  A “yes” response represents a positive change. |
| **DATA SOURCE:**  Laws and policies, hearings on gender equality and GBV laws and amendments to laws, National CEDAW, key stakeholder interviews with policymakers and national gender experts, and reports. | |
| **MEASUREMENT NOTES:**   * **LEVEL of COLLECTION**: This indicator should be collected at the national level. * **WHO COLLECTS DATA FOR THIS INDICATOR:** Implementing organization project staff, national academic institutions, NGOs, and/or Ministry of Justice. * **HOW SHOULD IT BE COLLECTED**: Review of GBV and gender equality laws, participation and review of the proceedings from hearings on gender equality and GBV laws and amendments to laws. Review of GBV and gender equality policies themselves, National CEDAW reports, as well as key stakeholder interviews with policymakers and national gender experts. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline), every six months, and at project midterm and endline. | |
| **KNOWN DATA LIMITATIONS:**  The indicator cannot measure whether the national level framework on GBV is actually implemented, how it is implemented, and whether GBV perpetrators are effectively sanctioned. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

### Indicator # 20

| **Percentage of GBV-related policies/laws/amendments to laws rejected by national ministry/parliament/government** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the percentage of GBV policies/laws/amendments to laws rejected by a national ministry/ parliament/government. It measures the political will to criminalize and punish GBV. It may also capture social attitudes and will toward criminalizing and punishing GBV and recognizing GBV as an issue of public concern. The numerator of this indicator is the number of GBV-related policies/laws/amendments rejected by a national ministry/parliament/government. The denominator is the total number of GBV-related policies/laws/amendments to laws that have been introduced to a national ministry/parliament/government. The indicator may be disaggregated by the type of GBV initiative introduced and/or crisis phase. | |
| **UNIT OF MEASURE:**  Percentage of GBV-related policies/laws/ amendments to law rejected by national ministry/ parliament/government. | **DISAGGREGATE BY:**  Type, type of GBV it addresses, sex of political leader introducing the law, amendment, or policy, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  A decrease in the percentage generally represents a positive change. If the proposed policies/laws/amendments, however, are not progressive, an increase in the percentage will represent a positive change. |
| **DATA SOURCE:**  Laws and policies, hearings on gender equality and GBV laws and amendments to laws, National CEDAW reports, newspaper and radio, interviews with political leaders, and national gender experts. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected at the national level. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Implementing organization project staff, national academic institutions, NGOs, and/or Ministry of Justice. * **HOW SHOULD IT BE COLLECTED**: Review of GBV laws, participation and review of the proceedings from hearings on GBV laws and amendments to laws, and review of National CEDAW reports to identify the number of GBV policies/laws/amendments to laws rejected by a national ministry/parliament/government. Reviews of newspaper and radio reports/discussion, and interviews with political leaders introducing laws and national gender experts supporting laws could be used as a method to contextualize the review of documents mentioned above. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline), every six months, and at project midterm and endline. | |
| **KNOWN DATA LIMITATIONS:**  See above under the direction of change. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. | |
| **ETHICAL CONSIDERATIONS:**  Follow all standard guidelines for ethical research. | |

### Indicator #21

| **PERCENTAGE OF WOMEN REPORTING INCREASED INTIMATE PARTNER CONFLICT IN MARRIAGE/PARTNERSHIP/UNION FOLLOWING REPORTED INCREASES IN WOMEN-CONTROLLED INCOME** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the percentage of GBV survivors reporting increased conflict (including violence) in their marriage/partnership/union following reported increases in women-controlled income. In some GBV projects/ programs, there is an income-generation component that has potential impacts on family dynamics. However, many do not take into account the potential impact of increased income on conflict with intimate partners, including violence. Income generation may possibly result in increased conflict (including intimate partner violence), in particular where projects/programs are not designed in such a way to minimize this conflict. The numerator of this indicator is the number of women reporting increased conflict in their marriage/partnership/ union following reported increases in women-controlled income. The denominator is the total number of women in the project area who are in a marriage/partnership/union who responded to the survey. | |
| **UNIT OF MEASURE:**  Percentage of women reporting increased intimate partner violence in marriage/partnership/union after their income increases in project area. | **DISAGGREGATE BY:**  Level of increase in income, age/sex of female participants, employment status of partner of female participants, type of intimate partner violence, type of union/partnership, community, urban/rural, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  A decrease in the percentage represents a positive change. |
| **DATA SOURCE:**  Surveys using randomized sampling, targeted questionnaires, and reviews of case management files (of service providers to women at risk). | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Case management or project staff. * **HOW SHOULD IT BE COLLECTED**: Through surveys, using randomized sampling, targeted questionnaires of project participants known to have increased income, and reviews of case management files. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. This may be complemented by focus groups with women at risk in the community to contextualize the survey and case management data. Data gathered through qualitative methods (key stakeholder interview) should be used to complement and supplement the survey data. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline), every six months, and at project midterm and endline. * **SOURCE OF INDICATOR**: Ayoo and Omona. 2009. W*omen Empowerment for Peace Project Final Evaluation.* (November). Care International in Uganda. | |
| **KNOWN DATA LIMITATIONS:**  The indicator may identify a correlation but not necessarily a causal relationship between harmony or disharmony in a union/partnership and being a beneficiary of the project/program. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, GBV survivors did not receive available services from the program. All data collection, analysis, interpretation, and reporting should be conducted confidentially and anonymously. This means that for the purposes of establishing a baseline and conducting performance M&E, case management files should not include the name of GBV survivor, nor should they contain any identifying information that could potentially put a survivor at risk. | |

### Indicator #22

| **Percentage of persons at risk of GBV and/or GBV survivors who report having the ability to provide for the basic needs of their family** | |
| --- | --- |
| **DEFINITION:**  This indicator measures the percentage of persons at risk of GBV and/or GBV survivors who report having the ability to provide for the basic needs of their family. The ability for an individual to provide for the basic needs of his or her family include the ability to pay for adequate food that meet basic nutritional needs and minimum standard definitions of food security, shelter, clean water, and basic health care and basic education requirements. In the crisis context, these standards may be derived from the Sphere Standards. In a development context (or pre-crisis or post-crisis context), they may be derived from national standards in line with the Millennium Development Goals. The ability to support oneself and one’s family is likely to reduce vulnerability to GBV and support increased access to GBV services. The numerator of this indicator is the number of persons at risk of GBV and/or GBV survivors who report that they have the ability to provide for the basic needs of her/his family. The denominator is the total number of beneficiaries who responded to the survey and are persons at risk of GBV and/or GBV survivors. | |
| **UNIT OF MEASURE:**  Percentage of persons at risk and/or GBV survivors who report having the ability to provide for the basic needs of his/her family. | **DISAGGREGATE BY:**  Sex/age, urban/rural, person at-risk of GBV/GBV survivor, and/or crisis phase |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the percentage represents a positive change. |
| **DATA SOURCE:**  Case management files and specialized survey among people participating in GBV services. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION**: This indicator should be collected in the project area. If feasible, it may also be collected outside of the project location from an identified control group. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Project staff. * **HOW SHOULD IT BE COLLECTED**: Through specialized surveys among people participating in GBV services using randomized sampling and reviews of case management files, complemented by individual interviews with women at risk and/or GBV survivors in the community to contextualize the survey and case management data. Since it is important for a sample to be representative of the population, the sample size should be determined in consultation with a statistician/survey specialist. Data gathered through qualitative methods (key stakeholder interview with GBV service providers, camp/site management, and livelihoods or protection clusters (if appropriate) may be used to complement and supplement the survey data. * **FREQUENCY OF COLLECTION:** Data should be collected at intake (baseline), every six months, and at project midterm and endline. | |
| **KNOWN DATA LIMITATIONS:**  This indicator may identify a correlation but not necessarily causation of a person’s ability to provide for their family; issues of attribution will need to be carefully assessed. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  Follow the ethical guidelines under Indicator #21. As well, if ethical, individual interviews with GBV survivors that the implementing organization has treated may be used to supplement data collection. One of the key considerations is whether the existing case management data are sufficient for the purposes of measuring this indicator. Another is whether the benefits to respondents or communities of documenting sexual violence are greater than the risk of re-traumatizing the respondents. | |

### Indicator #23

| **Level of women’s involvement in community resolution of land disputes** | |
| --- | --- |
| **DEFINITION:**  This indicator measures women’s level of involvement as decision-makers in community resolution of land disputes. Involvement of women in land disputes, in particular during or after a crisis, may reduce GBV by ensuring that women are not economically and socially marginalized. Involvement of women in community resolution of land disputes during development or post-crisis phases may also lessen land-related conflict or the likelihood of tensions over land being reignited, thus preventing a crisis (e.g., it may serve as an important peace-making, peace-building, and peace-keeping tool). If women in the country are legally precluded from owning or inheriting land, women will likely be limited in their involvement in community resolution of land disputes. As such, it is particularly important to provide contextualized information regarding the data collected. | |
| **UNIT OF MEASURE:**  Average level of engagement of women as decision-makers in community resolution of land disputes (minimum 1, maximum 5). | **DISAGGREGATE BY:**  Community, region, crisis phase, type of crisis, level of displacement during crisis, political orientation of community or community leadership, and/or predominant religious or ethnic group in the community. |
| **TYPE (OUTCOME/IMPACT):**  Output/Outcome | **DIRECTION OF CHANGE:**  An increase in the number represents a positive change. |
| **DATA SOURCE:**  On-site observation of community meetings. | |
| **MEASUREMENT NOTES:**   * **LEVEL OF COLLECTION:** This indicator should be collected in the project area. If feasible, it may also be collected in a control area or nationally as a comparison. * **WHO COLLECTS DATA FOR THIS INDICATOR**: Trusted community leaders (men or women), women and men’s groups, and trained project staff. * **HOW SHOULD IT BE COLLECTED**: Community reporting and on-site observation using a pre-established scale to capture the level of involvement as decision-makers (minimum 1, maximum 5). Key stakeholder interviews may be used to substantiate the quantitative data obtained through community reporting and on-site observation. It will also be important to identify legal and customary rights for women to inherit land and interpret the data in the context of how well those rights are being respected and upheld. Similarly, it will be important to identify levels of female-headed households in the area to determine whether or not there is a correlation between higher levels of female-headed households and lower levels of women’s involvement in community resolution of land disputes. * **FREQUENCY OF COLLECTION**: Data should be collected at intake (baseline) and every three months thereafter. At a minimum, these data should be collected at baseline, mid-term, and endline. * **SOURCE OF INDICATOR:** Moser, Annalise. *Gender and Indicators*, *Overview Report*. Bridge Development-Gender and UNDP, July 2007. | |
| **KNOWN DATA LIMITATIONS:**  This indicator relies upon observation and may be limited by the subjectivity of the data collector. | |
| **RELATED USG STANDARD FOREIGN ASSISTANCE INDICATOR(S):**   * Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance, designed to improve prevention of/response to sexual and GBV at the national, regional, or local level. * Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines). | |
| **ETHICAL CONSIDERATIONS:**  It would be unethical to have a treatment and a control group if in so doing, community members did not receive available services from the program. Community resolution of land disputes may be highly sensitive, in particular in the aftermath of a crisis. Project staff should be trained on how to pose questions, how to interact with community leadership, how to maintain neutrality, how to protect the identity of respondents, and how and in which manner to report and share potentially sensitive data. | |

