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USAID COLLECTIVE ACTION TO REDUCE GENDER-BASED VIOLENCE (CARE-GBV)

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

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ACRONYMS

ACASI	Audio computer-assisted self-interviewing
ADS	Automated Directives System
APEA	Applied political economy analysis
CAPI	Computer-assisted personal interview
CARE-GBV	Collective Action to Reduce Gender-Based Violence
CEFMU	Child, early, and forced marriage and unions
CLA	Collaborating, learning, and adapting
CPIMS	Child Protection Information Management System
DEIA	Diversity, equity, inclusion, and accessibility
DHS	Demographic Health Survey (Program)
DFID	United Kingdom Department for International Development
FGM/C	Female genital mutilation and cutting
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
IPV	Intimate partner violence
IRB	Institutional review board
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities
MEL	Monitoring, evaluation, and learning
M&E	Monitoring and evaluation
NCTSN	The National Child Traumatic Stress Network
PFA	Psychological first aid
PIRS	Performance indicator reference sheets
RDC	Relief to development continuum
SEA	Sexual exploitation and abuse
SMARTIE	Strategic, measurable, achievable, realistic, time-bound, inclusive, and equitable
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
SRGBV	School-related gender-based violence
TFGBV	Technology-facilitated gender-based violence
TWP	Thinking and working politically
USAID	United States Agency for International Development
USG	United States Government
WSSH	Water security, sanitation, and hygiene
WHO	World Health Organization

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NOTA BENE TO THE READER:

The content of this addendum was finalized in August 2023, before the launch of the new USAID's *2023 LGBTQI+ Inclusive Development Policy*. Additionally, the Addendum's glossary cites definitions used in the *Foundational Elements for GBV Programming in Development*, which were published in 2022, prior to the launch of the *United States Strategy to Prevent and Respond to Gender-Based Violence Globally 2022 Update* and USAID's *2023 Gender Equality and Women's Empowerment Policy*. Consequently, the wording used in this document with regards to some terms and definitions may not fully align with the wording in these new USAID policies and the strategy.

CARE-GBV MONITORING AND EVALUATION ADDENDUM EXECUTIVE SUMMARY

INTRODUCTION

In 2014, the United States Agency for International Development (USAID) developed the *Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum*.

The toolkit provided users with key considerations for monitoring and evaluation (M&E) of gender-based violence (GBV) programming, including guiding frameworks; recommendations on planning and implementing M&E activities and applying related findings; and resources and templates for facilitating M&E activities. This addendum to the toolkit synthesizes the significant advances in research and learning regarding M&E of GBV programming since the development of the toolkit. It builds on the knowledge base and recommendations highlighted in the original toolkit by outlining key M&E-specific takeaways from recently developed sources and programming regarding GBV prevention and response. It also describes strategic guidance for future USAID activities. These revisions provide the following:

- Targeted and accessible directions on carrying out evidence-based and efficient M&E activities for a diverse stakeholder audience
- Project indicators that are adaptable for GBV programming across sectors and can be applied to capture meaningful data on findings from GBV programming activities
- Strengthened reporting guidance for M&E of GBV programming, including recommendations for integrated GBV programming
- Emerging evidence, strategies, and key considerations for implementation of M&E of GBV activities, including remote activities, the COVID-19 pandemic, and other emergency-related adaptations
- Recommendations for establishing M&E processes and carrying out M&E activities that promote a do-no-harm approach when working with survivors of GBV

ADDENDUM OVERVIEW

The addendum of the toolkit is organized into five sections, with the first four sections mirroring the four main sections of the toolkit. These sections summarize key guidance from the original toolkit while also detailing additional recommendations for M&E of GBV programming from recent evidence-based research and M&E resources. References to relevant supplementary sections of the toolkit, including page numbers, are highlighted in each section. The newly added **SECTION 5** details emerging learning.

Section 1. Guiding Principles for GBV along the Relief to Development Continuum highlights key points from the first section of the original toolkit, including (1) outlining phases along the relief to development continuum (RDC); (2) describing evidence-based approaches to M&E; (3) summarizing key considerations for working with survivors of GBV; and (4) providing guidance on strategies for incorporating best ethical practices into planning, collection, and application of M&E data on GBV. Additionally, this section builds on the original toolkit by highlighting nuances to GBV definitions and applying guiding frameworks for GBV programming that are survivor-centered, intersectional, accessible, right-sized, localized, and decolonized. Also included are critical considerations for do-no-harm approaches for carrying out M&E of GBV activities with people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC); persons with disabilities; and youth survivors of GBV, as well as guidance on minimizing the risk for distress and re-traumatization when carrying out M&E activities with survivors of GBV.

Section 2. Planning for M&E provides high-level guidance on topics covered in the second section of the toolkit. This includes considerations for planning M&E activities for GBV programming, such as (1) recommendations for prioritizing and collaborating with key stakeholders, (2) developing and modifying a theory of change, (3) completing needs assessments and interpreting related findings, (4) situating project indicators into a logical framework, (5) creating an M&E plan and related guidance documents (e.g., performance indicator reference sheets), and (6) carrying out baseline data collection activities. This section supplements the original toolkit's

content on planning of M&E activities. It (1) details directions on rightsizing M&E activities based on program context and available resources; (2) highlights key points for developing a theory of change; (3) describes how to center goals of GBV programming within a logical framework; (4) outlines how to develop an M&E plan, variations in project indicators, and USAID GNDR indicators; and (5) offers key considerations for developing, identifying, and disaggregating indicators to better understand the effects of GBV programming activities.

Section 3. Implementing the M&E Plan relates to the third section of the original toolkit and delineates how to complete M&E activities, including how to collect M&E data, assess the quality of program activities and program data, and carry out midline and endline evaluation activities. The section builds on the original toolkit by detailing strategies for using mixed methods to capture M&E data, providing recommendations for involving and supporting the needs of M&E staff, and outlining how M&E activities can be modified with the use of different tools and best practices.

Section 4. Using M&E Findings aligns with the fourth section of the original toolkit, which covers application of M&E data, including (1) key strategies for disseminating M&E information and incorporating M&E learning into future program activities, (2) approaches for sharing results from M&E data with key stakeholders, and (3) recommendations regarding how USAID can apply learning from M&E data on GBV. The section supplements **SECTION 4** of the original toolkit by detailing strategies for analyzing and sharing M&E data, as well as recommendations for facilitating learning activities that explore the implications of M&E findings.

Section 5. Emerging Learning in the M&E of GBV Programming covers topics the original toolkit did not cover, including (1) considerations for understanding, assessing, and tracking shifts in gender and social norms in GBV programming; (2) emerging dimensions of GBV; and (3) key approaches for implementing monitoring of GBV programming based on learning from the COVID-19 pandemic.

ANNEXES

The addendum includes several annexes to supplement learning from the main sections of the addendum. The first annex includes key definitions related to types of GBV, gender, and other relevant key terms. The second annex provides illustrative indicators for monitoring GBV-related outcomes by sector to demonstrate how sector-specific programming activities can integrate GBV into their results frameworks. Additional annexes highlight strategies to carry out localized and participatory approaches in GBV programming activities, as well as addendum references.

BACKGROUND

TOOLKIT ADDENDUM

What is the purpose of the addendum to the toolkit?

This addendum supplements the guidance provided in the 2014 *Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum* (the "toolkit") (see the overview below). In addition to highlighting key aspects of the toolkit that provide guidance on monitoring and evaluating gender-based violence (GBV) programming, the addendum highlights evidence in GBV and monitoring and evaluation (M&E) that has emerged since the development of the toolkit. The addendum also notes new strategic considerations for the United States Agency for International Development (USAID), including the publication of the *Foundational Elements for GBV Programming in Development* (CARE-GBV 2022b).

Who is the target audience of the addendum to the M&E toolkit?

The addendum is designed primarily for use by USAID staff and implementing partners who seek to incorporate GBV-sensitive M&E approaches and GBV indicators into Operating Unit- or Mission-level strategies, solicitations, and programs.[1]

Why is this addendum needed?

USAID stakeholders and implementing partners report that strengthening GBV-related M&E processes is an important part of promoting more GBV programming within Missions and Operating Units (CARE-GBV 2022d). This addendum addresses gaps in existing M&E resources, as identified by both USAID and implementing partner staff, who cited the need for the following:

- Brief, user-friendly, and accessible guidance on effective and efficient M&E processes
- Clear, widely understood indicators that are useful for measuring meaningful outcomes of GBV programming, including incremental changes in norms related to the drivers of GBV
- Strengthened reporting requirements on GBV programming, beyond current standard indicators, to facilitate the integration of GBV into sector-specific programming
- An overview of the new evidence, techniques, and challenges that have implications for GBV programming and M&E
- Guidance on implementing frameworks and strategies that prioritize a do-no-harm approach and consider emerging dimensions of GBV, including working with marginalized groups

In addition to providing direction on these key M&E topics, the addendum reflects how our understanding, framing, language, and practices surrounding GBV, including M&E activities for GBV programming, have progressed since the development of the toolkit. The addendum is grounded in a survivor-centered, strengths-based approach to monitoring and evaluating GBV programming. This approach empowers survivors of violence, acknowledges their expertise and agency, and recognizes the importance of including their voices and perspectives in M&E of GBV programming. The approaches suggested in the addendum amplify the role of local GBV and other human rights organizations that include survivors, without explicitly asking survivors to identify themselves.

How is the addendum to the M&E toolkit organized?

This addendum is organized into five sections. The first four sections align with the four main sections of the toolkit (subsections may differ slightly), as listed below. These sections highlight key content from the original toolkit and provide additional M&E guidance from recent publications. References to the toolkit, including page numbers, are provided throughout these sections. **SECTION 5**, which is new, covers emerging learning.

SECTION 1. GUIDING PRINCIPLES FOR GBV ALONG THE RELIEF TO DEVELOPMENT CONTINUUM (RDC) (TOOLKIT PP. 7–13)

- Brief background on GBV

[1] For the purpose of this addendum, program is an umbrella term encompassing projects and activities.

- Key frameworks to situate GBV M&E
- Core principles of GBV programming
- Recommendations for using ethical M&E with survivors of GBV from specific populations, including people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC)—which includes the lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities (LGBTQI+) community; persons with disabilities; and youth
- Guidance for preventing re-traumatization and supporting staff self-care

SECTION 2. PLANNING FOR M&E (TOOLKIT PP. 14–48)

- Recommendations for rightsizing M&E approaches
- Updated information related to planning for M&E
- Guidance for developing a theory of change and M&E plans
- Approaches for creating, selecting, and disaggregating GBV indicators

SECTION 3. IMPLEMENTING THE M&E PLAN (TOOLKIT PP. 55–63)

- Mixed-methods approaches to data collection
- Assessing the capacity of M&E personnel to target GBV outcomes
- Considerations for using a localized and decolonized approach to M&E
- Strategies for employing innovative approaches and technology to adapt to different contexts

SECTION 4. USING M&E FINDINGS (TOOLKIT PP. 69–79)

- Guidance on analyzing M&E data
- Considerations for creating effective reporting mechanisms
- Using data findings as learning opportunities

SECTION 5. EMERGING LEARNING IN THE M&E OF GBV PROGRAMMING

- Recommendations for measuring gender and social norms
- Emerging dimensions of GBV
- Best practices for carrying out GBV monitoring based on learning from the COVID-19 pandemic

Annexes include key definitions related to gender, GBV, and other terminology, as well as indicators for monitoring GBV-related outcomes by sector, supplementary tables, and references.

THE TOOLKIT OVERVIEW

In 2014, USAID developed and disseminated the *Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum*. The toolkit provides USAID staff and implementing partners with tools for monitoring and evaluating GBV programming along the three phases of the RDC: the pre-crisis phase, the crisis phase, and the post-crisis phase.[2] The toolkit offers guidance on USAID's M&E process for GBV interventions, including planning for M&E, implementing the M&E plan, and using M&E findings (see **FIGURE B-0-1.**). It aligns with USAID policies and strategies relating to gender and GBV, as well as USAID *Automated Directives System (ADS) 205 on Integrating Gender Equality and Female Empowerment in USAID's Program Cycles* and *ADS 203 on Assessing and Learning*.

The toolkit is designed to help users:

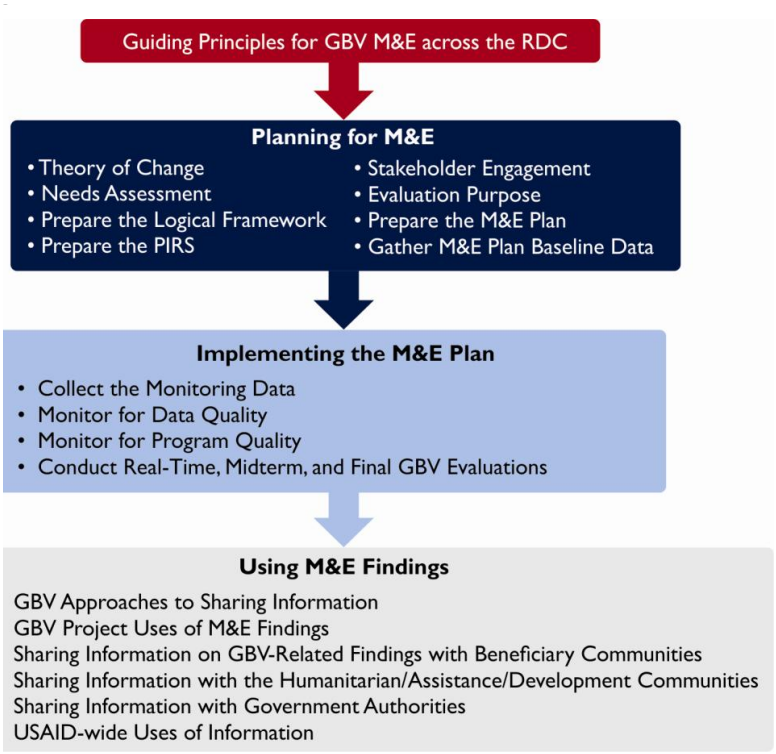
- Assess the effectiveness of GBV programs by adapting and applying tested M&E practices and tools
- Design and implement an M&E plan for GBV interventions along the RDC
- Use M&E information to realign, adjust, improve, and institutionalize GBV programs
- Coordinate the humanitarian assistance and development actors' GBV M&E actions[3]

To support users in the above areas, the toolkit describes key M&E considerations and provides tools and templates such as data collection tools, a logical framework matrix, illustrative indicators, and performance indicator reference sheets (PIRS).

[2] Note: The toolkit comprehensively outlines key guidance along the three phases of the RDC. The addendum uses a simplified approach, expanding on the sections in the toolkit and highlighting emerging learning that is relevant across all phases of the RDC. For more information, see Section 1 of the toolkit (pp. 7–14).

[3] Note: The toolkit and addendum focus on M&E activities. While using M&E findings for learning and sharing purposes is addressed in both documents, readers should refer to additional USAID resources specific to learning (e.g., USAID's Learning Lab) for more information on applying learning and using a collaborating, learning, and adapting (CLA) approach (e.g., USAID's *CLA Toolkit*).

FIGURE B-0-1. M&E process for GBV interventions (Figure 1 in the toolkit, p. 4)



SECTION 1

GUIDING PRINCIPLES FOR GBV ALONG THE RDC

1.1 GBV: AN OVERVIEW

GBV is "any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity or expression, sex characteristics, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity."

"Although individuals of all gender identities may experience gender-based violence, women, girls, and gender non-conforming individuals face a disproportionate risk of gender-based violence across every context due to their unequal status in society.[4] […] Gender-based violence is rooted in structural gender inequalities, patriarchy, and power imbalances … GBV is characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control, coercion, and/or violence. It can occur across the life course […] and has direct and indirect costs to individuals, families, communities, economies, global public health development, and human, national, and regional security." (U.S. Department of State, 2022). See **ANNEX 1. GLOSSARY** for more information.

This human rights abuse is a global issue, affecting all countries and populations. Women and girls, including lesbian, bisexual, and transgender women and girls, experience disproportionate rates of violence—specifically GBV—compared to men and boys. However, men and boys may also be targeted for GBV if they do not follow traditional masculine gender and social norms. One in three women worldwide experiences GBV in her lifetime, and young women with disabilities experience up to 10 times more violence than women and girls without disabilities (United Nations Population Fund 2018). While country-specific rates of violence against LGBTQI+ people are also disproportionately high, true prevalence and incidence are difficult to estimate due to valid safety and security considerations that affect disclosure of gender identity and sexual orientation, as well as experiences of violence.

The Sustainable Development Goals commit countries to ending GBV by 2030. Addressing GBV (1) improves the health and well-being of women, girls,[5] and family members; (2) promotes equitable political participation; and (3) increases economic productivity and educational attainment (Kusuma and Babu 2017). The U.S. Government (USG) affirms that "preventing and responding to gender-based violence around the world is a matter of human rights, justice, equity, and equality" (U.S. Department of State 2022). Also, the *2021 United States National Strategy on Gender Equity and Equality* makes eliminating GBV a top strategy for achieving the U.S. goals for gender equality and equity (CARE-GBV 2022b).

HOW DOES THIS SECTION RELATE TO THE TOOLKIT?

This section highlights key points from the first section of the toolkit. It defines phases along the RDC (pp. 7–10), provides a general framework for effective M&E (pp. 8–10), details guiding principles for working with survivors of GBV (p. 11), and discusses the planning, collection, and use of information on GBV, particularly as ita relates to safety and ethical recommendations (pp. 12–13). The section also touches on recognized definitions of types of GBV (p. 13).

HOW DOES THIS SECTION BUILD ON THE TOOLKIT?

This section provides new information on defining GBV and supplemental information on (1) a survivor-centered approach; (2) core principles for GBV programming; (3) recommendations on how to conduct GBV-related M&E ethically; (4) key considerations for conducting M&E activities with LGBTQI+ people, persons with disabilities, and youth survivors of GBV; (5) recommendations for preventing distress and re-traumatization when collecting M&E data from survivors of GBV; and (6) intersectional, accessible, do-no-harm, right-sized, localized, and decolonized approaches to M&E.

[4] For further information regarding relevant terminology, see the Glossary in Annex 1.

1.2 GENERAL FRAMEWORK

In **SECTION 1.2**, the toolkit provides a general M&E framework based on four core approaches to GBV programming and M&E: (1) rights-based, (2) community-based/participatory, (3) systems-focused, and (4) survivor-centered (see toolkit pp. 8–10 and *How to Implement a Survivor-Centered Approach in GBV Programming*). This addendum builds on these approaches by adding rightsizing, intersectional, accessibility, and do-no-harm approaches to M&E of GBV activities. The addendum also offers guidance on localizing and decolonizing development. **TABLE 1.2-1** defines each approach.

TABLE 1.2-1. Approaches to GBV programming and M&E

CORE APPROACH TO GBV PROGRAMMING AND M&E	DEFINITION
Rights-based approach	A rights-based approach to preventing and responding to GBV is based on the understanding that (1) every survivor is endowed with human rights and (2) state and nonstate entities have a critical role and duty to protect, respect, and remedy human rights violations. At its most basic level, GBV is a violation of a person's human rights. According to the United Nations "rights [are] inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more" (United Nations n.d.; CARE-GBV 2022b).
Community-based/ participatory approach	Focuses on the inclusion of those who are affected by a crisis and/or GBV, making sure that the persons or groups targeted for assistance have opportunities to make decisions affecting their lives and information and transparency from those who provide assistance (see **SECTION 1.2.2** of the toolkit; p. 9).
Systems approach	Focuses on the big picture and context, reviewing how collaboration with various actors, including those across systems and sectors, can build effective GBV responses and prevention while contributing to national- and/or global-level goals and objectives and strengthening local supports to achieve sustainable results (see **SECTION 1.2.3** of the toolkit; p. 10).
Survivor-centered approach	A survivor-centered approach is the hallmark of high-quality GBV programming and is closely connected to the principles of do-no-harm and rights-based. Survivor-centered GBV programming promotes and protects the rights, dignity, and agency of survivors (CARE-GBV 2022b).
Intersectional approach	Refers to how different social identities, including those based on age, race, class, ethnicity, citizenship, disability, and SOGIESC can overlap to create and reinforce oppression and discrimination. An intersectional analysis of GBV examines the specific ways these identities create and reinforce discrimination and privilege and affect risks for GBV (including different types of GBV) and access to care (CARE-GBV 2022b).

[5] While many existing tools, resources, and indicators use a binary approach to gender, this addendum promotes a more inclusive approach to considering and measuring M&E activity participants' gender identities. This is a key limitation of documents identified during the development of the addendum.

