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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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Section 4

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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

DEC	Development Experience Clearinghouse
GBV	Gender-based violence
IDP	Internally displaced person
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
RDC	Relief to development continuum
USAID	United States Agency for International Development
WSR	Women's Situation Room [Kenya]

SECTION 4

4. USING M&E FINDINGS

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

4.1 GBV APPROACHES TO SHARING M&E INFORMATION

KEY CONSIDERATIONS:

USING M&E FINDINGS OF GBV INTERVENTIONS

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

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

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

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

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

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

4.2 GBV PROJECT USES OF M&E FINDINGS

KEY CONSIDERATIONS:

USING M&E FINDINGS OF GBV INTERVENTIONS

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

4.2.1 Analyze the Data Collected

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

- **Contextual analysis** is where primary data are interpreted along with other contextual information, such as the existing data, to present a situational analysis. This is a qualitative data analysis method and the output is a descriptive narrative. Contextual analysis requires a certain degree of subjectivity and skilled interpretation. Involving GBV specialists in data interpretation is highly recommended.
- **Descriptive statistics** involves the compilation of data into numbers, percentages, ratios, or rates, displayed in tables, charts, and graphs. Only certain types of assessment data (normally quantitative but also some types of qualitative) are appropriate for generating statistics. **Spatial analysis** involves the data mapping to help decision-makers visualize locational patterns. For example, spatial analysis may help to display geographic areas where GBV is a particularly high risk. Do not use this technique to map the locations of specific incidents, as it could put survivors in danger.¹

¹ GBV Area of Responsibility (AoR), Assessment and Monitoring Toolkit (forthcoming).

4.2.2 Interpret the Data

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

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

Considerations in data interpretation include:

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

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

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

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

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

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

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

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

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

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

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

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

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

4.3 SHARE GBV INFORMATION WITH NATIONAL AND INTERNATIONAL STAKEHOLDERS

KEY CONSIDERATIONS:

GBV EVIDENCE

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

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

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

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

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

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

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

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

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

KEY CONSIDERATIONS:

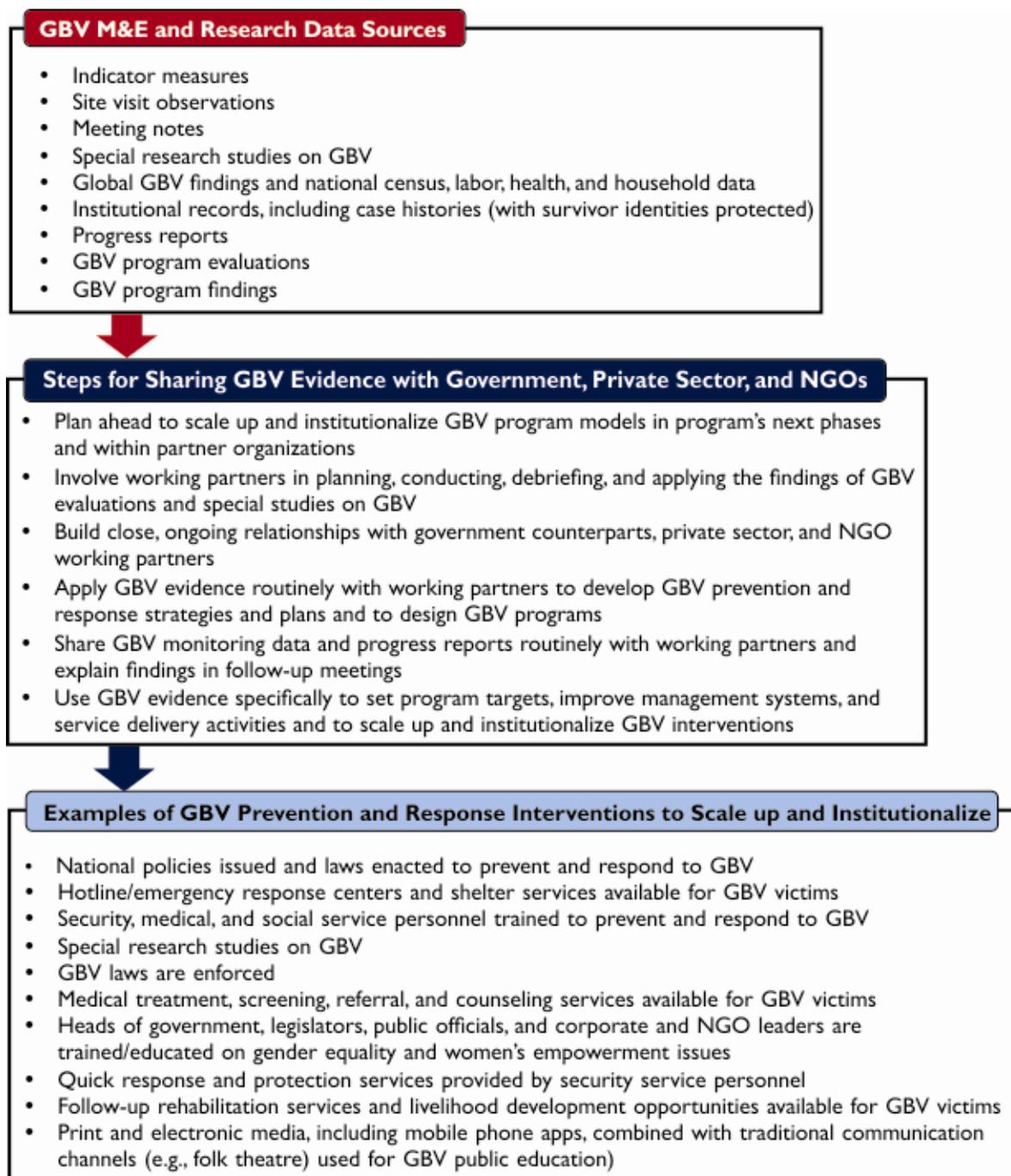
SHARING GBV EVIDENCE WITH GOVERNMENT COUNTERPARTS, PRIVATE SECTOR, AND NGO WORKING PARTNERS

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

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

Relationships are critical for transferring knowledge and skills to in-country partners. Effective program models and impacts can be demonstrated by routinely sharing GBV M&E and research findings. **Figure 4-1** illustrates the sources of GBV M&E and research evidence; steps that GBV program/project implementers can take to share evidence continuously with government counterparts and working partners in NGOs and the private sector; and examples of GBV interventions that can be improved, adapted, scaled-up, and institutionalized.

Figure 4-1. Using Monitoring and Evaluation and Research-Based Evidence to Improve, Scale-Up, and Institutionalize GBV Programs for Governments and NGOs



KEY CONSIDERATIONS:

SHARING GBV EVIDENCE WITH THE HUMANITARIAN ASSISTANCE COMMUNITY

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

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

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

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

KEY CONSIDERATIONS:

SHARING GBV EVIDENCE WITH COMMUNITIES

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

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

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

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

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

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

RDC Considerations

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

Pre-crisis Phase

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

Crisis Phase

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

Post-crisis Phase

4.4 USAID-WIDE USES OF INFORMATION

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

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

How USAID Shares GBV M&E and Research Findings

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

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

USAID recognizes the 16 Days of Activism Against Gender Violence

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

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

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

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

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

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

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