# Annex K: IFRC Project/Program Indicator Tracking Table (ITT)

| **Guidance for Completing the Project/Program Indicator Tracking Table** | |
| --- | --- |
| **Purpose of the Tool** | * The ITT records and monitors indicator performance to inform project/program implementation and management. This tool measures how the project is performing against the Logical Framework and M&E plan on a quarterly basis, and allows project/program staff to monitor progress towards specific targets. |
| **When to Use the Tool** | * Use the tool on a quarterly basis to track outcome and output level indicators. |
| **Who Should Use the Tool** | * Project/program staff engaged in performance monitoring. |
| **How to Use the Tool** | * See the tool instructions provided below. |
| **Continuum Constraints and Opportunities** | * **Crisis phase Constraint:** Owing to security, safety, political or other considerations, it may be difficult to collect the data on progress towards achieving the indicators in the ITT.**Solution:**Collect the data as possible, and specify the time frame for data collection and related constraints in the reporting that accompanies the table. |
| **Key Ethical and Safety Considerations** | * Ensure that the data contained in the ITT are safeguarded to ensure the protection of project/program beneficiaries. |
| **Additional Resources** | * International Federation of the Red Cross and Red Crescent Societies. 2011. Project/Programme Monitoring and Evaluation Guide. <http://www.ifrc.org/Global/Publications/monitoring/IFRC-ME-Guide-8-2011.pdf> * USAID.2012.USAID Automatic Directives System Chapter 203 – Assessment and Learning, November. <http://www.usaid.gov/sites/default/files/documents/1870/203.pdf> |

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| **Project/Programme Indicator Tracking Table (ITT)\*** | | | | | | | | | | | | | | | | |
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| Project/Program Name | | |  | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Project/Program Manager | |  | | | |  |  | Reporting Period |  |  |  |  | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Project/Program #/ID | |  | | | |  |  | Project/Program Start Date |  |  |  |  | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| Project/Program Location | |  | | | |  |  | Project/Program End Date |  |  |  |  | | | | |
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| Project/Program Sector | |  | | | |  |  | Extra Field |  |  |  |  | | | | |
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| Federation-Wide Reporting System (FWRS) Indicators | | | | | | | | | | | | | | | | |
| People Reached | | | | | | Total People  Covered | | Volunteers | | | National Society Paid Staff | | | Secretariat Paid Staff | | |
| Direct | | | Indirect | | Grand Total |
| Women | Men | Total | Total | | Women | Men | Total | Women | Men | Total | Women | Men | Total |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |

| **Project/Program Logical Framework Indicators** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Indicator** | **Project  Baseline** | | | | | | | | **LoP Target** | | | | | **LoP Actual** | | | | | **% of LoP Target** | | | | | **Annual Target** | | | | **Year to Date Actual** | | | | **% of Annual Target** | | | | **Q1 Reporting Period** | | | | | | | | | | | | | | | | **Q2 Reporting Period** | | | | | | | | | | | | | | **Q3 Reporting Period** | | | | | | | **Q4 Reporting Period** | | | | | | | | | | |
| Date | | | | Value | | | | **Target** | | | | | Actual | | | | | % of Target | | | | | **Target** | | | | | Actual | | | | | % of Target | | | | **Target** | | | Actual | | | % of Target | | | | **Target** | | | | Actual | | | % of Target | |
| **Goal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ga. |  | | | |  | | | |  | | | | |  | | | | | *0%* | | | | |  | | | |  | | | | *0%* | | | |  | | | | | | |  | | | | | *0%* | | | |  | | | | |  | | | | *0%* | | | | |  | |  | | | *0%* | | |  | | |  | | | *0%* | | | |
| **Outcome 1. Example - Improve community capacity to prepare for and respond to disasters.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a. Example - % people in participating communities who practice 5 or more disaster preparedness measures identified in the community disaster management (DM) plan. | 1-Dec | | | 10% | | | | 80% | | | | | 45% | | | | | *56%* | | | | | | 80% | | | | 45% | | | | *56%* | | | | | 50% | | | | | | UK | | | | | *0%* | | | | 60% | | | | | 30% | | | | *50%* | | | | | 70% | | 45% | | | *64%* | | | 80% | | |  | | | *0%* | | | |
| Output 1.1. Example - Improved community awareness of measures to prepare for and respond to disasters. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1a. Example - % people in participating communities who can identify at least 5 preparedness and 5 response measures. | 1-Dec | | | | 20% | | | | 70% | | | | | | 55% | | | | | *79%* | | | | | 70% | | | | | | 55% | | | *79%* | | | | | 40% | | | | | 20% | | | | | *50%* | | | | | 50% | | | | | 30% | | | | *60%* | | | 60% | | 55% | | | *92%* | | | 70% | | |  | | | *0%* | | | |
| Output 1.2. Example - Community Disaster Management Plans are developed and tested by Community Disaster Management Committees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2a. Example - # of participating communities that have a tested DM plan. | | 1-Dec | | | | 0 | | | | 100 | | | | | | 23 | | | | | | *23%* | | | | 50 | | | | | 23 | | | *46%* | | | | | 10 | | | | 3 | | | | | *30%* | | | | 10 | | | | | 5 | | | | *50%* | | | | | 20 | | 15 | | | *75%* | | | 10 | | |  | | | *0%* | | | |
| **Outcome 2. Example - School capacity to prepare for and respond to disasters is improved.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a. Example - % of schools that have passed the annual disaster safety inspection from the Ministry of Disaster Management. | 1-Dec | | | | | 10% | | | | | 50% | | | | | 30% | | | | | *60%* | | | | 50% | | | | 30% | | | *60%* | | | 20% | | | | | 15% | | | | | *75%* | | | | | 30% | | | | | 25% | | | | | *83%* | | | | 40% | | | 30% | | | *75%* | | | | 50% | | |  | | | *0%* | | | |
| Output 2.1. Example - School Disaster Management Plans are developed and tested at participating schools. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1a. Example - # of participating schools that have a new DM plan tested. | | | 1-Dec | | | | 0 | | | | | 100 | | | | | 30 | | | | | | *30%* | | | | 45 | | | 30 | | | *67%* | | | | | NA | | | | NA | | | | | *0%* | | | | | | 10 | | | | | 5 | | | | *50%* | | | | 15 | | | 10 | | | *67%* | | | | 20 | | 15 | | | *75%* | |
| Output 2.2. Example - Disaster risk reduction lessons are included in the curriculum. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2a. Example - % of students in the targeted schools who have received disaster preparedness and disaster risk education. | | | 1-Dec | | | | 25% | | | | | 75% | | | | | 35% | | | | | | *47%* | | | | 50% | | | 35% | | | *70%* | | | | | 25% | | | | UK | | | | | *0%* | | | | | | 30% | | | | | 25% | | | | *83%* | | | | 40% | | | 35% | | | *88%* | | | | 50% | |  | | | *0%* | |
| Output 2.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3a | | |  | | | |  | | | | |  | | | | |  | | | | | | *0%* | | | |  | | |  | | | *0%* | | | | |  | | | |  | | | | | *0%* | | | | | |  | | | | |  | | | | *0%* | | | |  | | |  | | | *0%* | | | |  | |  | | | *0%* | |
| 2.3b | | |  | | | |  | | | | |  | | | | |  | | | | | | *0%* | | | |  | | |  | | | *0%* | | | | |  | | | |  | | | | | *0%* | | | | | |  | | | | |  | | | | *0%* | | | |  | | |  | | | *0%* | | | |  | |  | | | *0%* | |
| 2.3c | | |  | | | |  | | | | |  | | | | |  | | | | | | *0%* | | | |  | | |  | | | *0%* | | | | |  | | | |  | | | | | *0%* | | | | | |  | | | | |  | | | | *0%* | | | |  | | |  | | | *0%* | | | |  | |  | | | *0%* | |

| **Reference Guide** | |
| --- | --- |
| **Type** | **Instruction** |
| **People Reached** | Enter the direct and indirect recipients and people covered by federation services, disaggregated by service areas. |
| **Direct Recipients** | Enter the countable recipients of services from a federation provider at the delivery point, disaggregated by gender. |
| **Indirect Recipients** | Enter the total number of recipients that cannot be directly counted because they receive services apart from the provider and the delivery point. |
| **Volunteers** | Enter the people that have volunteered at least four hours during the annual reporting period, disaggregated by gender. |
| **National Society/ Secretariat Paid Staff** | Enter the people who work with a national society or the secretariat for a minimum of three months and are remunerated. |
| **Project Name** | Enter the project name using the project proposal (include location if relevant). |
| **Project Code** | Enter the project code. |
| **Project Sector** | Enter the appropriate project sector (e.g., disaster management). |
| **Project Start/End Date** | Enter project start and end date. |
| **Reporting Period** | Enter the quarter and the year for which you are reporting. |
| **Outcome and Output Indicators** | Enter these as they are written in your project Logical Framework. |
| **Project Baseline Date/Value** | Enter the date of the project baseline and value for this indicator. If a baseline has not yet been conducted but is planned, leave this blank. If no baseline will be conducted or no data are required for a particular indicator, write “NA” (for “not applicable”). |
| **Target** | All indicators in the quarterly project report (QPR) must have quarterly targets for the current year. Quarterly targets should be set for each quarter and entered into the indicator tracking sheet. This means that quarterly targets are created during the same time period as the annual project budget for the next year, which should help ensure accurate financial planning for each quarter. Targets should be drafted in consultation with relevant program staff as necessary. Quarterly targets should not be changed once the table is finalized. If your project does not measure this indicator for a respective quarter, enter “NA” not “0.” |
| **Actual** | Enter the actual indicator value for the current reporting period. Enter only accurate data, not estimated data. If your project does not measure this indicator for a respective quarter, write “NA.” |
| **% of Target** | There is a formula in this box to automatically calculate this value based on data entered into the “target” and “actual” boxes. Double check to make sure that this is the accurate percentage and that the formula is working correctly. |
| **Annual Target** | Annual targets are entered into this column at the start of the project. All indicators in the QPR must have annual targets for each and every year of the approved project implementation period. These targets should be set at the beginning of the project implementation during the submission of the first QPR. All annual targets should be included in each annual indicator tracking sheet. Annual targets for individual indicators may be revised during the same time period as the annual project budget for the next year to reflect major programmatic changes/revisions. Revisions should not affect total life of project (LoP) targets. |
| **Year to Date Actual** | Enter the year to date actuals here. Depending on the indicator, you may want to create a formula to tabulate this automatically. Some indicators may need to be calculated manually (e.g., where the actual is not the sum of all quarterly actuals but the highest number). |
| **% of Annual Target** | There is a formula in this box to automatically calculate this value by dividing the year to date actual by the annual target. Double check to make sure that this is the accurate percentage and that the formula is working correctly. |
| **Life of Project Target** | All indicators in the QPR must have LoP targets. Many key project achievements will have already been determined in the project proposal. Once a project is approved and begins implementation, LoP targets must be established for all other indicators in the QPR. These should be set and approved during the first quarterly reporting cycle of project implementation and submitted with the first QPR using the indicator tracking sheet. LoP targets should be entered into this column at the start of the project and, generally, should not be changed except under rare circumstances. |
| **Life of Project Actual** | Enter life of project actuals in this box. Depending on the indicator, you may want to create a formula to tabulate this automatically. Some indicators may need to be calculated manually (e.g., where the LoP actual is not the sum of all quarterly actuals but the highest number). |
| **% of LoP Target** | There is a formula in this box to automatically calculate this value by dividing the actual to date by the life of project target. Double check to make sure that this is the accurate percentage and the formula is working correctly. |
| **Key things to Consider:** | |
| • Actual data reported should be confirmed data that have been collected during the reporting period, not estimates or guesses. If you are confused about what an indicator means or how to enter the data, refer to your project M&E plan. | |
| • Remember that “0,” “NA,” and “unknown” all mean different things. Entering “0” means that no progress was made against an indicator for the given time period. If your project does not measure an indicator for a given time period, enter “NA,” not a zero. Likewise, when M&E systems for collecting data are not in place and there are no definite or reliable data for an indicator, enter “unknown,” not “0” or “NA,” until reliable systems are in place to collect the data. | |
| • Formulas are embedded in some cells of the tracking sheet. Formulas are used so that percentages and other information calculate automatically, theoretically reducing the amount of data that must be entered manually. However, formulas can be tricky and should be double-checked to ensure that the data have been calculated correctly. | |
| • Values for indicators should be numeric with narrative reserved for the narrative report. | |
| • After you have completed the report, review it one last time before submitting it. Make sure that the data you filled out for this quarter are accurate and complete. | |

