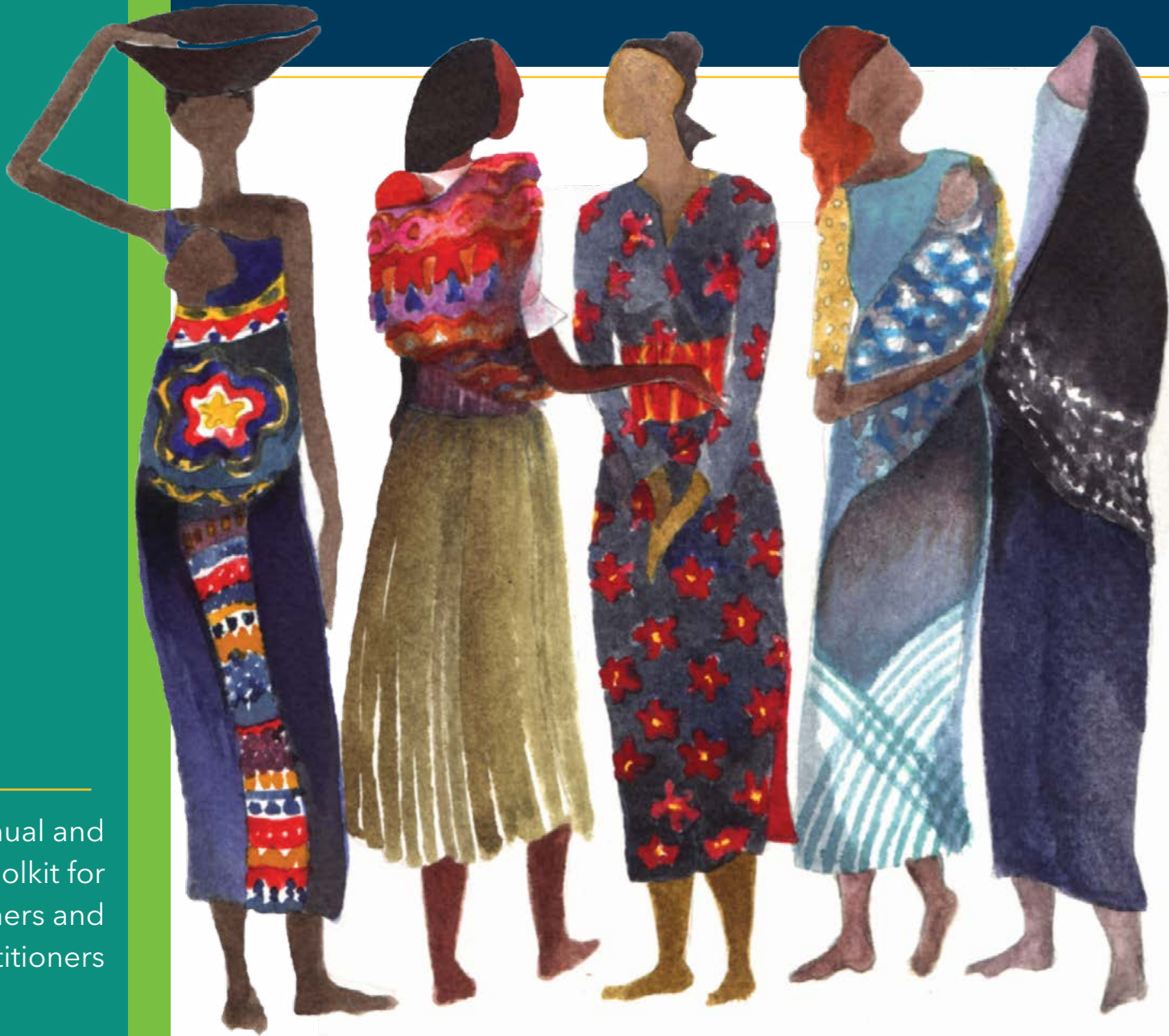


Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations



A Manual and
Toolkit for
Researchers and
Practitioners

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1 | Key Concepts



1.1 Introduction

What is the manual?

This manual and the associated practitioner toolkit form a comprehensive package to support researchers and members of the humanitarian community in conducting ethical and technically sound research, monitoring, and/or evaluation (M&E) on gender-based violence (GBV) within refugee and conflict-affected populations. The manual's step-by-step approach enables readers to make appropriate ethical and methodological decisions when collecting data with refugee and other vulnerable populations. In addition, the practitioner's toolkit provides data collection tools, templates, and other resources that can be used in the field to enhance data collection and analysis efforts.

Created by the Global Women's Institute (GWI) at the George Washington University, these materials have been developed through a multi-phased process designed to identify and consolidate best practices and lessons learned in the field. Researchers at GWI first conducted a literature review of peer-reviewed articles and grey literature on GBV in refugee and conflict-affected populations. The team consulted with research and GBV specialists to identify the most important considerations for conducting ethically and methodologically sound data collection among these populations. Through this process, the team also collected case studies to demonstrate the practical applications of best practices in real world settings. The combination of these lessons and the GWI's own experience in GBV research, monitoring, and evaluation form the basis of this document.

Why is it needed?

There is an increasing emphasis on research and M&E for GBV programs among refugee and conflict-affected populations. However, these efforts are mixed in quality and often raise ethical questions. Researchers and practitioners often use weak methodologies (e.g. non population-based sampling, insufficient sample sizes, utilization of poor questionnaire design, insufficient training/piloting for data collectors, etc.) that reduce the utility of their results. In addition, not all researchers appropriately consider the unique ethical considerations that are relevant to collecting data on GBV in these particularly vulnerable and resource-poor populations.

Despite this, donors are now emphasizing the importance of NGO accountability to affected populations as well as demanding that NGOs demonstrate the effectiveness of the funds they provide. This has increased the pressure on the humanitarian community to move to a more evidence-based approach and to better understand and measure the effect of their programs to prevent and respond to GBV.

While there are other existing guidelines and manuals that can help researchers and practitioners to collect data on GBV, none comprehensively examine the full research and M&E spectrum or focus specifically on the unique needs of refugee populations. This manual and toolkit aim to be practical and accessible to both researchers and GBV program staff alike. It provides an overall introduction to key concepts and considerations for GBV research and M&E as well as focuses on what makes this work different when undertaken with refugee and conflict-affected populations.

Who is it for?

This manual and toolkit have been written for a variety of audiences. Most importantly, these resources aim to bridge the gap between the academic and international humanitarian communities by focusing on these two groups.

First, for the international humanitarian community, the guidance will serve as a primer on how to conduct safe and ethical research and M&E on GBV in refugee and conflict-affected settings. It provides a basic overview of methodological choices and best practices on data collection for GBV – allowing GBV specialists to design and conduct their own basic research, monitoring, and evaluation as well as to feel empowered to engage with the academic community to undertake more complex research and evaluation designs.

For the academic community, this guide will provide an introduction to the key principles that make GBV research and M&E different – particularly among refugee and conflict-affected populations. It will share best practices and lessons learned that will help them make the most methodologically and ethically appropriate decisions for their own research and/or M&E efforts.

1.2 Introduction to Gender-Based Violence among Refugee and Conflict-Affected Populations

What is gender and gender-based violence?

According to the United Nations 2015 Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, gender is “the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context.”

Gender-based violence (GBV) is an umbrella term commonly used to refer to violence between individuals that stems from power differentials between the perpetrator and the survivor. The term refers to:

“any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty, whether occurring in public or private life.”¹

Some organizations prefer to give greater emphasis to sexual violence (SV) and demonstrate the inherent link between sexual and gender-based violence regardless of the gender of the survivors. They often use the term Sexual and Gender-Based Violence or SGBV.

Within the broad definition of GBV, there are specific forms of violence that some organizations choose to highlight. The most commonly referenced term is Violence against Women and Girls or VAWG. The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women as:

“any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”²

It encompasses, but is not limited to, “physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.”³

GBV can also refer to other forms of violence beyond VAWG particularly some forms of violence perpetrated against men and boys and gender-based violence against members of marginalized groups in the community. The 2015 IASC guidelines set forth the following definitions:⁴

Violence against men and boys: The term ‘gender-based violence’ is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys – particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity (e.g. sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy).

This violence against males is based on socially constructed ideas of what it means to be a man and exercise male power. It is used by men (and in rare cases by women) to cause harm to other males.

As with VAWG, this violence is often under-reported due to issues of stigma for the survivor – in this case associated with norms of masculinity.

Violence against other marginalized populations: The term ‘gender-based violence’ is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons in order to punish those defying gender norms.

It is important to understand the differences between these terms and make informed choices as to which term to use in your own work. Given the proliferation of the term GBV specifically within the humanitarian community and this project’s aim to provide guidance on working not only with women and girls but also with men and boys and members of marginalized groups, the term GBV will be used throughout this manual.

1 United Nations. (1994). *Declaration on the elimination of violence against women*. (Resolution No. A/RES/48/104).

2 United Nations. (1994). *Declaration on the elimination of violence against women*. (Resolution No. A/RES/48/104).

3 United Nations. (1994). *Declaration on the elimination of violence against women*. (Resolution No. A/RES/48/104).

4 Inter-Agency Standing Committee. (2015). *Guidelines for integrating gender-based violence interventions in humanitarian action: Reducing risk, promoting resilience and aiding recovery*. <https://gbvguidelines.org/en/>

Common forms of GBV among refugee and conflict-affected populations

Within the umbrella term GBV, there are specific forms of violence that are commonly seen within refugee and conflict-affected populations. Prevalent forms of violence that need to be understood by practitioners and researchers in the field include:

- 1. Intimate Partner Violence:** "Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner. Intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women. Although women can be violent in relationships with men (often in self-defense) and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners. By contrast, men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them."⁵
- 2. Non-Partner Sexual Assault:** "When aged 15 years or over, experience of being forced to perform any sexual act that you did not want to by someone other than your husband/partner."⁶
- 3. Child sexual abuse:** "The involvement of a child or an adolescent in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or **social taboos of society**."⁷
- 4. Traditional Practices:** "Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Every social grouping in the world has specific traditional cultural practices and beliefs, some of which are beneficial to all members, while others are harmful to a specific group, such as women. These harmful traditional practices include female genital mutilation (FGM), forced feeding of women, early marriage, the various taboos or practices which prevent women from controlling their own fertility, nutritional taboos and traditional birth practices, son preference and its implications for the status of the girl child, female infanticide, early pregnancy, and dowry price. Despite their harmful nature and their violation of international human rights laws, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practicing them."⁸
- 5. Trafficking:** "Recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs."⁹

⁵ World Health Organization. (n.s.). *Understanding and addressing violence against women*, 1. http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf

⁶ World Health Organization. (2013). *Global and regional estimates of violence against women; Prevalence and health effects of intimate partner violence and non-partner sexual violence*, 6: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1

⁷ World Health Organization. (2017). *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*. <https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf?sequence=1>

⁸ Office of the High Commissioner on Human Rights. (n.d.). *Fact sheet no. 23: Harmful Traditional practices affecting the health of women and children*. <http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf>

⁹ United Nations Office on Drugs and Crime. (n.d.). *Human trafficking*. https://www.unodc.org/res/human-trafficking/2021the-protocol-tip_html/TIP.pdf

The **Interagency Gender-Based Violence Information Management System (GBVIMS)** tool classifies 6 "core types" of GBV. These core types are:¹⁰

- **Rape:** non-consensual penetration (however slight) of the vagina, anus, or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.
- **Sexual Assault:** any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM is an act of violence that impacts sexual organs and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.
- **Physical Assault:** an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks, or any other act that results in pain, discomfort or injury. This incident type does not include FGM/C.
- **Forced Marriage:** the marriage of an individual against her or his will.
- **Denial of Resources, Opportunities, or Services:** denial of rightful access to economic resources/assets or livelihood opportunities, education, health, or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.
- **Psychological / Emotional Abuse:** infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

GBV in refugee and conflict-affected settings

The root cause of GBV - in both conflict and non-conflict settings - is patriarchal gender norms and inequitable power dynamics. These factors can be exacerbated in conflict settings where the breakdown of normal societal mechanisms can lead to increased violence. In addition, active conflict dynamics (including the use of rape as a weapon of war, breakdown of control of armed forces, etc.) can also affect rates of GBV during these periods.