CORE APPROACH TO GBV PROGRAMMING AND M&E	DEFINITION
Do-no-harm approach	Prioritizes, above all, not jeopardizing the physical or emotional well-being of survivors, staff, program participants, and community members (CARE-GBV 2022b).
Decolonizing development	Decolonizing development is a call to action to correct the imbalances in power dynamics and access to resources that are rooted in colonial history and sustained through the conventional approach of the development assistance. It acknowledges that the international aid system has been shaped by approaches, terminology, and points of view that disproportionately represent and perpetuate inequities based in the Global North, while devaluing the expertise, experience, and contributions of the Global South (Center for Humanitarian Leadership 2021, 1).
Localizing development	Localizing development or locally-led development "is the process in which local actors—encompassing individuals, communities, networks, organizations, private entities, and governments—set their own agendas, develop solutions, and bring the capacity, leadership, and resources to make those solutions a reality" (USAID 2021e, 1).
Rightsizing	Rightsizing M&E activities is a process in the planning stages of a program that involves balancing adherence to funder's reporting requirements with prioritizing the collection of the right data to answer the right questions with the available resources. Rightsizing occurs when activities are "match[ed] between resources (people, time, and money) and goals … activities, processes, and methods are coordinated and efficient … and data are non-duplicative and meet program management, leadership, and compliance needs" (Lavin and Nurik 2019, 7).
Accessibility	Promoting accessibility in M&E of GBV programming entails recognizing the varied challenges in securing diverse stakeholders' understanding and ability to engage meaningfully in programming activities and services. This requires fostering "an enabling environment that provides safety, autonomy, confidentiality, and a context free from stigma and discrimination for all program participants and program staff, including those who have disabilities of various types" (CARE-GBV, 2022a).

Complementing the toolkit's core approaches to GBV programming and M&E, *USAID's Foundational Elements for GBV Programming in Development*[6] provide eight core, interconnected principles that should be applied in all aspects of GBV programming: (1) do-no-harm, (2) survivor-centered, (3) rights-based, (4) accountable, (5) transformative, (6) intersectional, (7) accessible, and (8) led by women's rights organizations and other local groups working on GBV and human rights (CARE-GBV 2022b) (see **FIGURE 1.2-1**).

[6] The *USAID's Foundational Elements for GBV Programming in Development* support USAID's vision of increased and sustained commitment to and investment in GBV prevention, mitigation, and response across its development portfolio, with the overall goal to reduce GBV globally. They are designed to promote collective action by supporting USAID staff and implementing organizations to strengthen the quality and quantity of USAID's GBV programming in development contexts.

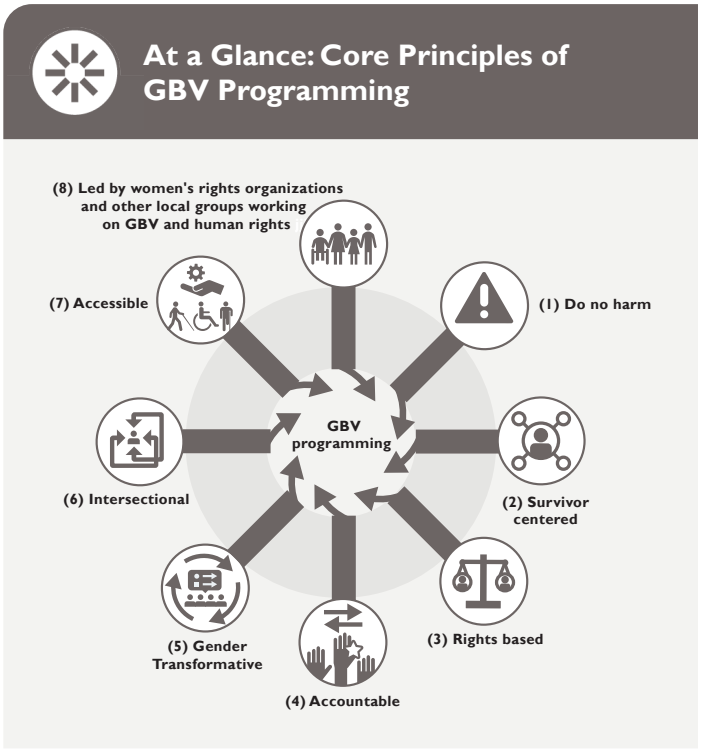
1.2.1 CONSIDERATIONS FOR DEVELOPING FEEDBACK MECHANISMS

As part of implementing a survivor-centered, community-based/participatory, and do-no-harm approach, programs should develop community feedback mechanisms. These mechanisms are mutually beneficial—they give participants space to share their experiences and equip staff with insights that inform activity design and adaptations. Common feedback mechanisms include suggestion boxes, dedicated phone or message services, in-person feedback, and satisfaction surveys. The most appropriate mechanisms depend on programming and program environment, and what participants and communities think is the best, as detailed below.

When deciding which feedback mechanisms to use, keep in mind participants' literacy levels, access to technology, mobility and transportation options, the sensitivity of the information collected, and the level of trust between program participants and implementing partner staff (War Child Canada 2020). It is a good idea to use both passive mechanisms that are always available, participant initiated, and allow for anonymous feedback (e.g., suggestion boxes and message services) and active mechanisms where programs seek participants' and communities' views (e.g., surveys, focus group discussions). Also, remember to assign a staff member to address feedback. The staff member responsible for reviewing and responding to feedback should be someone who has the authority under their position to act on feedback and appropriate technical understanding of the implications of enacting requested changes. Additionally, the staff member should be in a position that allows them to persuade key stakeholders and decision-makers to act and hold them accountable for inaction.

When using these mechanisms, adhere to data collection security and ethical guidelines. Ask program participants and communities what feedback mechanisms they think are the best, assure privacy (including on phone calls), and avoid door-to-door data collection, which may endanger people in their homes. When sharing findings from community activities, mitigate potential risks for survivors, including survivors with diverse intersectional identities. Risk mitigation approaches include de-identifying information to maintain survivors' confidentiality. In general, participants should drive the design of information-gathering and sharing processes (War Child Canada 2020).

FIGURE 1.2-1. Core principles for working with survivors of GBV (see the *Foundational Elements*, Core Principles, p. 3)



1.3 ETHICAL, SAFETY, AND SOCIAL INCLUSION CONSIDERATIONS

When monitoring and evaluating GBV programming, minimize the risk of harm by adhering to ethical guidelines and prioritizing the safety of all individuals. The toolkit details World Health Organization's (WHO's) safety and ethical recommendations and aligns them to M&E GBV activities (p. 7), and safety and security considerations when dealing with sensitive data (see **SECTION 1.4** of the toolkit, p. 12). All data collection activities should apply a do-no-harm approach. This means treating all participants with dignity and respect, with precautions to protect their safety and security, privacy, and confidentiality.

When carrying out M&E with different priority populations, consider the survivors' diverse intersectional identities, use inclusive language, consider how risks may vary, and incorporate appropriate safeguarding practices.[7] Engage local actors who can provide contextualized insights into additional relevant safety and ethical considerations, including appropriate and sensitive language. USAID defines inclusive development as "the concept that every person, regardless of identity, is instrumental in the transformation of their own societies and their inclusion throughout the development process leads to better outcomes" (USAID 2018d, 18). Best practices for M&E with all survivors of GBV include do-no-harm and rights-based approaches. These approaches extend to engaging populations with diverse intersectional identities, who may face increased risk of GBV, including different types of GBV, due to their social identities and related challenges with accessing supportive services (see **TABLE 1.2-1**). Additional considerations for integrating approaches that support inclusive development throughout the program cycle and in Mission activities can be found in *USAID's Suggested Approaches for Integrating Inclusive Development Across the Program Cycle and in Mission Operations* (2018).

This section of the addendum provides new information on ethical considerations for carrying out M&E activities. Much of this information is cross-cutting and applies to all people, although the addendum focuses on LGBTQI+ people, persons with disabilities, and youth. Before carrying out any data collection activities, discuss key considerations and recommendations with local M&E staff. Local staff can localize and contextualize activities, as well as offer insights into how local perceptions and responses to GBV could affect M&E activities.

Cross-cutting practices include:

- Complete a community mapping scan of key groups and contacts that provide services to survivors or work in systems that often interact with survivors (e.g., local family planning/reproductive health services). Identify opportunities to provide mutually beneficial support, including safe referral networks and communication channels.
- Meaningfully engage diverse persons and groups, including relevant local communities, to provide contextualized input throughout the design, implementation, and analysis of M&E and other program activities. Their input will result in better, more inclusive programming that accounts for relevant local practices and systems and their potential effects on programming activities.
- Throughout the program cycle, M&E staff should consult diverse groups of people at risk of GBV, recognizing that survivors of GBV will be among these groups. Programs should also engage locally led women's rights organizations and other groups working on GBV and human rights, including LGBTQI+ and disability rights organizations. These consultations should inform the types of activities to prioritize and the ways to monitor and evaluate them so that they are safe, inclusive, and responsive.
- Depending on the country of focus for GBV programming activities, M&E staff may be required to report abuse that is disclosed during data collection processes. M&E staff should be aware of any mandatory reporting requirements that may need to be acted upon during data collection activities, particularly for marginalized and high-risk populations that could be engaged in program activities (e.g., children, persons with disabilities, etc.). While mandatory reporting laws and policies are often well intentioned, implementing them may pose significant risks to survivors. M&E staff should be prepared to discuss these laws and policies with participants so they can make informed decisions about what types of information they would like to disclose.[8]
- Identify safe, local support services for survivors (e.g., medical, psychosocial, protection/security, and legal services) and share this information when collecting data. Confirm the best format for sharing the information in cases where survivors have concerns about others (e.g., perpetrators or community members who are resistant to changing the status quo) learning about their engagement in GBV-related services.

[7] Safeguarding practices should be integrated into all aspects of programming activities, including human resources procedures. This includes applying a code of conduct that outlines expectations and standards, assessing risks, and incorporating measures for risk mitigation, including reporting processes that are survivor centered (Protection from Sexual Exploitation and Abuse Frequently Asked Questions 2021). For more information, see also USAID's Partner Toolkit (https://www.usaid.gov/PreventingSexualMisconduct/Partners) and Child Safeguarding Toolkit (https://www.usaid.gov/PreventingSexualMisconduct/Partners/Child-Safeguarding).

Train M&E staff on GBV core concepts and roles and responsibilities of non-specialists in addressing GBV, including survivor-centered approaches to responding to disclosures and facilitation of referrals. M&E staff should also be trained in effective interviewing skills[9] and meaningfully engaging diverse populations. Training ought to include a values assessment, cover implicit bias, and clearly explain and define terminology. For more information on training content, see ***Foundational Elements***, **SECTION 4.0**. Process Elements.

- Ensure privacy and confidentiality to allow participants to express their opinions and share experiences freely and safely.
- Acknowledge and intentionally address the potential for some data collection and questioning methodology to trigger or induce trauma responses. Use a trauma-informed approach that prioritizes safety and security in all engagement with marginalized people.[10]
- Only ask about experiences of violence when absolutely necessary to support the objectives of the project[11] and, if doing so, ask survivors to share information in a way that minimizes the risk of re-traumatization. Offer to connect individuals who disclose experiences of violence to safe and accessible services and support, ideally vetted by local survivor-led organizations and GBV specialists. M&E staff should respect the survivors' expressed needs and only provide direct referrals when survivors explicitly request them. Information about available resources can be provided to survivors in a safe format, based on survivors' discretion. Survivors can then choose to access services if and when they are appropriate, based on their individual wishes.
- As possible, compensate groups and individuals supporting M&E and other program activities, including for transportation and travel costs.
- When reviewing and interpreting M&E data, seek the participant community's input (using anonymous, aggregated data) on what works well and how activities could be improved, as well as gaps in the reach, quality, or implementation of services.

When collecting information, use processes and systems that protect the participants' right to control their information, safeguard data confidentiality, and confirm how data will be used (see also **SECTION 1.3.2** on Persons with Disabilities and **BOX 1.3-1**.).

- Obtain informed consent from participants for recording or sharing information so they understand participation is voluntary (and that they may stop participating at any time) and that choosing not to participate will not result in the loss of benefits.[12,13]

BOX 1.3-1. Promising M&E Technology Platforms: GBVIMS+/Primero

Primero is a protection-related information management system developed to enable humanitarian actors to safely and securely collect, store, manage, and share data for protection-related incident monitoring and case management. This platform has individual modules for GBV and child protection built off two legacy inter-agency systems: the gender-based violence information management system (GBVIMS) and the child protection information management system (CPIMS). Primero is the next-generation version of these systems. In simple terms, the GBVIMS+ is a survivor-centered system (one that prioritizes confidentiality, safety, non-discrimination, and the right to self-determination and respect for survivors of GBV), which provides a technological solution to those who offer GBV case management services. Find more information here.

[8] For additional information on applying a survivor-centered approach, see USAID's *How to Implement a Survivor-Centered Approach in GBV Programming* (CARE-GBV 2021).

[9] For more information on key strategies and skills for interviewing survivors of violence, see *Six Golden Principles for Interviewing Women Who May Have Experienced Violence* (Jansen 2017).

[10] *Safety/Security-Sensitive and Trauma-Informed Stakeholder Consultations with Members of Marginalized Groups* (USAID 2022).

[11] Asking about experiences of violence might be considered necessary when, for example, providing health-related or legal services or in research projects that are focused on understanding dynamics of GBV in a specific context. In all cases, those engaged in asking questions need to be trained in dynamics of GBV and psychosocial support, and the ethics of GBV research.

While an institutional review board's (IRB's) approval is not usually required for routine M&E activities, program M&E staff from implementing partner organizations should seek approval before conducting any research or evaluation activity where the results will be used by a specific program and will contribute to wider knowledge on a subject. This includes submitting all activity protocols to an IRB for review for a human subjects determination, which entails review by an implementing partner's existing or external IRB and potentially, an in-country IRB, as determined by country-specific ethical requirements. For example, an impact evaluation that shares results with the wider international community so it can replicate a successful program would require an IRB review. Even if program staff or a funder note that an IRB review is not needed, an implementing partner's M&E staff should develop clear and acceptable protocols to protect participants' confidentiality and safety, obtain voluntary informed consent, and assure the safety of data collectors. In addition, having a local group of experts or advisory board review the evaluation design, methods, and implementation (including related documents from activities undergoing IRB review) can help put principles into practice (Global Women's Institute 2017).

1.3.1 CONSIDERATIONS WHEN WORKING WITH PEOPLE OF DIVERSE SOGIESC[14]

As articulated in *USAID's LGBT Vision for Action* (2014), protecting and respecting the fundamental human rights of LGBTQI+ persons and ensuring their ability to "live with dignity, free from discrimination, persecution, and violence" are fundamental to their ability to engage and participate as members of society (see **BOX 1.3.1-1.** for a note on terminology).

People of diverse SOGIESC experience widespread violence, stigma, discrimination, and criminalization, including when seeking care and support. Consequently, supporting survivors of GBV with diverse SOGIESC requires changing attitudes in local communities, including efforts to ensure that all people of diverse SOGIESC are treated equally in the workplace, increasing their economic and employment opportunities, enabling them to participate freely in civic and political spaces, promoting gender equity, and developing mentorship programs. Collecting data disaggregated by sexual orientation, gender identity and expression, and sex characteristics for M&E purposes may be difficult, because many people do not want or may not feel safe to disclose this information. To protect the safety of people with diverse SOGIESC and in alignment with the principle of do-no-harm, confidentiality and safety protocols must be adhered to when collecting and disseminating sensitive demographic data.

BOX 1.3.1-1. A Note on Terminology: LGBTQI+ and Diverse SOGIESC (reprinted from CARE-GBV 2022b)

USAID generally uses the term *LGBTQI+*. This guide uses both LGBTQI+ and *diverse SOGIESC*. LGBTQI+ stands for lesbian, gay, bisexual, transgender, queer, and intersex people. The + at the end of the acronym acknowledges the non-cisgender and non-straight identities that are not covered by the acronym. SOGIESC is an acronym for sexual orientation, gender identity, gender expression, and sex characteristics. All people have SOGIESC.

The term *diverse SOGIESC* is typically used to refer to non-heterosexual, non-cisgender, non-endosex, and/or gender nonbinary people and is meant to be inclusive of those referenced as LGBTQI+ people, as well as others.

Consult with local diverse SOGIESC communities and organizations to understand which terminology is best for each context.

(USAID n.d., Edge Effect 2021)

[12] See a sample of an informed consent form on pp. 138–142 in the following resource: *A Toolkit for Monitoring and Evaluation of Gender-Based Violence Programming in Restricted Environments 2020*.

[13] For more information, see also USAID's standard release agreement template (USAID 2023).

[14] The content of this section was developed based on internal guidance provided by staff who support LGBTQI+-inclusive development programming and policy in USAID's Inclusive Development Hub in the Bureau for Development, Democracy, and Innovation.

The following best practices can increase safety for participants, community members, and organizations working with LGBTQI+ people and all people of diverse SOGIESC to participate in program activities:

- Before engaging in and designing M&E practices with people of diverse SOGIESC, assess the country and cultural context by conducting a desk review, whose scope includes the legal and policy environment, harmful practices, and stigma and violence. This information-gathering process will result in a greater understanding among M&E staff, thereby mitigating the risk of further marginalization and discrimination.
- Meaningfully involve people of diverse SOGIESC in discussions on relevant terminology for measuring representation, participation, and in-depth engagement. These conversations will help programs develop tools and practices that capture data accurately and incorporate considerations related to safe disclosure of how participants self-identify.
- Ask persons of diverse SOGIESC where they feel comfortable and safe to meet in person and what their preferred virtual platforms are. Establish clear confidentiality parameters prior to the meeting and do not begin the meeting before making sure that all participants are comfortable to proceed.
- Make sure only members of the M&E team with an identified need to know have access to any personally identifiable information. Personally identifiable information should be kept separate from participant response data to make sure files with responses are anonymous.
- Always receive explicit consent before taking photos of people of diverse SOGIESC, and receive consent again for the use of such images.
- Safeguard printed activity materials in locked cabinets when not in use.
- De-identify, encrypt, and password-protect all collected information on all electronic devices and use encrypted platforms and emails.
- Refrain from using geolocation features on social media and use elevated privacy settings, including two-factor authentication, to limit access to personal information and content for participating people of diverse SOGIESC and implementing partner staff.
- Consider requesting a full or partial waiver for USAID marking and branding if adhering to it would bring unwanted attention and/or increase the risks for participants. See more about marking waivers in ADS 320maa.
- Train M&E staff on how to address safety and confidentiality concerns when working with people of diverse SOGIESC (e.g., emergency communication plans, funds for emergency safety and travel), as well as how to uncover and manage unconscious bias.
- Connect survivors of GBV with diverse SOGIESC to referral and community support services the LGBTQI+ community vets and approves to make sure the services are tailored, sensitive, and inclusive.

1.3.2 CONSIDERATIONS FOR IMPLEMENTING M&E ACTIVITIES WITH PERSONS WITH DISABILITIES

USAID understands disability as an evolving concept, and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers. Persons with disabilities include but are not limited to persons who have long-term physical, mental, intellectual, or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (Convention on the Rights of Persons with Disabilities 2007).

Engaging persons with disabilities means prioritizing accessibility. This includes creating and fostering an environment that provides safety, autonomy, confidentiality, and is free from stigma and discrimination; employing purposeful planning, especially with leaders in the persons with disabilities community; and allocating funds to organizations that seek to make their services and programs accessible to people with a range of disabilities (CARE-GBV 2022b).

Because perceptions and definitions of disability are culturally and contextually dependent, start by localizing the definition to enable accurate measurement and disaggregation of data. When undertaking M&E activities for persons with disabilities, keep in mind the following best practices (USAID 2018a):

- Do not assume whether or not participants are persons with disabilities, because they may have disabilities that are not readily apparent. Use definitions and terms related to persons with disabilities that resonate with priority populations and allow them to self-identify voluntarily. For validated questions on the prevalence measurement of disabilities, see also ***The Washington Group Short Set on Functioning*** (Washington Group on Disability Statistics 2021).