# Annex L: Evaluation Component of the M&E Plan

| **Guidance for Completing the Evaluation Component of the M&E Plan** | |
| --- | --- |
| **Purpose of the Tool** | * Provides a summary of the planning for performance and/or impact evaluations. It is an integral part of the M&E plan. |
| **When to Use the Tool** | * Complete the evaluation plan during the M&E plan development. |
| **Who Should Use the Tool** | * GBV and M&E officers, program/project directors, and officers engaged in program/project and M&E design. Engage community members, national organizations, and local CBOs and both humanitarian and development actors to coordinate efforts. |
| **How to Use the Tool** | * In the first column, identify the projected use of the evaluation. Will your organization be conducting a performance evaluation? An impact evaluation? * In the second column, identify the timing for the evaluation. Will it take place at midterm and at the end, or at some other interval? * In the third column, detail the main/priority evaluation questions. A limited number of key evaluation questions should be explicitly linked to specific future decisions made by the organization, USAID, and/or other key stakeholders or essential elements of learning. * In the fourth column, record the anticipated start and end dates of the evaluation. In the last column, estimate the budget required to complete the evaluation; use Annexes L and M for guidance. |
| **Continuum Constraints and Opportunities** | * **Crisis phase Constraint**: Conducting impact evaluations using quasi-experimental approaches with control groups is likely not practical or ethical in a crisis phase. **Solution**: Focus on conducting performance evaluations during the crisis phase while also looking at opportunities for collaboration with development actors on continued data collection throughout the post-crisis phase that might contribute toward ongoing impact evaluations. * **Pre-crisis phase Opportunity**: Development and humanitarian actors may identify synergies in plans to evaluate GBV interventions along the relief to development continuum, taking a systems approach rather than a project-focused approach. Identifying common evaluation questions of interest and working with local partners to lead efforts may contribute to consistency in data collection. * **Post-crisis phase Constraint**: Following a crisis, previous plans for impact evaluations may face challenges due to inconsistency in data collection methods due to security, safety, or ethical issues that arose during the crisis. **Solution**: Do your best to continue plans for the evaluation. Make sure challenges in completing the evaluation per the original plan are clearly identified. Work with local partners and humanitarian and development actors to identify strategies to fill data gaps. |
| **Key Ethical and Safety Considerations** | * There are many ethical considerations for devising an evaluation plan, in particular in the case of an impact evaluation. Some of the key considerations are the ethical implications of interviewing certain populations of beneficiaries (in particular GBV survivors), interview fatigue, and the timing of the evaluation (in relation to the anticipated atmosphere of political or social repression, among others). These considerations should be taken into account to the largest extent possible with the information available at the time that your organization is completing the evaluation plan summary. |
| **Additional Resources** | * USAID. 2012. USAID Automatic Directives System Chapter 203 – Assessment and Learning, November. <http://www.usaid.gov/sites/default/files/documents/1870/203.pdf> * USAID. 2011. USAID Evaluation Policy. [http://www.usaid.gov/evaluation/policy](http://www.usaid.gov/evaluation/policy%20) |

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| --- | --- | --- | --- | --- | --- |
| **Evaluation Component of the M&E Plan Summary** | | | | | |
| **Evaluation Type and Projected Use** | **Evaluation Timing** | **Main/Priority Evaluation Questions** | **Anticipated Evaluation Start/Completion** | | **Evaluation Budget** |
| (Performance, Impact) | (Mid-Project/Program, final, first 18 months, etc.) |  | Start | End |  |
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# Annex M: Budget Considerations for the M&E Plan

| **Guidance for Budget Considerations for the M&E Plan** | |
| --- | --- |
| **Purpose of the Tool** | * This template is intended to help design teams prepare the budget of the M&E plan. |
| **When to Use the Tool** | * Once the performance M&E and learning components of the M&E plan are complete, use this tool to complete the budget of the M&E plan. |
| **Who Should Use the Tool** | * GBV and M&E officers and finance specialists at the field level, in partnership with similar staff at the headquarters level (if they are not one and the same). |
| **How to Use the Tool** | * Use this tool to support completion of the budget of the M&E plan. It will help to identify cost factors and build a realistic budget for M&E and learning. |
| **Continuum Constraints and Opportunities** | * During a crisis, costs may fluctuate enormously due to increased demand for certain goods or increased international presence in a specific region or country. In particular, the costs of hiring GBV staff may increase due to increased demand combined (possibly) with a limited number of professionals who possess the appropriate qualifications required for GBV M&E. * It is important to anticipate travel and other costs (communication) associated with performance monitoring being undertaken by local staff and/or community members in contexts where GBV is highly sensitive and travel by national and international staff to certain areas is limited. To the largest extent possible, anticipate and account for these costs. |
| **Key Ethical and Safety Considerations** | * It is essential to include funding for equipment or other logistics that are necessary to safeguard any GBV data (filing cabinets, USB sticks, secure e-mail addresses for local partners, etc.). |
| **Additional Resources** | * USAID/Carana. n.d. *M&E and Learning Plan Budget*. <http://usaidprojectstarter.org/content/me-and-learning-plan-budget> |

| **Budget Component of the M&E Plan** | |
| --- | --- |
| **Budget Consideration** | **Implication** |
| **Duration and Scope** | |
| Is it a performance evaluation, which may require fewer data, or an impact evaluation data, which may be “heavier”? |  |
| Is it a multi-year impact evaluation that will require ongoing data collection efforts? |  |
| Are there plans for a longer-term impact evaluation beyond the project/program time period that will require allocating some portion of the budget to a national/academic research institution? |  |
| Is there a robust quasi-experimental approach that will require more resources than a simpler approach? |  |
| Does reliable primary and secondary data already exist, or will more time and resources need to be spent to collect these data? |  |
| Are there specific donor-required tasks that require additional resources? |  |
| **Costs of evaluators and external advisers, and expenses related to their duties** | |
| Costs of evaluation consultants and expert advisory panel members? |  |
| One evaluator or team? How many in a team? What is the composition (national or international)? |  |
| Will there be full-time staff? |  |
| How many days will be required for each consultant and adviser? |  |
| What would be the daily rate range for each one of them? |  |
| Are there any costs associated with hiring? |  |
| Are the advisory panel members paid (daily fees, honorarium)? |  |
| What types of capacity building/training will be required? |  |
| **Travel Requirements** | |
| How many times does the team need to travel to the country? Is international travel required; travel to field locations? |  |
| What travel requirements exist for briefings in USAID offices, interviews with stakeholders, data collection activities, stakeholder meetings, etc.? |  |
| What would be the primary mode of travel (air, project vehicle, etc.)? |  |
| Is there a need for special modes of transportation due to accessibility and security considerations? |  |
| What will lodging expenses be? |  |
| For how many days and what are the allowances? |  |
| **Requirements for consultations with stakeholders** | |
| Are there regular meetings with the steering committee members to discuss the progress of the evaluation? |  |
| Will there be a meeting with a wider group of stakeholders to discuss the findings and recommendations of the evaluation? |  |
| How many and who will be invited? |  |
| What would be the cost associated with renting venues, and bringing in stakeholders (allowances and travel expenses), refreshments and printing materials? |  |
| **Data collection and analysis tools and methodologies** | |
| What are the methods of data collection? |  |
| If surveys and/or questionnaires will be used, what is the target population and area to be covered? |  |
| Which resources are required (fees for enumerators, including their travel expenses, etc.)? |  |
| Which resources are required for researchers to complete a detailed analysis of data collected? |  |
| Will there be facility costs? |  |
| What supplies are needed (e.g., office supplies, computer software for data analysis, etc.)? |  |
| **Communication costs** | |
| What are the phone, Internet, and fax usage requirements? |  |
| If surveys and/or questionnaires are conducted, how will they be administered (mail, Internet, telephone, etc.)? Printing costs? |  |
| What are translation costs? |  |
| What types of publication and dissemination of evaluation reports and other products, including translation costs are needed? |  |
| Are there any resources allocated for incidentals? |  |
| Are there partners for evaluation? |  |
| Is this evaluation cost shared? What would be the cost to USAID, other donors or an implementing organization? |  |
| **Crisis-Related/Unexpected Contingency Costs** | |
| Is it anticipated there could be inflation or currency devaluation? |  |
| Is equipment theft/damage a concern? |  |
| Is there a need for additional data collection/analysis to verify findings? |  |
| Are any new/modified activities to regular programming expected in response to a crisis that will require modifications to the M&E plan? |  |
| Are there security risks that may increase costs for security/ protection? |  |
| Is there a risk for data loss or security that will require investment Are there costs for data storage and protection? |  |

# Annex N: Catholic Relief Services Budgeting for M&E in an Emergency



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

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

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

| **LINE ITEMS** | **DETAILS** |
| --- | --- |
| **Staffing** | * Salary and benefits, housing/per diem, R&R, etc. for: * M&E officer * Data collection and entry people (full, part time, or temporary |
| **Assessments and/or baselines** | * For all staff (CRS and partner; including drivers) involved in assessment: * Transportation, per diem, lodging |
| **Field monitoring** | * For monitoring trips beyond what is already planned by field agents (including M&E officer accompanying field agents on already planned trips), including drivers: * Transportation, per diem, lodging |
| **Real-time and other evaluations** | * Real Time Evaluations * For external evaluator(s) [external to the project, so the evaluator can be a CRS staff person, whose salary during the RTE may or may not have to be covered by the project]:   + Consulting fees or salary   + Travel (to the country and for the field visits) • Per diem   + Lodging * Cost of evaluation   Per Diem, travel, lodging of project staff involved in data  collection (including drivers).  Meeting costs of one day management workshop at the end  of the RTE (office supplies, lunch)   * Other evaluations: Line items are similar to a Real Time Evaluation but the evaluation is preferably led by an external evaluator. All other costs remain the same. |
| **Reflection event** | * Per diem, travel, lodging of any staff who have to travel a long distance to the location of the event (e.g.,, main office staff to field office, field staff to main office) * Meals during event * Office supplies * Meeting room rental |