Often researchers conceptualize the drivers of violence through an ecological model that visualizes the risk of experiencing violence as an interplay of factors from the societal to the individual levels.¹¹

¹⁰ Gender-Based Violence Information Management System. (n.d.). *Annex B: Gender-based violence classification tool*. http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf

¹¹ Marsh, M., Purdin, S., & Navani, S. (2006). Addressing sexual violence in humanitarian emergencies. *Global Public Health*, 1(2), 133-146. DOI: 10.1080/17441690600652787

These drivers of violence begin at the societal level where gender inequitable norms and armed conflict are drivers of GBV. These risks continue at the community level where a breakdown of rule of law, an increase in criminality and impunity for perpetrators, and a lack of social support can affect rates of GBV. These factors can also influence relationship dynamics – such as increasing controlling behaviors of partners – that can also increase GBV. Finally, individual factors, such as educational attainment, poverty, age, etc., also affect the chances that an individual experiences violence. Each level of these factors (from societal to individual) works together to determine an individual's overall risk of GBV.

GBV within refugee and conflict-affected populations

While GBV is a considerable problem in stable and peaceful communities around the world, it often increases during times of conflict. Women and girls may be at heightened risk of violence in conflict and humanitarian crises due to displacement, the breakdown of social structures, a lack of law enforcement, the potential further entrenchment of harmful gender norms, and the loss of livelihood opportunities for both men and women in the community, among other reasons.

Conflict-related GBV is often assumed to refer only to SV – particularly armed actors using rape as a weapon of war. Indeed, research has found that SV often does increase during times of armed conflict. However, even with accounting for increases in rape and sexual assault, research suggests that more women experience violence by an intimate partner (IPV) than by a non-partner or member of an armed group in conflict settings.¹²

While there is limited available evidence on the prevalence of GBV in conflict-affected settings, some researchers have tried to estimate summary rates of violence. Vu and colleagues conducted a systematic review and meta-analysis specifically examining SV in conflict-affected settings, which estimated an overall prevalence of SV among refugees and displaced persons in complex humanitarian emergencies of 21.4% (95% confidence interval: 14.9-28.7).¹³

Another systematic review examined the prevalence of GBV during complex emergencies and found evidence to suggest that rates of GBV – particularly non-partner assault – increase during times of conflict. Evidence on the connections between rates of IPV and conflict is more mixed, though the authors concluded that, even during emergency settings, IPV is more prevalent than non-partner sexual assault.¹⁴

A summary of available prevalence data from these reviews can be found below in Table 1.

12 Heise, L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3), 262-290. <https://doi.org/10.1177/1077801298004003002>

13 Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., & Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: A systematic review and meta-analysis. *PLOS Current Disasters*, 1. doi: 10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7

Table1. Current data on the prevalence of GBV in conflict¹⁴

	PARTNER VIOLENCE	NON-PARTNER VIOLENCE	COMBINED/NOT SPECIFIED
PHYSICAL VIOLENCE	<p>42.5% (n=395) of female Palestinian refugee respondents reported physical violence in their lifetime; 48.9% of men (n = 133) reported ever perpetrating physical violence against their partner. Overall prevalence of lifetime beating was 44.7%.^{2,13}</p> <p>29.5% of Palestinian refugee men compared with 22% of women (n=417 married couples) reported that wife beating occurred at least once during their married life.</p> <p>10.4% of men and 9.1% of women reported it happened during the past year.^{2,14}</p>	<p>24.2% (n=348) of conflict-affected women in East Timor reported experiencing physical violence by nonfamily members during the conflict; 5.8% reported experiencing it after the crisis ceased.^{2,12}</p>	
COMBINED/NOT SPECIFIED	<p>75.9% (n=283) of conflict-affected respondents in Bosnia and Herzegovina were physically, psychologically, and sexually abused by their husbands in their lifetimes.^{2,10}</p> <p>52.7% of partnered conflict-affected women in East Timor experienced IPV in the year before the crisis or in the year prior to the survey (after the crisis).^{2,12}</p>	<p>49% (n=205) of conflict-affected respondents in Liberia reported experiencing at least one act of physical or SV from a soldier or fighter in a 5-year period.^{2,15}</p>	

Further Resources:

- Murphy, M., Arango, D., Hill, A., Contreras, M., MacRae, M., & Ellsberg, M. (2016) Evidence brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?. The Global Women's Institute and International Rescue Committee. <https://www.whatworks.co.za/documents/publications/66-maureen-murphy-diana-arango-amber-hill-manuel-contreras-mairi-macrae-mary-ellsberg/file>
- Stark, L., & Ager, A. (2011). A systematic review of prevalence studies of gender-based violence in complex emergencies. *Trauma Violence Abuse*, 12(3), 127-134. <https://doi.org/10.1177/1524838011404252>
- Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., & Singh, S. (2014). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a Systematic Review and Meta-analysis. *PLOS Current Disasters*, 1. doi: 10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7

14 Stark, L., & Ager, A. (2011). A systematic review of prevalence studies of gender-based violence in complex emergencies. *Trauma Violence Abuse*, 12(3), 127-134. <https://doi.org/10.1177/1524838011404252>

1.3 Introduction to Research, Monitoring, and Evaluation for GBV programs among Refugee and Conflict-affected Populations

This manual covers three overarching forms of data collection:

- **general research studies** (not specifically linked to program performance),
- program **monitoring and evaluation**, and
- **impact evaluations**.

While there is some overlap between these three areas (for example program monitoring and evaluation may include impact evaluations), this manual discusses each area separately to facilitate understanding and clarify distinctions when deciding on data collection needs and approaches.

Research

General research studies refer to data collected through systematized methods that aim to help the wider community (whether within a specific country or internationally) improve their understanding of a topic (e.g. the types of GBV most common in a community, the consequences commonly experienced by GBV survivors, the barriers survivors face when trying to access services). Research can refer to activities that are not explicitly associated with measuring program performance as well as impact evaluations (which will be discussed in further detail below). Research can include activities such as implementing population-based surveys, collecting qualitative data, or analyzing service-based data such as health records. For example, a study that aims to understand the prevalence and characteristics of GBV in a certain population would be considered general research. Likewise, a study that reviews medical records to look at the associations between experiences of violence and poor health outcomes would also be general research. Chapter 10 provides more information on different data collection methods for general research studies.

Program monitoring and evaluation

Program monitoring and evaluation (M&E) refer to activities designed to understand how a program has been implemented and what it has achieved. This can involve assessing the timeliness and/or quality of activities implemented as well as the outputs, outcomes, and impact a program achieves.

Monitoring is the systematic and continuous process of collecting, analyzing, and using information to track a program's progress toward reaching its objectives and to guide management decisions. This process tracks changes in performance over the lifetime of a program. Through these processes, information is collected on where/when activities occur, how many people are reached through an activity, whether it is a successful program, etc. Evaluation is the investigation of how activities meet the objectives of the program. It focuses on comparing the expected and achieved program accomplishments. Differing evaluation models may focus on differing components of the program and commonly examine issues such as program implementation, effectiveness, and/or efficiency of interventions (evaluation of program impact will be discussed below).

The combination of monitoring and evaluation (M&E) forms the core of data collection and analysis exercises for many operational NGOs working in refugee and conflict-affected settings. M&E can help

practitioners conceptualize their program goals and strategies, facilitate the development of logic models (e.g. causal pathways and logical frameworks), and clarify how a program expects to create change within a population. The M&E design process also assists practitioners to determine how they will measure the success of a program while identifying overall program objectives, developing indicators to track program progress, and detailing how the program team will collect data to track these measures. Chapter 7 explores program M&E in further detail.

Impact evaluation

Moving a step beyond routine program M&E activities, impact evaluations measure the effect of the program within the target population, including determining whether to attribute change explicitly to a program's influence. Evaluation designs can vary considerably, from small qualitative studies to rigorous randomized control trials, depending on the evaluation's goals as well as real world constraints such as time, resources, and budget. While there have been limited efforts to-date to conduct rigorous impact evaluations of programs working on GBV among refugees and conflict-affected populations, this is a growing field. Typically, the key component of these designs is the use of a control or comparison group that functions as a means for evaluators to understand what would have happened if the program was never implemented (known as the counter-factual in public health research). These designs allow the evaluator to attribute changes to the program itself and are some of the most rigorous research designs possible in refugee and conflict-affected settings. Chapter 8 goes into further detail on common impact evaluation designs for these populations.

1.4 Using Gender and Participatory Approaches

Applying a gender lens

GBV is a complex public health problem that is rooted in **unequal power dynamics and inequitable gender norms**. Research and M&E of this topic therefore requires researchers and practitioners to take a different approach to study design and data collection compared to many other public health topics.

Feminist research and evaluation theory advocate that research activities be used as a means to explore the perspectives and experiences of under-represented and marginalized groups. Data collection activities should not be extractive but instead be utilized as opportunities to give voice to members of the affected population who typically would not be heard.

While principles of feminist evaluation and gendered- approaches to the data collection will be utilized throughout the manual, some key considerations are laid out below.

Box 1

Research on GBV in South Sudan

The GWI at the George Washington University, in collaboration with the International Rescue Committee, CARE UK, and Forcier Consulting, conducted a research study on GBV in South Sudan from 2014-2017 on behalf of the What Works to Prevent Violence against Women and Girls in Conflict and Humanitarian Consortium ('What Works')¹⁵. The study's aims were two-fold: (1) to explore the magnitude and scope of the problem of GBV in South Sudan and (2) to help the international community better understand the connections between conflict and GBV. The GWI's experiences with this study have heavily influenced the lessons learned and practices laid out in this manual. This experience, along with the experiences of other researchers and NGOs who have collected data on GBV with refugee and conflict-affected populations, will be referenced throughout this manual as illustrative examples of good practice.

¹⁵ Global Women's Institute of the George Washington University, the International Rescue Committee, CARE International UK, and Forcier Consulting. (2017). No Safe Place: A Lifetime of Violence for Conflict-affected Women and Girls in South Sudan. https://www2.gwu.edu/~mcs/gwi/No_Safe_Place_Full_Report.pdf. 2017

- **Acknowledge the role of gender inequitable norms and unequal power dynamics during design, data collection, and analysis:** Researchers and practitioners should take local gender norms into account when designing data collection activities and interpreting the results. Inequitable gender norms in conflict-affected communities can contribute to rates of violence. Research and M&E efforts can strive to examine, question, and change gender norms throughout the process of data collection, analysis, and uptake of results.
- **While men and boys experience gendered violence, women and girls are, by far, the most affected by this violence:** Often there is limited funding to collect data on GBV in conflict-affected settings. It is therefore important to clearly consider the needs of women and girls, who bear the largest share of this violence, when developing data collection priorities and planning activities.

This, however, does not mean that research and M&E efforts should never engage with men and boys. Men and boys, as well as other marginalized groups such as members of the LGBTI community, also experience violence, and these experiences may increase during times of conflict. However, collecting data on violence against certain marginalized populations, such as LGBTI groups, may be illegal or put the respondents at an unacceptable level of risk. In addition, it can also be important to collect information from men and boys to better understand inequitable gender norms, attitudes, and practices that affect rates of violence.

- **Engage the affected population - particularly women and girls throughout the design and data collection process:** Women and girls should be involved in the study design, implementation and be empowered to understand and use the results to make a difference in their own lives. These efforts may include engaging women in planning data collection activities, as well as throughout the data collection process (including input on the objectives, data collection tools, interpretation of results, etc.), and ensuring that they understand the results. See below for more on participatory approaches to data collection.
- **Use research and evaluation, as well as the data collection process itself, as avenues to promote social change:** Research and M&E can be used to understand, as well as challenge, unequal social norms. Data collection activities should be designed so that the results contribute to improving the lives of the affected population. Marginalized populations can be empowered through engagement in the study/project design, data collection, and analysis, and also dissemination activities.

Using a participatory approach

Participatory approaches to data collection should be used whenever possible. However, in refugee and conflict-affected settings, these approaches can take on different meanings depending on the context. In general, participatory approaches refer to data collection and analysis activities that aim to involve and empower local communities and ensure that the results can be used by and for the affected community themselves.

During acute emergencies, it may not be possible to employ fully participatory approaches - as the priority must be to gather data that will allow life-saving interventions to be employed. However, even during the acute emergency phase, it is often possible to incorporate some principles of participatory research approaches into data collection activities. For example, members of the affected community can review and provide input into data collection tools and act as data collectors.