- Use M&E data collection approaches that are accessible for persons with disabilities. Guide M&E staff in modifying approaches when working with priority populations whose disabilities vary.
- Include individual-level indicators that allow for disaggregation by disability status (i.e., presence or absence of any disability), type (e.g., physical, cognitive, sensory), and status for disability type (e.g., permanent or temporary) (see also **SECTION 2.5** on indicators).
- Allocate funds for inclusive M&E materials and activities (e.g., providing a sign language interpreter, training M&E staff) and make sure timelines allow for meaningful engagement of persons with disabilities in M&E activities (Women's Refugee Commission 2015). Carry out M&E activities at locations that are accessible to persons with disabilities and provide disability-friendly transportation services, as needed.
- Monitor implementing organizations' accountability. Note whether an organization's activities meet the needs of persons with disabilities participating in GBV-related programming through M&E activities. If not, work with the partner and require them to do so (Women's Refugee Commission 2015, 35).
- Prioritize accessibility[15] through the following strategies (UN Women 2021, 5):
  - Display signs and share information in Braille and sign language in relevant settings, such as law enforcement settings and courts
  - Ensure that locations providing services to survivors of GBV with disabilities are accessible (e.g., have ramps, railings, and elevators)
  - Make services as affordable as possible, if not free
  - Provide training on working with persons with disabilities to all staff addressing GBV-specific needs
  - Provide information and helplines on GBV in formats that are digitally accessible to "screen readers, Braille, sign languages, plain language, and Easy-Read formats" (UN Women 2021, 5).

For more information on making documents accessible, see *ADS Chapter 551 Section 508 and Accessibility*.

1.3.3 CONSIDERATIONS FOR IMPLEMENTING M&E ACTIVITIES WITH YOUTH PARTICIPANTS

When implementing M&E activities with youth populations (USAID 2022),[16] M&E staff must take extra precautions to secure the privacy, confidentiality, and safety of participants. During their development, particularly during adolescence, young people experience significant growth and change biologically, physically, mentally, intellectually, socially, spiritually, and emotionally. This growth and the way young people understand the world and themselves, including their needs and life experiences, shift during this time and into early adulthood. Adverse childhood experiences such as violence, abuse, neglect, or other forms of trauma may affect a young person's overall development and have a negative impact on their ability to succeed, further affecting their transition to adulthood. Strong mentors, bonding relationships, education, extracurricular activities using a positive youth development approach and trauma-informed practices help to heal trauma youth may experience. However, the ability of young people to share their experiences and seek help, as well as their level of comfort in doing so may vary. Unfortunately, the availability and accessibility of relevant services to address the physical, mental, emotional, and financial effects of experiences of violence, abuse, neglect, or trauma—especially services that are youth friendly and youth responsive—may be limited depending on the communities where youth reside and their individual situations.

Youth cannot be treated as a homogeneous group. As in the community of people of diverse SOGIESC and among persons with disabilities, "youth" is one identity of many among young people. Characteristics related to age, education, financial situation, work status, disability, sexual orientation, gender identity and expression, medical history, risk-taking behaviors, citizenship status, and other factors may contribute to additional vulnerabilities that increase a young person's risk of experiencing sexual violence. Further, young men and boys may especially be at risk of physical violence and are more likely to be killed, especially youth living in conflict. Adolescents are especially vulnerable to self-harm—suicide is the second leading cause of death globally for 15- to 19-year-olds. Identity plays a key role in who is represented in M&E data and may mask true information on accessibility, use, and experience of services.

Apply the following best practices when engaging youth in M&E activities, particularly related to experiences of violence and other adverse childhood experiences (World Health Organization 2007):

[15] Accessibility is achieved when "information, goods, and services can be used by persons with disabilities on an equal basis with others" (UN Women 2021, 5).

[16] For the purpose of this addendum, per USAID's *Youth in Development Policy* (2022), youth are individuals ages 10–29.

- Observe extra security measures for children under 18, including compliance with local laws and the provision of requisite child protective services.
- Train staff on how to engage and respond to youth who are survivors of violence and share strategies about different engagement practices that use an ages and stages approach and take identity characteristics into consideration (e.g., gender). Make sure staff are aware of available resources that address the needs of youth who have experienced violence, exploitation, neglect, or abuse (physical and psychological), including referrals to additional services.[17] Make sure youth's engagement does not cause additional harm.
- Train staff on how to identify and respond to suspected abuse by parents, legal guardians, or others who make decisions on behalf of the participating youth. Make sure staff are aware of cultural and contextual differences in local caregiving practices so they are equipped to recognize, respond to, and address abuse and related trauma.
- Guide staff in supporting youth who disclose experiences of ongoing abuse or safety concerns.
- Before collecting any information from youth, seek informed consent from the participating youth according to international, national, and local laws. Additionally, store data, in accordance with the law, ensuring security, confidentiality, and that only those with a need-to-know designation have access.
- A technical expert with experience in collecting data from youth populations and/or youth survivors of violence and other adverse childhood experiences, should review any data collection protocols, including language for capturing youth's experiences of violence.
- Data collection should not cause additional harm and should use a trauma-informed and survivor-centered approach to avoid re-traumatizing young participants. Data collection protocols, including consent language, should be age appropriate and tailored to the youth's education and literacy level.
- Use participatory approaches to include youth in M&E activities and tailor methods to their stage of development. Participatory approaches may include youth-led M&E activities including youth-led community mapping, youth-led focus groups, youth-led data collection, youth-led community scorecards, youth-led assessments, and other M&E-related activities.
- Disaggregate M&E data by age.

1.4 PREVENTING DISTRESS AND RE-TRAUMATIZATION WHEN COLLECTING M&E DATA

Revisiting experiences of violence can cause significant distress, triggering and re-traumatizing survivors of GBV. It is important to remember that anyone can be a survivor of GBV, whether they have been identified as a survivor or not. Apply the following recommendations for collecting GBV-related M&E information from any program participant, regardless of their demographics (GBVIMS Steering Committee 2017):

- Train M&E staff on psychological first aid[18] and safe and ethical responses to disclosures of violence.
- Only ask about direct experiences of violence when absolutely necessary. For example, when assessing the effectiveness of services, it is not typically relevant to ask participants why they are using services. Consider embedding a satisfaction survey with providers of safe, vetted, accessible services to collect necessary M&E data and eliminate the need for future information gathering that could retraumatize survivors.
- When collecting GBV-related information, provide a comfortable and safe environment for the participant (note that what is perceived as comfortable and safe may vary based on the diverse identities of participants). Pay attention to lighting (e.g., not overly bright), the room setup (e.g., make sure survivors can see all exits in the room), and privacy. Ensure the participant is comfortable with proceeding before asking questions and confirming consent.
- Provide survivors with safe, accessible[19] resources vetted by survivor-led groups and GBV specialists. Resources may include hotlines, websites, and materials with information on community and supportive services, particularly on mental health and psychosocial support, in local languages with terminology that resonates with the local population and in a format that can be safely shared.
- The survivor's safety is always the priority. If a survivor feels unsafe or uncomfortable participating in an activity or if a trained staff member is not available to carry out M&E activities with the survivor, opt for fewer data collection activities in line with a do-no-harm approach.

[17] For more information about engaging youth who are survivors of violence see *How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Guide for Humanitarian Practitioners* (2020).

1.5 PROMOTING STAFF CARE

To prevent staff burnout and vicarious and secondary trauma,[20] programs should promote staff care, recognize staff's needs and experience, and provide training and support as needed. Some best practices include:

- Recognize that addressing GBV is traumatizing and that some staff are healing from their own experiences of violence (CARE-GBV 2022c).
- Appoint a mental health professional on the M&E team to provide support and direct staff to relevant resources for self-care and support, as needed.
- Offer workshops to staff to build skills in areas such as stress management (CARE-GBV 2022c).
- Provide a physical space, such as a library or outdoor area, for reflective time and activities for staff (CARE-GBV 2022c).
- Following M&E activities, provide daily or weekly debrief sessions. These sessions give staff time to reflect on their own experiences, share with others (as they feel comfortable), and express any concerns or need for additional support (Global Women's Institute 2017).
- Conduct informal check-ins and plan social activities (e.g., group meals, staff care days), including those that involve exercise and going outdoors. Consider activities as opportunities to assess staff's stress and well-being and establish rapport so they feel comfortable sharing concerns as they arise (GBVIMS Steering Committee 2017).
- Assign staff self-care buddies and encourage the development of self-care plans so that staff have the tools to monitor their own well-being (Global Women's Institute 2017).
- Demonstrate appreciation and gratitude for M&E staff. Acknowledge their contributions and thank survivors for sharing their experiences (Global Women's Institute 2017).
- Create an environment where staff feel comfortable saying when they need to take a break from M&E activities related to GBV and provide flexibility with staff schedules. This may include providing general data entry, logistical, or administrative support (GBVIMS Steering Committee 2017).

For more information on promoting self-care among staff, see the how-to note titled, *How to Embed Self- and Collective Care in Organizations Addressing Gender-Based Violence*.

[18] As defined by the National Child Traumatic Stress Network (NCTSN), "Psychological First Aid (PFA) is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Individuals affected by a disaster or traumatic incident, whether survivors, witnesses, or responders to such events, may struggle with or face new challenges following the event … PFA is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping." (NCTSN n.d.)

[19] Note what participants perceive as accessible, including safely accessible, may vary based on their diverse identities.

[20] Vicarious and secondary trauma are used interchangeably to describe the trauma experienced from listening to, learning about, and/or witnessing traumatic events affecting others (CARE-GBV 2022c)

1.6 RIGHTSIZING APPROACHES TO M&E

The purpose of monitoring, evaluation, and learning (MEL) practices is to apply knowledge to improve development outcomes and ensure accountability for the resources used to achieve them. To accomplish this, programs must know what they are trying to do and what they need to learn to be able to collect the right data that will help them make decisions (USAID 2021b).

Right-sized approaches to M&E balance adhering to funder's reporting requirements with collecting the right data to answer the right questions within the context of available resources (see **BOX 1.6-1**). Rightsizing occurs when activities are "match[ed] between resources (people, time, and money) and goals … activities, processes, and methods are coordinated and efficient … and data are non-duplicative and meet program management, leadership, and compliance needs" (Lavin and Nurik 2019, 7).

M&E data should meaningfully capture how core program activities contribute to the achievement of program goals. This requires thinking about which questions the program is asking and why, and how to structure MEL activities given available budget and resources (which are often limited). Rightsizing also acknowledges the burden of MEL activities on program participants and implementing organizations, particularly smaller organizations with limited resources.

When determining how to right-size an approach, M&E teams should ask themselves the following questions to understand whether programs are achieving their goals and which activities are contributing to desired changes via their M&E activities (War Child Canada 2020, 7):

- Are activities being carried out as planned?
- Is the quality of the activities adequate?
- Is the priority population being reached?
- Who is participating in activities and who is not? If not, why not? And how can future activities include them?
- Are there any unintended positive or negative consequences that emerged as a result of program participation or the program itself?
- Did the program achieve what it set out to do?
- Were any observed change(s) in outcome(s) among participants a result of program activities?

BOX 1.6-1. Rightsizing M&E: A Researcher's Perspective

"The real challenge is to 'right size' one's evaluation and learning strategy to ensure that its appropriate to the size and stage of the project being evaluated. In general, we go too quickly to asking about impact (which is an expensive question to answer), before we have even optimized the program. We need to spend more time up front using techniques like observation and interviewing field staff, to understand what elements are working well and not so well and to ensure that the program is being implemented as intended."

– Lori Heise, Prevention Collaborative

Noting capacity-related challenges and limited resources (e.g., M&E staff may serve in other roles that are critical to programming delivery), it is important to right-size your approach so that activities are feasible given staff bandwidth. Consider the following strategies when assessing how to realistically implement M&E plans and tailor M&E activities (including remote activities) according to your M&E staff's capacity and availability (War Child Canada 2020, 14):

- Engage smaller samples for M&E activities.
- During the design stage, ensure M&E questions are appropriately aligned to program research questions and objectives.
- Make sure that M&E activities are resourced appropriately and reaffirmed over the course of the project (e.g., quarterly). Consider eliminating M&E activities and related questions that fall outside the bandwidth of M&E staff and/or the program timeline.
- Apply mixed-methods approaches based on available data to inform learning and information that can only be obtained via primary data collection activities.[21] This may include carrying out qualitative primary data collection activities and using secondary data from funders and local government reports as sources for needed quantitative data.

[21] Primary data collection activities should only be carried out if it is possible to complete them applying a do-no-harm approach for M&E staff and survivors.

- When completing quantitative analysis activities, implement analyses that align with the expertise and bandwidth of M&E staff. Analyses should also reflect the ability of the program to report on both the short-term influence and effects of program activities and their long-term impacts. For example, if M&E staff have limited statistical training and experience, focus on providing descriptive statistics such as percentages and disaggregations according participants' characteristics that highlight differences in participant populations and time-related trends.
- Carry out baseline M&E activities on a rolling basis via a stepped-wedge approach[22] so that activities can be spaced out as needed, based on M&E staff's availability.
- When feasible, collaborate with other local organizations on GBV-related activities. Find opportunities to co-collect and share data, minimizing the burden on M&E staff and the risk of re-traumatizing survivor participants. All data should be de-identified, with personally identifying information removed when storing collected information and before sharing with others.
- Coordinate and engage with local organizations that have established trust and rapport and already engage with survivors, such as women-rights, disability-rights, and survivor-led organizations to inform M&E activity implementation, make sure activities are relevant and contextualized, and eliminate any activities that may be duplicative.
- Coordinate with local organizations that work with survivors. Explore and come to a consensus on opportunities to support and train one another (e.g., through a capacity exchange) based on comparative strengths, expertise (including local knowledge and context considerations), and experiences.
- Engage and come to a consensus with all program partners and funders (as possible) on the appropriate frequency and length for reporting activities and products. Reduce these as possible to prevent excess burden on M&E teams.
- Consider rapid, concise reporting activities (e.g., weekly bulleted summaries shared via email) that can be synthesized into more detailed reporting products (e.g., annual reports).
- Consider alternatives to traditional M&E activities (e.g., focus group discussions, key informant interviews, or surveys). For instance, ask program participants to voluntarily share stories of success via audio recordings or a "stories of change" activity.[23]

1.7 LOCALIZING COLLECTION OF M&E DATA

M&E activities should be grounded in localization considerations. As noted in *USAID's Evaluation Policy* (USAID 2020a, 9), promoting local ownership requires "respectful engagement with all partners, including local beneficiaries and stakeholders, while leveraging and building local evaluation capacity." In addition, *USAID's Equity Action Plan* notes the importance of localization and inclusion of groups in marginalized situations, noting it is critical to meaningfully capture and analyze data on considerations related to "gender, youth, disability, LGBTQI+, and religious minorities, to better establish a baseline for investment in DEIA [diversity, equity, inclusion, and accessibility] programming, have a more informed approach when allocating resources to advance racial equity, promote equitable delivery of government benefits, and support local organizations that advocate for equity for historically underserved or marginalized racial and ethnic groups, along with other local initiatives" (USAID 2022c, 3).

Further, USAID has highlighted the importance of local experts and their role in supporting and improving local systems that are integral for maintaining program outcomes. USAID outlines key activities and best practices for systems strengthening via its Local Systems Framework, which includes the following (USAID 2016b, 2) (see **BOX 1.7-1.**):

- Observe the system to understand how it works.
- Interact with the system to initiate change via intervention activities that are targeted to achieve intended outcomes.
- Assess the actual results of intervention activities on the system.
- Modify the program based on results to promote changes that will produce the desired outcomes.

[22] A stepped wedge approach can be used to collect data from clusters of participant groups in phases before intervention activities begin to make sure there is a clean baseline. This approach also addresses restrictions related to staff's bandwidth to support large-scale data collection activities.

[23] See Annex 3.2.1 of *War Child Canada's A Toolkit for Monitoring and Evaluation of Gender-Based Violence Programming in Restricted Environments* (2020). See also the *Women's Refugee Commission and IRC's Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings Tool 12: Documenting "Stories of Change"* (2015).

During these processes, M&E staff should consider the 5Rs: **R**esults, **R**oles, **R**esponsibilities, **R**ules, and **R**esources that facilitate interactions, as well as activities and actors within local systems (particularly those who may interface with survivors). They should also reflect on key questions to understand the current state of systems and how to adapt them to achieve target outcomes (USAID 2016b, 3–12). M&E systems should have activities to monitor local systems change throughout the program to allow for activity modification.

When planning M&E data collection activities, to localize and contextualize activities, it is critical to engage key local stakeholders, including community leaders and survivor-led and human-rights-focused groups. For example, the definitions and framing of GBV should be contextualized—they should reflect how the local community defines and perceives GBV, as well as related associated behaviors that the community associates with different dimensions of GBV (e.g., control of land resources of the survivor as an example of financial abuse). Situating GBV within the local context is essential for informing M&E of GBV-related outcomes. When considering data collection techniques, it is important to engage the local M&E staff who are responsible for applying the techniques and sustaining M&E practices and outcomes after closeout. Local M&E staff should play a key role in determining the focus, timing, logistics, design, implementation, analysis, and dissemination of M&E-related activities and findings and be integrated as core members of the M&E team (USAID 2020a). Their input can be crucial in understanding local social and gender norms that may affect M&E activities. In addition, pause-and-reflect sessions with staff and participants can elicit ideas to enhance and streamline M&E processes with local stakeholders. These sessions should be held with local survivor-led groups, mental health professionals, and other relevant local actors, as possible. These processes are explored in *USAID's Locally Led Development Checklist* (USAID 2022d).

BOX 1.7-1. Implementing Locally-Led Development

As defined by USAID, locally-led development is "the process in which local actors—encompassing individuals, communities, networks, organizations, private entities, and governments—set their own agendas, develop solutions, and bring the capacity, leadership, and resources to make those solutions a reality" (USAID 2021e, 1). Within the context of M&E of GBV programming, this involves democratizing the M&E process so that local M&E stakeholders are in positions of leadership and authority with decision-making power that allows them to guide M&E activities based on their expertise and experience to localize and contextualize M&E approaches. In addition, incorporating M&E practices into existing gender strategies can inform modifications to local activities and strategic initiatives, including facilitating and enabling factors to address GBV outcomes (UNDP 2021).

1.8 DECOLONIZING M&E DATA COLLECTION PRACTICES

To begin decolonizing development activities (see **BOX 1.8-1**), it is critical to engage local stakeholders as leaders and participants in the planning, design, implementation, analysis, and dissemination processes. M&E activities should be appropriately contextualized with local stakeholders in leadership positions, where possible. Local stakeholders should advise on developing realistic, locally acceptable data collection and recruitment strategies, using terminology that resonates with the local community, and asking questions that matter to local stakeholders.

The individual identity, role, and local social and political context within which M&E staff work has a significant influence on program results, including the initial interpretation of findings. Consequently, the M&E team should include an advisory board of diverse local stakeholders who regularly review all programmatic and M&E materials, as well as products and annual reports. M&E staff should ensure that these stakeholders are encouraged to reflect on and engage in ongoing learning from M&E data collection activities, because this helps them gain further insight into their communities (Kawakami et al. 2007, Johnston-Goodstar 2012, Chilisa et al. 2016).

Within the context of GBV programming, decolonizing M&E activities requires reframing the ways implementing organizations talk about and measure the root causes of GBV, as defined and contextualized by local key stakeholders. This includes shifting the focus on causes of GBV to global power imbalances, disparities, and inequities rather than blaming traditional and/or cultural practices. In addition, it requires recognizing how violence is used as a war tactic and means of control, including through past and recent colonial expeditions in low- and middle-income countries (CARE-GBV 2022a).

Incorporating local stakeholders' perspectives and applying a decolonizing development approach are ongoing processes. M&E staff should follow the four steps below to holistically root their activities in the reconstruction of the power dynamics of M&E activities (Frehiwot 2019, 2):

1. Decolonize M&E processes and team members' practices. This requires disregarding assumptions and beliefs about M&E and M&E specialists from the Global North, and contextualizing M&E practices and ensuring they are informed by the perceptions and actions of the local community and their lived experiences.
2. Learn about historical/traditional evaluation approaches in the country/region of focus.
3. Reassess current evaluation approaches, particularly those from the Global North, to determine relevance and fit.
4. Create or use evaluation approaches that have been developed for the country/region of focus and are contextualized and informed by learning from the three prior recommendations and in collaboration with local community stakeholders.

BOX 1.8-1. What Is Decolonizing Development and Why Is It Important?

"The idea of decolonizing aid can take many forms in action: from localized leadership in programs on the ground to increased funding. But fundamentally, decolonization means decision-making is in the hands of the people directly impacted [sic] by aid and development programs" (Byatnal 2021).