# Annex O: Overview of the GBVIMS

### GBVIMS Background

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

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

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

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

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

### Purpose

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

* **Data Compilation & Statistical Analysis**

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

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

* **Data Sharing**

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

# Annex P: Safety Audit Tool

| **Guidance for Using the Safety Audit Tool** | |
| --- | --- |
| **Purpose of the Tool** | * To identify whether the physical layout of the community could potentially make women/men and girls/boys more vulnerable or capable to resist threats of GBV. It focuses on the overall layout, the location of water and sanitation points, the household and community layout, and presence of actors that could potentially pose a threat of GBV to women/men and girls/boys in the community. |
| **When to Use the Tool** | * During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement to the collection of primary quantitative data. |
| **Who Should Use the Tool** | * Skilled GBV program managers with significant field experience and previous experience conducting safety audits. |
| **How to Use the Tool** | * Identify who will participate in the design in the safety audit. Consider whether and how to engage local partners, community leaders and activists (male and female), and GBV survivors (if safe and ethical). * Prepare the PIRS to inform this process. If it would be unsafe for certain individuals to participate in the physical walkthrough of the community, consider asking them to draw a visual representation of the community and indicate what would be make women/men and girls/boys vulnerable to GBV. * In partnership with the individuals selected in **Section 2.1**, review the Safety Audit Tool, and modify it to exclude any sections that are not necessary, and include additional sections or questions that might be useful in the particular context in which you are working. * Analyze and interpret the safety audit data with those participating the design and implementation of the safety audit. |
| **Continuum Constraints and Opportunities** | * The safety audit tool can be very useful along the relief to development continuum, in particular during a crisis where time is of the essence and/or quantitative data collection methods are not appropriate. Along the whole relief to development continuum, it is essential not to fill out the paper safety audit template in areas of insecurity or political repression. Rather, take mental note of questions and observations and fill in the form later, after leaving the site/community. |
| **Key Ethical and Safety Considerations** | * It is essential to identify and mitigate any potential risks that conducting a safety audit, and visibility associated with it, would create for those participating in it. * As well, it is necessary before initiating the safety audit to identify a protocol for safe data storage and sharing, as well as a protocol for the dissemination of results, to minimize any risks to communities at large, individual community members and leaders, members of certain ethnic or political groups, and GBV specialized or non-specialized service providers. |
| **Additional Resources** | * This tool is a modified version of the International Rescue Safety Audit Tool, <http://www.gbvresponders.org/emergency-toolkit#ER> * GBV AoR Working Group. 2010. *Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings*. <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> * Women’s Refugee Commission. 2012. [Preventing Gender-based Violence, Building Livelihoods](http://wrc.litmos.com/online-courses/register/16984) Safety Mapping Tool. * WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies. |

****

**Safety Audit Team:**

**Geographic Location of Safety Audit:**

**Date of Safety Audit:**

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

# Annex Q: Focus Group Guide

| **Guidance on Using the Focus Group Guide** | |
| --- | --- |
| **Purpose of the Tool** | * To obtain greater insights into the settings and contexts in which GBV occurs, the dynamics of abuse, and how women/men, children, and communities are affected by this violence. Focus groups can be used to monitor project progress throughout the life of a GBV project, collect baseline data, and contribute to evaluation insights at the end of a project. Additionally, focus groups about male engagement can provide important insights into the causes of violence, as well as into the most effective strategies for preventing violence. Focus groups also help tp determine the survival mechanisms that women/men employ to deal with GBV, both on their own and with the help of their families and friends, especially those women/men for whom there is an absence of formal services. Understanding survivors’ pathways to recovery can improve clinical interventions and public education campaigns. |
| **When to Use the Tool** | * During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement for gathering primary quantitative data. |
| **Who Should Use the Tool** | * Trained focus group facilitators fluent in the local language accompanied by project staff that have been provided with guidance from M&E and GBV officers. |
| **How to Use the Tool** | * Complete the steps for preparation and implementation of the focus group in the Focus Group Guide tool below. |
| **Continuum Constraints and Opportunities** | * It may be inappropriate or not feasible to conduct focus groups during the crisis phase. This may be the case due to lack of security, focus group fatigue, or the risk of drawing attention to certain individuals or populations participating in the focus group. In these cases, consider more informal discussions that can take place between women/men while they are engaged in normal every day activities, such as coffee roasting, collective laundry washing, or baking bread. * Focus groups are very useful for understanding how violence or services provision have changed or evolved since the onset of a crisis. This is particularly the case where pre-crisis qualitative or quantitative data may exist. As such, it is essential to gather and review any pre-existing pre-crisis data on services before initiating a focus group. This will permit a more effective discussion of what has changed since the collection of data during the pre-crisis phase. |
| **Key Ethical and Safety Considerations** | * The Focus Group Guide below highlights numerous ethical and safety measures that should be taken before and while carryout the focus group. In sum, these include: * Ask participants to provide voluntary and informed consent at the beginning of the focus group. * Make available a trained counselor during the focus group if interviewing survivors (last resort). * Make available a trained counselor if there is a strong likelihood that unidentified GBV survivors, family members, or witnesses to abuse might be participants in the focus group. * Have available GBV referral service information. * Have in place safe and ethical data storage and dissemination plan before initiating the focus group. * Make available translation with carefully selected translators that are appropriate given the gender, ethnicity, and language of participants. * Consider carefully the composition of focus groups (ethnicity, sex, political affiliation) in line with the guidance provided in Section C of the tool below. |
| **Additional Resources** | * This tool is a modified version of the International Rescue Committee Focus Group Guide. <http://www.gbvresponders.org/emergency-toolkit#ER>. * GBV AoR Working Group. 2010. *Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings*. <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> * WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies. |



**Date of Focus Group:**

**Location of Focus Group:**

**Secretary (if applicable):**

**Translation necessary for the interview:**

**Number of Participants:**

**Age Range of Participants:**

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

***Preparing for the Focus Group***

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

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

1. **Develop questions using the format of the Data Collection Tool** (see **Annex C**) as a guide to gather the baseline and any other data necessary. The questions are written generally so that they can be adapted to the audience and purpose of the focus group. Insert the adapted questions below in **Section 2** “Conducting the Interview.” If the primary aim of the focus group is to assess the risks of GBV and services to address it, you may modify the template provided below.
2. **Decide how many times and in different locations to run the focus group**.Running a focus group one time will not provide you with a variety of perspectives across different groups nor will it provide triangulation of data. Your agency will want to adapt for your unique project needs, but consider running at least three focus groups in one community (village/neighborhood) among different groups.
3. **Select Focus Group Participants**,keeping in mind the following:

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

1. **Select a sufficiently private location for the focus group** so that participants may speak without being overheard or seen by others not in the group. Avoid noisy areas where it will be difficult for participants and the moderator to hear each other. In addition, the setting should be comfortable, nonthreatening, and easily accessible for the respondents. Seating should be arranged to encourage participation and interaction, preferably in a circle where all respondents can see each other and the moderator.
2. **Have available** **GBV referral services information** for any participants who might need it. If no referral services are available, consider not having the focus group if it is likely that GBV survivors will be participating in the focus group.
3. **Determine whether** **the time scheduled for the interview is optimal** for the key informant(s). There may be certain times of day that are better for women/men or men depending on when they undertake income generating activities, care for children, and/or complete household tasks.
4. **Select interview staff carefully**, taking into account language, ethnicity, religion, political orientation/affiliation, and sex of the interview staff. Consult with informed local stakeholders to determine what would be most appropriate and acceptable.
5. **Consider carefully whether it is necessary to have** **trained psychosocial staff** present during the interview, in particular with GBV survivors.
6. **If GBV is a politically or culturally sensitive topic**, consider joining forces with other institutions/individuals conducting stakeholder interviews so that discussions on GBV can be couched in larger discussions on less sensitive topics.
7. **Vet the focus group topics, methodologies, questions, selected participants, locations, and other key decisions** with local women/men before actually beginning the focus group to ensure that they are culturally appropriate and will not put participants in danger. Meet with community leaders and/or local government to explain the purpose of the assessment visit—to better understand the health and safety concerns affecting women/men and girls/boys after the crisis—and the presence of the data collection team in the community. Do not meet with community leaders and/or local government officials if it will compromise the safety or protection of GBV survivors, GBV service providers, or any other persons at risk.