As the situation stabilizes, the opportunities will increase to engage meaningfully with the local community and to employ participatory approaches more fully in data collection activities. Some key participatory principles (many adapted from the principles of Participatory Action Research (PAR)) to be considered

throughout the design, implementation, and analysis processes are outlined below. These principles will be referenced and expanded upon throughout the manual.

- **Facilitate local ownership and actively engage with local groups throughout the design, data collection, and analysis processes:** Ensure relevant local stakeholders - for example actively involve women's rights groups, local leaders, and possibly government representatives, etc. - are engaged in the design, data collection, and analysis to foster ownership over the process. These groups can also be essential for study uptake and dissemination after data collection and analysis are complete. By involving local actors in routine M&E activities, these stakeholders will be better informed about the work of ongoing programs, better able to understand the benefits, and more prepared to identify possible issues in the implementation of the programs. For larger data collection activities - such as impact evaluations and general research studies - consider establishing a local group of stakeholders to review the study plans for ethical implications and to support the research team throughout the data collection, analysis, and dissemination processes.
- **Work with locally-based researchers whenever possible:** Whenever possible, it is important to conduct research through or engage with researchers based in the country where data collection is taking place. Researchers based within the local community know the context and how to navigate political and communal barriers that may impede data collection. However, when working with a local research institution or consultant, it is important to consider their technical capacity. Academics and locally-based consultants may not have the required technical skills to implement large-scale research studies or evaluations. Conversely, research groups with strong technical skills in public health research may lack experience conducting research on sensitive subjects such as GBV. In these cases, it may be important to work with international researchers - such as a university, research institute, or relevant consultant - to support the design and implementation of the study. It is important that these researchers incorporate a component of capacity building for their local academic institution and/or consultants as part of their support.
- **Ensure meaningful engagement with the community throughout data collection:** To increase accountability to the affected populations, provide appropriate transparency and build trust, consider using participatory data collection strategies where logistically possible. At a minimum, design and pilot data collection tools directly with members of the affected populations themselves. If this is not possible, consider designing and piloting data collection tools with members of NGO staff from the affected community. In addition, consider using participatory data collection techniques (e.g. photovoice, body mapping, community mapping, free listing) where participants can see and understand the data being supplied to researchers throughout the process.
- **Work with the community to understand and analyze data:** Whenever possible, work directly with members of the community in order to analyze and contextualize the collected data. In true PAR efforts, community members analyze the data themselves, with support of the research team. This is often not possible in conflict-affected settings, nevertheless, every effort should be made to ensure that the data is shared back with participants using community feedback sessions, flyers, reports, routine program activities, etc. For example, you can create study and program reports or presentations showing the collected data and findings in simple terms that can be understood, analyzed, and put to use. Consider using stories, visual displays, dramas, and other ways to bring the results of data collection activities back to the affected communities in locally meaningful and understandable ways.

Further Resources:

- Bamberger, M. and Podems, D. (2002). Feminist evaluation in the international development context. *New Directions in Evaluation*, 2002(96). <https://onlinelibrary.wiley.com/doi/abs/10.1002/ev.68>

- Gurung, M.B. and Leduc, B. (2009). *Guidelines for a gender sensitive participatory approach*. ICIMOD. <http://www.icimod.org/resources/443>
- Onyango, G. and Worthen, M. (2010) *Handbook on participatory methods for community-based projects: A guide for programmers and implementers based on the Participatory Action Research Project with Young Mothers and their Children in Liberia, Sierra Leone and Northern Uganda*. The PAR Project. <https://resourcecentre.savethechildren.net/node/3001/pdf/3001.pdf>

1.5 Safety and Ethical Considerations for Research, Monitoring, and Evaluation with Refugees and Conflict-Affected Populations

Ethical and safety considerations during the design process

Collecting data on sensitive subjects such as GBV requires careful consideration of ethical and safety implications. When working with refugee and conflict-affected populations, these considerations take on new importance. There are international guidelines such as the World Health Organization's (WHO) Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (2007) that provide general guidance for collecting such sensitive data.

While these principles were originally designed specifically for conducting research on SV, they can be adapted and applied to other data collection exercises on GBV during emergencies. Further details on specific considerations relevant for impact evaluations can be found in WHO and RTI International's *Ethical and Safety Recommendations for Intervention Research*. It is important to refer to these guidelines throughout the design and data collection processes and to ensure that these principles are reflected throughout the overall process.

The WHO lays out eight general principles, which are summarized below. Further details on strategies to enhance ethical data collection methods and to mitigate risks are discussed throughout this manual.

1. Accounting for Risks and Benefits: The benefits of documenting violence must be greater than the risks to respondents and communities.

Before collecting any data, it is important to consider both the potential risks that respondents and data collectors may experience, as well as the potential benefits to the affected community and the wider humanitarian community at large. For example, an impact evaluation that demonstrates an intervention's efficacy can benefit the international humanitarian community as it provides objective evidence to support further funding of the program throughout the world. Additionally, the population from whom the data are being collected might also benefit, as the results may be used to improve the quality of GBV services in the community.

It is critical that the benefits outweigh the risks to the affected population.

2. Methodology: 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.

Methodological decisions inherently have ethical dimensions. Respect for the affected population must

be a paramount concern when data is collected with vulnerable populations – such as refugees and other conflict-affected groups – who have little control over their own circumstances and may be primarily occupied with basic survival tasks. Participating in research activities can take the respondent away from these critical livelihood tasks, and therefore respect for the respondent's time must be a chief concern when designing research and/or M&E activities.

Given the potential safety risks and the important survival tasks occupying respondents, researchers have a strong ethical obligation to design data collection activities in a manner to ensure that they are of high quality, not time intensive, and safety centered.

To gather high quality information, data collection methods should reflect the best practices in GBV research and M&E. For population-based data collection, this means ensuring that appropriate sampling strategies and sample sizes are used for surveys. For impact evaluations, this could mean using the most rigorous evaluation design practical for the context – for example using a randomized control trial rather than a simple pre and post-test design. It also means ensuring that all collected data does not simply sit in a notebook or a file cabinet but instead is analyzed and applied to inform programs and policy.

While conflict and security concerns can affect methodological choices, research and/or M&E efforts should be designed to be as rigorous as possible given the constraints of the specific context both to produce credible data and to ensure the benefits outweigh the risks associated with undertaking the project.

3. Referral services: Basic care and support to survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of violence.

Before deciding to collect data on GBV, it is important to identify what support services – including medical, psychosocial, protection/security, and legal services – are locally available. While these services are most important when respondents are explicitly being asked about their own experiences of GBV, you can also provide information about GBV services when collecting more general data (for example asking about knowledge and attitudes related to gender and violence). Specific efforts to refer participants to services are needed if they are currently experiencing violence, appear distressed, or seem to be in danger in their current situation. However, all participants – whether or not they report violence – can be offered information about local GBV services.

In hard to reach locations where security is poor or in the early stages of an emergency before relief efforts are fully operational, it is likely that GBV services or even basic health services may not be available. If you are conducting research in an area where static services are not available or adequate, consider setting up temporary services – particularly for psychosocial support – to provide assistance to anyone who experiences distress when talking about their own experiences.

4. Safety: The safety and security of all those involved in information gathering about violence is of paramount concern and in emergency settings in particular should be continuously monitored.

The safety of respondents who participate in data collection on GBV is of particular importance. Respondents from conflict-affected settings may be put at heightened risk from others in their community – or even the government, in some circumstances – for speaking to outsiders. These concerns increase when the subject matter includes sensitive issues such as experiences of violence. In addition, participants can be placed at increased risk within their own homes, for example respondents facing consequences

Box 2

Power Dynamics and Research, Monitoring, and Evaluation

Refugees and conflict-affected populations are some of the most vulnerable people in the world. They often rely on humanitarian personnel for aid (including financial support, food, and non-food items) that is essential for survival. Data collectors, whether representing NGOs providing services or as part of independent research activities, hold considerable power over these populations. Before deciding to collect data with any population, it is important to acknowledge and consider these power dynamics in the design of the activities. Consider the vulnerability of the population when deciding if data should be collected at all – particularly for research or impact evaluation purposes. If basic life-saving needs are not being met – intensive research or evaluation efforts may not be appropriate.

If the situation is stable enough to engage in data collection activities, consider how the affected community can be empowered throughout the data collection, analysis, and dissemination process. Members of this community should be, at a minimum, consulted on the design and implementation of data collection activities, and mechanisms are needed to ensure they understand the results of these efforts. In addition, members of the affected community who directly participate in data collection should know that their participation will not affect their ability to receive humanitarian aid services. Furthermore, close supervision of data collectors and the establishment of complaint mechanisms – for example supervisor’s phone number, complaint box, etc. – are necessary to monitor data collection activities to ensure the safety of participants.

Be sure to consider power dynamics when determining methodologies, developing informed-consent procedures, and choosing the information gathering team.

from an abusive partner because they spoke about the violence to a data collector. While these privacy concerns are relevant any time data on GBV is collected, they take on particular resonance in conflict-affected settings.

The likelihood of negative consequences for refugees and internally displaced persons is higher due to the cramped living conditions, lack of privacy, and breakdown of social safety nets that often occur during times of displacement and within refugee and IDP camps.

Special considerations should be made throughout the design, data collection, analysis, and dissemination processes to ensure the safety and security of all involved in a project.

The study should not be referred to as a study on GBV.

The location of individual and group interviews should be private and safe, with possible alternative activities in place should an interview be unexpectedly disturbed.

Women and men should not be interviewed in the same locations

Referral information can be included as part of a wider list of relevant health and well-being service providers in the areas

Security protocols should be developed that include a point of contact and processes for communicating should an issue arise, and all partners (not only the organizations leading the data collection but also related service providers) should be involved in the implementation of this protocol.

Safety and security conditions should be monitored and evaluated on an ongoing basis and be incorporated into the security protocol regularly.

5. Confidentiality: The confidentiality of individuals who provide information on violence must be protected at all times.

While confidentiality should always be a principle concern of ethical data collection, the consequences to participants in conflict-affected settings may be more severe than those for respondents in other settings.

During times of conflict, it is more likely that a breach of confidentiality could bring harm upon the survivors, as well as their families and community.

Where possible, data should be collected anonymously. For example, there is no need to write down the names of the respondents participating in data collection activities unless specific follow-up (for quality control or as part of the methodological design) is planned.

In circumstances where the methodological design necessitates that identifiable information on the respondent (such as names, contact details, etc.) is collected, specific procedures to improve confidentiality are essential to reduce the

potential of breaches. For example, each individual respondent can be assigned a code that is recorded on all completed questionnaires. All identifiable information is then stored separately from the completed questionnaire. In order to identify the respondent, both the completed questionnaire and separate list of identifiable information are needed.

All data needs to be secured during and after the completion of data collection, including ensuring that any tablet, phone, or computer used for data collection or storage is password protected and perhaps even encrypted, especially in cases where the data being collected is particularly sensitive. Hard copies of data need to be placed in locked file cabinets for storage. In extremely insecure environments, hard copies of data and equipment may be safest if kept far from the study site or removed from the region or country altogether.

6. Informed consent: Anyone providing information about violence must give informed consent before participating in the data gathering activity.

Before collecting data, all participants need to be informed of the purpose of the exercise, the risks that they face due to their participation, and the benefits (including any monetary or in-kind compensation) they can expect to receive due to their participation. This process is particularly important for vulnerable populations, such as refugees and displaced persons.

It is important to work directly with members of the affected community to ensure that consent statements are simple to understand and explicitly communicate that participation in the data collection will not affect the respondent’s ability to receive humanitarian aid.

Even when data is only presented in aggregate – informed consent is necessary.

7. Information gathering team: All members of a data gathering team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.

It is important to give careful consideration to the composition of the data collection team – including the sex of data collectors, ethnic breakdowns, literacy levels, language abilities, etc. It is particularly important to consider how conflict dynamics affect the makeup of the data collection team; for example, the design of the team must take into account how communities associate with either side of a conflict, which communities are represented within the displaced population, and which parties are not associated with the conflict and are viewed as neutral.

The final team should reflect the affected population from where you are collecting data as best as possible in terms of sex, ethnicity, language, etc.

Alternatively, if it is not possible for data collectors to be similar to the affected populations (perhaps due to low literacy, limited education, or high friction within the affected populations), every effort should be made to determine what group might be considered neutral.