SECTION

2 PLANNING FOR M&E

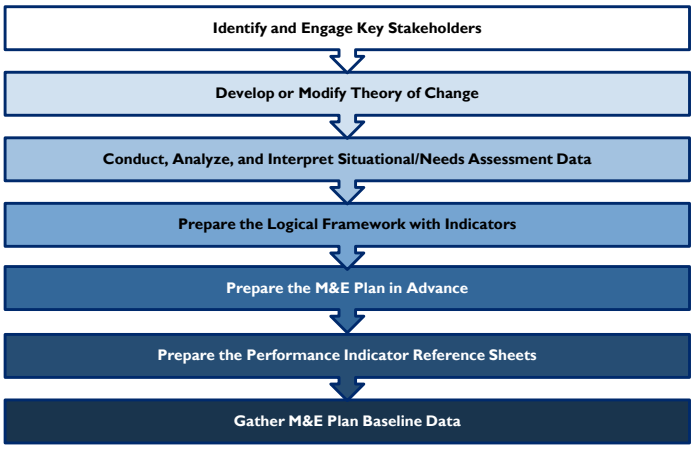
2.1 OVERVIEW

M&E helps programs assess whether they are achieving their goals. These processes also center on best practices that can improve ongoing activities and the design of future programs.

As outlined in the toolkit, the M&E planning process includes the above key steps (see **SECTION 2**, p. 14).

Understanding program goals and objectives—which is part of developing the theory of change—is among the first steps in an effective M&E planning process. These goals and objectives will inform all M&E activities and processes. For activities and programs focused on GBV, the ultimate long-term goals are reducing violence and supporting survivors. The intermediate objectives to achieve those goals will likely include increased awareness and education; advocacy with leaders, including diverse community leaders; possibly the adoption of new or improved legislation; the provision of services; and changes in social and gender norms. For programs that integrate GBV into sector-specific programming, goals might include preventing or mitigating the risk of GBV, as well as addressing underlying factors of gender inequality and patriarchal norms (see below for more on recommended goals and objectives).

FIGURE 2.1-1. M&E Planning Process (appears as **FIGURE 3** in the toolkit, p. 14)



HOW DOES THIS SECTION RELATE TO THE TOOLKIT?

This section summarizes key information in the second section of the toolkit, which describes how to plan M&E activities for interventions (see **FIGURE 2-1**. for an overview of the process). This includes guidance on identifying and working with stakeholders (pp. 14–17), creating and revising a theory of change (pp. 17–19), carrying out situational/needs assessments (and understanding the findings) (pp. 19–24), integrating indicators into a logical framework (pp. 24–32), planning for M&E activities and developing an M&E plan (pp. 32–46), developing PIRS (pp. 46–48), and collecting baseline data (pp. 48–54).

HOW DOES THIS SECTION OF THE ADDENDUM BUILD ON THE TOOLKIT?

This section outlines how to right-size M&E activities; summarizes high-level considerations for creating a theory of change; outlines how to situate GBV-related goals in a logical framework; provides key considerations for developing an M&E plan; highlights different types of project indicators, including key USAID GNDR indicators; and provides guidance on drafting, selecting, and disaggregating indicators in a meaningful way.

Possible goals for GBV programs include:

- Reducing the incidence of GBV
- Addressing underlying factors of gender inequality and patriarchal and hierarchical gender norms
- Improving the lives of survivors of GBV
- Removing the barriers to women, girls, gender nonbinary individuals, and other marginalized populations who participate in decision-making in society

Some recommended objectives for GBV activities include:

- Increased perception of safety among women and girls, gender nonbinary individuals, and others at risk in the priority population
- Higher percentage of members in the priority population who believe that no form of GBV is acceptable
- Increased percentage of survivors of GBV who say support services they accessed were supportive and survivor centered
- Higher percentage (percentage can be defined by activity) of health facilities with health care providers who can provide referrals for GBV services using a survivor-centered approach (War Child Canada 2020)
- Greater number (or percentage) of community-based informal and formal sources of support that use survivor-centered approaches
- Decreases in patriarchal and hierarchical gender norms that support gender inequality toward those that promote a balance of power between men, women, and gender nonbinary individuals

For some programs, addressing GBV-related outcomes, while important, is a secondary priority. Such programs may consider the following goals and objectives for their activities:

Goals

- Safety challenges and concerns among survivors of GBV are addressed
- Public spaces are safe and accessible
- Women and girls, gender nonbinary individuals, and others in community participate in decision-making processes

Objectives

- Increased perceptions of safety among survivors of GBV
- Greater number of women and girls, gender nonbinary individuals, and others who report they feel safe when accessing public spaces and in the workplace
- Increased number of survivors who report they have independent access to financial resources

For additional definitions on outputs, outcomes, and impact-related goals and indicators, see **SECTION 2.5** of this addendum (Developing GBV Indicators) and **ANNEX 2**. See also **SECTION 2.4** of the toolkit (Prepare the Logical Framework with Indicators, **FIGURE 6.** Outcomes, Outputs, and Inputs, p. 27).

2.2 DEVELOPING A THEORY OF CHANGE

As noted in the toolkit, according to USAID, a program-level theory of change should (2014):

- Orient all program staff to the program to ensure a common vision
- Indicate what conditions must be met to achieve long-term outcomes while also highlighting causal linkages between short-, medium-, and long-term outcomes
- Assign one indicator to each short-, medium-, and long-term outcome to make sure progress can be measured
- Use if/then logic to describe (in a narrative) how program activities will lead to target outcomes

For more information on developing a theory of change, see **SECTION 2.2**, p. 17 of the toolkit.

BOX 2.2-1. Why is M&E necessary?

M&E is key to project management and requires continuous collection and analysis of information to measure results of activities using qualitative and/or quantitative indicators. Evaluations assess the project as a whole during key points, such as midline and end of project.

2.3 INTEGRATING GBV GOALS INTO A LOGICAL FRAMEWORK

SECTION 2.4 of the toolkit provides guidance on developing a logical framework (also called a logframe). A logical framework is a management tool that links program objectives, outcomes, and outputs (pp. 24–32) to measurable indicators, means of verification, activities, assumptions, and risks. It also connects the results articulated in the theory of change to measurable indicators. A logical framework organizes a large amount of information, ranging from stakeholder analysis to the theory of change to the means of verification to assumptions.

As with theories of change, keep logframes for GBV programming relatively simple. M&E staff should prioritize selection of essential indicators that inform how programming activities are achieving program objective(s) and short-, medium-, and long-term outcomes. Avoid including too many objectives or outcomes to make sure only indicators that are integral to tracking program progress are adopted. In doing so, consider how best to incorporate the voices and opinions of women, girls, people of diverse SOGIESC, persons with disabilities, and other populations from priority communities into measurement approaches—for example, by using qualitative or participatory data collection processes.

For programs that incorporate GBV activities into a sector, staff must carefully consider the connections between activity streams and integrate them into the logical framework (USAID 2014c). For example, in the land reform sector, different forms of GBV (e.g., economic, physical) are intertwined. Women face economic violence when denied the use of land and ownership rights; property grabbing may also be accompanied by physical violence or threats of other types of violence or social ostracism (USAID 2020b, 3–4). When developing the logical framework, engage GBV experts, including local experts, to make sure the overall focus of the program includes activities that address GBV within the specific sector and that relevant contextual factors inform the design (CARE-GBV 2022b).

2.4 DEVELOPING AN M&E PLAN

Once a program has finalized its logframe and designed its activities, it should immediately develop an M&E plan outlining key activities (see **SECTION 2.4** of the toolkit, p. 24 and the next paragraph). Early planning enables staff to budget for M&E activities, identify and bring in local M&E experts, define data collection scope and management, develop data collection tools appropriate to the selected indicators, and define ethical and safety considerations. The M&E plan can also help reshape outcome statements and indicators, if necessary, to ensure that the planned activities maintain a survivor-centered approach (War Child Canada 2020, 68).

An M&E plan describes how the program will collect information in the logical framework (against indicators). An M&E plan typically includes the following information:

- A list of indicators, with descriptions
- Baseline values and targets, including relevant timelines
- Details on data sources and data collection methods
- Data collection frequency
- Responsible persons for collecting the data
- Assumptions and risks
- Analysis plan for M&E data
- CLA approach

M&E plans contribute to a shared understanding of the indicators, data collection processes and tools, how data will be used for learning, and how the learning will be used to adapt the activity and assess the effects of the program. These plans should be collaboratively developed with the program staff (M&E and technical), as well as local M&E experts, relevant community stakeholders, and the affected community to build a shared understanding of program goals and how success will be measured (War Child Canada 2020).

2.5 DEVELOPING GBV INDICATORS

Indicators help assess progress of the program toward achieving its goals. Each indicator should focus on one core component of the program and each indicator can be quantitative or qualitative. Indicators can be informed by data sources from your program (e.g., survey data) as well as external sources (e.g., local government reports and statistics). They should be grounded in the program's theory of change and logframe and directly tied to the desired outputs, outcomes, and impact. Indicator types include:

- **Output**—the direct results of program activities (e.g., number of people trained about GBV, number of awareness-raising activities conducted, number of accessible GBV-related services, etc.)
    - Number of knowledge and learning products developed and disseminated to strengthen USAID programming on GBV
- **Outcome**—the immediate changes in the priority population due to the program activities (e.g., changes in knowledge, attitudes, and behaviors)
    - Percentage of participants from program activities who report using knowledge and learning products and/or tools in GBV programming
- **Longer term**—the longer term changes in the priority population due to the program activities (e.g., change in rates of violence, social norms, etc.)
    - Percentage of participants from program activities who report support of more equitable gender norms a year after program closeout

Look for existing indicators before creating new ones, because there may already be relevant existing indicators for your program that have been field tested. When appropriate, use standardized indicators or those proven successful in other, similar programs. One source of potential indicators for selection is USAID's Demographic and Health Surveys (DHS) Program indicators (DHS 2022)[24].

Additionally, USAID currently has two standard foreign assistance indicators that explicitly relate to GBV (USAID 2018b):[25]

- **GNDR-5:** Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and GBV at the national or sub-national level
- **GNDR-6:** Number of people reached by a USG-funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines, other)

Besides GNDR-5 and GNDR-6, another six GNDR indicators address gender equality, women's empowerment, women, peace, and security (see **ANNEX 2** for a list of GBV indicators by sector):

- **GNDR-1:** Number of legal instruments drafted, proposed, or adopted with USG assistance designed to promote gender equality or non-discrimination against women or girls at the national or sub-national level
- **GNDR-2:** Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income, or employment)
- **GNDR-4:** Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities
- **GNDR-8:** Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public- or private-sector institutions or organizations
- **GNDR-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
- **GNDR-10:** Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance

Whether custom or standard, each indicator should have a USAID *PIRS*. This form is a useful tool for ensuring quality control. It captures guidance on how to collect data and measure changes in the indicator, the desired direction of change, the level of collection, and who will measure the indicator (and how and how often).

[24] Demographic and Health Survey: Survey Indicators.

[25] USAID Program Cycle How-to-Note: Gender Integration in Performance Plans and Reports.

2.5.1 CONSIDERATIONS FOR DETERMINING M&E INDICATORS

As noted in the toolkit (see **ANNEX H**, p. 120), indicators should be should be specific, measurable, and achievable. They also ought to be **strategic**, **measurable**, **action-oriented**, **realistic**, **time-bound**, **inclusive**, and **equitable** (SMARTIE) (Massachusetts Department of Education 2020). Beyond being SMARTIE, the indicator development process should also enable the rightsized evaluation of activities, focus on results, and serve as an opportunity for meaningful engagement of program stakeholders, as well as the measurement and achievement of goals that promote equality. Program indicators should reflect outputs or outcomes the program can reasonably achieve through the implementation of program activities and measure consistently within the program's time frame (Frankel and Gage 2016).

When considering program objectives and developing indicators, take into account the feasibility of measuring the indicator(s) in specific contexts, including cost and time. For example, an indicator measuring a change in attitudes will need a data collection mechanism that can track these changes within the wider population, including baseline information and follow-up measures of outcomes. This may include implementation of a pre–post test with participants after completion of activities that are anticipated to influence program outcomes. Think also about what the indicators can show. Qualitative indicators, for example, cannot demonstrate prevalence or change over time, but they can provide context for measurable change (e.g., satisfaction with services; the ability of service providers to respond to cases of GBV; the perceptions of program participants; and how participants apply what they have learned from a program).

Indicators do not exist just to 'check a box' for M&E of programming; they should focus on measuring results that are meaningful and highlight the key goals of core program activities and objectives. As it relates to rightsizing M&E activities, M&E staff should take advantage of proxy indicators to inform and provide relevant local context on M&E learning, especially when additional M&E data on programming activities cannot be feasibly or safely collected. Proxy indicators can be validated by women, girls, and gender nonbinary individuals, as well as survivors, women-led organizations, and other groups promoting human rights (Sharma et al. 2022).

When deciding which indicators to use, it is important to do the following:[26]

- When developing custom indicators, employ participatory approaches (i.e., engage staff and local stakeholders involved in core activities related to potential indicators). This will ensure your indicators are SMARTIE, increase staff's ownership in supporting M&E (including their monitoring and sustainability after program completion), create opportunities to discuss how to maximize efficiency in collecting indicator-specific data, and encourage all staff (including non-M&E staff) to reflect on how their core activities promote the achievement of program goals (USAID 2010).
- Develop indicators that can capture spillover secondary effects of programs that may go beyond initial sectors of focus, using input from cross-sectoral actors.
- Develop indicators and monitoring systems that can capture changes that occur beyond the life of the project to ensure greater accountability, including remote systems (UNFPA 2020) (see also **BOX 2.5.1-1**.).
- Measure inclusion of survivor-centered approaches internally. This involves explicit mention of referral processes and related systems and strategies for preventing and addressing GBV. Direct approaches may be highlighted in an institution's mission, values, staff competencies, ethics statements, and standard operating procedures. Additional entry points include the incorporation of survivor-centered response policies and related training among staff at all levels of the organization (Measure Evaluation 2016, 16).
- For custom indicators, right-size your approach to developing indicators. Always balance the feasibility of collecting needed information (e.g., through service hotlines, the establishment of community initiatives to address GBV, etc.) with funder's reporting requirements (War Child Canada 2020).

BOX 2.5.1-1. The GBV Case Management Outcome Monitoring Toolkit

The GBV Case Management Outcome Monitoring Toolkit was developed to measure the impact of GBV case management on psychosocial well-being and felt stigma. The Toolkit includes a ten question Psychosocial Functionality Scale and a ten question Felt Stigma scale that have been validated to assess changes in psychosocial wellbeing (e.g., getting help) and stigma (e.g., feeling shame) among female survivors of GBV. First piloted in the Democratic Republic of Congo, the tool was then modified for use with adolescent girls and women in Somalia and Syria (UNFPA 2020). Findings from participant responses on each scale can contribute to case management and assessment of well-being as well as provide insight on how to improve outcomes among adolescent girls and women who have survived violence.

[26] For additional strategies for selecting indicators, see *USAID's Indicator Selection Criteria List in Performance Monitoring and Evaluation Tips: Selecting Performance Indicators* (2010).

In addition, choose survivor-centered indicators. This means being sensitive to the fact that some survivors may not want to disclose their experiences, pursue services, or report the abuse to legal authorities. Indicators that measure the number of survivors of GBV who access services may inadvertently lead program staff to feel the need to seek out survivors or convince individuals who disclose to access certain services—this is not a survivor-centered approach. M&E staff may quantify services delivered, but report this in a way that highlights provision of services rather than number of survivors accessing them. A survivor-centered alternative would be to assess the percentage of survivors who access GBV response services who expressed satisfaction with the services received (quality) or the percentage of community members who knew where they can safely receive support if they experienced GBV (access).

2.5.2 COLLECTING MEANINGFUL DISAGGREGATED DATA FOR PROJECT INDICATORS

Disaggregation of data can highlight nuances in the effects of activities and inform timely adaptation of activities to better reach priority populations and achieve program outcomes. Detailed disaggregation of data also facilitates the sharing of learning. All indicators should:

- Include and measure appropriate disaggregation categories (as defined in the relevant PIRS and supported with tracking and reporting templates) (see **BOX 2.5.2-1**.)
- Consider approaches to nest disaggregation (e.g., by marital status within geographic regions)
- Disaggregate by sex and/or gender identity, as required for USAID-funded activities (USAID 2021a)[27]
- Disaggregate by age—this is not only crucial for youth-focused activities, but ideally, should be captured in all program activities regardless of the priority populations' age range. Nest age with captured sex/gender identity data.

Categories may include the following (some but not all of which are listed in the toolkit, p.46):

- For individual indicators, such as those related to outputs or outcomes, categories of interest may include **sex** (e.g., female), **gender identity** (e.g., woman), **sexual orientation**, **age** or **age segment** (e.g., 30–34), **minority status** (e.g., race/ethnicity/caste), **level and type of disability** (e.g., self-identifies as having a disability, type of disability: e.g., mobility-related, mental health), **religion** (e.g., Muslim), **type of stakeholder** (e.g., funder), **marital status** (e.g., yes or no), **geographic location** (e.g., Latin America and the Caribbean), **income** (e.g., annual per household), **education level** (e.g., secondary education), **primary language** (e.g., Spanish), **occupation** (e.g., teacher), and **sector** (e.g., education), as relevant.
- For event/activity- or product-specific indicators, which are distinct for each program output, categories of interest may include **event/activity/product type** (e.g., workshop), **focus/topic** (e.g., sexual exploitation and abuse [SEA]), or a **relevant task**, **objective**, **or learning agenda question from the program** (e.g., create knowledge products to strengthen GBV programming). This may include the number of knowledge and learning products developed and disseminated to address knowledge and practice gaps related to GBV programming or the number of external workshops and events held to promote learning on GBV-related topics.

For more information on developing, selecting, and using indicators, see **SECTION 2.4** of the toolkit, pages 24–29. For more on indicator disaggregation, see **SECTION 2.6** of the toolkit, pages 46–47, and *ADS 201 Additional Help Disaggregating Monitoring Indicators* (USAID 2021a). For further resources to identify potential indicators, see also *USAID's International Data and Economic Analysis platform*, which has a query mechanism, country dashboard, *gender dashboard*, metrics, and the ability to search for relevant indicators including GBV-specific indicators. Please also refer to **ANNEX 2** of this addendum for sample indicators related to different GBV activities, as well as ideas for measuring GBV activities within different development sectors (see also **SECTION 2.6** of the toolkit, pp. 47–48, and **ANNEX J**, pp. 127–172).

BOX 2.5.2-1. Selecting Indicators that Promote Participant Safety

Before determining disaggregation categories, M&E staff, working with GBV experts, should ensure it is safe to collect the information.

[27] When making decisions related to collecting information about participants' sex or gender identity, it is recommended to ask about sex in USAID countries/regions where there tends to be a more binary view of sex or gender, because it limits the potential for further harm for gender nonbinary individuals. It is recommended to collect information on gender identity, when it can be done so safely, because it allows for more inclusive representation of participants. See further information on related safety considerations in Section 1.3.1 (Considerations When Working with People of Diverse SOGIESC) and relevant definitions (Box 1.3.1-1).

SECTION

3 IMPLEMENTING THE M&E PLAN

3.1 COLLECTING M&E DATA

For best results, monitoring tools should be simple; tailored to the program indicators, activities, and available resources; and based on the monitoring purpose.

When considering data collection techniques, also account for the desired frequency of collection, required rigor, method of analysis, required personnel, appropriateness to the local context, and program costs to ensure the approach is rightsized to your program needs and available budget.

Monitoring tools should be adaptable to unforeseen risks and barriers. Key considerations regarding security of data collected are noted in Section 1.2.1 (*Considerations for Developing Feedback Mechanisms*), Section 1.6 (*Rightsizing Approaches to M&E*), and the forthcoming Section 3.3 *Developing and Applying Remote and Innovative Solutions*. For all M&E information, raw data should only be shared with essential members of the M&E team, and immediately de-identified before storing and sharing them via secure and encrypted files and platforms. Any personally identified information collected (e.g., for initial recruitment activities) should be kept separate from other participant data and personally identifiable information. to safeguard confidentiality.

When possible, and keeping in mind rightsizing, monitoring tools[28] should include a mix of quantitative and qualitative methods to capture the depth and breadth of key M&E inputs, as resources are available and to allow for triangulation of findings (USAID 2013), which are defined as follows:

- ***Quantitative methods*** are systematic, deductive approaches to learn[ing] about a particular topic from a group of people defined as a sample. Quantitative research relies on data that are observed or measured to examine questions about the sample population (Allen 2017). They include surveys, administrative data-keeping, or secondary data collection (e.g., from government population data),[29] and capture objective, quantifiable change (e.g., the percentage of individuals satisfied with services, the percentage increase in the number of participants who say they hold particular attitudes at baseline and endline).
- ***Qualitative methods*** are systematic, inductive approaches for gathering information to understand meaning, how things work, perspectives and experiences, and context (Patton 2015). Qualitative methods include in-depth or semi-structured interviews, focus group discussions, and direct observation. These methods are best suited to determining the quality of programming (e.g., reasons for participants' satisfaction with services or a given activity, underlying thinking for changes in participant attitudes, etc.).