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

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

**Conducting the Focus Group**

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

**Tips for Conducting the Focus Group**

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

## Compiling Data from the Focus Group

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

|  |
| --- |
| **First I would like to ask you some general questions about life, or the way you live in your community or in this area.**   1. How do women/men spend their time in this community? Are they working? 2. What about girls/boys? Are they in school? Are they working? 3. What are the problems/challenges that women/men and girls/boys face when they move around in this community? *(Ask for specific examples)*. PROBE:    * Where are the known danger zones in this community (or in this area) where women/men and girls/boys are at increased risk for violence (water points, taxi terminus, homes, going to the field, going to and from school, or in schools, etc.)? Are there different danger zones for women/men than for girls/boys? If yes, what are they? 4. How safe are women/men and young girls/boys when they leave the community? 5. What kinds of things might put women/men at risk when they leave the community? What about girls/boys? PROBE:    * Going to and from school, crossing borders, going to town, visiting another area? Traveling at night? 6. What about boys, are there specific types of violence that they experience? What examples can you provide? Where does it happen? 7. From whom can women/men and girls/boys seek assistance in case of a security problem? 8. According to you, what could be done in this community to create a safe environment for women/ men and girls/boys? |
|  |
| **(If the issue of GBV has not come up use the following, if it has come up skip to the next relevant question)**   1. Without mentioning any names or indicating anyone, can you tell me what kinds of incidents of violence against women/men and girls/boys take place in your community? (*Ask for specific examples.*) PROBE:    * When and where does sexual violence occur in this community/area?    * How is the problem of sexual violence now? How is it different from last year and previous years? 2. Without mentioning any names or indicating anyone specific, who are the perpetrators of this kind of violence? PROBE:    * People in authority, family members, others 3. Without mentioning any names or indicating anyone specific, which groups do you think are most at risk for sexual violence? And, why do you think these groups are more at risk? *(Ask for specific examples.)* 4. Who is considered powerful in this community? What gives people power in this community? PROBE:    * Property, spiritual leadership, position of authority, money, having a job…) 5. Are there ever times when women/men or girls/boys have to provide sexual favors to meet their basic needs (school fees, protection, food, housing, health care, etc.)? 6. Can you give any examples of young girls/boys engaging in sexual relationships with people who are influential/powerful in the home or in this community? 7. What about boys—can you describe situations when this might happen to them? PROBE:    * When this type of thing happens are girls or boys ever pushed into doing this by anyone (their family, etc.)? |
|  |
| **(If the following issues have not come up use the following questions to explore areas that have been mentioned)**   1. What other types of violence affect women/men and girls/boys in this community/area? PROBE:    * What about violence between married couples or intimate partners?    * Can you describe any situations when men and boys say things to girls/boys that make them uncomfortable?    * What kinds of cultural practices exist that you think might be harmful to women/men and girls/boys in this community?    * At what age/stage do girls/boys and boys get married in this community? Has this changed this year as compared to previous years?    * Can you describe times when girls/boys or women/men are forced or made to leave the community to find new work or other opportunities? |
|  |
| ***Now I want to ask you a few questions about what happens after violence takes place.***   1. If a woman or young girl suffers violence (use the different forms/types that were mentioned) is she/he likely to tell anyone about it? Who is she/he likely to talk to (family members, other women/ men, health workers, community leaders, police/security or other authorities or anyone else)? 2. What about violence experienced by a woman? 3. If violence were perpetrated against a boy, would he tell anyone? Why or why not? 4. How comfortable are women/men and girls/boys in seeking help from service providers? PROBE: Health workers, police, etc.…? 5. If you were going to seek health services in this area where would you go? (PROBE: health center, traditional healer, or faith healer.) Please describe any barriers that someone might face. 6. Without mentioning any names, how are girls/boys or women/men that are affected by violence treated in this community? Is there ever a situation where girls/boys or women/men might be blamed for what has happened to them (through their behaviors, dress, etc.)? 7. What is done to help survivors of sexual violence in this community? What community structures exist to do this? What do you think would improve the safety of women/men and girls/boys in this community? 8. What groups are there that women/men, girls/boys, men or boys can go to for support in this community? How could these services be improved? 9. What do you think is the most important thing for a person to do after they experience sexual violence and especially rape (female or male)? 10. Right now, if a person from your community wanted the perpetrator punished, would they be able to do this? Please describe any barriers that they might face. 11. What could be done to prevent sexual violence from occurring in this community? What are some things that you could do? |

**Closing the Focus Group:**

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

# Annex R: Community Mapping

| **Guidance on Using the Community Mapping Tool** | |
| --- | --- |
| **Purpose of the Tool** | * To identify which services are available to women/men and girls/boys to prevent and respond to GBV, and to assess the community’s knowledge of those services. Community mapping is an excellent tool for collecting qualitative data, particularly in cultures that have strong visual and oral traditions. Community mapping may be created using paper with colored pens or in the dirt/sand using natural materials such as sticks, pebbles, and leaves. Ultimately, the data gathered may also be used to create or supplement existing GIS mapping data on GBV risks and services. However, it is important to take great care when not to map locations of specific incidents of GBV during community, and it is important to get consent from service providers before mapping their location(s). This does not prohibit mapping of GBV incidents when survivors or other community members call into hotlines to report GBV. * Community mapping, as well as the Safety and Security Audit, may be incorporated into focus group discussions as a means of better assessing the community’s knowledge of GBV services available to women/men and girls/boys (e.g., number, location, and quality of medical and psychosocial care), challenges women/men and girls/boys may face in accessing services (privacy, distance, safety), and the community’s perception of areas that present high risks to women/men and girls/boys (public or remote areas where sexual assaults or harassment are likely to take place). |
| **When to Use the Tool** | * During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement for gathering primary quantitative data. |
| **Who Should Use the Tool** | * Skilled GBV program managers with significant field experience and previous experience conducting community mapping. |
| **How to Use the Tool** | * Complete the steps for preparation and implementation of the community mapping enumerated below. |
| **Continuum Constraints and Opportunities** | * Community mapping is very useful for understanding how violence or services provision have changed or evolved since the onset of a crisis. This is particularly the case where pre-crisis qualitative or quantitative data may exist. As such, it is essential to gather and review any pre-existing pre-crisis data on services before initiating the community mapping. This will permit a more effective discussion on what has changed since the collection of data during the pre-crisis phase. * Consider repeating the community mapping frequently during a crisis to identify new threats, and vulnerabilities and capabilities to mitigate those threats. * During the pre-crisis phase, consider taking measures through contingency planning to diminish the risk of GBV and also the risk that survivors might not gain access to response services. |
| **Key Ethical and Safety Considerations** | * The following ethical and safety considerations should be taken into account when conducting the community mapping:   + Make available a trained counselor if there is a strong likelihood that identified or unidentified GBV survivors, family members, or witnesses to GBV might be participants in the community mapping.   + Engage known survivors in community mapping only as a last resort.   + Have available GBV referral service information.   + Have in place safe and ethical data storage and dissemination plan before initiating the community mapping.   + Make available translation with carefully selected translators that are appropriate given the gender, ethnicity, and language of participants. * As well, it is absolutely mandatory (1) not to map locations of specific incidents of GBV, (2) to obtain consent from service providers before mapping and sharing their location(s), and (3) not to note the names of participants in the community mapping. |
| **Additional Resources** | * This tool is a modified version of the International Rescue Committee Community Mapping Tool. <http://www.gbvresponders.org/emergency-toolkit#ER>. * GBV AoR Working Group. 2010. *Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings*. <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> * WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies. |



**Location of Community Mapping:**

**Date of Community Mapping:**

1. **Preparing for Community Mapping**

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

1. **Conducting Community Mapping**

* To incorporate community mapping into your primary data collection efforts in the Data Collection Tool in Annex D, follow the introductory guidance found in the Focus Group Discussion tool. Identify questions that may be “mapped” rather than addressed through discussion, and proceed with the following steps:
* Request that a participant draw a map of the general area, settlement camp, or site. Have materials (paper, pens, pencils, sticks, stones, leaves, or other potential drawing materials) ready in case participants do not naturally reach for something.
* As the map is taking shape, other participants are likely to provide input or to get involved. Give plenty of time and space.
* Wait until participants have completely finished before you begin asking questions. Then use the below questions to help you understand risk factors and services for women/men and girls/boys. After each question, give participants time to consider and indicate their responses on the map.
* Where do people in the community go if they need medical treatment?
* Where do people in the community go if they are feeling sad, stressed out or shaken up?
* Where do people in the community go if they want to express a concern about safety?
* Is there a place where women/men can go to discuss problems together?
* Are there places on the map that are not safe for women/men and girls/boys during the day or at night?
* Why are they unsafe?
* Are there places on the map that are not safe for women/men and girls/boys during the night?
* Why are they unsafe?
* Where might a woman go for help if she/he is the victim of violence?
* Where might a girl go for help if she/he is the victim of violence?
* Have you or anyone you know found any ways to reduce the possibility of becoming a victim of violence? What are they?
* Record any visual output from this process, whether it is drawn on the ground or on paper. Note the date that the date the map was created. Do not note directly on the map the location of the map to ensure that it does not put any community members or service providers in danger.

# Annex S: General Key Informant Interview Guide

| **Guidance for Using the Key Informant Guide—General** | |
| --- | --- |
| **Purpose of the Tool** | * To gather information from individuals who are deemed knowledgeable and well-informed regarding the risk factors that make women/ men and girls/boys vulnerable to GBV, and also how best to address them. A key informant interview may serve several purposes:   + Gathering information from actors in different sectors on GBV-specific programming (e.g., health, security, legal, and psychosocial actors).   + Gathering information when cultural barriers making survey or focus group research on GBV difficult.Key informant interviews with community leaders who know their communities well may provide key nuances on the characterization or means to prevent and respond effectively to GBV in a given context.   + Gathering information when the urgency of an immediate onset crisis, politically repressive culture, or security concerns would otherwise make it difficult to conduct survey or focus group research. Carefully selected key informant interviews can provide a wealth of information on how to prevent and respond to GBV where it might otherwise be difficult to conduct survey or focus group research.   + Engaging community members as agents of change. Key informants who are directly involved in data collection efforts are more likely to be invested in future programming and M&E of such programming to address GBV.   + Clarifying the findings of quantitative research. Key informant interviews can substantiate or clarify the findings of previous quantitative research that your organizations or others have conducted. |
| **When to Use the Tool** | * During the process of collecting situational/needs assessment data and establishing a targets and baseline for performance monitoring as a substitute or a complement for gathering primary quantitative data. |
| **Who Should Use the Tool** | * Skilled GBV program managers with significant field experience and previous experience conducting key informant interviews. |
| **How to Use the Tool** | * Complete the steps for preparation and implementation of the Key Informant Guide enumerated below. * It is absolutely essential to adjust the questions according to each stakeholder to mitigate any risks associated with interviewing them—either for them specifically or for concerned populations. These risks include increased GBV or diminished availability of quality, safe, and accessible response services. |
| **Continuum Constraints and Opportunities** | * Key informant interviews are useful during a crisis and/or when politically repressive culture, or security concerns would otherwise make it difficult to conduct survey or focus group research. Carefully selecting key informants (including GBV service providers) can provide a wealth of information on how to prevent and respond to GBV where it might otherwise be difficult to conduct survey or focus group research. Interviewing GBV survivors should be a last resort and only take place in adherence with the criteria established in **Section 1**. * Key informant interviews also engage community members so that they become the eyes and ears of GBV programming and M&E when the crisis or political/security context would otherwise make it difficult to conduct performance monitoring. * During a crisis phase or politically sensitive/repressive context, it is very important to develop information storage and dissemination protocols regarding the intended use and expected outcome of the stakeholder interview. This is because tensions are often high and poorly communication can create challenges with GBV Programming implementation. |
| **Key Ethical and Safety Considerations** | * During all phases along the relief to development continuum, but in particular during the crisis phase or in a politically sensitive, repressive context, or where there is significant stigma surrounding GBV, it is very important to develop information storage and dissemination protocols about the intended use and expected outcome of the stakeholder interview to protect GBV survivors, service providers, and their communities. |
| **Special Considerations for Key Informant Interviews with GBV Survivors** | * In general, key informant interviews should be conducted on a very limited basis with GBV survivors, and in line with the WHO Safety and Ethics Recommendations listed below:   + The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.   + Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.   + Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.   + The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.   + The confidentiality of individuals who provide information about sexual (and other forms of GBV) must be protected at all times.   + Anyone providing information about sexual (and other forms of gender-based) violence must give informed consent before participating in the data gathering activity.   + All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.   + Additional safeguards must be put into place if children (i.e., those under 18 years) are to be the subject of information gathering.   + As well, it is highly advisable to select GBV survivors who are already identified by an existing service provider. It is prohibited to ask publicly or go door-to-door in search of GBV survivors. Finally, information storage and dissemination protocols must be in place to protect survivors, service providers and communities. |
| **Additional Resources** | * This tool is a modified version of the International Rescue Committee Key Informant Interview Guide. <http://www.gbvresponders.org/emergency-toolkit#ER> * GBV AoR Working Group. 2010. *Handbook for Coordinating Gender Based Violence Interventions in Humanitarian Settings*. <http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf> * WHO. 2007. Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies. |