8. Children: Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

Children may be less able to give consent to participate in data collection compared to adults and may be even more vulnerable in conflict-affected contexts. However, the perspectives of children can often be important to understanding the full situation of the affected population and how violence is impacting the lives of children living in conflict-affected areas. See specialized studies – such as the Violence against

Children surveys – for more specialized information on protections for children during research. Some potential strategies include:

Consider if the objectives of the data collection exercise can be fulfilled without collecting data from children. In some cases, information from adults may be enough for practitioners and policymakers to affect change based on the results of the research and M&E activities.

For data collection activities that involve children, additional assent procedures – such as parental permission for the child to participate – may be needed depending on the context. In some cases, for example where child marriage is a common occurrence, the data collection team, in line with local laws, needs to decide if a married woman under the age of 18 or a child head of household are “children” for the purposes of the research. Informed consent may be possible in situations where (individual) consent is not.

Communicate the purpose of the study to parents as a health and well-being study rather than violence-focused.

Work with local stakeholders to determine any legal requirements regarding collecting data with minors. In some locations, mandatory reporting laws require that data collectors report any minor being subjected to abuse within their household. Even if mandatory reporting is not required in your context, work with local child protection actors to determine the appropriate procedures for children being abused in their household. Sometimes the government may agree to waive the mandatory reporting requirement in a research context.

Ethical reviews and approvals

An Institutional Review Board (IRB) is an independent, university, or government body that reviews and approves research activities that involve human subjects. Approval should be sought prior to undertaking any research or evaluation activity where the results will not only be used by a specific program but will also contribute to wider knowledge on a subject (i.e. be generalizable). For example, an evaluation where the results will only be utilized by the program team and not shared externally would not require IRB approval – as it does not meet the definition of human subject’s research. However, an impact evaluation, where the results will be shared with the wider international community in hopes to replicate a successful program would be human subject’s research because the results are generalizable. In general, an IRB review is not required for routine M&E activities because these efforts focus on improving the implementation of a specific program – rather than contributing to a wider knowledge base.

Most academic institutes have standing IRBs that review human subject’s research activities. If working in or with an academic institute, researchers or staff should know the relevant procedures and documents that are required to seek IRB approval.

A research protocol should detail each step of the research process. It starts with an introduction to the issue and context of the study including a literature review of what is known to date and why the study is important. The research questions and objectives (see Chapter 6) should also be specifically laid out. Furthermore, the protocol should detail any potential risks that the study population may encounter and risk mitigation strategies. For example, in GBV research there is the potential that participants may experience violence from an abusive partner if the partner learns of the true content of the study. A potential risk mitigation strategy would be to frame the study as looking at women’s health and life

experiences and not to mention violence at all. Both the risks and the planned mitigation strategies should be detailed in the protocol. In addition, you should list out the potential benefits to the study population and the wider community who participate in the study will receive. All data collection tools and consent forms and letters that demonstrate local permission to conduct the research should be attached to the protocol.

The IRB will need to review all research and evaluation activities to give approval before any data collection can begin. The timeline of IRB approval can vary by organization – from a few weeks to a few months – and it is important to plan for sufficient time for review and approval into the work plan. We recommend planning for a minimum of 3 months for the process of review and approval from an IRB. You can expect to get at least one round of comments and suggestions from the review panel and will need to edit your protocol and tools as needed.

The challenges of IRB approval are particularly relevant for any research activity planned during the acute phase of an emergency. In general, academic IRBs are not set up to approve research protocols quickly. If data collection is planned for an emergency context, approach the IRB early to see what alternatives can be arranged. Internal NGO IRBs may be more flexible than university boards. Some NGOs have now moved to a stepped model with their internal IRB boards where general research protocols can be reviewed and approved in advance and then the specific country details are added and approved quickly once an emergency strikes.

For organizations conducting research or evaluation activities without the involvement of a university, there are several options to ensure ethical review. For research on GBV, local Ministries of Health or Ministries of Gender may have their own IRBs that can review and provide approval for studies. Even if you are seeking approval from a university or NGO, it is good practice to also seek ethical approval from in-country IRB boards where they exist. In situations, where there are no local IRBs or an IRB review is not possible, organizations may choose to organize a local group of in-country experts (GBV, research methods, etc.) to review the study protocol and design.

See example study protocols here:

Falb, K.L., Tanner, S., Ward., L., Erksine, D., Noble, E., Assazenew, A., Bakomere, T., Graybill, T., Lowry, C., Malinga, P., Neiman, A., Poulton, C., Robinette, K., Sommer, M. & Stark, L. (2016). Creating opportunities through mentorship parental involvement, and safe spaces (COMPASS) program: Multi-country study protocol to protect girls from violence in humanitarian settings. *BMC Public Health*, 16, Article 231. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-2894-3>

Sijbrandij, M., Bryant, R., Schafer, A., Dawson, K.S., Anjuri, D., Ndogoni, L., Ulate, J., Hamdani, S.U., & van Ommeren, M. (2016). Problem Management Plus (PM+) in the treatment of common mental disorders in women affected by gender-based violence and urban adversity in Kenya; study protocol for a randomized controlled trial. *International Journal of Health Systems*, 10, Article 44. <https://ijmhs.biomedcentral.com/articles/10.1186/s13033-016-0075-5>

Box 3

Ethical Considerations for Collecting Data with Men and Boys

When working with boys and men as part of violence research, it is important to take into account additional ethical considerations. For research that seeks to identify male survivors of violence, local GBV support services need to be willing and equipped to provide services to men as well as to women and girls. In addition, for studies that examine men’s perpetration of violence, these should not be openly identified as “perpetration research” and data collection questionnaires should not allow for victim or incident identification. Finally, procedures should be established so that if any research participant expresses immediate intent to harm someone, there is a mechanism to break confidentiality and engage with local or UN police services to provide protection services.

Whether or not data collection activities meet the formal criteria for human subject's research, external experts can be engaged to review the design and proposed methodologies. Internal NGO IRBs may want to review internal research and evaluation activities even if they may not ever be published outside the organization itself. Local groups of experts can also be engaged to review and provide input into research and evaluation designs, even if formal IRBs are reviewing the protocols. In general, it is better to have too many reviewing bodies rather than not enough to ensure the study design is well thought through and that appropriate protections are in place for respondents. However, remember that each review takes time, and this needs to be planned for.

Further Resources:

- World Health Organization. (2007). WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. https://apps.who.int/iris/bitstream/handle/10665/43709/9789241595681_eng.pdf?sequence=1
- World Health Organization. (2016). Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication 'Putting women first: ethical and safety recommendations for research on domestic violence against women'. <https://apps.who.int/iris/bitstream/handle/10665/251759/9789241510189-eng.pdf?sequence=1>
- Jewkes, R., Dartnall, E, & Sikweyiya, Y. (2012). Ethical and safety recommendations for research on the perpetration of sexual violence. Sexual Violence Research Initiative. <https://www.svri.org/sites/default/files/attachments/2016-04-13/EthicalRecommendations.pdf>

1.6 Determining the Overall Aims of the Project

Determine the overall objectives

In order to decide on what type of research and/or M&E is right for a project, the first step is to develop an overall objective. The objective should be a clear and concise statement that can be realistically answered by collecting and analyzing data.

To develop the central objective, you should begin first by exploring two key questions:

- What is the purpose of collecting data?
- What do you want to know?

For example, some organizations may be interested in understanding the prevalence of different types of GBV in affected communities to design responsive programming, while others may want to understand the locations where GBV most commonly occurs in order to institute protection activities in those areas. Other organizations may be more focused on the effect or impact that their programming is having on the lives of women and girls within the affected community, or they may wish to learn how to make their programs more effective and efficient. No matter what the specific aim is, be sure you understand clearly what you want to achieve and that you can articulate it in a clear and concise statement.

After deciding what it is you want to know and before beginning data collection activities, you should also consider how necessary this information would be to improve the lives of women and girls. Extremely vulnerable populations – such as refugees – are often subjected to many data collection activities (assessments, surveys, interviews, focus group discussions, etc.). Additional research and/or M&E activities can be useful but must be considered carefully. Is the overall objective something that you need to know

(to improve your programming, advocate for further funding for GBV programs, design new programs), or is it just nice to know?

Particularly in the case of larger questions that might not be able to be answered by routine M&E systems, consider talking over your objectives with other experts in the GBV field both locally and internationally if possible. Share with them how you plan to use the information and learn whether the knowledge generated would be useful to other organizations as well.

Finally, when developing overall objectives, it is also important to consider what is already known about the subjects. The answer to your question(s) may already exist – and, if it does, it may not be worth collecting additional data. To help determine what is already known, conduct a literature review to see what has been published (either in peer-reviewed literature or grey literature such as NGO or UN reports) and look at existing data collection systems within the affected community. Also, talk to others in the GBV field to see what they know about research or studies that have already been undertaken. Once you have a sense of the existing landscape, a decision can be made on whether your plans will have added value.

Develop research and M&E questions

After the overall aim of the research has been determined, the next step is to develop specific guiding questions that will steer data collection efforts. It is possible to have multiple questions, as well as sub-questions if they are needed. However, be realistic about what data is most critical and what can be collected through research, monitoring, or evaluation activities within your setting. Often limited time, resources, and budget will affect the amount and quality of data collection efforts.

Questions should be simply worded and relate directly to the issue that the research and/or M&E activities plan to address/answer. Whenever possible, GBV program staff should be directly involved in developing these questions – so that the results can provide direct feedback for programs that help improve the situation of women and girls within the affected communities.

Example Questions

- What are the most common forms of GBV, perceived drivers, and consequences of violence in your target community?
- To what extent has the program improved the knowledge, skills, and attitudes of stakeholders in intervention areas regarding the SV of women and girls?
- How has the program improved the well-being of survivors of GBV?
- Are service providers delivering high quality services to GBV survivors?

Box 4

Example Objectives

- To understand the impact of a GBV prevention program on rates of violence in an intervention community
- To understand how a GBV response program is affecting the physical and psychological wellbeing of survivors of violence.
- To determine the prevalence/ characteristics of physical partner violence among women who have been displaced from their homes.
- To understand the impact of experiences of GBV on women and girls' mental health in a post-conflict setting
- To determine if a GBV response and prevention program is being implemented effectively, ethically, and efficiently.

Box 5

Key Questions to ask as you develop your objectives

What do you want to know?

- Do you need to know this information (to design, understand, or advocate for your program, etc.)? Or would it just be nice to know?
- What information is useful to the wider humanitarian community (locally, nationally, globally)?
- What is already known (within your specific context, globally)?

Ethics check: Consider the risks and benefits to the affected community

Collecting data on any subject within extremely vulnerable populations such as refugees and migrants needs to be undertaken with care. During times of conflict, community members who provide information to outsiders may be viewed with suspicion by local communities or warring parties. This risk may be compounded when data collection activities involve sensitive subjects such as violence. Acts of SV during war often are classified as war crimes. While public health research is not the same as documenting human rights abuses for the purposes of prosecution, asking people to report on their experiences – even with steps to protect confidentiality can raise the suspicion of armed forces perpetrating these crimes. Applying ethical and safety safeguards will help mitigate but not completely eliminate risks.

Another common risk for violence research is the potential for re-traumatization of the survivor by bringing up experiences of violence. While follow-up research with participants in violence research has generally shown little evidence of re-traumatization and, in fact, reported positive benefits of discussing experiences during research activities, refugees and conflict-affected populations are some of the most vulnerable populations in the world.¹⁶ Many respondents may have experienced multiple traumas – from GBV to injury, displacement, attacks on home/local community, abduction/detainment, etc. These experiences of multiple traumatic events may increase the likelihood of re-traumatization for participants.

This potential for re-traumatization is compounded by the lack of support services available for survivors of violence. During conflict and displacement, traditional support structures and social networks can break down, reducing the ability of the community members to cope with these traumatic experiences. In addition, formal support structures are often not available – or are of low quality/coverage – within the affected areas. These circumstances may increase the risks for participants during and after data collection, particularly when respondents are asked to talk about their own individual experiences of violence.

It is also important to consider the risks to the data collectors themselves. In many cases, these people are from the same affected communities as the respondents – and may have experienced many of the same traumas as those who are being interviewed. They may be viewed with suspicion by community leaders for collecting this information, and their physical security may be at risk during travel to insecure locations.