HOW DOES THIS SECTION RELATE TO THE TOOLKIT?

This section covers the third section of the toolkit that focuses on how to carry out M&E activities, including gathering M&E data (pp. 55–59), assessing the quality of program activities (pp. 60–61) and program data (pp. 61–62), and carrying out midline and endline evaluations (pp. 63–68).

HOW DOES THIS SECTION OF THE ADDENDUM BUILD ON THE TOOLKIT?

This section of the addendum outlines how to collect M&E data using a mixed-methods approach; key considerations for identifying, engaging, and supporting M&E staff; and how to adapt M&E activities using different strategies and technology.

[28] For additional information, see also USAID's *Monitoring*, *Evaluation* and *CLA Toolkits*.

[29] For more information on secondary data sources, see Annex 2.4.b of War Child Canada's *A Toolkit for Monitoring and Evaluation of Gender-Based Violence Programming in Restricted Environments* (2020).

or security risks. Participating in data collection means time away from critical life activities (e.g., managing the needs of the family, employment, etc.). Therefore, collection methods should be efficient and include only the essential to minimize burdens on participants. Additionally, results should be shared with participants, and they should take part in validation and reflection activities that assign meaning to the results.

3.2 CAPACITY OF M&E PERSONNEL TO ADDRESS GBV

M&E staff and data collectors should have the skills and experience to uphold standards and good practices related to safety, confidentiality, respect, and non-discrimination. Keep in mind that M&E staff and data collectors may have certain ideas about GBV—including whether it is normal, inevitable, or acceptable—that can affect how they collect data or what information provided by survivors they share. Consequently, in line with the do-no-harm approach, programs should train staff on GBV, gender sensitivity, implicit bias, stigma, key considerations when working with marginalized populations, and compliance with ethical and safety measures.

The program should equip staff with information about safe, vetted, and accessible referral resources for survivors of GBV, as well as mental health and psychosocial support for themselves to avoid burnout or trauma. If basic services and support for survivors are not available in the area, M&E activities where survivors may disclose their experiences of violence should not take place (WHO 2007).

Well-trained, capable data collectors can make the difference in whether a program obtains high-quality data and whether it does so in an ethical manner. This is particularly true in settings where maintaining confidentiality and privacy is difficult. When hiring data collectors, identify candidates who have a high school degree or higher; are from the same region/speak the same language as interview subjects; are open to learning and discovery; have good observational skills; are sociable/outgoing; and are enthusiastic about the program (Global Women's Institute 2017, 70). Other factors to keep in mind when hiring data collectors are language, ethnicity, religion, political affiliations, region of origin, sex, and the general safety context. Staff should include those with diverse intersectional identities and experiences who can help contextualize M&E processes, guidance documents, protocols, and activities. Before any data collection activities begin, data collectors should be trained in the areas listed in the preceding paragraphs and identified in sections 1.3 and 1.4 of this addendum (see also **BOX 3.2-1**.).

BOX 3.2-1. Tool for M&E of Locally Led Development: Applied Political Economy Analysis

Understanding and responding to local systems requires ongoing monitoring of the local context. One promising approach to understanding the external factors that affect programming is applied political economy analysis (APEA). As noted in a recent USAID *APEA guide* (2018), APEA "is an analytical approach to help understand the underlying reasons why [sic] things work the way they do and identify the incentives and constraints impacting [sic] the behavior of actors in a relevant system. By helping identify these influences—political, economic, social and cultural—[A]PEA supports a more politically informed approach to working, known as 'thinking and working politically' (TWP). Through TWP, USAID seeks to better understand the systems where we work and to identify sustainable, locally generated solutions" (1). Data collection activities for APEA can include desk reviews, interviews, surveys, focus group discussions, and other information-gathering activities to help M&E staff learn how to best plan and respond to events in a way that will support the achievement of program outcomes.

3.3 DEVELOPING AND APPLYING REMOTE AND INNOVATIVE SOLUTIONS

Remote monitoring and management are increasingly the norm as security concerns, disease outbreaks, conflicts, environmental disasters, and other crises make it difficult to reach some communities.

However, ensuring the success of remote monitoring and management approaches requires open lines of communication among staff, thoughtful community engagement, and careful selection of monitoring tools, among other things.

When using remote monitoring and management approaches, programs should put in place a comprehensive plan for regular communication and safe/secure/confidential information sharing. All data should be de-identified during the data cleaning and storage process and before they are shared with others. This plan should be integrated into the M&E plan so that M&E staff understand their roles and responsibilities and all technological data collection solutions. Any such plan should encourage the building of rapport between M&E staff, wherever they are based, because this will facilitate better and more frequent communication in a hybrid, mixed-modality setting (e.g., in-person and virtual).

Key ethics considerations for carrying out remote data collection activities using a do-no-harm approach include the following (IDRC n.d.):

- Limit database access to essential M&E staff only, who require access to fulfill their staff-specific responsibilities for the program activities (e.g., staff who will analyze anonymized data to report on programming activities).
- Indicate in M&E databases that participant data should be used for relevant M&E analysis activities only.
- Make sure participants are allowed to withdraw their responses from M&E systems, if requested.
- If collecting follow-up data with participants who have already contributed information for M&E activities, reconfirm informed consent to maintain participants' M&E data in data systems.
- Use password-protected, encrypted, and secure platforms for any communication and data collection activities to protect participants' confidentiality and privacy.
- Ensure that M&E staff only access platforms, apps, and de-identified data stored on these channels on work-based devices, not personal devices.
- Work with program IT staff to make sure all M&E-related software, apps, and platforms are regularly updated to maximize the security of databases.
- Ensure that M&E staff and implementing organizations that provide M&E-related data establish monitoring processes and mechanisms that allow for follow-up on time-sensitive requests, including sharing any safety concerns from survivors (CARE-GBV 2022b).
- Provide survivor participants with information on safe, vetted, accessible resources in their community. In addition, incorporate feedback systems within M&E data collection systems that allow for participants to ask questions on resources or express concerns, which can be shared with essential mental health and psychosocial support professionals and GBV specialists supporting research activities for further follow-up, as needed.

For further guidance on ethical considerations on remote data collection, see: *Additional "Do-No-Harm" Ethical Considerations for Research during COVID-19* (ECID 2021), *Mitigating the Risks of Remote Data Collection for Evaluations* (Hassnain 2020), and *A Toolkit for Monitoring and Evaluation of Gender-Based Violence Programming in Restricted Environments* (War Child Canada 2020) (see **ANNEX 1.7.A**).

3.4 ENGAGING COMMUNITIES IN REMOTE MONITORING EFFORTS

Remote monitoring approaches create opportunities to engage program participants in M&E efforts (timeline, budget, and context permitting). For example, a program may establish a local committee of community leaders, service providers, GBV advocates, and women's rights groups who can provide meaningful input for M&E activities considerations, such as seasonal changes or barriers to access for priority populations. This requires choosing to use participatory approaches that focus on meaningful and continued engagement opportunities for priority populations throughout the life cycle of project M&E activities (Kelly et al. 2021).

Similarly, working with existing community systems and staff, such as community health workers and local committees, is an effective way to remotely monitor programs that do not include GBV case management. When staff cannot reach program sites (such as women's shelters for survivors, etc.), community members at these locations/centers can provide monitoring data, if they can do so safely and without increasing any risks to safeguarding participants' privacy and confidentiality. For community-based activities, such as water security, sanitation, and hygiene (WSSH) and education projects, existing WSSH or parent–teacher committees can assist in monitoring the quality of implementation and progress if staff cannot make regular site visits.

3.5 SHIFTING TO REMOTE MONITORING IN CRISIS SITUATIONS

In cases where remote monitoring needs to be implemented suddenly (e.g., in the face of emergency situations or other local developments in the community), M&E staff should review existing M&E plans and protocols to determine what adaptations are needed to continue reporting activities. For example, M&E staff should explore the additional barriers program participants face in taking part in activities and seeking services and adapt as needed. They ought to assess whether they need to change M&E activities based on the ability to continue safely providing programming activities and collecting related data for M&E activities (USAID 2020c). M&E staff should also identify opportunities for modifying communication approaches that support secure and confidential implementation of M&E activities, especially those involving collection of sensitive data. In addition, local and national monitoring systems may be able to provide information to address M&E gaps related to emergency constraints, including opportunities to engage external stakeholders and key informants (USAID 2020d).

In such situations, common methods can be adapted to remote monitoring approaches with some planning. For example, key informant interviews, focus group discussions, surveys and polling, feedback and complaints mechanisms, and remote observations (or sensing) using GPS data can all be implemented virtually. Tools that can be used to adapt these methods include mobile and smartphones with appropriate apps, internet conference technologies (such as Skype, GoToMeeting, Zoom, WebEx, etc.), and online survey tools (such as Survey Monkey, Google Forms, Typeform, etc.) (War Child Canada 2020). For instance, SenseMaker® is an innovative tool that allows for the collection of anonymous, self-interpreted stories about the way people experience GBV services. The mixed-methods data provide new insights to inform the adaptive delivery of GBV services with decision-making based on what is perceived to be happening, instead of working toward aspirational outcomes.

However, keep in mind that the use of technologies described above can be difficult in remote regions, where mobile phone or internet services are not widely available, or in conflict-affected regions and situations. Safety concerns are also an issue. Cell phone access is higher among men, so for women in situations of violence to request a perpetrator's permission to use their cell phone increases the risk for potential harm. Use of mobile phones for qualitative data collection has increased in popularity due to its utility as a remote strategy during the COVID-19 pandemic and other situations of conflict and crises. While some technology allows for rapid disengagement from participation (e.g., "quick escape" from a webpage) to ensure participants' safety, additional evaluative research is needed to confirm the effectiveness of these approaches in promoting survivors' safety (Seff et al. 2021). Thus, safe cell phone access should be confirmed with participants who are survivors before using this channel for data collection activities.

In addition, as detailed in **SECTION 5** below, risks of technology-facilitated gender-based violence (TFGBV) are inherent in the adoption of technology approaches to data collection.

3.6 CONSIDERING AND DEPLOYING REMOTE MONITORING TOOLS

Many remote monitoring tools are available. The following are common:

- **SMS surveys**—suitable for short questionnaires
- **Interactive voice response**—suitable for short surveys or interviews in low-literacy populations
- **Computer-assisted telephone interview**—used by local research firms (and call centers) to collect data, particularly for longer research instruments, in an efficient, standardized way
- **Audio computer-assisted self-interview** (ACASI) (see **BOX 3.6-1**.)
- **Computer-assisted personal interview** (CAPI)—in-person approach to collecting data, during which the enumerator uses a phone, tablet, or computer to capture participant's responses shared during an interview.
- **Phone and web surveys**—ideal for geographically isolated populations with phone and internet access, as well as insecure locations where there are security constraints.
- **Mobile apps** (including those for two-way communication)—can be used offline for populations with limited internet connectivity, in situations where survivors can safely access electronic devices.
- **Media content analysis**—can track trends and public opinions

Many open-source and commercial mobile data collection tools are available, some of which are free. Before purchasing and using a specific tool for data collection and M&E activities, secure proper approvals from relevant funders' staff (e.g., chief information officers). Commonly used tools include:

- **The KoBo Humanitarian Toolbox**, created by the Harvard Humanitarian Initiative, is hosted on Amazon Web Services by the United Nations Office for the Coordination of Humanitarian Affairs. This resource is free for all humanitarian organizations. The app is available on Google Play. Find more information here.
- **The Open Data Kit Aggregate** is an open-source platform that requires the installation of a cloud-based service, such as Amazon Web Service or Google Cloud. It can be found on Google Play.
- **Ona** is a commercial service with a monthly fee ranging from $0 to $200. Ona also offers services that could be relevant and useful for GBV prevention and response programming.
- **Commcare** is a multi-purpose, case management, mobile data platform, which has been used for mHealth, GBV, distributions, agriculture, and livelihoods, among others. Given the cost, it is only recommended if a program's mobile data collection needs go beyond the one-way data collection that open-source platforms can provide (War Child Canada 2020, 37).

When designing remote data collection tools, M&E staff should connect with local stakeholders and groups that support and provide services to survivors to consider gender gaps, age disparities, and disabilities, and how these might affect the availability and use of technology (and thus, influence data collection results), as well as potential safety risks.

BOX 3.6-1. ACASI: A Promising Innovation for M&E

ACASI is an approach to collecting data that allows participants to hear recordings of questions and select answers via keypad or touch screen. This method is particularly appropriate for collecting sensitive data or responses from populations with limited literacy, including refugees. While ACASI requires significant financial support and time for programming, it has been an effective approach for participant data collection (Falb et al. 2016).

SECTION

4 USING M&E FINDINGS

4.1 ANALYZING DATA

As noted in the toolkit, "data analysis is the process of making sense of the collected data to 'tell the story' of the situation, highlighting the identified GBV risks, trends, coping mechanisms, available services, and gaps in services" (USAID 2014c, 70).

Data analysis can take different forms:

- **Situational analysis**—interprets primary data (collected by the researcher analyzing them) along with other contextual information, such as secondary data.
- **Contextual analysis**—involves the interpretation of qualitative data to understand historical, cultural, and social settings and considerations; this type of analysis requires the skills and subjectivity of GBV specialists for proper data interpretation.
- **Statistical analysis**—includes descriptive statistics—a compilation of data in numbers, percentages, ratios, or rates, displayed in tables, charts, and graphs to outline the relationship among variables in a sample; additional analyses entail inferential statistics, which include analyzing data from a random population sample to deduce learning about the larger population.
- **Spatial analysis**—maps data to help decision-makers visualize locational patterns—for example, a spatial analysis may help display geographic areas where GBV is a particularly high risk. Maps should always cluster cases within a region and never reveal the locations of specific incidents, which could put survivors in danger.

In each of these types of analyses, it is important to engage priority populations of interest (e.g., women, people of diverse SOGIESC, and persons with disabilities). Programs can use anonymous data from individuals and aggregate datasets as relevant to solicit participants' input on what works well and what could be improved with program activities, as well as gaps in the reach, quality, or implementation of services. For more details, see **SECTION 4.2.1** of the toolkit (*Analyze the Data Collected*, p. 70) and **SECTION 4.2.2** (*Interpret the Data*, pp. 71–72).

HOW DOES THIS SECTION RELATE TO THE TOOLKIT?

This section covers the fourth section of the toolkit, which focuses on how to use M&E data, including appropriate strategies for sharing M&E information (pp. 69–70), the use of M&E data to inform activities (pp. 70–72), ideas for sharing learnings from GBV M&E data with national and international stakeholders (pp. 73–78), and guidance on how USAID can use GBV M&E information (pp. 79–80).

HOW DOES THIS SECTION OF THE ADDENDUM BUILD ON THE TOOLKIT?

This section of the addendum summarizes options and approaches for analyzing M&E data, strategies for reporting M&E data, and guidance on learning activities that highlight M&E findings.

When analyzing data—both quantitative and qualitative—follow these six major steps (War Child Canada 2020, 102):

1. **Develop a data analysis plan.** Outline what information will be analyzed, how, by whom, and when. Ensure that local M&E staff and other relevant key stakeholders, including members of priority populations, provide input.
2. **Organize the information so all data gathered are in a clear and structured format.** For quantitative data, consider using a spreadsheet (Excel) or a statistical software system such as EpiData, CSPro, STATA, and SPSS. For qualitative data, you can manage and analyze notes and transcripts in software such as NVivo, AtlasTI, DeDoose, and MAXQDA.
3. **Analyze statistical data to identify trends or patterns.** Focus on changes (before the intervention and after), and differences between the intervention group(s) and the comparison group(s). Confirm with local M&E staff and additional relevant stakeholders whether there are other key factors to consider in the analysis process.
4. **Analyze qualitative data to determine key themes**, patterns, and relationships. While there are many approaches to qualitative analysis, a common approach is to categorize data with labels or "codes" for key themes. Codes can be used to identify and group text in transcripts either manually or by using a software program. When data have been coded, patterns and relationships will emerge that explain the "who, what, and why" for questions being asked.
5. **Triangulate the data.** Compare multiple sources of quantitative and qualitative data to provide a deeper, more accurate account of why something happened and help corroborate findings. This process can identify associations, differences, or similarities that may point to larger patterns or trends among data points. When comparing results from various sources, work collaboratively with local M&E staff and other relevant stakeholders to assess and interpret data. As possible, seek insight from other organizations supporting survivors in the local community that may be carrying out related activities and/or can provide key contextual insight. For example, consider comparing the results from different sites to understand differences or assess the progress of differing program areas, as well as comparing data to other data available within the country or region.
6. **Interpret the data and make recommendations.** Use this analysis to show whether the intervention achieved its objectives and delivered the desired benefits to participants; the analysis should also describe what helped or hindered program implementation. This process results in conclusions and recommendations for improving programming. Keep in mind that people may interpret the data differently, based on their life experiences and perspectives. Consider the perspectives, experiences, and roles of M&E staff and their perceptions of GBV-related topics (e.g., social and gender norms contributing to GBV). Include local M&E staff and relevant community stakeholders, including representatives of survivor-led groups as possible, in the interpretation process to better understand findings and their implications for future programming and service delivery. Incorporate visuals and graphics to display data findings, including data dashboards, which can be developed using supportive software (e.g., Tableu, Power BI).

At a minimum, a program should collect baseline, midline, and endline data for project activities and, on an ongoing basis, for project output and outcome indicators. M&E staff should analyze and use the data throughout implementation to determine whether activities are on track and to inform modifications to project activities. An enormous amount of data is not needed—the amount of data ought to be rightsized according to the needs of your program and the capacity of M&E staff. Start small and compare to existing data, when available and trusted. Also, know what you want to measure and what your data mean. For example, it may be more important to measure satisfaction with services than the number of people who use services, because many factors affect the use of services. Understanding whether a program is implemented in a way that is consistent with its design may be more important than knowing how many people participate.

4.2 DEVELOPING REPORTING SYSTEMS

Programs should summarize M&E data in quarterly reports and provide a more comprehensive analysis in annual reports. M&E findings presented in these reports can help management understand progress and challenges and inform adaptations to program activities. Findings can also benefit other audiences. For example, they can feed into national budgeting and policymaking processes, support the development of a consolidated action plan, inform the activities of local community programs and providers that serve women and others at risk of GBV, or provide data to a GBV working group (for more on tailoring M&E reporting to the audience, see below).

When designing reports, for any audience, make the data easy to interpret. Charts and visual representations are usually the best tools for showing progress and change (positive or negative). Similarly, tables matching achievements with indicators for each quarter, shown on a cumulative basis, can be helpful. Present key findings and recommendations in a simple written format. Data analysis and presentation activities should be rightsized according to the capacity and available time of M&E program staff. Consider budgeting for and using low-cost software that has built-in features to display quantitative findings in bar graphs and pie charts (e.g., Survey Monkey), to streamline the data analysis and presentation process. Additionally, include counts and percentages to ensure that stakeholders reviewing findings have a full understanding of the scope of M&E activity findings and related effects on project activities and outcomes. When possible, engage local M&E staff and stakeholders in deciding how information is presented visually, what terminology to include, and how long the report should be to increase uptake of the report and related recommendations among diverse community stakeholders (keep in mind the funder's requirements, too).

When deciding how to convey M&E findings, consider the needs of different audiences. Localize and decolonize your approach to interpreting and sharing results. For example, to share data with program participants, you may want to use alternative communication tools, especially if literacy is low. Options include: drawings, videos, storytelling, oral poetry, and simple summaries of key findings and recommendations. A government ministry or national bureau of statistics, on the other hand, might appreciate statistics and formal tables, while local government or community groups might prefer the topline data combined with qualitative data, such as survivor stories, to inform advocacy efforts.

For more guidance on strategies to visualize data for different audiences and types of data, see PATH International's and JSI's DMPA-SC Access Collaborative MLE Toolkit, *Data Visualization Principles, Effective Communication for DMPA-SC Introduction and Scale-up* (PATH and JSI 2021).