**GENERAL KEY INFORMANT INTERVIEW GUIDE**

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

**Age and Sex of Informant:**

**Date of Interview:**

**Location of Interview:**

1. **Preparing for a Key Informant Interview**

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

1. **Conducting the Key Informant Interview**

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

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

***Posing Interview Questions***

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

***Closing***

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

# Annex T: Guidance for Obtaining Informed and Voluntary ConsenT

| **Guidance for Obtaining Informed and Voluntary Consent** | |
| --- | --- |
| **Purpose of the Tool** | * To obtain informed and voluntary consent from participants in focus groups, community mapping, key stakeholder interviews (in particular with GBV survivors), and any other interviewing technique or method that requires it. |
| **When to Use the Tool** | * At the beginning of a focus group, key stakeholder interview, or community mapping, it is necessary to obtained informed and voluntary consent from participants. |
| **Who Should Use the Tool** | * Anyone who is conducting the aforementioned interviews, focus groups, or discussion groups. |
| **How to Use the Tool** | * Use the guidance to develop a protocol for obtaining informed and voluntary consent at the beginning of the focus group, key stakeholder interview, and community mapping. If conducting a focus group, consider using the Template for Introduction and Informed Consent provided below. |
| **Continuum Constraints and Opportunities** | * See the guidance below. |
| **Key Ethical and Safety Considerations** | * For populations that are not literate, or for whom signing a document would put them at ill at-ease, consider asking them to provide a thumbprint or verbal consent during the informed and voluntary consent process. * Ensure to save informed and voluntary consent forms in safe location, and preferably away from other related data. |
| **Additional Resources** | * The guidance for obtaining informed and voluntary consent is a modified version of the guidance provided in WHO. 2007. *Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies*. * The template for data collector confidentiality rights and responsibilities/confidentiality is a slightly modified version of that provided by Jeanne Ward, Independent Consultant on GBV. * The template for introduction and informed consent for focus groups is a slightly modified version of the following document: US Centers for Disease Control and Prevention and International Rescue Committee. 2013. Evaluation of a Handheld Solar Light Project among Internally Displaced Persons in Port-au-Prince, Haiti, June. |

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**GUIDANCE FOR OBTAINING INFORMED AND VOLUNTARY CONSENT**

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

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

1. Careful attention must be paid to how information is given, considering issues of power and control in the setting. Those collecting information about sensitive subjects like GBV must recognize that, especially in emergency settings, individuals contributing information may feel beholden to them or dependent on them as a possible route to services. Thus, individuals may feel compelled to answer all questions, submit to examinations, and/or agree to interview requests regardless of their own discomfort, risk, or preference.
2. Information gatherers need to make sure they are not overly influencing participants with their authority, attitude, or demeanor—for example, their heartfelt conviction that the information collection is worthwhile, that it will not hurt the participants, and that professionals know best. Those collecting information should also be mindful of not making any unrealistic promises, in terms of benefits of participation, as it might unduly influence someone to agree to an interview.

Experience shows that respondents may misunderstand the purposes of interviews and/or misunderstand whether interviews will lead directly to an increase in or personal access to services. After working through the steps outlined in Step 4 below, the interviewer should ask the participant to repeat back in her/his own words why she/he thinks the interview is being conducted, what she/he will gain by doing it, what she/he has agreed to, what the risks might be, and what would happen if she/he refuses. In other words, the interviewer must carefully assess each aspect of the participant’s understanding and explain or rephrase the information as many times as required.

1. As part of the informed and voluntary consent process, it is critical that participants are given information about each of the following (all of these should be communicated to the potential participant in what is often called a “consent statement”):

* The reason for the interview; the subject matter(s) to be discussed; the personal, and possibly upsetting, nature of questions that may be asked; the potential risk and benefits involved in participating (bearing in mind that respondents may misinterpret the possibility of personal benefit that may come to them if they agree to participate in an interview or other form of data collection).
* The precautions being taken to protect confidentiality.
* Whether information will be shared, and if so, how and with whom (if identifiable information is going to be shared with third parties, the identity of these third parties must be disclosed).
* Their rights to refuse to take part in the interview and/or to answer any particular questions or parts of the interview and also their right to put restrictions on how the information they have given is used.

1. The generally accepted approach to obtaining informed and voluntary consent is as follows:

* Read aloud to the interviewee the consent statement (Step 3 above), allowing time for questions and clarifications of individual points.
* Having explained the key points, the interviewer should ask the participant to repeat back in their own words why they think the interview is being done, what they think they will gain from doing it, what they have agreed to, what the risks might be, and what would happen if they refuse. This will allow the interviewer to assess the participant’s understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.
* The last step, obtaining informed and voluntary consent, can be done either verbally or in writing.

1. Given the sensitive nature of the issue, asking for a signature to confirm that informed consent has been given may not always be appropriate. A signature will identify someone and possibly place that individual at risk. Three alternative strategies are:

* The interviewer can sign a form to confirm that the respondent gave consent.
* The respondent can sign a separate form that simply states that informed consent is given to participate in an interview (or other activity) but does not specify the topic.
* Thumbprint or X signatures may not be appropriate for respondents who are illiterate as they cannot read what they are “signing.”

1. As previously mentioned (see Step 3 above), respondents have a right to refuse to answer specific questions or to take part in sections of the interview. During the course of an interview, interviewers should therefore offer participants a number of opportunities to decide whether or not they wish to go on. For instance, a researcher could say, “The next few questions concern the most recent violent incident. May I continue?”

**DATA COLLECTOR RIGHTS AND RESPONSIBILITIES/CONFIDENTIALITY**

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

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

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

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

Signature Date

**TEMPLATE FOR INTRODUCTION AND INFORMED CONSENT**

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

I would like to now introduce my team. Our two note takers are \_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_.

[Would anyone like to open the discussion with a prayer or a warm up exercise?]

Your participation is voluntary. No one is obligated to respond to any questions if she (or he) does not wish to do so. Participants can leave the discussion at any time. No one is obligated to share personal experiences if she (or he) does not wish to do so. Individual names should not be shared. Please be respectful when others speak. The facilitator might stop the discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion. I may also ask that the discussion slow down so that the note takers have time to write the important things that you say.

We will ask if each of you provide your agreement to be a participant in this discussion and also permission to write (record) everyone’s responses. We are recording the responses so that the valuable information that you share with us will not be missed. We will keep all discussion confidential. Please do not share details of the discussion later, whether with people who are present or not. If someone asks, explain that you were speaking about the health concerns of women/girls [or another appropriate topic].

We are conducting \_\_\_\_\_\_\_ (insert number) focus groups in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify location or area). Your voice will represent the community but there will be no benefit to you directly for participating in this discussion.

Do you give us permission to begin the discussion?

Do you give us permission to take notes?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of facilitator)

|  |  |
| --- | --- |
| **Date:** | **Number of Participants in this group (total):** |
| **Focus group discussion facilitator:** |
| **Notetaker(s):** |
| **Location of FGD:**  **Time FGD started:**  **Time FGD concluded:**  **Number of refusals:** | Age of FGD participants**:**  14-19 years (specify) \_\_\_\_\_\_\_\_\_  25-45 years (specify) \_\_\_\_\_\_\_\_\_  Range and/or average for 25-45 group: |

# Annex U: USAID Checklist for Reviewing Scopes of Work for Performance Evaluations



**Checklist for Reviewing Scopes of Work (SoWs) for Performance Evaluations**

Use the evaluation SoW checklistto review and strengthen SoWs during the evaluation planning stage. In most cases you should plan evaluations during the project design stage. Use the checklist at this stage to “rough out” the SoW while adding detail as you get closer to the start date for the evaluation. The 18 items that are bolded are the most critical factors that should be addressed in early drafts of the SoW. All 40 factors should be adequately addressed (with a rating of 3 or higher) by the time the SoW is finalized. One of the most critical factors in the SoW is to ensure that the relationship between the number of evaluation questions, level of effort, and budget for the evaluation is clear and realistic. Refer to the related *Checklist for Estimating Level of Effort and Budget for Performance Evaluations* to support these estimates.

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**Evaluation SoW Checklist**