While generating rigorous data that is collected in an ethically sound manner can have substantial benefits for the affected community, the presentation and framing of that data can also have serious risks. Results that show conflict-related trends relating to certain actors or that are presented in insensitive ways can heighten tensions and bring violent retaliation against a community. Even when results are presented differently for

specific audiences, unexpected consequences could result.

¹⁶ Griffin, M.G., Resick, P.A., Waldrop, A.E., Mechanic, M.B. (2003). Participation in trauma research: Is there evidence of harm?. *Journal of Traumatic Stress*. 16(3), 221-7. <https://link.springer.com/article/10.1023/A:1023735821900>

While all these risks can be mitigated, though never fully eliminated, they must be weighed against the potential benefits your research, monitoring, and evaluation will achieve. Some activities may also have direct benefits to the participant. For example, information collected during M&E exercises may immediately be used to facilitate program improvement. Other research or impact evaluation activities may not have immediate benefits for the specific respondents themselves, but they may improve the overall understanding of the situation of women or the impact of programs to prevent or respond to violence that may be replicated in other settings. You need to think through and fully articulate these potential benefits to assess the utility of your activities.

In order to conduct a risk/benefit assessment, at minimum, you should consider the following:

- What are the risks the affected community faces if you move forward?
- What potential mitigation actions can you take to reduce these risks?
- What benefits will this have for the affected community specifically?
- What benefits will this have for the wider humanitarian community?
- Do these benefits outweigh the risks?

Consider the setting

Research and/or M&E activities in refugee and conflict-affected settings face unique challenges. It is important to carefully consider the setting when determining what type of data collection is appropriate, ethical, and feasible. Different data collection approaches may be appropriate at different points during an emergency. For the purposes of this manual, conflict settings will be broken down into three overarching categories.

- **Acute emergency:** An acute emergency phase can refer to any heightened state of conflict. Characteristics of this phase may include active civil conflict and the ongoing displacement of the population. During this phase, immediate life-saving interventions are being set up and are the most urgent priority for the humanitarian community.
- **Protracted crisis:** While still an emergency, by comparison, this is a more predictable and stable phase for populations who may be living in refugee or IDP camps. While the population may not be directly experiencing military conflict – they may be indirectly experiencing the effect of the crisis (displacement, lack of resources, proliferation of arms, lack of infrastructure and functional state services, etc.). These conditions may be compounded by other conditions (such as famine, etc.) leading to the development of a complex emergency.
- **Post conflict:** After the end of armed hostilities, many challenges and threats remain. Returnees go back to areas where they have not lived for many years and which may lack infrastructure and services that were available to them while they were displaced. Continued, periodic shocks – including smaller conflict, hyperinflation and economic instability, disease outbreaks, etc. – often continue to affect these communities even during this nominally post conflict phase.

Box 7

Risks and Benefits in South Sudan

The assessment of risks and benefits for the South Sudan 'What Works' study was particularly complex. Originally, the research was conceived as a study of VAWG in post-conflict South Sudan. Given this context, the researchers believed the benefits – for example, an increased understanding of VAWG in a context where there was little information would lead to improved programming and policies – were worth the risks inherent in GBV research.

However, peace in the newly independent South Sudan was always perilous, and continued inter-communal conflict, as well as periodic conflict with Sudan (the former north of the united Sudan) continued. In 2013, political and ethnic divisions within South Sudan exploded, and the country again plunged into civil war. Due to this change in circumstances, the research team needed to re-assess the research given a potential increase in risk due to the ongoing conflict. They determined that the research could go ahead – but only in areas that were relatively stable and not subject to acute conflict during the data collection period. In addition, response services for survivors needed to be available for a site to be included in the study. Multiple locations were considered for both the population-based survey and qualitative data collection activities with services to be included in the final site selection.

These phases are not necessarily linear and may even be cyclical in nature, shifting from acute conflict to protracted crises to post conflict and back again. In addition, some areas of the country where you are working may be experiencing an acute emergency while other regions may be in protracted crisis. It is important to think about what stage of the crisis is applicable in the area where you plan to collect data. During times of acute crisis, security considerations and the urgency of survival services might mean that large-scale data collection activities are not possible. Always consider whether the stage of crisis will affect your ability to ensure the safety and security of both your respondents and the data collection team.

Consider how this will improve the lives of women and girls

Women and girls - who are primarily affected by GBV - should always be at the center of any data collection exercise regarding violence. When developing research and M&E priorities, it is important to consult directly with members of the affected community to ensure that the data being collected will positively impact their lives. In addition, particularly when collecting data on sensitive subjects such as violence, it is important to talk directly with the affected community to determine what information they would feel comfortable and safe disclosing as well as how they want the final results to be communicated to them.

For larger research and/or evaluation projects, researchers often implement a formative research process - where they collect qualitative data directly with the affected community to gather information on these subjects. These efforts can be used to develop and refine overall lines of inquiry for the data collection as well as to develop culturally appropriate tools and data collection procedures.

Data should not be collected for its own sake. Remember that the information collected should be able to directly improve the lives of women and girls.

Box 8

Additional Considerations for Research and Evaluation Activities during an Acute Crisis

- Are immediate life-saving needs being met by the humanitarian community within the affected community?
- Will engaging in data collection prevent or reduce the effectiveness of life saving service provision (due to staff time, funding, logistical support needs, etc.)?

If not, intensive research or evaluation activities may not be appropriate in this setting. Routine M&E activities are always appropriate no matter the context.

Table 2. Research, Monitoring and Evaluation in Conflict Situations

CONFLICT STAGE	TYPES OF RESEARCH, MONITORING, AND EVALUATION			
		RESEARCH	IMPACT EVALUATION	PROGRAM M&E
	Acute emergency	Generalizable research activities generally not appropriate Service-level data may be utilized if available	Research challenging in these settings and needs appropriate methods and clear ethical considerations	Rapid Assessments M&E systems focused on output level data
	Protracted Crisis	Research activities such as cross-sectional surveys or qualitative data collection can be considered	Impact evaluation activities may be appropriate	Robust M&E systems that collect output and outcome level data
POST CONFLICT	Research activities such as cross-sectional surveys or qualitative data collection can be considered	Impact evaluation activities may be appropriate		

Consider funding levels

Before a final design can be determined, it is important to think realistically about your current funding and the potential to fundraise further. Funding constraints often affect the ability of agencies to conduct high quality research and M&E. The funding available has a significant impact on what you will be able to achieve. Many funding agencies now recommend or require that ten percent (10%) of the overall budget of a program be used for M&E. In general, this is the minimum to set up a robust M&E system for a program.

To conduct a rigorous impact evaluation or research study, typically much more funding is needed. If you are interested in conducting a research study or impact evaluation and need assistance estimating realistic costs, contact entities that are experienced conducting projects similar in scope and are familiar with the resource implications specific to the region where you will be working (such as other researchers and academics). A rough guide is below to help conceptualize how much funding is typically needed for small and large-scale research and M&E activities in refugee and conflict-affected settings.

Table 3. Illustrative examples of funding requirements for different activities¹⁷

<p>LESS THAN 50,000 USD</p>	<p>Program M&E activities such as:</p> <ul style="list-style-type: none"> • Pay for a portion of program staff time to conduct M&E activities • Collect and analyze data through routine data collection activities (for example collecting client satisfaction data) • Manage a survey with local data collectors/internal staff <p>General research activities such as:</p> <ul style="list-style-type: none"> • Conduct a small qualitative study • Conduct secondary data analysis on available service data (such as chart reviews of medical records)
<p>50,000 TO 200,000 USD</p>	<p>Program M&E activities such as:</p> <ul style="list-style-type: none"> • Have at least 1 dedicated M&E staff person • Collect and analyze data through routine data collection activities • Conduct baseline and end-line survey with local data collectors <p>General research activities such as:</p> <ul style="list-style-type: none"> • Conduct a cross-sectional survey in partnership with a local academic institution or survey firm • Conduct a large qualitative study in partnership with a local academic institution or survey firm • Conduct a mixed methods study in partnership with a local academic institution or survey firm <p>Impact evaluation activities such as:</p> <ul style="list-style-type: none"> • Conduct a baseline and end-line survey in partnership with local academic institution or survey firm
<p>200,000 TO 500,000 USD</p>	<p>Program M&E activities such as:</p> <ul style="list-style-type: none"> • Have an M&E unit with multiple staff members • Collect and analyze data through routine data collection activities in a large-scale program • Conduct baseline, midterm, and end-line survey with local data collectors in multiple program sites <p>General research activities:</p> <ul style="list-style-type: none"> • Conduct a cross-sectional survey in partnership with an international academic partner or consulting firm • Conduct a large qualitative study in partnership with an international academic partner or consulting firm • Conduct a mixed methods study in partnership with an international academic institution or survey firm <p>Impact evaluation activities such as:</p> <ul style="list-style-type: none"> • Conduct a baseline, midterm, and end-line survey in partnership with an international academic institution or survey firm
<p>MORE THAN 500,000 USD</p>	<p>General research activities:</p> <ul style="list-style-type: none"> • Conduct a large scale (multi-site or multi-country) study utilizing surveys, qualitative data collection, or mixed methods <p>Impact evaluation activities such as:</p> <ul style="list-style-type: none"> • Design a multi-year quasi-experimental study or a randomized control trial (RCT) in partnership with an international academic institution or survey firm

Consider available human resources

Engaging in any form of GBV data collection requires human resources. Small-scale activities can often be managed by existing program staff. Most humanitarian organizations have dedicated M&E staff who, in collaboration with GBV program staff, are able to conduct most routine M&E activities without outside support. For general research studies and impact evaluations, many organizations turn to external support - from academics or consultants, for example - to augment existing human resources.

For an NGO, even if they are planning to outsource much of the data collection/analysis process, there are still human resource considerations when considering large-scale data collection efforts. Dedicated staff (including representatives from both the M&E and GBV teams) are often needed to act as the liaison to outside researchers and manage the logistical details of the data collection process - from facilitating local permission to conduct research to organizing community members to participate in data collection and organizing logistical support for the researchers/consultants. Some large-scale, multi-year research or evaluation projects have at least one full time staff member to manage the logistics of the data collection process and work with the contracted researchers and/or consultants. Consider your organization's ability and willingness to support large-scale research or evaluation activities before committing to undertake an ambitious study.

Further Resources:

- Hoffecker, E., Leith, K., & Wilson, K. (2015). The Lean Research Framework: Principles for human-centered field research. Feinstein International Center, The Fletcher School at Tufts University and D-Lab <https://fic.tufts.edu/assets/LeanResearchGuideRev8.15.pdf>

¹⁷ Local costs depend on context, inflation rates, etc. The appropriate amount also depending on the size and scope of your program activities.

2 | Technical Approaches

2.1 Program Monitoring and Evaluation for GBV Programs with Refugee and Conflict-Affected Populations

Monitoring and Evaluation (M&E) is an essential part of program design and implementation. For this manual, we have chosen to focus on some of most important areas of M&E and to give examples and link to resources that focus on adapting these processes for GBV programs with refugee and conflict-affected populations. A full list of recommended resources can be found at the end of this chapter.

Design and operationalize a change model

The first step is to develop an M&E framework to guide how you track the progress and measure the impact of a program. Through this process, you theorize the pathway of change you expect your program to take - i.e. how the activities you plan to implement are linked to both short- and longer-term changes in knowledge, attitudes, and behaviors among your affected population.

There are several tools that can assist practitioners in visualizing the events taking place in a change model. Two main tools that may be helpful - a theory of change and a logical framework - are both described in detail below.

OPTION 1. DEVELOP A THEORY OF CHANGE

A theory of change (ToC) is a visual representation of the pathways that bring about a change in the affected community or within an affected population because of a specific event. While different organizations may use different terms or visual formats for their specific ToCs, in general, these models define the steps necessary to reach a program's overall goal and describe the types of interventions that bring about desired results.

For any ToC, it is important to be realistic about what is expected to change due to the program. Often, GBV programs in refugee and conflict-affected settings are relatively small-scale and are only able to truly make a change on a small number of behaviors or impact only a limited number of people. This is okay. It is better to be realistic about the change your program can make - and focus on doing this well rather than create an ambitious theory of change that cannot be realized.