4.3 DEVELOPING LEARNING ACTIVITIES TO SHARE M&E FINDINGS

M&E learning should inform refinements of ongoing and development of future activities, as well as contribute to the knowledge base. As per the *USG's Evidence-Based Policymaking Act* (U.S. Congress 2018), activities supported by federal agencies should center their work around evidence building. This includes the following activities: hiring staff to serve as evaluation specialists, creating learning agendas for the life of the activity, and conducting a capacity assessment to inform changes to activities and maximize activity performance, resource use, and opportunities for strategy development, policy creation, and contributing to the evidence base (Office of Evaluation Sciences n.d.). At each stage of the learning process, local communities should be meaningfully engaged using participatory approaches so they can generate learning.

M&E findings should also drive solutions, expose gaps, enhance understanding, and inspire change among both funders and local community stakeholders. Failure to learn from M&E data—not analyzing data in a timely fashion or not refining programming based on findings—may result in the continued implementation of ineffective or poorly targeted activities. In addition, over time, participants may become less willing to provide feedback if their suggestions are not heeded. Local M&E staff, meanwhile, may feel less invested in sustaining outcomes after closeout. Besides informing activity refinements and contributing to sustainability, learning from M&E can help educate others on GBV, including the underlying related social and gender norms and entry points for prevention and response. Ultimately, M&E findings can become an advocacy tool to improve service, change attitudes and behaviors, and foster gender sensitivity in communities.

Given the numerous benefits of M&E learning, at the start of the program, it is important to design an M&E system informed by local M&E staff and community stakeholders with clear plans for using the data regularly and sharing findings with the wider development and/or humanitarian aid community. All personally identifiable information should be removed from data files before they are shared. Any plan for disseminating and using M&E findings should answer these questions:

- What information should be distributed?
- Who needs the information?
- How does the information get distributed?

Community stakeholders, implementing organizations, government officials and decision-making bodies, and organizations and agencies providing resources and services to survivors should certainly receive program learning, but they also ought to be engaged in the design of learning plans and development of dissemination strategies. While it takes time to build trust and relationships with external stakeholders, it is worth the effort to engage them early in the M&E planning process. Particularly with GBV, where resistance and lack of understanding are common, external stakeholders must understand why GBV is an issue of focus and how activities and interventions can benefit them and their community or country. Genuine engagement and collaboration require a facilitative approach that prioritizes interventions led by and among the local community rather than direct interventions by outsiders. A community-driven, participatory approach will increase local ownership and enhance the likelihood of sustainability. For additional participatory activities that can be employed during the M&E process, see **TABLE A3-1** in **ANNEX 3** (Chakraborty et al. 2020, 4).

As previously noted, start conversations and build trust and rapport with local community stakeholders early and keep lines of communication open, knowing that there will be ups and downs throughout these relationships. Regular meetings and events are key—provided they are productive and not burdensome. There are several effective information-sharing techniques that can be adapted to specific contexts, community attitudes and norms, available time and resources, and levels of understanding about GBV. For example:

- **World Café** is a creative process for leading collaborative dialogue, sharing knowledge, and creating possibilities for action in groups of all sizes. Small groups at café-style tables hold a series of conversational rounds related to one or more questions; a host remains at the table, while others travel to remaining tables.
- **Start, Stop, Continue** focuses on problem-solving or strategy development. It can be useful to help groups process M&E data by considering the current situation or goal and individually brainstorming actions in these three categories: (1) ***Start***: What are things that we need to **start** doing? (2) ***Stop***: What are we currently doing that we can or should **stop**? (3) ***Continue***: What are we doing now that works and should **continue**?
- The **NUF Test** is a technique for decision-making or consensus-building. Participants rate the extent to which an idea is new (N), useful (U), and feasible (F). The exercise results in the creation of a matrix of ideas against the criteria: ***New***: Has the idea been tried before? ***Useful***: Does the idea actually solve the problem? ***Feasible***: Can it be done?
- **Quarterly meetings** with partners and community leaders also offer great opportunities to share updates on M&E data and check in on activity progress.
- **Annual pause-and-reflect events**, for both project staff and partners, create space for deeper discussions on progress against indicators and necessary adaptations.

These learning sessions and ongoing conversations are important to evaluate the effectiveness of GBV services, service gaps, and the need for institutional or legal changes to support reforms. Such sessions can also build community buy-in, which is fundamental to success and sustainability.

SECTION

5 EMERGING LEARNING IN THE GBV PROGRAMMING M&E

5.1 THE IMPORTANCE OF ADDRESSING GENDER AND SOCIAL NORMS

While social behavior change theory is not new, over the past decade, there have been significant advances in understanding (1) how to identify the social norms that drive the behaviors programs wish to change, (2) how to shift these norms, and (3) how to measure changes in norms.

Two types of social norms are relevant: (1) descriptive norms (beliefs about typical behaviors in a group) and (2) injunctive norms (beliefs about what is an acceptable behavior within a group) (Social Norms Learning Collaborative 2020) (see **FIGURE 5.1-1**.). Norms are defined in relation to a reference group or the people who are important to the individual for the specific behavior. They are upheld through power dynamics and strategies such as the use of sanctions and rewards, which either condemn people for deviating from social norms or benefit those who adhere to them.

HOW DOES THIS SECTION RELATE TO THE TOOLKIT?

This section of the addendum covers topics not included in the toolkit.

HOW DOES THIS SECTION OF THE ADDENDUM BUILD ON THE TOOLKIT?

This section of the addendum provides guidance for understanding, measuring, and monitoring changes in gender and social norms, recognizing new types of GBV, and best practices for carrying out GBV monitoring during the COVID-19 pandemic.

FIGURE 5.1-1. Key Definitions for Identifying and Advancing Equitable Social Norms (CARE-GBV 2021)

Reference groups	The people and networks who influence a person's behavior *"My family members expect girls my age to go to school."*
Social norms	Unwritten rules that guide our everyday behavior *"When purchasing something at the market, people in my community expect shoppers to stand in a line."*
Descriptive norms	Perceptions about what is typical in a community (also known as empirical expectations) *"It is common for women in my village to care for children and elders."*
Injunctive norms	A shared belief about what is appropriate in a community (also known as normative expectations) *"My community expects women to care for children and elders."*
Sanctions	Anticipated or actual (positive or negative) reaction of the reference group (to a behavior) *"I will be judged by my friends if I do not get my daughter married before she reaches puberty."*
Gender norms	Social norms that describe how people of a particular gender should or typically behave *"Women should be responsible for taking care of the children."*
Risk factors	Factors that increase the likelihood of experiencing or perpetrating violence Men who have experienced violence in childhood are more likely to perpetrate violence.
Protective factors	Factors that decrease the likelihood of experiencing or perpetrating violence A minimum level of education can help protect women from experiencing violence in some contexts.

5.1.1 IDENTIFYING AND EXPLORING SOCIAL NORMS

The first step in shifting social norms is identifying behaviors and practices an initiative wants to change. The second is determining the social norms that contribute to these behaviors and distinguishing the people who influence these norms (reference groups).

Participatory qualitative research can help identify social norms. This may mean asking local community stakeholders about behavioral expectations and the social context the norms operate in. It might be useful to supplement qualitative data collection with quantitative data to better understand the prevalence of relevant beliefs and behaviors that support inequitable gender norms. A best practice for identifying social norms is using vignettes of hypothetical scenarios (as opposed to direct questions about social expectations) to elicit beliefs and expectations that affect the priority population.

Potential questions to ask to better understand social norms in a priority population before designing intervention activities may include the following (DFID 2016, 22):

- Has formative research been conducted to understand whether, and what, social norms (including gender norms) underpin GBV in a particular setting and what factors influence and undermine them?
- Does the formative research include a social inclusion analysis to capture the experiences of marginalized groups?
- Has a stakeholder mapping or formative assessment been conducted to understand who is affected by existing social norms, who holds influence in maintaining social norms (and how they do it), and who responds and minimizes risks as a result of social norms and social norms change?
- Has the program identified and built relationships with women's rights and other human rights organizations, groups that are led by persons with disabilities, people of diverse SOGIESC, collectives, and relevant local and national initiatives? How can partnering with these groups improve the reach and relevance of program activities? Are there any groups that could undermine the goals of the program?
- Has a risk assessment been conducted to understand the possible consequences for women and girls, men and boys, and people of diverse SOGIESC of efforts to shift social and gender norms and prevent GBV? What mechanisms have been put in place to prevent and mitigate risk?
- Are mechanisms in place to respond to possible increases in the reporting of violence (as a result of the program)?
- Has the design team thought about how to transform gender norms that underpin GBV, and how it might inadvertently reinforce norms that could exacerbate male dominance of women?
- Does the theory of change highlight relevant norms the program is trying to change, and which strategies are intended to contribute to changes?

BOX 5.1.1-1. Case Study: Transforming Masculinities Project

The Transforming Masculinities Intervention in the Democratic Republic of Congo aimed to decrease the incidence of intimate partner violence (IPV) and non-partner sexual violence by addressing patriarchal and hierarchical social and gender norms. Activities included appointing religious leaders to lead changes, selecting male and female "gender champions" to connect with men and women on important topics, and creating community action groups that were responsible for fostering safe spaces for survivors of violence. Through these activities, the project helped decrease discrimination against the survivors of sexual violence, increase survivors' engagement with religious leaders for violence-related support, and improve survivors' relationships with the religious community.

FIGURE 5.1.1-1. The Process for Identifying, Exploring, and Monitoring Shifts in Social Norms (CARE-GBV 2021)

Plan and prepare

- Articulate/identify the specific behaviors to change (e.g., reduce intimate partner violence; reduce CEFM and FGM/C).
- Conduct staff reflection on how gender and power influence targeted behaviors.
- Orient staff to **social norms*** theory and discuss the community context.
- Conduct community mapping to identify survivor services, community leaders, and other relevant resources.
- Develop plan and priorities for exploring social norms.

Engage communities in exploring social norms

- Based on the norms you wish to target, identify appropriate population groups and their respective **reference groups**.
- Use group-based participatory methods to explore relevant social norms.
- Collect information through surveys (if available and appropriate).

Analyze information

- Review information to identify norms that influence the targeted behaviors and the strength of those norms.
- Identify possible consequences of violating norms (**positive or negative social sanctions**) and **protective** and **risk factors** for GBV.

Apply findings to inform programming

- Validate findings through community and stakeholder dialogues.
- Strategize opportunities for possible interventions to address desired change in partnership with communities and other key stakeholders.
- Develop program and intervention guidance, activities, and products. See Figure 2.

Monitor shifts in social norms

- Identify ways the program will observe and monitor shifts in social norms.
- Adapt and/or halt programming to address any backlash or harmful consequences.

5.1.2 MONITORING SHIFTS IN SOCIAL NORMS

Next, the program needs a plan for measuring social norms over time. Fortunately, many tools and approaches are available. For instance, population-based surveys can produce insights into individual attitudes and behaviors. Interviews and focus group discussions can capture qualitative measures of change by allowing researchers to explore and understand the complex interactions of social norms within a community. Quantitative measures, such as surveys, gauge what participants think people value and expect others to do. In addition, social approval and disapproval are useful indicators of norms. All these tools and approaches, and the information gleaned with them, should be contextualized among priority populations and local M&E staff and stakeholders to understand the specific context and nature of the norm (i.e., when it operates and who perpetuates it). Participatory tools to identify social norms and reference groups, such as the Social Norms Exploration Tool,[30] are useful in this regard.

Monitoring shifts in social norms requires collecting M&E data that relate to initial changes in awareness, knowledge, and behavior that could lead to more sustainable changes in long-term behavior or attitudes. Potential signs of early shifts in social norms may include:

- Perceived change in prevalence of a norm (or how common a norm is)
- Perceived change in social support or backlash for behaving outside a norm, and by whom
- Possible disagreement about a norm (Social Norms Learning Collaborative 2021, 3) (see also **TABLE 5.1.2-1**)

Monitoring social norm shifts also requires using indicators that can measure incremental changes. The following criteria can help evaluate social norm criteria (Social Norms Learning Collaborative 2021, 4):

- Community members perceive that a norm is becoming less common over time
- Community members perceive a strengthening of social support for acting outside a norm
- Community members perceive a weakening of social backlash for not following a norm
- There is disagreement within the group about a norm (Social Norms Learning Collaborative 2021, 5).

Because social norm indicators measure change over time it is important to collect baseline, midline, and endline data (baseline data can also inform the selection of relevant project indicators to measure the influence of project activities). While transforming patriarchal and hierarchical gender norms may be a long-term process, depending on the type of norm that is targeted, meaningful changes in knowledge uptake, attitudes, behaviors, and some norms can be achieved within a two- to five-year funding cycle.

Finally, keep in mind that program staff, including the M&E staff and data collectors tasked with identifying and measuring social norms, may hold the same social and gender norms as community members. Program and M&E staff should participate in training and reflective dialogue to identify and transform their own beliefs about gender and GBV. This is not a one-time activity; instead, programs should plan for this work at the beginning and throughout the program to reinforce learning.

[30] See Align Platform's *The Social Norms Exploration Tool* (2020).

TABLE 5.1.2-1 Initial Signs of Social Norm Shifts for Program Monitoring (Social Norms Learning Collaborative 2021, 4)

TABLE 1. INITIAL SIGNS OF SOCIAL NORM SHIFTS FOR PROGRAM MONITORING		
INITIAL SIGNS OF NORM SHIFTS	**EXPLANATION**	**EXAMPLE QUESTIONS**
People perceive that it is becoming more common to act outside of the norm	When a practice is a social norm, people believe that most other people[4] follow the norm. If people start to believe that it has become common not to follow the norm, this change can indicate the norm is shifting.	Do you think that most girls [target group] in your community marry before age 18? Has this changed over time? Why/why not? Is this change the same across different groups of people?
People think that there has been a decrease in social backlash for not following the norm *And/or:* **People think that there has been an increase in social support for people who do not follow the norm**	When a practice is a social norm, people perceive that others will disapprove if they do not follow the norm. This can include taboos for even talking about a norm. Changes in perceptions of social backlash or support for not complying with a norm can indicate a norm is shifting.	What would happen to girls in your community who do not marry by age 18? Has this negative response changed at all over time? Why and from which groups/people? Would anyone support girls for delaying marriage until they are older than 18? Who? Has this changed, and why? Are there any changes in people's willingness to talk openly about the acceptability of child marriage?
There is no longer consensus within the community about the norm	Social norms are shared perceptions about which behaviors are common and appropriate within a group. If individuals' perceptions start to differ from one another so that there is no longer consensus about a norm, it can indicate a norm is changing.	Analyze whether people disagree about: 1) whether most girls marry before age 18, or 2) whether girls would face social backlash if their marriage was delayed until they are older than 18.

5.2 TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

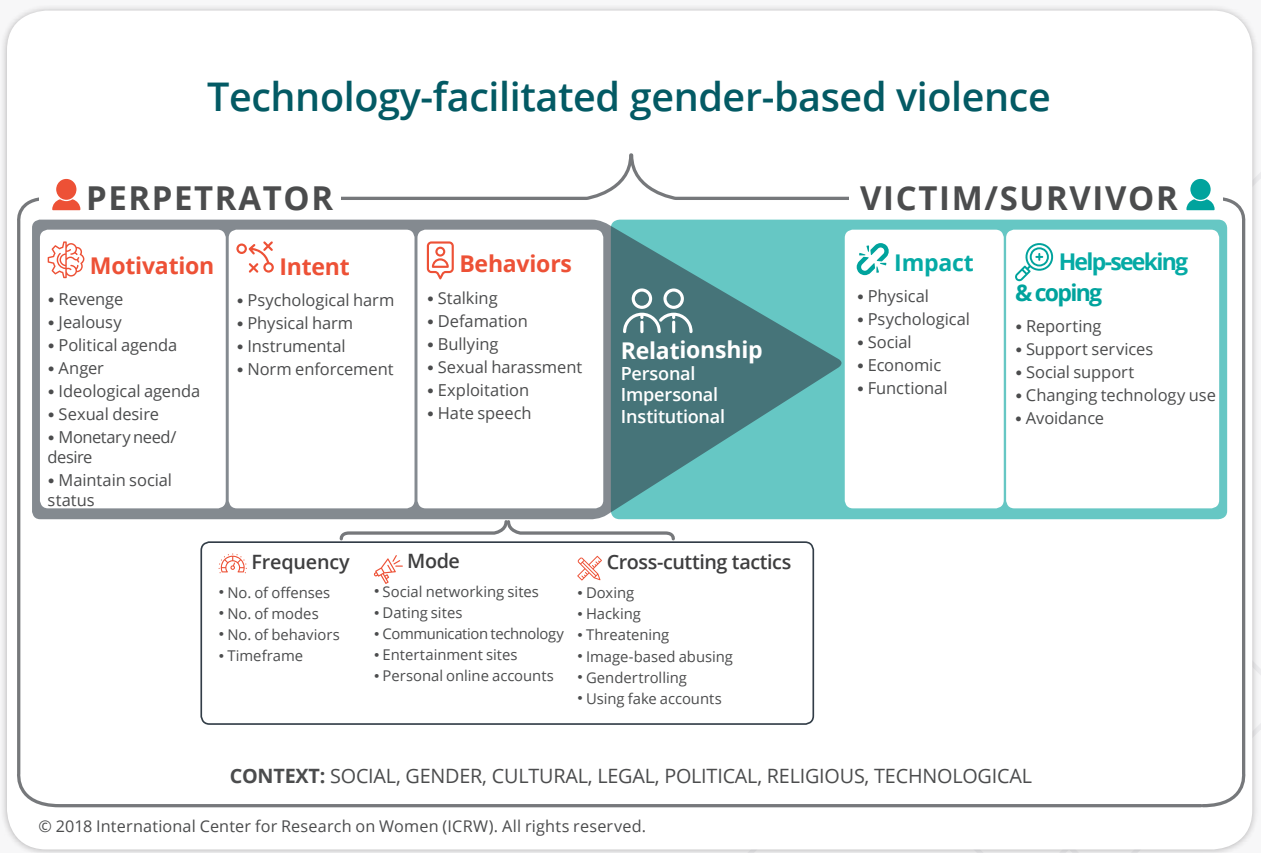
The growth of social media and the shift to virtual activities (especially during the COVID-19 pandemic) have raised awareness of the harmful effects of technology. One worrying effect is the emergence of TFGBV, a type of GBV that involves "action by one or more people that harms others based on their sexual or gender identity or by enforcing patriarchal and hierarchical gender norms. This action is carried out using the internet and/or mobile technology and includes stalking, bullying, sexual harassment, defamation, hate speech, and exploitation" (Hinson et al. 2018, 1). TFGBV is a global problem that overwhelmingly affects marginalized populations, including women, girls, and people of diverse SOGIESC.

Because TFGBV is an emerging type of GBV (see **FIGURE 5.2-1**.) and few interventions address it, the tools to measure and monitor this form of GBV are also nascent. In addition, consistent terminology and definitions on aspects of TFGBV are lacking, as is research in areas outside of high-income countries or one that looks at intersectional factors (Hinson et al. 2018, 1).

For example, standard foreign assistance indicators for measuring the prevalence of TFGBV are not yet available, but scales to measure its prevalence in relationships—with a focus on coercive tactics to humiliate, control, and threaten survivors—have been piloted (Brown and Hegarty 2021). Specifically, the 30-item technology-facilitated abuse in relationships scale, which focuses on "humiliation, monitoring and control, sexual coercion, and threats," is in the validity and reliability testing phase (Brown and Hegarty 2021) but shows promise and could be separated into sub-scales according to the four key factors noted above.