**Version 1.0**

**Statement of Work Checklist Keyed to USAID’s Evaluation Policy and ADS 203.3.6.3**

Project or Program to be Evaluated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Implementer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person who reviewed the SoW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of the review\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **SoW Elements and Sub-Elements** | **How Well is the SoW Element Addressed** | | | | | | | | | | **Issues Noted by SoW Reviewer** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | **4** | | **3** | | | **2** | | **1** | |  | |
| **Adherence to General Principles in USAID’s New Evaluation Policy** | | | | | | | | | | | | |
| **1. Is the SoW developed as part of project design?** |  |  |  | | |  | |  | | |  | |
| **2. Does the SoW take measures to reduce bias such as contracting evaluations with third-party contractors?** |  |  |  | | |  | |  | | |  | |
| **3. Does the evaluation address the most important and relevant questions about project performance?** |  |  |  | | |  | |  | | |  | |
| **4. Does the SoW propose methods that are spelled out in detail to answer the key questions?** |  |  |  | | |  | |  | | |  | |
| **5. Are limitations to the methods identified?** |  |  |  | | |  | |  | | |  | |
| **6. Are high-quality data sources identified for each method?** |  |  |  | | |  | |  | | |  | |
| **7. Does the SoW include methods of reinforcing local evaluation capacity and/or using local evaluation specialists?** |  |  |  | | |  | |  | | |  | |
| **8. Does the SoW include provisions for sharing the findings from the evaluation as widely as possible with full and active disclosure?** |  |  |  | | |  | |  | | |  | |
| **9. Is the SoW clear about requirements for the Final Evaluation Report following Appendix 1 of USAID’s New Evaluation Policy?** |  |  |  | | |  | |  | | |  | |
| **Identify the activity, project, or approach to be evaluated** | | | | | | | | | | | | |
| **10. Is the SoW clear and specific about what is to be evaluated, e.g., activity, project/approach (identified by name and relevant identifier and agreement numbers); funding mission/office; sector/topic; budget; target group/area? (looking at the big picture)** |  |  |  | | |  | |  | | |  | |
| **11. Is the duration of the project or program stated in the SoW (i.e., start and end years)? Is the reference period for the evaluations stated clearly?** |  |  |  | | |  | |  | | |  | |
| **Provide a brief background on the development hypotheses and its implementation** | | | | | | | | | | | | |
| **12. Does the SoW provide a clear description of the development hypotheses; intended results; critical assumptions (e.g., narrative, and/or Results Framework/Logical Framework)? (can refer to other documents)** |  |  |  | | |  | |  | | |  | |
| **13. Does the SoW clearly describe the nature of the intervention (i.e., what USAID would deliver—training, TA, etc.) and what was expected to change (at the output and *especially* outcome levels)?** |  |  |  | | |  | |  | | |  | |
| **Identify existing performance information source, with special attention to monitoring data.** | | | | | | | | | | | | |
| **14. Is SoW clear and specific about existing activity/project/approach (program) monitoring data/reports that are available (i.e., specific indicators tracked, baseline data, targets, progress towards targets; narrative quarterly/annual reports; and when/how evaluators can access these data)?** |  |  |  | | |  | |  | | |  | |
| **15.** **Does the SoW describe other documents or sources of information that would be useful to the evaluation team (e.g., government or international data) USAID is using to monitor activity/project/ approach outcomes (e.g., growth rate, poverty rate, etc.)?** |  |  |  | | |  | |  | | |  | |
| **State the purpose of, audience for and use of the evaluation** | | | | | | | | | | | | |
| **16. Is the SoW clear and specific about why, in management terms, the evaluation is being conducted (i.e., what management decisions an evaluation at this time will inform)? *(ADS 203.3.6.1 identifies several management reasons why USAID might undertake an evaluation).*** |  |  |  | | |  | |  | | |  | |
| **17. Does the SoW indicate who makes up the audience for the evaluation (i.e., what types of managers in which organizations, e.g., USAID); implementing partner(s); the host government, other donors, etc., are expected to benefit from the evaluation and how?** |  |  |  | | |  | |  | | |  | |
| **Clarify the evaluation question(s)** | | | | | | | | | | | | |
| **18. Does the SoW include a list of the specific questions the evaluation team is expected to answer? [Please enter the number of question in the far right hand column.]** |  |  |  | | |  | |  | | | Number of Questions SoW asks the evaluation to address [count question marks]: \_\_ | |
| **19. Is the SoW list of evaluation questions consistent with USAID expectations about limiting the number asked? *(ADS 203.3.6.2 says “a small number of key questions or specific issues answerable with empirical evidence.”)* [Small is often considered to be less than ten; every question mark signals a question.]** |  |  |  | | |  | |  | | |  | |
| **20. Does the SoW indicate the relative priority of each evaluation questions (e.g., are they in priority order or are “top priorities” identified)?** |  |  |  | | |  | |  | | |  | |
| **21. As a group, do the evaluation questions appear to be consistent and supportive of the evaluation’s purpose?** |  |  |  | | |  | |  | | |  | |
| **Identify the evaluation methods** *(USAID may either specify methods or ask the evaluation team to suggest methods)* | | | | | | | | | | | | |
| **22. Is it clear from the SoW whether USAID requires the use of specific data collection/analysis methods or is leaving such decisions up to the evaluators?** |  |  |  | | |  | |  | | | Describe: | |
| **23. Is the SoW clear and specific about any data disaggregation (e.g., by gender, or geographic region, etc.) it requires?** |  |  |  | | |  | |  | | |  | |
| **24. Is the SoW clear and specific about any samples (e.g., representative); analyses (comparison of means for two groups); or response criteria (significant at the .05 level) it mentions?** |  |  |  | | |  | |  | | |  | |
| **Specify evaluation deliverable(s) and the timeline** | | | | | | | | | | | | |
| **25. Are the deliverables for which the evaluation team is responsible clearly specified in the SoW?** |  |  |  | | |  | |  | | |  | |
| **26. If deliverables in addition to a draft and final version of the report are required (e.g., detailed evaluation plan, summary of findings prior to drafting the report; oral briefings for stakeholders, are these deliverables clearly described)?** |  |  |  | | |  | |  | | |  | |
| **27. Does the SoW include information about expected start and completion dates for the evaluation?** |  |  |  | | |  | |  | | |  | |
| **28. Are dates provided for all of the deliverables specified as evaluation requirements?** |  |  |  | | |  | |  | | |  | |
| **Discuss evaluation team composition (one team member should be an evaluation specialist) and participation of customers and partners.** | | | | | | | | | | | | |
| **29. Are specific positions and/or skills the team is expected to include clearly defined (e.g., specific positions and associated qualifications including technical, geographic, language and other skill/ experience requirements)?** |  |  |  | | |  | |  | | |  | |
| **30. Is the SoW explicit about requiring that one team member be an evaluation specialist?** |  |  |  | | |  | |  | | |  | |
| **31. Is the SoW clear about whether and how USAID expects its staff; partners; customer/beneficiaries or other stakeholders to participate in the evaluation process (i.e., developing the SoW, collecting/analyzing data or providing recommendations)?** |  |  |  | | |  | |  | | |  | |
| **Cover procedures such as scheduling and logistics** | | | | | | | | | | | | |
| **32. Is the SoW clear and specific about any dates that need to be reflected in the evaluation team’s plan (e.g., local holidays, specific dates for oral presentations already scheduled, etc.)?** |  |  |  | | |  | |  | | |  | |
| **33. Is the SoW clear about whether space, a car or any other equipment will be made available to the team or that they must make their own arrangements?** |  |  |  | | |  | |  | | |  | |
| **Clarify requirements for reporting** | | | | | | | | | | | | |
| **34. In addition to the reporting requirements in USAID Evaluation Policy, is the SoW clear about places visited, language(s) in which the report is to be submitted, etc.?** |  |  |  | | |  | |  | | |  | |
| **35. Does the SoW state when an oral report will be given at the mission and which stakeholders should be present for this meeting?** |  |  |  | | |  | |  | | |  | |
| **36. Is the SoW clear about dissemination requirements, e.g., numbers of hard copies of final report needed; PowerPoint/handouts for oral briefings; submission to the DEC, etc.** |  |  |  | | |  | |  | | |  | |
| **Include a Level of Effort and Budget** | | | | | | | | | | | | |
| **37. Is the SoW clear about the LoE available for the evaluation?** |  |  |  | | |  | |  | | |  | |
| **38. Is the LoE consistent with the types of methods that will be used?** |  |  |  | | |  | |  | | |  | |
| **39. Is the SoW clear about the total budget for the evaluation?** |  |  |  | | |  | |  | | |  | |
| **Reviewer Sense of Reasonableness** | | | | | | | | | | | | |
| **40. In the reviewer’s judgment, is the relationship between the number of evaluation questions, timeline and budget for this evaluation clear and reasonable?** | Yes | | | | No | | | | | Insufficient Information | |  |
|  | | | |  | | | | |  | |

**DEFINITIONS:**

Key: 1 = element was not covered at all in SoW; 2 = At least one key aspect was not covered; 3 = All aspects were covered at a basic level; 4 = Covered all aspects but went beyond basics in at least one way that is likely to help evaluators; 5 = All aspects were covered thoroughly and completely, going beyond basics in a number of ways which will aid the evaluators.

**Performance evaluation**: focuses on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision-making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

**Impact evaluation**: measures the change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provides the strongest evidence of a relationship between the intervention under study and the outcome measured.

**Theory of change**: A tool to design and evaluate social change initiatives. It is a blueprint of the building blocks needed to achieve long-term goals of a social change initiative.

**Development hypothesi**s: Identifies causal linkages between USAID actions and the intended strategic objective (highest level result).

**External validity**: The degree to which findings, conclusions, and recommendations produced by an evaluation are applicable to other settings and contexts.

**Results Framework**: A management tool that presents the logic of a project or program as a diagram. It links higher level objectives to its intermediate and lower level objectives. The diagram (and related description) may also indicate main activities, indicators, and strategies used to achieve the objectives. The results framework is used by managers to ensure that its overall program is logically sound and considers all the inputs, activities and processes needed to achieve the higher level results.

**Logical Framework**: A management tool used to improve the design and evaluation of interventions that is widely used by development agencies. It is a type of logic model that identifies strategic project elements (inputs, outputs, outcomes, impact) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure.

**Finding**s: Empirical facts collected during the evaluation.

**Conclusions:** Interpretations and judgments based on the findings.

**Recommendations**: Proposed actions for management.

# Annex V: Evaluation Report Template

This evaluation report template is adapted from the UNDP (2009) *Handbook on Planning, Monitoring, and Evaluation for Development Results*.

The evaluation report should be complete and logically organized. It should be written clearly and understandable to the intended audience. In a country context, the report should be translated into local languages whenever possible. The report should also include the following:

**Title and opening pages (front matter)**—Should provide the following basic information:

* Name of the evaluation intervention
* Time frame of the evaluation and date of the report
* Countries of the evaluation intervention
* Names and organizations of evaluators
* Name of the organization commissioning the evaluation
* Acknowledgments

**Table of contents**—Should always include boxes, figures, tables, and annexes with page references.

**List of acronyms and abbreviations**

**Executive summary**—A stand-alone section of two to three pages that should:

* Briefly describe the intervention (the project(s), program(s), policies or other interventions) that was evaluated.
* Explain the purpose and objectives of the evaluation, including the audience for the evaluation and the intended uses
* Describe key aspect of the evaluation approach and methods.
* Summarize principle findings, conclusions, and recommendations.

**Introduction**—Should:

* Explain why the evaluation was conducted (the purpose), why the intervention is being evaluated at this point in time, and why it addressed the questions it did.
* Identify the primary audience or users of the evaluation, what they wanted to learn from the evaluation and why and how they are expected to use the evaluation results.
* Identify the intervention (the project(s) program(s), policies or other interventions) that was evaluated—see upcoming section on intervention.
* Acquaint the reader with the structure and contents of the report and how the information contained in the report will meet the purposes of the evaluation and satisfy the information needs of the report’s intended users.

**Description of the intervention**—Provides the basis for report users to understand the logic and assess the merits of the evaluation methodology and understand the applicability of the evaluation results. The description needs to provide sufficient detail for the report user to derive meaning from the evaluation. The description should:

* Describe what is being evaluated, who seeks to benefit, and the problem or issue it seeks to address.
* Explain the expected results map or results framework, implementation strategies, and the key assumptions underlying the strategy.
* Link the intervention to national priorities, USAID priorities, corporate multi-year funding frameworks or strategic plan goals, or other program- or country-specific GBV prevention and response plans and goals.
* Identify the phase in the implementation of the intervention and any significant changes (e.g., plans, strategies, Logical Frameworks) that have occurred over time, and explain the implications of those changes for the evaluation.
* Identify and describe the key partners involved in the implementation and their roles.
* Describe the scale of the intervention, such as the number of components (e.g., phases of a project/program) and the size of the target population for each component.
* Indicate the total resources, including human resources and budgets.
* Describe the context of the social, political, economic, and institutional factors, and the geographical landscape within which the intervention operates and explain the effects (challenges and opportunities) those factors present for its implementation and outcomes.
* Point out design weaknesses (e.g., intervention logic) or other implementation constraints (e.g., resource limitations).

**Evaluation scope and objectives**—Should provide a clear explanation of the evaluation’s scope, primary objectives and main questions.

* **Evaluation scope**—Define the parameters of the evaluation, for example, the time period, the segments of the target population included, the geographic area included, and which components, outputs or outcomes were and were not assessed.
* **Evaluation objectives**—Spell out the types of decisions evaluation users will make, the issues they will need to consider in making those decisions, and what the evaluation will need to achieve to contribute to those decisions.
* **Evaluation criteria**—Define the evaluation criteria or performance standards used. The report should explain the rationale for selecting the particular criteria used in the evaluation.
* **Evaluation questions**—Evaluation questions define the information that the evaluation will generate. The report should detail the main evaluation questions addressed by the evaluation and explain how the answers to these questions address the information needs of users.