This is particularly true when developing ToCs for GBV programs in refugee and conflict-affected settings, where the larger societal factors as well as the conflict itself may prevent the achievement of ambitious goals. For example, while eliminating the practice of GBV in an affected community is a worthwhile goal, it is probably not a realistic expectation for a program in an emergency setting. A more achievable goal for an emergency GBV program may be, for example, to reduce rates of non-partner SV in affected areas. Activities that may be theorized to lead to this reduction could include increasing protective measures by installing lighting in refugee camps or creating an escort system for groups of women leaving the camp to collect firewood, among other activities. The connections between these activities and the overall expected achievements of the program are laid out in the ToC.

Sometimes ToCs will include an overall final aspirational goal (for example eliminating all GBV) in their visual representation, while others only provide a specific goal that articulates the immediate impact that the specific program hopes to achieve (e.g. improving gender equitable attitudes). Either method can be helpful to conceptualize a program.



Box 9

Using Evidence to Develop Programs

The International Rescue Committee (IRC) is working to develop innovative tools to support the international community to design evidence-based humanitarian programs. One such effort has been the development of an online system, available to anyone, that links available evidence on the effectiveness of interventions to expected program outcomes. It is a great resource to help you as you develop your own ToC and logframe. See the website for the interactive framework and for more information. http://oef.rescue.org/#/?_k=sjjnrg.

Most importantly, when developing a ToC, be realistic and consider the available resources including program financing, human capacity, and timelines. In short-term program cycles (6 months - 1 year), it may not be possible to reduce overall rates of violence and be more realistic to develop a ToC where the goal is for a program to increase awareness or uptake of GBV response services within the restricted timeline.

A ToC should reflect not only theoretical connections between planned activities and expected outputs and outcomes and impact, but it should also be consistent with the most current evidence available. It is important to review the available evidence from GBV prevention and response programs that are shown to be effective and use this research to inform your overall program design.

For example, for many years GBV programmers in humanitarian contexts have regarded mass media campaigns as the main pathway to change behaviors and reduce GBV in emergency settings. Evidence now shows, however, that awareness raising is a component of behavior change, but that it is not enough on its own. You would therefore want to be careful before making a direct link between a mass media campaign and a reduction of rates of violence without additional complementary programming components from your program or from others that exist within the community.

In the sample ToC in the attached toolkit (page A15), the pathway to reduced rates of violence is both increased knowledge and increased women's empowerment. This ToC could be strengthened if the pathway included a community mobilization program,

aligning the approach with the existing evidence base on successful programs for reducing violence. However, the existing budget, human resources, and timeline may be a determining factor for what interventions are truly realistic for your program. It is better to do a more limited number of activities well than to try to implement many activities poorly.

KEY TERMINOLOGY FOR THEORIES OF CHANGE

- **Inputs/Resources:** Resources used in programs, such as money, staff, or materials
- **Activities:** Actions conducted to accomplish objectives, such as campaigns or trainings
- **Outputs:** Direct results of activities, such as trained staff resulting from training activity
- **Outcomes/Results:** Program results at the population level, such as changes in knowledge, attitudes, or behaviors
- **Goals/Impacts:** Long-term changes to be achieved

OPTION 2. CREATE A LOGICAL FRAMEWORK

Similar to a ToC, a logical framework (or logframe) focuses in greater detail on the activities to be implemented, the desired activity outcomes, and the expected impact of the program as a whole. The logframe also focuses more explicitly on the indicators that will track progress towards achieving program objectives. Logframes detail the way that the program will collect data to measure indicators (the 'means of verification') and specify any assumptions/risks that may prevent the program from being achieved.

As with ToCs, it is important to keep logframes relatively simple for GBV programming in refugee and conflict-affected settings. Don't be too complex in your program logic or include too many program objectives or indicators that are difficult to track in emergency settings. Prioritize the most important objectives the program plans to achieve and consider what are the most essential indicators to track progress against. In addition, consider how best to incorporate the voices and opinions of women

and girls from the affected communities in your measures (for example including a qualitative or participatory data collection process).

Program objectives:

Program objectives are the specific aims that the program will achieve once it has been completed. The program may have one or more objectives depending on its complexity. In general, the objectives should closely link to the program's expected outcomes and/or impacts that were identified in the ToC.

Be realistic when crafting objectives for GBV programs with refugee and conflict-affected populations. Many GBV programs in these contexts are short-term and must be delivered in a 6 month or 1-year time frame. Program objectives should realistically reflect what is expected to change within this short time frame. For programs with longer timelines, for example in protracted crises or post conflict situations, more ambitious objectives may be appropriate.

Selecting indicators:

An indicator is a specific, observable, and measurable characteristic that can be used to show whether a program is making changes toward achieving a specific outcome. Indicators should be focused, clear, and specific. The change measured by indicators should be representative of the progress the program has made.

Consider funding levels, human resources, and timelines. For example, if an indicator is measuring change within a population - such as changing attitudes, reducing violence rates, etc. - there will need to be a data collection mechanism to track these changes within the wider population. For acute emergencies, this might include only tracking activities or program outputs (for example # of awareness raising activities conducted), but, for protracted crises and post conflict programming, it may include conducting surveys or community level focus groups, etc. to gather information on changes seen within the community due to the program.

When determining what indicators to use - think about the overall ToC or program logframe. What outputs, outcomes, and/or impact does the program hope to achieve? The indicators selected should be directly tied to these models.

Indicators can be at differing levels, including:

- **Input** - Resources put into a program (for example budget, staff time, program materials, etc.)

Box 10

Finding Evidence on the Effectiveness of GBV Programs in Refugee and Conflict-Affected Settings

The best way to find the most up to date evidence on the effectiveness of GBV programs with refugee and conflict-affected communities is to conduct a search of an academic database. For example, PubMed - compiles peer-reviewed journal articles and covers many violence and humanitarian assistance related topics. However, many of these articles require the user to pay for access or be part of an institution that subscribes to these academic journals.

There have been several good summaries and reviews in recent years that aim to consolidate the lessons learned in academic papers and make them relevant for humanitarian practitioners. Some good open-sources summaries can be found in:

- Tappis H, Freeman J, Glass N, Doocy S. (2019). Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review. PLOS Currents Disasters. Dickens, E., Augier, M., Sabet, S. M., Picon, M. G., & Rankin, K. (2019). Intimate Partner Violence Prevention Evidence Gap Map: 2018 Update. International Initiative for Impact Evaluation.
- Dickens, E., Augier, M., Sabet, S. M., Picon, M. G., & Rankin, K. (2019). Intimate Partner Violence Prevention Evidence Gap Map: 2018 Update. International Initiative for Impact Evaluation. Retrieved from: <http://www.3ieimpact.org/en/publications/3ie-evidence-gap-map-report-series/evidence-gap-map-report-8/>
- The Global Women's Institute and International Rescue Committee. (2016) Evidence brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings? Washington DC: George Washington University and London: IRC.
- Spangaro, J., Adogu, C., Ranmuthugala, G., Powell Davies, G., Steinacker, L., & Zwi, A. (2013). What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Humanitarian Crises? A Systematic Review. PLOS ONE, 8(5).
- Homes, B. & Bhuvanendra, D. (2014). Preventing and Responding to Gender-Based Violence in Humanitarian Crises. Network Paper 77, Humanitarian Practice Network.

Box 11

Developing Theories of Change and Logframes for GBV Programming in Acute Emergencies

- Consider focusing on only one model (for example using only a logframe rather than the ToC) to simplify the process
- Develop standard ToCs or logframes based on your standard emergency response programming that can be contextualized for specific emergencies
- Focus on tracking activities and outputs in the initial stage of the emergency, while adding in measures of outcomes and impact as the situation stabilizes
- Consider how to incorporate the views of women and girls in the affected community through your data collection processes – such as incorporating qualitative and/or participatory data collection activities.

- **Output** – The direct results of program activities (for example # of people trained, # of awareness raising activities conducted, etc.)
- **Outcome** – The immediate changes in the target population due to the program (for example changes in knowledge, attitudes, and behaviors)
- **Impact** – The longer-term changes in the target population due to the program (e.g. change in rates of violence, social norms, etc.)

Look for existing indicators before creating your own; standardized indicators should be used when they exist and are appropriate. See Box 12 for some existing resources to look for indicators.

When considering program objectives and developing indicators, be sure to consider the steps required to collect the data necessary to measure the indicators that evaluate progress toward the program objectives. Consider to what extent it will be feasible to measure the indicator given your context.

While most indicators are quantitative in nature (e.g. # of people trained or % change in knowledge, attitudes, and/or behaviors), there can be qualitative indicators as well. While qualitative indicators cannot directly be measured by a change in percentages, qualitative data can be used to document reported changes within the affected community and to incorporate the perspectives of the affected population into measurement strategies. For example, qualitative indicators can provide additional information on topics such as:

- Satisfaction (e.g., with services provided for survivors)
- Ability (e.g., of service providers to respond to cases of GBV) or Perception (e.g., response by people who have been involved in a GBV program)
- Appropriation of program (e.g., how people who have been involved in GBV programs take ownership of the content of those programs)

Developing an M&E plan

An M&E plan is a detailed plan on how the information in the logical framework will be collected. Within these plans, each indicator in the logframe is laid out and the following information is typically detailed:

- Definitions for each indicator
- Baseline and target data
- Details on the methods and sources where the data will be collected from
- The frequency of data collection
- The person responsible for collecting the data
- Data analysis plan for each data point
- Feedback/data use plan
- Assumption and risks

While the development of M&E plans can involve considerable effort, particularly in acute emergencies, they are an important tool to ensure that there is a common understanding as to what each indicator means, how and when it will be collected, and what the data will be used for. These plans should be

collaboratively developed by members of the affected community as well as NGO staff (both from the GBV and M&E teams) to build common understanding of the program goals and how success will be measured.

Collecting routine program data

Develop simple and relevant data collection tools based on the program indicators and the processes specified in the M&E plan. Most programs track data on program activities and outputs as well as measure expected program outcomes and impact.

For GBV programs in acute emergency settings, routine data collection may start off small – collecting only immediate data on emergency distributions, GBV cases presenting for services, protection assessments of camps or other emergency settlements to ensure presence of basic safety measures (for example lighting near latrines).

As the crisis situation begins to stabilize, more robust routine data collection mechanisms may be established including measures of program quality and feedback mechanisms to get input and feedback from the affected population themselves. Some common mechanisms to collect routine program data include case management data from GBV survivors as well as routine activity and training reports. Further information on creating data collection tools can be found in chapter 11.

Understanding program quality

In general, it is not enough simply to track activities and outputs as part of routine data collection. It is also important to ensure that there are measures of the quality of the programs being implemented. In order to understand this, it is essential to engage directly with the affected community themselves.

For programs targeting the wider community-at-large, it may be necessary to conduct periodic focus groups with key sub-sets of the populations (for example women, adolescent girls, female leaders, male leaders, men, etc.) or wider community meetings. These interactions will help track how the program is being received within the affected community and whether it is necessary to make any changes in the implementation. See chapter 9 for more participatory qualitative data collection methods that may be useful to gather community-level feedback.

In some cases, confidentiality may be paramount for respondents. It may be beneficial to establish community feedback boxes and/or phone hotline/SMS systems so that members of the affected community feel they can retain anonymity and confidentiality while still sharing feedback on the program.

Whenever human resources allow, feedback from members of the affected community (or specifically from clients of the program – discussed below) should be collected by neutral M&E staff or GBV program supervisors rather than front-line GBV staff who administer the program to promote honest feedback from community members and clients.

Box 12

Resources for Selecting GBV Indicators

- Bloom, Shelah S. Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators (MS-08-30). (2008). Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center, University of North Carolina and Chapel Hill.
- List of illustrative indicators (see Annex J) and the GBV Indicator Checklist (Annex F) in Development & Training Services, Inc. (2014). Toolkit for Monitoring and Evaluating Gender-based Violence Interventions along the Relief to Development Continuum
- IRC's Outcome and Evidence Framework
- United Nations Division for the Advancement of Women, United Nations Economic Commission for Europe, United Nations Statistical Division. Indicators to Measure Violence against Women. Report of the Expert Group Meeting, 8 to 10 October 2007. Geneva: United Nations Human Rights Council; 2008.

Box 13

The GBVIMS System

While not an M&E system, the GBVIMS case management system does have a lot of value from an M&E perspective in that it collects common data on GBV cases and institutes safe data sharing mechanisms. Compiled data in the system can help an individual NGO, as well as the wider GBV sector, track the number of cases accessing services as well as key trends in case reporting (for example types of GBV, where survivors are presenting to for services, etc.). A new mobile version of this system is being developed and rolled out through the Protection-Related Information Management project (Primero).