When seeking to prevent and respond to TFGBV (and other types of GBV), programs should use safety checklists to make sure they are taking all necessary precautions (see **ANNEX 5**.). For more information on establishing safe and secure processes and systems for electronic M&E data, see also **SECTION 3.3**. *Developing and Applying Remote and Innovative Solutions.*

FIGURE 5.2-1. Technology-Facilitated Gender-Based Violence (Hinson et al. 2018, 2)



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5.3 LEARNING FROM THE COVID-19 PANDEMIC AND GBV CONSIDERATIONS FOR EMERGENCY PROGRAMMING SITUATIONS

The COVID-19 pandemic has presented both challenges and learning opportunities for monitoring and evaluating GBV programming that can apply to other situations of crisis, conflict, and emergency. During the pandemic, the incidence of GBV increased globally. Some countries reported tripled rates of domestic violence, including among persons with disabilities (Mittal & Singh, 2020). Rising levels of violence have increased attention to GBV and highlighted the need for risk-mitigation approaches. In response, the funders' community, implementing organizations, and other key stakeholders developed the below recommendations for addressing GBV during the COVID-19 pandemic (adapted from USAID 2021c, Pearce 2021). These recommendations can be applied to M&E activities in future pandemics and other restrictive environments, including disaster- and emergency-response scenarios:

- Employ rapid assessment activities to identify contextual factors that increase risks of GBV and use findings to modify activities as needed.
- Incorporate and evaluate the effects of GBV-specific prevention messages into risk communications and community-focused messaging.
- Focus prevention activities on addressing the drivers of increased GBV during the pandemic and include appropriate measurement tools to assess the influence of activities during M&E processes.
- Develop, monitor, and scale up safe spaces for private in-person and virtual support for health issues and other, related community support and response services.
- Provide opportunities for boys and men to engage in activities that address patriarchal and hierarchical social and gender norms, including social and behavior change campaigns, and measure shifts in norms.
- Prioritize funding and other resources to local M&E and community stakeholders, providers, and networks that address GBV. Resources may include M&E-related capacity-building, training on GBV prevention and response, and referral and treatment options such as mental health and psychosocial support.
- Monitor and, as needed, modify economic empowerment activities for female participants and people of diverse SOGIESC to address any increases in violence that survivors experience as a result of economic program benefits.
- Use program results to inform the scale-up of economic supports and housing and shelter options for survivors of GBV, including related leave and case management services.
- Implement and evaluate prevention programming focused on SEA to address power differentials and promote a no-tolerance approach.
- Develop and monitor the effectiveness of localized, contextualized SEA prevention practices that use a survivor-centered and do-no-harm approach.
- Provide necessary financial support and capacity-building to local stakeholders, community leaders, and networks to meet the needs of survivors. This support and capacity-building should also enable them to participate in GBV prevention and response and related M&E activities.
- Collaborate with organizations of persons with disabilities, including those addressing and monitoring the needs of women, girls, and gender nonbinary individuals with disabilities, and provide relevant training on the intersection of persons with disabilities and GBV.
- Ensure information, including learning from M&E activities, is shared via channels and formats local stakeholders and community leaders can access to inform future activities and initiatives (see also **SECTION 1.3.2**, **3.4**).

For additional background and recommendations on carrying out M&E activities based on learning from the COVID-19 pandemic, see **SECTIONS 3.3**, **3.4**, **3.5**, and **3.6**.

SECTION

6

CONCLUSION

While the main principles for effective M&E of GBV programming remain unchanged, our understanding of GBV—including new types of GBV—and how to capture and learn from program data, has evolved.

This evolution has created opportunities for strengthening the evidence base on how to deliver, monitor, and evaluate GBV-related outcomes. This addendum to the *2014 Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum* summarizes key learnings that have emerged since the toolkit's publication. It builds out guidance on key frameworks and ethical considerations for survivors of GBV. The addendum (1) provides advice on supporting staff's and survivors' self-care during M&E processes; (2) offers guidance on developing indicators that can effectively measure impact; (3) describes rightsized, localized, decolonized, innovative, and remote approaches to M&E; (4) offers guidance on interpreting and applying M&E results, and assessing social norms; (5) introduces emerging GBV dimensions; and (6) offers tips and tools for applying remote M&E approaches. As geopolitical contexts change, new technologies come about and our understanding of GBV in all its forms evolves, creative M&E approaches will be more important than ever to ensure a do-no-harm approach while measuring progress and impact and promoting accountability.

SECTION

7 ADDITIONAL RESOURCES

USAID's general resources on M&E can be found *here*.

ANNEX 1. GLOSSARY

The following glossary was taken from the *Foundational Elements for Gender-Based Violence Programming in Development*. The glossary is organized into two sections: terms related to types of GBV and other relevant key terms.

TYPES OF GBV

Acid attacks: Acid attacks are a form of violence in which acid or another corrosive substance is thrown at a person—usually a woman or a girl—with the intention of maiming, torturing, or killing them (ActionAid n.d.).

Child, early, and forced marriage and unions (CEFMU): Child marriage (also called early marriage) is a formal or informal union, wherein one or both parties are under the age of 18. Forced marriage is a marriage in which one or both spouses do not give full and free consent, regardless of age. Early unions are informal unions in which a girl or boy lives with a partner as if married before the age of 18. The acronyms CEFM and, increasingly, CEFMU are often used to encompass all of these practices (CARE-GBV 2022).

Conflict-related sexual violence (CRSV): CRSV refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, forced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls, or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator, who is often affiliated with a state or non-state armed group; the profile of the victim, who is frequently an actual or perceived member of a political, ethnic, religious, or gender or sexual minority group; and the climate of impunity, which is generally associated with state weakness or collapse (United Nations 2020).

Disrespect and abuse in maternity care (D&A): D&A, sometimes referred to as mistreatment, obstetric violence, or dehumanized care, can be defined generally as interactions, facility conditions, and treatments that disrespect, abuse, neglect, and humiliate women during childbirth and maternity care in facilities. D&A has many manifestations, both individual (specific provider behaviors experienced or intended as disrespectful or humiliating) and structural (systemic deficiencies based on gender inequalities that create a disrespectful or abusive environment—for example, the systemic failure to fund maternity care, which causes women to birth in inhumane conditions, such as without a bed of their own (WHO 2015; Freedman and Kruk 2014, Manning et al. 2018).

Domestic violence (DV): DV refers to physical, sexual, economic, or psychological harm, including acts of physical aggression, sexual coercion, economic abuse, psychological abuse, and controlling behaviors (such as controlling finances, movement, and access to other resources) that is perpetrated by a person against an intimate partner, dating partner, or any member of a household, including a child, parents, other relative, or a domestic worker (WHO 2012).

Economic violence: Economic violence spans the socio-ecological model from individual actions to systemic constraints that curtail economic agency. At the interpersonal level, economic abuse ranges from attempts to limit a person's ability to earn, inherit, or exercise control over funds or property. At the broader structural and societal levels, economic violence can take the form of "limited access to funds and credit; controlled access to healthcare, employment, or education; discriminatory traditional laws on inheritance and property rights; and unequal remuneration for work" (Fawole 2008).

Female genital mutilation/cutting (FGM/C): FGM/C comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons (WHO 2008).

- Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
- Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
- Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
- Type IV: All other harmful procedures to the female genitalia for nonmedical purposes, for example: pricking, piercing, incising, scraping, and cauterization

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Femicide: Femicide is generally understood to involve the intentional murder of women because they are women, but broader definitions include any killings of women or girls. Men usually perpetrate femicide, but sometimes female family members or others may be involved. Femicide differs from male homicide in specific ways. For example, many cases of femicide are committed by partners or ex-partners and involve ongoing abuse in the home, threats or intimidation, sexual violence, or situations where women have less power or fewer resources than their partner and are driven by general gender-related motivations (WHO 2012).

Forced anal examinations: These examinations are used in some countries that criminalize same-sex relations to "substantiate" accusations of same-sex sexual behavior. These invasive, pseudoscientific procedures often involve doctors or other medical personnel forcibly inserting their fingers, and sometimes other objects, into the anus of the accused. Forced anal examinations are a form of cruel, degrading, and inhumane treatment that can rise to the level of torture. They violate the Convention against Torture, the International Covenant on Civil and Political Rights, and the African Convention on Human and Peoples' Rights (Human Rights Watch 2016).

Forced and coercive medical interventions targeting intersex people: In countries around the world, intersex infants, children, and adolescents are subjected to medically unnecessary surgeries, hormonal treatment, and other procedures in an attempt to forcibly modify their appearance or physical development to be in line with societal expectations about male and female bodies. There is no clinical necessity for these procedures, which often have long-lasting harmful effects on intersex individuals. Comparisons and similarities have been drawn with female genital mutilation and intersex medical interventions (OHCHR n.d.).

Gender-based violence (GBV): GBV "is any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity or expression, sex characteristics, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. Although individuals of all gender identities may experience gender-based violence, women, girls, and gender non-conforming individuals face a disproportionate risk of gender-based violence across every context due to their unequal status in society" (U.S. Department of State 2022).

Homophobic rape: In homophobic rape, people are raped because they are, or are perceived to be, lesbian or gay. Part of a wider pattern of sexual violence, attacks of this kind commonly combine deeply entrenched homophobia with a fundamental lack of respect for women, which often amounts to misogyny. The term "corrective rape" should not be used, because it implies the need to correct or rectify a "deviated" behavior or sexual orientation. The preferred term, homophobic rape, notes the deep-seated homophobia that motivates the hate crime (Joint United Nations Programme on HIV/AIDS 2015).

Homophobic, transphobic, biphobic violence, and hate crimes: These are bias-motivated attacks on people because of their real or perceived sexual orientation, gender identity, and/or gender expression. They are often driven by a desire to punish those seen as defying gender norms. The mere perception of deviation from social norms, including same-sex attraction or transgender identity, or the perception of supporting the rights of LGBTQI+ people, is enough to put people at risk (United Nations, OHCHR 2014).

Honor killing: Honor killings take many forms, including direct murder; stoning; women and young girls being forced to commit suicide after public denunciations of their behavior; and women being disfigured by acid burns, leading to death. Honor crimes are also linked to other forms of family violence and are usually committed by male family members as a means of controlling women's sexual choices and limiting their freedom of movement. Punishment usually has a collective dimension, with the family as a whole believing it to be injured by a woman's actual or perceived behavior and is often public in character. The visibility of the issue and the punishment also serves a social objective, namely, influencing the conduct of other women (Manjoo 2012).

Intimate partner violence (IPV): IPV refers to physical, sexual, economic, or psychological harm, including acts of physical aggression, sexual coercion, economic abuse, psychological abuse, and controlling behaviors (such as controlling finances, movement, and access to other resources) by a current or former intimate partner or spouse. This type of violence can occur among couples of all sexual orientations, gender identities, and gender expressions. IPV perpetrated by a cohabitating partner is a form of domestic violence. IPV can be perpetrated even if the perpetrator and victim do not cohabitate, as is the case with stalking and dating violence (National Institute of Justice 2007, WHO n.d.).

Non-partner violence: Non-partner violence is defined as GBV perpetrated by people who include strangers, acquaintances, friends, colleagues, peers, teachers, neighbors, and family members.

Reproductive coercion: Reproductive coercion refers to behaviors that interfere with a woman's autonomous decision making related to contraception and pregnancy. Specifically, this may take the form of contraceptive sabotage (such as removing a condom, damaging a condom, removing a contraceptive patch, or throwing away oral contraceptives), coercion or pressure to get pregnant, or controlling the outcome of a pregnancy (such as pressure to continue a pregnancy or pressure to terminate a pregnancy). Its perpetrators can include men, partners, and family members (Silverman and Raj 2014; Trister, Grace, and Anderson 2018).

School-related gender-based violence (SRGBV): SRGBV refers to "acts or threats of physical, sexual, or psychological violence or abuse that are based on gendered stereotypes or that target learners on the basis of their sex, sexuality, or gender identities. SRGBV reinforces gender roles and perpetuates gender inequalities. It includes rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying, and other forms of non-sexual intimidation or abuse, such as verbal harassment or exploitative labor in schools. Unequal power relations between adults and children and males and females[31] contribute to this violence, which can take place in formal and non-formal schools, on school grounds, going to and from school, in school dormitories, in cyberspace, or through cell phone technology. SRGBV violence may be perpetrated by educators, learners, or community members. Both girls and boys can be victims, as well as perpetrators" (USAID 2018, 47).

Sex trafficking: Sex trafficking is a form of sexual violence involving the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act. It can include coercing, forcing, and deceiving someone into sexual labor and maintaining them in sexual labor; forcing someone into sexual labor to pay off a debt, especially as a condition of their freedom; and holding someone in service through psychological manipulation or physical force. It may be perpetrated by means of threat; use of force; or other forms of coercion, abduction, fraud, deception, abuse of power, position of vulnerability, and/or giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation. A person may initially consent to participate in commercial sex, but if held either through psychological manipulation or physical force, they are a victim of trafficking (U.S. Code of Federal Regulations n.d., USAID 2013, OHCHR 2000).

Sexual exploitation and abuse (SEA): Sexual abuse is "any actual or threatened physical intrusion of a sexual nature whether by force or under unequal or coercive conditions." Sexual exploitation is "any actual or attempted abuse by aid workers of a position of vulnerability, differential power or trust, for sexual purposes, including profiting monetarily, socially or politically from the sexual exploitation of another" (USAID 2020a). Protection from sexual exploitation and abuse (PSEA) refers to actions to prevent, mitigate, and respond to SEA.

Sexual harassment (SH): SH is defined as any unwelcome sexual advances, requests for sexual favors, verbal or physical conduct or gestures of a sexual nature, or any other behavior of a sexual nature that might cause offense or humiliation to another. It comprises sexual or sex-based conduct that interferes with an individual's work performance; creates an intimidating, hostile, or abusive work environment; or affects the terms and conditions of employment. While typically involving a pattern of behavior, it can take the form of a single incident. Additionally, it can encompass sex- and gender-based discrimination, disrespect, and aggression rooted in the abuse of power. Sexual harassment may occur between people of any gender identity (United Nations Secretariat 2008, U.S. Department of State 2019, Berdahl 2007).

Sexual violence/abuse: Sexual violence refers to any unwanted sexual comments, sexual acts, or attempted sexual acts using force or coercion, or threat of force or coercion. This can include situations in which a person is incapable of giving genuine consent. Sexual violence/abuse can be committed by anyone, regardless of their relationship to the victim, in any setting, including at home and at work. Rape is forced/coerced intercourse and can be defined as nonconsensual sexual penetration, however slight, of any part of the body of the victim with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body. Marital rape is sexual intercourse forced on a spouse without consent (SVRI n.d.).

[31] As stated in the 2016 United States Strategy to Prevent and Respond to Gender-Based Violence Globally, GBV "is rooted in structural gender inequalities, patriarchy, and power imbalances." Therefore, a range of power imbalances beyond those based on an adult–child or male–female binary contribute to GBV—for example, citizenship status, marital status, national origin, socioeconomic status, race, ethnicity, and disability.

So-called conversion therapy: So-called conversion therapy, also referred to as sexual orientation or gender identity (SOGI) conversion practices, is an umbrella term to describe a range of interventions that share the belief that a person's SOGI can and should be changed. Such practices aim (or claim to aim) to change people from gay, lesbian, or bisexual to heterosexual and from transgender or gender diverse to cisgender. So-called conversion therapy practices are deeply harmful interventions that rely on the medically false idea that people of diverse SOGIESC are sick, deviant, or harmful. They inflict severe pain and suffering and can result in long-lasting psychological and physical damage. So-called conversion therapy currently happens in a multitude of countries, in all regions of the world (OHCHR 2020).

Technology-facilitated gender-based violence (TFGBV): TFGBV is action by one or more people that harms others based on their sexual or gender identity or by enforcing harmful gender norms. This action is carried out using the Internet or mobile technology and includes stalking, bullying, sexual harassment, defamation, hate speech, and exploitation (Hinson et al. 2018).

Violence against children (VAC): VAC comprises all forms of physical, sexual, or mental violence, injury and abuse, neglect or negligent treatment, maltreatment, or exploitation perpetrated against someone under the age of 18. It also comprises the intentional use of physical force or power, threatened or actual, against a child by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development, or dignity (United Nations General Assembly 2006, WHO 2002, Guedes et al. 2016).

Violence against women (VAW): VAW refers to any act of GBV that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations General Assembly 1993). USAID uses the term GBV instead of VAW to be explicitly more inclusive of people with diverse sexual orientations, gender identities, and gender expressions, as well as men and boys, and to underscore that this form of violence is rooted in gender norms and inequalities (USAID and U.S. Department of State 2016).

VAW in politics: VAW in politics encompasses all forms of aggression, coercion, and intimidation for the purpose of excluding women from politics—whether serving as civic leaders and activists, voters, political party members, candidates, elected representatives, appointed officials, or election administrators—simply because they are women. While VAW in politics takes many forms, it often draws on gendered ideas about women's bodies and their traditional social roles—primarily as mothers and wives—in order to deny or undercut their suitability or competence in the political sphere. As a result, its purpose extends beyond the individuals targeted to also deter other women who might consider engaging in public and political life (National Democratic Institute 2021).

Workplace violence: Workplace violence refers to "an action (verbal, written, or physical aggression) that is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats" (U.S. Department of Labor n.d.). Not all forms of workplace violence are gender-based. Workplace GBV includes gender-based workplace discrimination, stigmatization, and social exclusion; sexual harassment and intimidation; sexual exploitation and abuse; and trafficking for forced labor and sex work within and across borders (USAID 2014).

OTHER KEY TERMS

Cisgender: Cisgender describes a person whose gender identity aligns with the sex category assigned to them at birth (USAID n.d.).

Cisnormativity: Cisnormativity is the assumption that all people are and should be cisgender (Edge Effect 2021).

Diversity, equity, inclusion, and accessibility (DEIA): Diversity refers to the practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of people, including underserved communities. Equity means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment. Inclusion means the recognition, appreciation, and use of the talents and skills of employees of all backgrounds. Accessibility refers to providing accommodations and modifications to ensure equal access for persons with disabilities (White House 2021).

GBV analysis: A GBV analysis identifies the prevalence and types of GBV in the local context, who experiences violence, and the effects of GBV. It also analyzes norms, power, and drivers of violence at every level of the socio-ecological model: individual, interpersonal, community, and structural.

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GBV prevention: Addresses norms and inequalities at the individual, interpersonal, community, and structural levels to stop GBV before it starts or to reduce violence that is already happening.

GBV response: Addresses the consequences of GBV by providing support and services to survivors.

GBV risk mitigation: Seeks to identify and reduce the risk of GBV by implementing measures to address factors that may increase GBV that results from participation in a program, service, or other initiatives.

Gender: Gender refers to "a socially constructed set of roles, norms, rights, responsibilities, entitlements, expectations, and behaviors associated with women, men, and individuals of diverse gender identities, as well as the relationships between and among them. These social definitions differ among and within cultures, change over time, and often intersect with other factors such as age, class, disability, ethnicity, race, religion, and sexual orientation. All individuals are subject to these expectations and sanctions, including transgender and gender non-binary individuals. The term gender should not be used interchangeably with women, sex, or gender identity" (USAID forthcoming).

Gender equality: "Gender equality means equal enjoyment of human rights, socially valued goods, opportunities, and resources by all individuals independent of a person's sex or gender identity. Gender equality means more than parity in numbers or laws on the books; it means equal access and freedoms for all people and that rights, responsibilities, and opportunities will not depend on an individual's sex assigned at birth or their gender identity. Gender equality is fundamental in human development for all women and girls, men and boys, and individuals of other gender identities. It is both a human rights issue and a precondition for, and indicator of, sustainable development" (USAID forthcoming).

Gender norm: A gender norm is a type of social norm. Among the characteristics of gender norms is the strong role of power in maintaining norms that normalize inequality between women, men, and gender-nonconforming people (USAID 2021, Kedia and Verma 2019).

Gender-transformative approach: A gender-transformative approach "seeks to fundamentally transform relations, structures, and systems that sustain and perpetuate gender inequality. This approach requires: (1) critically examining gender roles, norms, power dynamics, and inequalities, (2) recognizing and strengthening positive norms that support gender equality and an enabling environment, and (3) transforming underlying power dynamics, social structures, policies, and broadly held social norms that affect women and girls, men and boys, and individuals of other gender identities and perpetuate gender inequalities. This approach recognizes that gender equality cannot be achieved or sustained without an approach that includes all three of these components" (USAID forthcoming).

Heteronormativity: Heteronormativity is the assumption that all people are or should be heterosexual in their sexual orientation, which is often inscribed in law, institutions, and social practices (Edge Effect 2021).

Integrated GBV programming: Integrated GBV programming refers to sectoral programming that includes any aspect of GBV prevention, risk mitigation, response, or cultivation of an enabling environment. Some sectoral programs include comprehensive GBV prevention and response, but if the main objective of the program is to accomplish other sector-specific outcomes, it is considered integrated GBV programming.

Intersectionality: "The concept of intersectionality recognizes that all individuals have multiple social identities shaping their lived experiences, including but not limited to their place in society, privileges they may or may not enjoy, the level and types of protection from human rights violations, and the impact of complex forms of discrimination. Although intersectionality acknowledges that singular oppressions exist, it identifies that overlapping identities (age, class, disability, gender identity, nationality, race, sex, sexual orientation, etc.) interact with overlapping systems of oppression and/or discrimination and the need to address the impact these have on systemic privilege and access" (USAID forthcoming). An intersectional analysis of GBV examines the specific ways these identities create and reinforce discrimination and privilege and affect risks for GBV.

Land tenure: The relationship (whether defined under formal de jure law or under customary law) that individuals and groups hold with respect to land. Land tenure rules define the ways property rights to land are allocated, transferred, used, or managed in a particular society.

