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

9 May 2014

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Introduction and Section I

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

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Introduction and Section I

DISCLAIMER

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

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ACRONYMS

ADS	Automated Directives System
COVAW	Coalition on Violence Against Women [Kenya]
dTS	Development & Training Services, Inc.
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
IASC	Inter-Agency Standing Committee
IDP	Internally displaced persons
IRC	International Rescue Committee
LVCT	Liverpool Voluntary Counseling and Testing
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
RDC	Relief to development continuum
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

INTRODUCTION

BACKGROUND

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

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

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

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

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

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

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

Defining gender-based violence

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

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

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

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

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

TOOLKIT PURPOSE AND OBJECTIVES

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

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

This Toolkit does *not* provide:

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

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

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

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

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

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

TOOLKIT AUDIENCE

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

TOOLKIT USE

The four main sections of the Toolkit will guide program managers on how to conduct M&E of GBV-specific programming along the RDC. You can use the Toolkit in its entirety from start to finish, or by adapting specific sections as needed.

Each section of the Toolkit is divided into parts; each part discusses the following information:

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

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

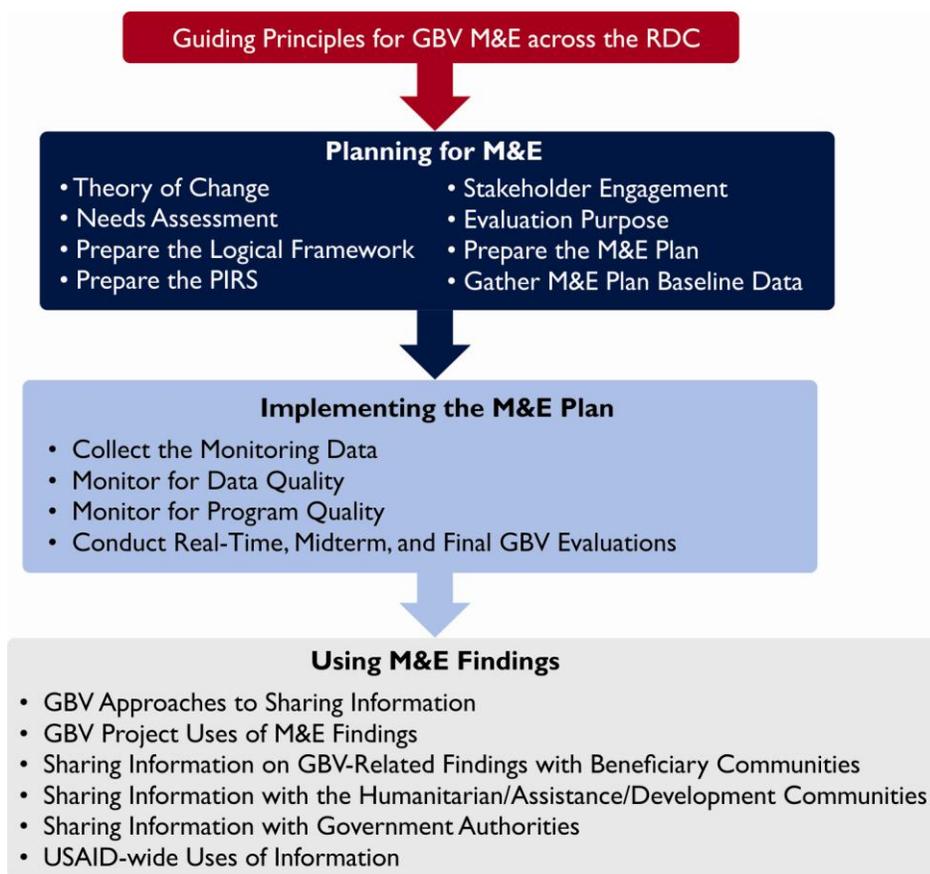
Caveats for Using the Toolkit

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

Toolkit Organization

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

Figure I-1. Process for M&E of GBV Intervention



TOOLKIT DEVELOPMENT

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

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

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

Field-Test and Review

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

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

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

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

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

Limitations

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

I. GUIDING PRINCIPLES FOR GBV ALONG THE RDC

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

I.1 DEFINING PHASES ALONG THE RDC

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

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

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

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

Table I-1. Definitions along the RDC of Crisis Phases, Linkages, and Mutual Interests between Humanitarian and Development Actors

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

1.2 GENERAL FRAMEWORK

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

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



I.2.1 Rights-based Approach

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

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

I.2.2 Community-based/Participatory Approach

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

M&E has its advantages and disadvantages, but should be encouraged and integrated into GBV M&E planning with a clear understanding of those advantages and disadvantages (**Table 1-2**).

Table 1-2. Advantages and Disadvantages of Participatory M&E

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

1.2.3 Systems Approach

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

1.2.4 Survivor-Centered Approach

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

1.3 GUIDING PRINCIPLES: WORKING WITH SURVIVORS OF GBV

During the M&E of GBV interventions may involve contact with GBV survivors, their families, and communities or service providers. Section 1.3 highlights key considerations and principles for working with these groups, which include safety, confidentiality, respect, and nondiscrimination.

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

Guiding Principle 1: Safety

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

Guiding Principle 2: Confidentiality

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

Guiding Principle 3: Respect

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

Guiding Principle 4: Nondiscrimination

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

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

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

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

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

WHO's Eight Safety and Ethical Recommendations

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

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

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

Safety and Security of Sensitive Data

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

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

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

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

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

I.5 USING INTERNATIONALLY AND NATIONALLY RECOGNIZED DEFINITIONS

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