See: <http://www.gbvims.com/> and <http://www.primero.org/> for more information on the system.

Client satisfaction surveys

Client satisfaction surveys are specific data collection instruments that seek feedback from clients who are directly receiving services from the program. These surveys gather information on program quality, the performance of staff, satisfaction of the respondent on the impact of the program, etc. These mechanisms are often used for GBV response services, such as clients using case management services or receiving psychosocial support or medical services through health facilities.

When designing a client satisfaction survey, consider what data is needed to understand the performance of your staff and how satisfied clients are with the services they have received. For example, consider including sections on:

- If the required services were received by the client in line with existing standard operating procedures for GBV survivors (for example, for SV survivors reporting for medical services within 72 hours receiving emergency contraception)
- If the client felt respected during service delivery
- Any follow up that occurred
- How the services impacted the life of the survivor
- The timeliness of service delivery
- The attitude of service provider

When deciding on the process for conducting satisfaction surveys, consider the ethical and logistical dimensions of the delivery method. Of paramount importance is maintaining the safety of the clients, especially once they are outside the service provision point. It also is necessary to consider the feasibility of re-contacting survivors after they leave the initial point of service, whether the program has recorded contact information for the client, whether mobile networks are a reliable option, and how transient is the affected community. In contexts where there are high literacy rates, consider using written or mobile feedback forms to ensure the anonymity of respondents.

The timing for the client satisfaction survey can vary from immediately after services are delivered or completing them at a later point in time. There are advantages to either approach. By conducting the satisfaction survey at a later time, it is possible to gather information not only on the clients' experiences during service provision but also the impact of these services on the client's life. Following up with clients later may allow you to better understand how the program is impacting clients and give more meaningful feedback on adjusting program implementation to maximize its effect on the lives of the affected community. However, this approach requires additional safeguards regarding the storage of identifiable information – see Chapter 5 on ethics for more details.

Whenever you chose to implement a client satisfaction survey, make sure that you include some form of randomization for selecting your respondents (for example collecting data from every 10th client), which will minimize the possibility that you only get feedback from the clients your service provision staff think were the most satisfied, thus biasing the results.

Assessing the quality of capacity building efforts

A key component of many GBV programs in refugee and conflict-affected settings is the capacity building of staff/volunteers of local women's groups, government representatives, health center staff, legal staff, police, etc. As such, it is important to evaluate these programs and have a clear understanding of the impact and quality of these capacity training programs.

Program managers often use pre- and post-tests – identical tests administered immediately prior to and after the training – to understand and document increases in knowledge and changes in attitudes as a result of participating in trainings on specific topics.

For trainings focusing on specific service administration (for example health providers learning skills related to the clinical management of rape), there often are practical sessions where trainees are assessed on their ability to deliver the services that they receive training on. In some cases, programs are able to conduct follow-ups with those trained at a pre-determined number of weeks/months after the training and assess how much they recall from their training and how the skills conveyed during the training have been incorporated and implemented into service delivery in the real world.

Due to the sensitivity and necessity of confidentiality of GBV services, it may not be possible to directly observe health provision or counseling sessions. However, proxy indicators – such as interviewing clients after their sessions, examining attendance records for staff, and stock out reports of essential supplies for clinical management of rape services, etc. – are other ways to verify that services meet some level of quality.

Conducting process evaluations

Compared to an outcome or impact evaluation (which will be covered in the next chapter), a process evaluation focuses on the execution of a program rather than program impact. A process evaluation can look, for example, at participants' assessments of the quality of the program or the ability of the program to complete the planned activities within the agreed upon timeline. Another example is if an evaluator was examining a program focused on changing the knowledge and attitudes of GBV health service providers through a training and mentorship program, they would assess the quality of the training, track the number of participants who have gone through the training, etc.

Many evaluative activities in conflict-affected settings tend to focus on process – specifically on the achievement of program outputs – rather than impact/outcomes. These can be an important tool in understanding the performance of programs but should not be confused with impact evaluations which will be discussed below.

Further Resources:

- Menon, J., Rames, V., & Morris, P. (2014). Toolkit for monitoring and evaluating gender-based violence interventions along the relief to development continuum. USAID. <https://www.usaid.gov/sites/default/files/documents/2151/Toolkit%20Master%20%28FINAL%20MAY%209%29.pdf>
- Bloom, S.S. (2008). Violence against women and girls: A compendium of monitoring and evaluation indicators. MEASURE Evaluation, Carolina
- Population Center, University of North Carolina and Chapel Hill. https://www.measureevaluation.org/resources/publications/ms-08-30/at_download/document
- For examples of GBV outcome-level indicators: International Rescue Committee. (n.d.). The outcomes and evidence framework. http://oef.rescue.org/#/?_k=nq6wmy

Box 14

Using a Survivor-Centered Approach for M&E

A survivor-centered approach refers to a programming approach that prioritizes the rights, needs, and wishes of a survivor. In the context of M&E, this approach is especially relevant. In the course of M&E activities, a survivor should:

- Be treated with dignity and respect at all times
- Not be forced to participate in data collection activities or answer any question they do not want to
- Be assured of privacy during the data collection process and the confidentiality of their data once given
- Experience a non-judgmental and supportive environment when answering questions
- Be able and encouraged to give feedback on the utility of survivors provided

Box 15

Example of a Process Evaluation - GBV Prevention Programs with Refugees

Social Impact, Inc., in partnership with the Johns Hopkins Bloomberg School of Public Health Center for Refugee and Disaster Response, conducted a process evaluation of GBV prevention programs being implemented by two grantees of the United States State (?) Department in Uganda from October 2009 to September 2012 (Glass & Doocy, 2013). The process evaluation sought to determine if key program activities were being achieved and to explore why they were or were not being achieved. In addition, the evaluation assessed whether the programs and their objectives were based on existing evidence and internationally accepted guidelines.

To conduct the process evaluation, the research team utilized standard rapid appraisal methods, including document review, key informant interviews with beneficiaries and stakeholders, two site visits, and direct observation of program activities. By engaging with U.S. Government partners, NGO implementers, local NGO partners, host government partners, program beneficiaries/ participants, and external stakeholders, the process evaluation was able to identify and examine the barriers and facilitators to implementing program activities.

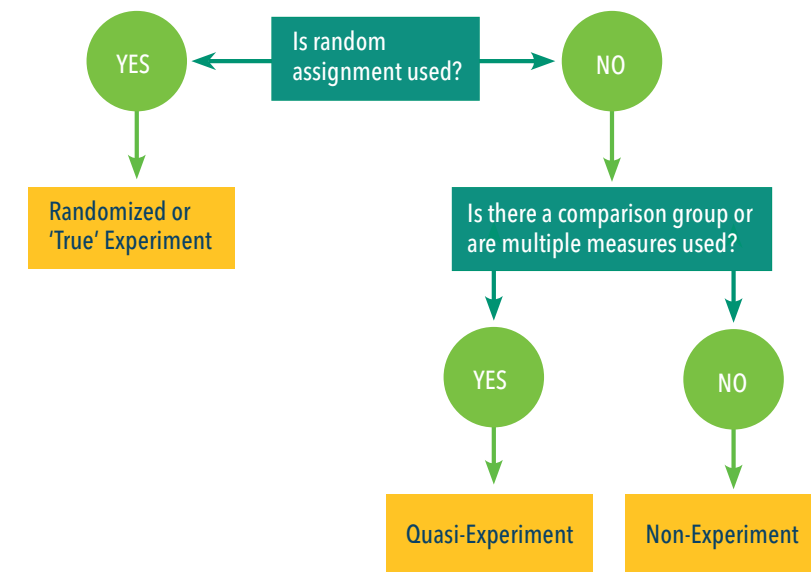
The design of the process evaluation had to take into consideration the constant influx of new refugees coming into Uganda, which resulted in fewer human and financial resources dedicated to the evaluation, and other challenges to beneficiary engagement. Limitations to accessibility were overcome through follow-up correspondence, including some interviews being conducted over the phone.

The process evaluation was useful for determining that, overall, the programs met or achieved progress toward their objectives and activities during the evaluation period. Through analysis of the process evaluation results, the grantees discovered that social and cultural norms and assumptions about the beliefs of NGO staff were the primary causes of resistance to the GBV programs. To combat these barriers, community activists and staff found that the SASA! approach (awareness, support, and action) employed by the programs helped to reduce backlash against women, girls, and NGO staff and would be useful for improving the program and increasing participation.

2.2 Impact Evaluation for GBV Programs with Refugee and Conflict- Affected Populations

There are three main types of evaluation designs used to determine the outcomes and impact of a program: experimental, quasi-experimental, and non-experimental. The type of evaluation design you choose will largely depend not only on the setting of the program but also on the resources available for conducting an evaluation. While the “gold standard” in social science and public health research is the randomized control trial (RCT), experimental designs such as the RCT may be complex, expensive, and ethically challenging when conducted in refugee and conflict settings. However, if you have adequate time and resources, experimental designs are the most rigorous option for GBV research in these settings. If it is not possible to use a fully experimental design, quasi-experimental studies can be a rigorous alternative. Non- experimental designs are the weakest of these evaluation designs and should be used cautiously, with full understanding of their limitations. This chapter explores these common evaluation designs that have been used to assess GBV programs in refugee and conflict-affected settings.

Figure 1. Types of Evaluation Design



Experimental designs

Experimental designs use methodological techniques such as randomization to account for possible external influences that may affect those receiving the program. These evaluation designs provide the highest degree of control over an evaluation, enabling the evaluator to draw conclusions on the causality of the program and its effect on desired outcomes with a high degree of confidence. Typically, this is achieved by utilizing two groups (one that receives the intervention and one that does not) that are alike in as many ways possible except that one has received the intervention while the other has not.

Researchers can use random selection to draw the sample of people (or communities) to be part of the study. Alternatively (or in addition to), they use random assignment to assign a portion of

Box 16

Experimental Designs for GBV evaluations Advantages

- Can assess causality through randomization and comparison
- Can attribute changes to a specific program exposure

Disadvantages

- Tracking specific participants over time within conflict-affected settings can be logistically difficult
- Expense and time commitment
- May not be appropriate ethically

participants (or communities) to the intervention (who participate in the program) and control groups (the comparison group that does not receive the intervention) in the study. This method attempts to establish two comparable groups, which can then be assessed for differences in outcomes based on the implementation of the program. While experimental designs are ideal, they are often challenging to conduct in real-world settings where ethical and logistical concerns can make random assignment difficult, prevent the use of a control group, etc.

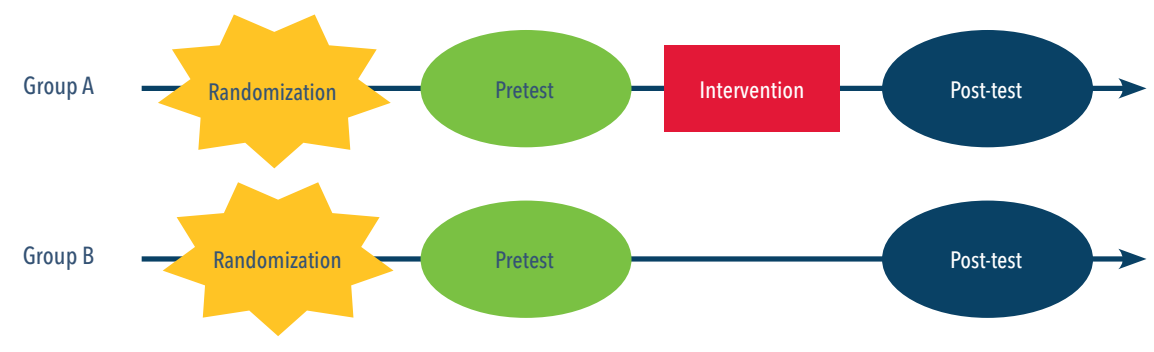
When should an experimental design be used?