Lesbian, gay, bisexual, transgender, queer, and intersex people (LGBTQI+): LGBTQI stands for lesbian, gay, bisexual, transgender, queer, and intersex people. The + at the end of the acronym acknowledges people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) who are not covered by the LGBTQI acronym. This includes people who are considered "third gender" (including "hijra" in India, "khawaja sarra" in Pakistan, "waria" in Indonesia, and "fa'fafine" in Samoa) (USAID n.d.).

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Patriarchal norm: A patriarchal norm is a type of gender norm that reinforces patriarchal power structures—relationships, beliefs, and values that afford disproportionate power to men and lead to gender inequality between men, women, and gender-nonconforming people (USAID 2021, Kedia and Verma 2019).

Property rights: The rights individuals, groups, and the state hold with respect to land, resources, and other assets and in relation to each other; therefore, there is some overlap between the concepts of land tenure and property rights (TetraTech 2013).

Safeguarding: Safeguarding refers to preventing harm to people during the delivery of development programming. In this document, safeguarding refers to organizations mitigating, preventing, and responding to all types of harassment, discrimination, exploitation, and other abuse, including SEA of program participants and workplace sexual harassment committed by an organization's own personnel or partner personnel (Safeguarding Resource & Support Hub 2022).

Sex characteristics: Sex characteristics refer to the chromosomal, hormonal, and anatomical characteristics used to classify an individual as female, male, or intersex.

SOGIESC: SOGIESC refers to sexual orientation, gender identity, gender expression, and sex characteristics, which are defined as follows:

- Sexual orientation is an enduring pattern of romantic or sexual attraction (or a combination of these) to another person. These inherent attractions are generally subsumed under heterosexuality, homosexuality, bisexuality, or asexuality (USAID and U.S. Department of State 2016).
- Gender identity is a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth (USAID and U.S. Department of State 2016).
- Gender expression is the external appearance of one's gender identity, which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine (USAID and U.S. Department of State 2016).
- Sex characteristics are defined by characteristics encoded in DNA, such as reproductive organs and other physiological and functional characteristics, and include chromosomal, hormonal, and anatomical characteristics. Variations of sex characteristics, also referred to as intersex variations, do not fall within typical definitions or classifications of male and female (USAID n.d., National Institutes of Health 2015).

Social norms: Social norms are the unwritten rules that most people follow. Social norms are embedded in communities, systems, and structures. They include gender norms and patriarchal norms (USAID 2021, Kedia and Verma 2019).

Standalone GBV programming: Standalone GBV programming is specialized programming to prevent and respond to GBV, whose main objective is to address GBV.

Survivor-centered approach: A survivor-centered approach is one in which the survivor's best interest, dignity, experience, and needs are placed at the center of the process—from the initial program design to investigating and responding to alleged incidents, with appropriate accountability for perpetrators of abuse (USAID 2020b).

Transgender: Transgender is an umbrella term referring to individuals who do not identify with the sex category assigned to them at birth. The term "transgender" encompasses a diverse array of gender identities and expressions (Interagency Gender Working Group n.d.).

Women's economic empowerment: "A woman is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions. To succeed and advance economically, women need the skills and resources to compete in markets, as well as fair and equal access to economic institutions. To have the power and agency to benefit from economic activities, women need to have the ability to make and act on decisions and control resources and profits" (Golla, Malhotra, et al. 2018).

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ANNEX 2. ILLUSTRATIVE GBV RESULTS AND INDICATORS BY SECTOR

The illustrative GBV results and indicators below serve as examples of how sector-specific programs can integrate GBV into their results frameworks. Illustrative indicators are examples; they are neither exhaustive nor prescriptive.

Additional sector-specific guidance on why and how to integrate GBV is hyperlinked in the table below. For guidance on developing activity- or program-specific results and indicators, see **SECTION 2.5** of the addendum.

The illustrative indicators provided have been informed by and adapted from the resources listed at the end of the annex. All indicators should be disaggregated by sex and/or gender identity, age, disability, and other relevant diversity characteristics.

For custom indicators on CEFMU, see:

- Custom Indicators: Addressing Child, Early, and Forced Marriage and Unions

For custom indicators on FGM/C, see:

- Custom Indicators: Addressing Female Genital Mutilation/Cutting

Agriculture

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Reduced risk of experiencing GBV across agriculture work settings and value chains	Percentage of surveyed program participants who feel safe in agriculture work settings and accessing value chains (outcome)
Strengthened knowledge, skills, attitudes, and practices of program staff and partners on anti-harassment and anti-exploitation policies and grievance processes (e.g., in the workplace, in value chain activities, etc.)	
Positive attitudes from spouses (or other decision-makers in program participants' households) for program participation of women and others who may be gender non-conforming	Percentage of surveyed program participants who feel that their spouses (or other decision-makers in the household) have positive attitudes toward their participation in program activities (outcome)

Climate Change Adaptaion and Mitigation

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Education on climate stressors and impacts, adaptation and mitigation strategies, and climate-related technological innovations advanced for women, girls, and people of diverse SOGIESC	Enrollment rate of women, girls, and people of diverse SOGIESC in climate-related education programs (output) Percentage of women, girls, and people of diverse SOGIESC who complete climate-related education programs (outcome)
Enhanced participation of women, girls, and people of diverse SOGIESC in leadership and decision-making roles related to climate action	Percentage of participants in climate action knowledge summits, policy consultations, and political processes who are women, girls, and people of diverse SOGIESC (outcome)
Men and community leaders engaged in climate change adaptation and mitigation programming hold gender-equitable attitudes	Percentage of surveyed men and community leaders engaged in climate adaptation and mitigation programming who hold gender-equitable attitudes (outcome)

Crises and Conflict

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
GBV referral networks and services strengthened for survivors and their families in conflict-affected areas	Percentage of surveyed community members who report knowing where someone can get support if they experience GBV (outcome) Percentage of surveyed program participants who indicated they would feel comfortable with reporting protection violations or potential risks in their community to service providers or other stakeholders who are part of the project (outcome) Percentage of survivors accessing GBV response services who express satisfaction with service provision (outcome)
Indicators to monitor GBV and other markers of gender inequality are integrated into conflict early warning systems	Number of conflict early warning systems, including indicators to monitor GBV and other markers of gender inequality (output)

ANNEX 2. ILLUSTRATIVE GBV RESULTS AND INDICATORS BY SECTOR

Democracy, Human Rights, and Governance

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Increased support for gender equality and GBV prevention across political party culture, policies, and practices	Proportion of political parties with procedures and bylaws that promote gender equality and address GBV (outcome)
Enhanced participation of women's rights organizations (and other local groups working on GBV and human rights) in GBV programming	Percentage of women's rights organizations (and other local groups working on GBV and human rights) and project partners able to fulfill their stated goals on movement building and violence prevention (outcome) Percentage of women's rights organizations (and other local groups working on GBV and human rights) and project partners who report that their voice, agency, and views are respected and accounted for by other project partners (such as governments, international nongovernmental organizations, etc.) (outcome)
Strengthened ability of justice, security, and governance sectors to address GBV	Percentage of police officers, investigators, and prosecutors participating in program activities who demonstrate increased survivor-centered knowledge, skills, and attitudes six months after the program's end (outcome) Percentage of surveyed program participants who indicated they have witnessed/heard of successful cases of legal support or referral services among family, friends, or community members (outcome) Percentage of survivors accessing GBV-related police and justice services who express satisfaction with service provision (outcome)

Economic Growth and Trade

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Strengthened attention to GBV prevention (which includes gender-transformative components) and response in economic growth programming	Percentage of women who report participation and benefits from community-based economic growth activities with no increase in GBV (outcome)
Increase in women's access to productive resources	Percentage of women with access to productive resources (outcome)
Reduced GBV in the workplace	Number of policies enacted that define prohibited behaviors and describe safe reporting procedures, the rights of survivors, organizational responsibilities, support services, and investigation processes (output)

ANNEX 2. ILLUSTRATIVE GBV RESULTS AND INDICATORS BY SECTOR

Education

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Reduced risk of experiencing GBV for students when participating in school activities	Percentage of students who report they feel safe in school (outcome) Percentage of students who report they feel safe while traveling to/from school (outcome)
Increased support for students, including survivors and those facing heightened risks of GBV	Percentage of students who report learning new ways of managing interpersonal relationships (output) Percentage of students who report they met someone through school-based peer networks they can turn to for support (output) Percentage of students who report they know someone they would feel comfortable talking to about an experience of GBV (outcome)

Energy and Infrastructure

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Women's representation and economic empowerment in infrastructure projects and businesses enhanced Infrastructure project sites are safe and accessible for infrastructure professionals and for service delivery to people of all genders	Number of gender-equality and GBV-prevention policies implemented in government transportation agencies (or other sectors) (output) Proportion of leadership and decision-making positions in infrastructure projects held by women (outcome)
Survivors of GBV who disclose receive first-line support and safe referrals	Percentage of trained energy and infrastructure project staff and partners who demonstrate strengthened skills and attitudes for supporting survivors of GBV 6 months post training (output) Percentage of energy and infrastructure projects with written workplace SEA and harassment prevention policies and clear, safe, and confidential referral pathways and reporting mechanisms (output)

Environment and Natural Resource Management

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Increased community support for gender-equitable norms in land and natural resource management	Percentage of community members expressing support for gender-equitable norms in land and natural resource management (outcome)
Women's engagement in decision-making about the environment and natural resource management strengthened	Percentage of women who report increased participation in decision-making about the environment and natural resource management (outcome)

Global Health

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Improved access to quality health services for survivors of GBV	Percentage of health care facilities following nationally or internationally accepted guidelines on clinical care for survivors of GBV (output) Percentage of health units that have zero stock-out of clinical commodities for the clinical management of sexual violence, including emergency contraception, post-exposure prophylaxis, and treatment for sexually transmitted infections (outcome) Percentage of community members surveyed who perceive health services for survivors of GBV to be accessible and survivor centered (outcome)
Strengthened community mobilization in preventing and responding to GBV	Number of community-led action plans developed to address barriers in access to GBV services and prevent violence (outcome) Proportion of community-led action plans developed to address barriers in access to GBV services and prevent violence that have implemented 75 percent of the plans by [x length of time] (outcome) Proportion of community members who know how to effectively support survivors of GBV (e.g., listening, talking through options, not making decisions for them or telling them what to do, not blaming them) (outcome)

Land and Property Rights

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Improved programming to address patriarchal gender norms related to land and property rights, a known driver of GBV	Percentage of program target audience that has been exposed to communications/behavior change messages that promote supporting women in obtaining and exercising land and property rights (output) Percentage of program's target audience that believe women should own their own property (outcome)
Increased protections to provide land and property rights to women	Number of new laws and other protections for women to enhance their land and property rights (output) Proportion of existing laws strengthened to expand land and property rights for women (output)
Women are supported to navigate legal aspects of land and property rights violations and access GBV-related support and services	Number of referral pathways developed and publicized that include services to help women navigate legal aspects of land and property rights violations (output) Percentage of community members surveyed who know where to access support to navigate legal aspects of land and property rights violations (outcome) Percentage of women accessing services to navigate legal aspects of land and property rights violence who express satisfaction with the services (outcome)

Technology

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Participation of women, people of diverse SOGIESC, and digital rights stakeholders in leadership and decision-making roles within the technology industry and digital policy, law-making, and governance processes is strengthened	Proportion of participants enrolled in professional development, mentoring, and leadership programs on science, technology, engineering, and mathematics who are women, girls, and people of diverse SOGIESC (outcome) Percentage of women's rights organizations and groups working with people of diverse SOGIESC who report increased involvement in policy or programming decisions related to technology (outcome)
Technology industry stakeholders strengthen policies to support women and gender equality in the sector, including safeguarding policies that prohibit discrimination, exploitation, harassment, and GBV within virtual and physical workplaces	Number of policies developed or amended by technology industry stakeholders to support women and gender equality in the sector, including safeguarding policies (output)
Legal protections that seek to prevent, mitigate, and respond to TFGBV	Number of legal protections that seek to prevent, mitigate, and respond to TFGBV (output)

Water Security, Sanitation, and Hygiene

ILLUSTRATIVE RESULT(S)	ILLUSTRATIVE INDICATOR(S)
Improved safety for community members when accessing and using sanitation and hygiene locations or water collection points	Decreased distance from households to water resources (outcome) Percentage of community members who have access to safe latrine facilities at home (outcome) Percentage of program respondents reporting an increased sense of safety while accessing WSSH services and resources (outcome)
Increased participation and leadership in WSSH-related community activities and meetings for women, girls, and people of diverse SOGIESC	Percentage of women, girls, and people of diverse SOGIESC who feel that their participation and influence in WSSH-related community activities and meetings has increased (outcome)

RESOURCES

RELEVANT SECTOR(S)	RESOURCE
Cross-sectoral	War Child Canada. 2020. A Toolkit for Monitoring and Evaluation of Gender-Based Violence Programming in Restricted Environments.
	Gardsbane, D and A Atem. 2019. USAID/South Sudan Gender-Based Violence Prevention and Response Roadmap.
	Nanda, G. 2011. Compendium of Gender Scales.
	USAID. 2014b. Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions Along the Relief to Development Continuum.
	Raising Voices. 2020. SASA! Together Learning & Assessment Guide.
	Bloom, S. 2008. Violence Against Women and Girls. A Compendium of Monitoring and Evaluation Indicators. 2008
Water Security, Sanitation, and Hygiene	Caruso, BA, Salinger A, Patrick M, Conrad A, and Sinharoy S. 2021. A Review of Measures and Indicators for Gender in WASH.
Democracy, Human Rights, and Governance	What Works to Prevent Violence Against Women and Girls: Impact at Scale. Programme Logframe. London, UK. International Rescue Committee. https://www.rescue.org/uk/what-works-prevent-violence-against-women-and-girls.
Energy and Infrastructure	USAID. 2015b. Building a Safer World: Toolkit for Integrating GBV Prevention and Response into USAID Energy and Infrastructure Projects.
Land and Property Rights	USAID. 2018. Intimate Partner Violence and Land Toolkit.
Education	USAID. 2015a. Beyond Access: Toolkit for Integrating Gender-based Violence Prevention and Response in Education Projects.
Economic Growth and Trade	USAID. 2014b. Toolkit for Integrating GBV Prevention and Response into Economic Growth Projects.
Global Health	Jhpiego. 2022. Gender-based Violence Facilitation Guide: Standards for the Provision of High Quality Post-Violence Care in Health Facilities.

ANNEX 3. SUPPLEMENTARY TABLES

TABLE A3-1. Participatory Activities for Implementation with Local Populations in GBV Programming (Chakraborty et al. 2020, 4)

APPROACH	DESCRIPTION
Timeline Analysis	**Purpose:** To assess the history and "perceived prevalence" of violence among women, girls, and gender nonbinary individuals from non-romantic partners in the home and public spaces "in the past, at present, and in the near future." **Activities:** First, participants are asked about community history, services access and infrastructure, natural disasters, and social discord, and how they were addressed. Second, participants are asked their opinions on the "perceived prevalence" of violence among women and girls from non-romantic partners in the home and public spaces in the past 10 years, currently, and expectations of it increasing or decreasing in the next decade.
Conflict Analysis	**Purpose:** To assess the perspectives of a community regarding the most common causes of conflict in the family and how it evolves into violence in the home or against women, girls, and gender nonbinary individuals, in general. **Activities:** Participants are asked to rank seven causes of family conflict they believe contribute the most to conflict, including "familial and social norms (concerning women's and girls' dressing and mobility); expectations, roles, and responsibilities; education and employment; property disputes; financial constraints; medical problems (including mental illness); and addiction."
Safety Mapping	**Purpose:** To assess a community's perspectives regarding the safety of women, girls, and gender nonbinary individuals in public spaces and the most popular resources women use in daily life. **Activities:** Participants are first instructed to draw a map of their community and outline where the most popular resources are located for women, girls, and gender nonbinary individuals. Based on this list, participants are asked to rank the safety of women, girls, and gender nonbinary individuals accessing resources during daytime and nighttime hours.
Mobility Mapping	**Purpose:** To outline the location and proximity of resources available in a community that women, girls, and gender nonbinary individuals can use in situations of violence-related emergencies. **Activities:** First, participants outline resources that could be helpful in situations of violence-related emergencies. Next, participants note the resources in a chart form according to proximity to the community and time needed to physically reach and access the resources.

APPROACH	DESCRIPTION
Matrix Ranking	**Purpose:** To assess what resources community members access related to violence among women, girls, and gender nonbinary individuals, and/or in the home, and why they choose specific resources over others. **Activities:** Participants are given a list of services that are outlined according to the following eight groups: (1) family, relatives. and neighbors; (2) panchayat and community leaders; (3) self-help or women's groups; (4) integrated child development services or community health volunteer; (5) police; (6) NGO or a community-based organization; (7) a private doctor; and (8) public hospital. Key considerations are noted for each service, including proximity of service, availability during the time of crisis, previous experience with service, fear of private matter becoming public, and fear of breaking the family. Based on this information, participants are requested to rank services according to which one they would be the most likely to use given the provided considerations.
An Ideal Community	**Purpose:** To envision what a community would look like in a place where women, girls, and gender nonbinary individuals do not experience violence, disrespect, and discrimination, and what aspect of the community would need to be in place for this community to exist in real life. **Activities:** This visioning activity requires participants to close their eyes and, without talking, listen and reflect on a facilitator's prompt regarding an "ideal community" without violence, disrespect, and discrimination and where women, girls, and gender nonbinary individuals are considered equal to men and boys. Based on this description, participants are asked to think about their relationships with family and community members, as well as their perceptions regarding what their mobility, dress opportunities, relationships with men, and future would look like in this community. After this reflection session, a larger discussion is held with all participants.

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ANNEX 5. CHECKLIST FOR PROCEDURAL ETHICS, RESPONDENT SAFETY, AND SAMPLE RETENTION

FIGURE 5.2-2. Remote Evaluations of Violence against Women and Girls-Related Intervention: A guiding Checklist for Ensuring Procedural Ethics, Respondent Safety, and Sample Retention (Seff et al. 2021)

	Mode of RDC	Applicable for: Researchers	IRB
Procedural ethics			
❑ Quality referral pathways available and shared with ALL study participants		✓	✓
❑ Adequate opportunities to answer respondent questions during consenting process		✓	✓
❑ Consider providing (graduated) compensation for each round of data collection		✓	
❑ Collect contact info for 1-2 close family members/friends in case participant cannot be reached or moves		✓	
❑ Send text or e-mail reminders for data collection		✓	
❑ Provide contact information for tech support and troubleshooting		✓	
Safety for all respondents			
❑ Ensure respondent can provide a safe telephone number in order to be eligible for study		✓	✓
❑ Ask respondent for a safe time to call ahead of data collection		✓	✓
❑ Start conversation with confirmation that now is a safe time to talk; if it is not, reschedule		✓	✓
❑ Ensure respondent can provide a safe email address and has safe access to the internet		✓	✓
❑ Ensure study communication materials (sent via email or text) do not explicitly refer to a study on VAWG		✓	✓
❑ Teach respondent how to clear browsing history and use private mode		✓	✓
❑ Create 'quick escape' button or password that loads a blank browser page or other innocuous site		✓	✓
❑ Teach respondent how to delete applications from phone when finished and disable app-based notifications		✓	✓
❑ Discourage use of personal devices for data collection (when possible)		✓	
Data security			
❑ Informed consent should also be obtained for the recording and storage of personal data		✓	✓
❑ Develop data protection protocol during planning phase of information collection activity. Ensure researchers/enumerators understand, agree to, and sign data protection agreement		✓	✓
❑ Assign study ID to all participants; password protect ID key; keep contact information separate from ID		✓	✓
❑ Password-protected data collection platform for respondent with dual-factor authentication		✓	✓
❑ Build digital platform in secure framework with threat test conducted to mitigate vulnerabilities in security		✓	
❑ Transfer information by encrypted and password-protected files (via email, Universal Serial Bus (USB), hard drive etc.)		✓	✓
❑ Password-protect all computers being used for data storage		✓	✓
❑ IF evaluation does not involve follow-up, consider using anonymous telephone interviews			
❑ Use secure cloud that encrypts files stored on it, includes automated data backup to reduce data loss if device is damaged, lost, confiscated etc.		✓	
❑ Destroy audio recordings of voice response surveys (if applicable) once transcript of interview created		✓	✓
❑ Consult with app/web-based data security expert to ensure best practices are followed		✓	

Telephone-based
Web-based
Application device

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID's collective prevention and response, or "collective action" in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click here.

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