**Evaluation approach and methods**—The evaluation report should describe in detail the selected methodological approaches, methods and analysis; the rationale for their selection; and how, within the constraints of time and money, the approaches and methods employed yielded data that helped answer the evaluation questions and achieved the evaluation purposes. The description should help the report users judge the merits of the methods used in the evaluation and the credibility of the findings, conclusions and recommendations. The description on methodology should include discussion of each of the following:

* **Data sources**—Sources of information (documents reviewed and stakeholders), the rationale for their selection and how the information obtained addressed the evaluation questions.
* **Sample and sampling frame**—If a sample was used: the sample size and characteristics; the sample selection criteria (e.g., single women, under 45); the process for selecting the sample (e.g., random, purposive); if applicable, how comparison and treatment groups were assigned; and the extent to which the sample is representative of the entire target population, including discussion of the limitations of the sample for generalizing results.
* **Data collection procedures and instruments**—Methods or procedures used to collect data, including discussion of data collection instruments (e.g., interview protocols), their appropriateness for the data source and evidence of their reliability and validity.
* **Performance standards**—Standard or measure that will be used to evaluate performance relative to the evaluation questions (e.g., national or regional indicators, rating scales).
* **Stakeholder engagement**— Stakeholders’ engagement in the evaluation and how the level of involvement contributed to the credibility of the evaluation and the results.
* **Ethical considerations**—Measures taken to protect the rights and confidentiality of informants.
* **Background information on evaluators**—The composition of the evaluation team, the background and skills of team members and the appropriateness of the technical skill mix, gender balance and geographical representation for the evaluation.
* **Major limitations of the methodology**—Major limitations of the methodology should be identified and openly discussed as to their implications for evaluation, as well as steps taken to mitigate those limitations.
* **Data analysis**—Procedures used to analyze the data collected to answer the evaluation questions. It should detail the various steps and stages of analysis that were carried out, including the steps to confirm the accuracy of data and the results. The report also should discuss the appropriateness of the analysis to the evaluation questions. Potential weaknesses in the data analysis and gaps or limitations of the data should be discussed, including their possible influence on the way findings may be interpreted and conclusions drawn.

**Findings and conclusions**—Present the evaluation findings based on the analysis and conclusions drawn from the findings.

* **Findings**—Presented as statements of fact that are based on analysis of the data. They should be structured around the evaluation criteria and questions so that report users can readily make the connection between what was asked and what was found. Variances between planned and actual results should be explained, as well as factors affecting the achievement of intended results. Assumptions or risks in the project/program design that subsequently affected implementation should be discussed.
* **Conclusions**—Comprehensive and balanced, and highlight the strengths, weaknesses and outcomes of the intervention. They should be well substantiated by the evidence and logically connected to evaluation findings. They should respond to key evaluation questions and provide insights into the identification of and/or solutions to important problems or issues pertinent to the decision-making of intended users.

**Recommendations**—Provide practical, feasible recommendations directed to the intended users of the report about what actions to take or decisions to make. The recommendations should be specifically supported by the evidence and linked to the findings and conclusions around key questions addressed by the evaluation. They should address sustainability of the initiative and comment on the adequacy of the project/program exit strategy, if applicable.

**Lessons learned**—As appropriate, the report should include discussion of lessons learned from the evaluation, that is, new knowledge gained from the particular circumstance (intervention, context outcomes, even about evaluation methods) that are applicable to a similar context. Lessons should be concise and based on specific evidence presented in the report.

**Report annexes**—Suggested annexes should include the following to provide the report user with supplemental background and methodological details that enhance the credibility of the report:

* ToR for the evaluation
* Additional methodology-related documentation, such as the evaluation matrix and data collection instruments (questionnaires, interview guides, observation protocols, etc.) as appropriate
* List of individuals or groups interviewed or consulted and sites visited
* List of supporting documents reviewed
* Project or program results map or results framework
* Summary tables of findings, such as tables displaying progress towards outputs, targets, and goals relative to established indicators
* Short biographies of the evaluators and justification of team composition
* Code of conduct signed by evaluator.

| **GBV M&E Plans** | |
| --- | --- |
| **Agency** | **Components of the GBV M&E Plan** |
| **USAID** | * Examples of GBV indicators at the project goal, purpose, and output levels that feed into the ToC * USAID PAD or a grantee project implementation plan attached to a final Logical Framework * Sources of GBV indicator data * Plan to collect baseline data * GBV evaluation approach, type of evaluation, main evaluation questions, and tentative schedule * M&E staffing plans * M&E budget |
| **USAID/OFDA** | * List of proposed indicators, each with its own realistic target using baseline data as a comparison * Source, method, and time frame for data collection * Office, team, or individual identified to undertake monitoring-related tasks * Data quality assessment procedures used to verify and validate reported measures of actual performance * Known monitoring limitations, impacts such limitations may have on program implementation, and plans for addressing these limitations * Plans for data analysis, reporting, review, and use * Type of methods proposed to evaluate the project and time frame |

# Annex W: Elements in USAID’s and USAID/OFDA’s GBV M&E plans

# annex Y: Resources to Assist Practitioners[[3]](#footnote-3)

### Section 1: Guiding Principles for GBV along the Relief to Development Continuum

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UNFPA. 2012. Managing Gender-Based Violence in Emergencies: E-learning Companion Guide, Annex 9. <http://www.unfpa.org/public/home/publications/pid/10495>

UNICEF. 2010. Adapting a Systems Approach to Child Protection: Key Concepts and Considerations.

USAID. 2012a. [Gender Equality and Women’s Empowerment Policy](http://www.usaid.gov/sites/default/files/documents/1870/GenderEqualityPolicy.pdf), Washington, DC. (March). <http://www.usaid.gov/sites/default/files/documents/1870/GenderEqualityPolicy.pdf>

USAID. 2012b. Integrating Gender Equality and Female Empowerment in USAID’s Program Cycle, Washington, DC. <http://www.usaid.gov/ads/policy/200/205>

World Health Organization (WHO). 2007. Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies.

### Section 2.1: Identify and engage with stakeholders

###### GBV AoR. 2010. Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings.

<http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Handbook-for-Coordinating-Gender-based-Violence-in-Humanitarian-Settings-GBV-AoR-2010-ENGLISH.pdf>

IASC. 2005. Inter-Agency Standing Committee Guidelines for Gender-Based Violence Interventions in Humanitarian Settings. (September), revisions pending.

###### UN Women. 2011. UN Women Stakeholder Analysis Tool. <http://www.endvawnow.org/en/articles/929-use-tools-to-select-a-strategy-or-strategies.html>

### Section 2.2: Develop or modify a theory of change

###### Harvard Family Research Project. 2005. *The Evaluation Exchange*, Vol. XI No. 2. (summer), 20p.

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###### Keystone. 2009. Keystone Interactive Theory of Change Online Annex. (July). <http://www.keystoneaccountability.org/sites/default/files/Theory%20of%20CHANGE%20template_July%202009.pdf>

###### RHRC. 2004. Monitoring and Evaluation Toolkit. Causal Pathway Framework: What Is The Causal Pathway Framework?. <http://www.rhrc.Org/resources/general_fieldtools/toolkit/causal.Html>

### Section 2.3: Conduct, analyze, and interpret situational/needs assessment data

###### Danish Refugee Council. 2012. A Sexual and Gender-Based Violence Rapid Assessment Doro Refugee Camp, Upper Nile State, South Sudan. <http://reliefweb.int/report/south-sudan-republic/sexual-and-gender-based-violence-rapid-assessment-doro-refugee-camp>

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###### Global Protection Cluster. 2011. Child Protection Rapid Assessment Toolkit.

###### Global Protection Cluster UNFPA, UNICEF, UNIFEM. 2008. A Rapid Assessment of Gender-Based Violence during the Post-Election Violence in Kenya. <http://www.unfpa.org/emergencies/docs/gbv_assessment_kenya.pdf>

###### IASC. 2007. Guidelines on Mental Health and Psychosocial Support in Emergency Settings. <http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf>

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###### ———. 2012. IASC Multi-Cluster/Sector Rapid Assessment. <https://docs.unocha.org/sites/dms/CAP/mira_final_version2012.pdf>

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###### International Rescue Committee (IRC). 2011. GBV Emergency Response & Preparedness.

[Ciampi, Maria Caterina](http://policy-practice.oxfam.org.uk/publications/search?i=1;q=*;q1=publications;q2=ciampi+maria+caterina;x1=page_type;x2=publication_author;sort=publication_date), Fiona Gell, Lou Lasap, and Edward Turvill. 2011.Gender and disaster risk reduction: A training pack. Oxfam. Oxford, UK. 84 pp.

<http://policy-practice.oxfam.org.uk/publications/gender-and-disaster-risk-reduction-a-training-pack-136105>

###### RHRC. 2004. Gender-based Violence Tools Manual for Assessment & Program Design, Monitoring, and Evaluation in Conflict-Affected Settings. <http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf>

###### The Sphere Project. 2011. Sphere Guidelines: Humanitarian Charter and Minimum Standards in Disaster Response. Revised.

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###### ———. 2011c. USAID Performance Monitoring and Evaluation TIPS Number 5: Using Rapid Appraisal Methods. <http://usaidprojectstarter.org/sites/default/files/resources/pdfs/pnadw101.pdf>

###### Ward, Jeanne. 2005. Violence against Women: a Statistical Overview, Challenges, and Gaps in Data Collection and Methodology.

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###### ———. 2003. Ethical and Safety Recommendations for Interviewing Trafficked Women. <http://www.who.int/gender/documents/en/final%20recommendations%2023%20oct.pdf>

###### ———. 2005. WHO Multi-Country Study on Women's Health and Domestic Violence against Women. [http://www.who.int/gender/violence/who\_multicountry\_study/en/](http://www.who.int/gender/violence/who_multicountry_study/en/%20)

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### Section 2.4: Prepare the logical framework with indicators

###### Bloom, Sheila. 2008. Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators. <http://www.cpc.unc.edu/measure/publications/ms-08-30>

###### Foran, Siobhán, Aisling Swaine, and Kate Burns. 2012. Improving the Effectiveness of Humanitarian Action: Progress in Implementing the Inter-Agency Standing Committee (IASC) Gender Marker. <http://www.tandfonline.com/loi/cgde20>

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###### USAID/Office of Foregin Disaster Assistance (USAID/OFDA). 2012. Guidelines for Proposals. Washington, DC.

<http://www.usaid.gov/sites/default/files/documents/1866/guidelines_for_proposals_2012.pdf>

###### US State Department. n.d. Government Standard Foreign Assistance Indicators. Washington, DC. <http://www.state.gov/f/indicators/>

### Section 2.5: Prepare the performance monitoring component

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### Section 2.7: Gather baseline data

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2. Rights-based GBV prevention views GBV as an injustice for women, men, girls, and boys as rights-holders. States and non-state actors are duty bearers with the obligation to take measures to prevent GBV by making available legal frameworks and services, and by enforcing legal frameworks for those who commit GBV. [↑](#footnote-ref-2)
3. Hyperlinks for the USAID TIPS numbers 1–4, 11, 12, and 16–19 (all hyperlinks begin with <http://pdf.usaid.gov/pdf_docs/pnadw>) may require that you copy the http:// URL into your browser in order to open the document. [↑](#footnote-ref-3)