- If exploratory studies, less rigorous evaluations, or other assessments have already been used to examine the same or similar programs and evidence on the effectiveness of the program already exists
- When the situation is stable enough to randomly assign intervention and comparison groups before the intervention begins
- When the population is stable enough that dropouts or loss for follow up can be avoided
- When the situation is stable enough that data collectors can move freely to most locations covered by the survey

Some experimental designs that are used to measure GBV-related outcomes in refugee and conflict settings include:

- **Randomized Control Trial (RCT):** RCTs involve the random assignment of participants and their placement into control and intervention groups. The control group may receive no intervention at all or the typical standard of care in cases where new or innovative treatment approaches are being tested. For example, if a new case management model is being tested among GBV survivors, members of the control group would still receive the standard case management intervention, while members of the intervention group would receive the new program. RCTs are particularly useful for programs where specific individuals are receiving services (for example participants in livelihoods programs or participants in targeted GBV prevention interventions such as men’s discussion groups, etc. to assess the impact of the program on rates of violence) as it relies on assigning individuals (rather than groups or communities) to the intervention and control arms of a study. Several recent studies have used RCT designs to evaluate GBV prevention and response programs.

Figure 2. Randomized Evaluation



- **Cluster-randomized Trial (CRT):** In situations where it is impossible to randomize individual program participants, such as community-based programs where participants are not individually chosen, randomization can occur at the group level rather than individually. Once two or more groups are established, the intervention site can be randomly selected from the established groups.

The groups that are not selected serve as control groups, meaning they can be used to measure what would have occurred in the communities if they had not participated in the program. CRTs are useful in refugee and conflict-affected settings because they can allow for rigorous evaluation while administering a program on a community-wide scale. However, they require a much larger sample size and are often difficult to implement if working in only one site.

Experimental designs can be challenging to apply in refugee or other conflict-affected settings. The need to conduct multiple rounds of data collection in more than one site requires a large evaluation budget, a designated research team, and substantial effort and resources over a period of time that could last multiple years. In addition, the unique characteristics of displaced populations – for example, the mobile nature of displaced and conflict-affected populations – may create additional challenges for experimental evaluation designs that require multiple rounds of data collection and follow-up with the same participants. However, there is an incredible dearth of high-quality evidence on what works to prevent and respond to GBV in these settings.

It is important that researchers and practitioners aim to implement the most rigorous research designs – experimental designs – whenever possible.

Ethics check: Choosing the right evaluation design for the affected community

Implementing rigorous experimental research may not always be appropriate in refugee and conflict-affected settings. When considering these approaches, consider the following:

- **Is there preliminary information on the effectiveness of the program already available?** Experimental designs are generally not appropriate unless there is already some preliminary data on the effectiveness of an intervention.
- **Will randomization procedures contribute to community tensions in the target area?** When choosing to use randomization, researchers should account for specific political realities (for example needing to balance intervention activities between two or more groups in conflict).
- **Will randomly selecting individual participants mean that some of those most in need of the intervention may not receive the intervention?** If there is still doubt as to the effectiveness of the intervention, or if in general the entire population is in equal need of the intervention, randomization may be appropriate.
- **Will randomly selecting individual participants or communities contribute to community (or inter-community) tensions?** If so, consider if using transparent selection procedures (for example picking names out of a hat at the center of a community) to help mitigate these issues.

Box 17

Using a Cluster-Randomized Trial for a GBV Prevention Program: The Case of SASA!

While not conducted in a conflict-affected community, the cluster randomized control trial of the SASA! program in Kampala has several relevant lessons for evaluations in refugee and conflict-affected settings. The choice of a randomized trial, while the most rigorous type of evaluation design, had considerable impact on practitioners and how the program could be designed and implemented in this context. A particular concern for the implementing agency, CEDOVIP, in using this approach was how to balance the power of SASA!’s community mobilization approach with the potential for contamination.

In research terms, contamination occurs when members of the control group (who are not meant to receive the evaluation) are somehow exposed to the intervention and begin to change along with the intervention group. In an approach like SASA!, this was a real concern as the programming approach relied on community members talking to each other and spreading messages to effect behavior change.

In the SASA! evaluation, considerable effort was made to minimize the potential for contamination (by establishing buffer zones between intervention and control communities, close supervision of community activists to ensure they worked only in the intervention communities, etc.). In the end, contamination was minimized, and the researchers found a significant reduction in negative behaviors in the intervention communities, compared to the control.

Box 18

Quasi-Experimental Designs for GBV Evaluations

Advantages

- Can attribute changes to a specific program exposure
- Can be easier to adapt to other contexts than RCTs

Disadvantages

- Cannot establish causality
- Tracking specific participants over time within conflict-affected settings can be logistically difficult
- Expense and time commitment

Quasi-experimental designs

Quasi-experimental designs can be useful for community-based programs because they mimic the methods of experimental designs but can be simpler to implement. Quasi-experimental designs differ from experimental designs because they do not randomize the assignment of subjects or sites. Because of this, the evaluators cannot be sure that the program and comparison groups are completely equivalent, and changes within the intervention group may be due to differences between groups rather than the effect of the program itself. This is a considerable limitation to these approaches – and therefore quasi-experimental designs should only be used in circumstances where experimental designs are not possible. Some quasi-experimental designs include:

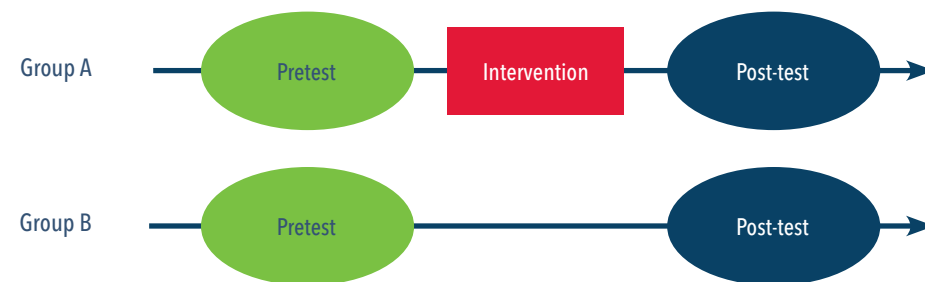
Pre- & Post-tests with Comparison Group: This design compares changes in knowledge, attitudes, and behaviors prior to and after an intervention. Participants from the intervention as well as comparison group are assessed at the same time, using the same data collection tool to compare progress between groups. Each group participates in data collection at baseline and then at end-line (at minimum), while only one group – the intervention group – receives the intervention. By using a comparison group, evaluators are able to be more confident in their conclusions that it was the program that effected change in the intervention community and that the pre and post tests are not just detecting a more general change affecting the wider community (due to a general change in norms, attitudes,

and practices or another program, etc.). To track a measure over time and examine trends, it is best to conduct multiple rounds of data collection, including during periods when the program is ongoing (or at the mid-point of the program).

CHOOSING A COMPARISON GROUP

In a quasi-experimental design with a comparison group, an evaluator is replicating an experimental design in every way except for randomization. However, it is important to have a relatively similar comparison group in order to accurately draw comparisons. Evaluators using quasi-experimental designs actively attempt to match two (or more) groups so they are as similar as possible to minimize bias during analysis. The limitation to this approach is that there may be differences between the intervention and comparison groups that cannot be detected or measured.

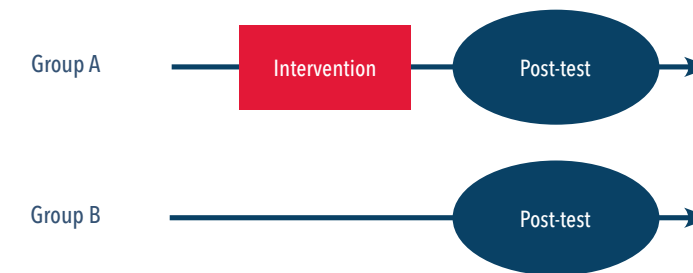
Figure 3. Pre-test/Post-test Evaluation



For evaluations in refugee and other conflict-affected settings, this can be done by utilizing communities with clear borders, such as refugee camps or distinct villages, and with similar characteristics. Before beginning the evaluation, it is necessary to roughly assess relevant characteristics of each group, such as demographics (e.g. age and gender) and social and economic characteristics (e.g. ethnicity, religion, income, or occupation). While it is often not possible to find completely identical groups, it is possible to use secondary data (for example from UN agencies or other surveys or conduct a rapid assessment) to roughly determine comparable communities.

Two-group Post-test Only: In refugee and conflict-affected settings where programs are often implemented in response to a crisis or other event, obtaining pre-test (baseline) data may not be possible. Using two or more groups with similar independent variables, a cross-sectional survey can be conducted at the same point in time after the program concludes in both the intervention group and the comparison group to examine the relationship between the program and desired outcomes. This can show what may have happened to those in the program if they had not participated; however, without a pre-test, a causal relationship cannot be established, and this approach is much less rigorous than evaluations with baseline data and should only be used if no other options are available.

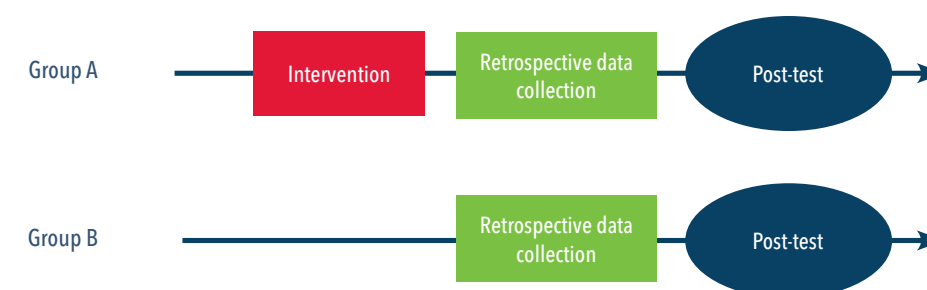
Figure 4. Two-Group Post-test Evaluation



Retrospective Designs: Another method to account for the lack of baseline data in some settings is a retrospective design. These designs collect data only at the conclusion of the program but look back at previously collected data to understand change amongst the intervention and comparison groups. For example, when examining the effectiveness of a medical intervention, evaluators may look back at medical charts to determine the situation of participants when they entered the program.

Other approaches have evaluators attempting to re-construct baseline data after the conclusion of the program by asking about the situation both prior to and after the program's delivery. While not as rigorous as a true experimental or quasi-experimental design, these efforts sometimes are the only option for programs delivered during acute emergencies when baseline data was not collected.

Figure 5. Retrospective Evaluation



Natural Experiment: A natural experiment differs from other experimental and quasi-experimental designs in that evaluators do not have control of who (or what communities) are assigned the intervention or comparison groups. For example, the impact of a law on domestic violence that is implemented in one community but not in other similar communities in the nearby area is an example of a natural experiment. The evaluators have no control over which community passed the law – but can compare the rates of violence between the communities to assess the effects of this law on GBV.

Box 19

Creating a Baseline Measurement with Retrospective Data

When conducting an impact evaluation of a program to support the reintegration of girls and young women formerly associated with armed groups in Sierra Leone, researchers at Columbia University faced an issue that is common in refugee and conflict-affected settings: they had no baseline data. To create a retrospective baseline measurement, researchers worked with local communities to construct a detailed community timeline of events. In semi-structured focus groups with community leaders and educated people (local teachers, youth group leaders, and village mobilizers and youth, including girls,) a local calendar stretching from the end of the war to the time of the study was constructed for each community. According to Ager et al., 2010, examples of events included “the time when the only daughter of the chief died in childbirth, when floods washed away the local bridge, and when the UN helicopter blew the roof off the school”. These calendars were then referenced during respondent interviews to create a baseline of the situation prior to the intervention, serving as a reference point for the respondents. (Ager, Stark, Olsen, Wessells, & Boothby, 2010).

Non-experimental design

Non-experimental designs differ from experimental and quasi-experimental designs because they lack random assignment to the program or control groups and typically do not have a control group that can be used to make comparisons. These designs are much less methodologically rigorous than experimental and quasi-experimental designs and should only be used if the conditions required to conduct experimental or quasi-experimental designs cannot be met. Non-experimental designs typically focus more on process and learning compared to these more rigorous designs. While some information on reported impact can be collected, this information cannot be considered rigorous and changes cannot be attributed to the program itself. Often non-experimental designs can serve as precursors to larger experimental or non-experimental designs.

Without a comparison group, evaluations that collect baseline and end-line data are typically comparing measures over time for one group. A few different methods can be used in this approach:

One-group Pre-test/Post-test or Post-test-Only: As can be seen below with a one-group pre-test/post-test evaluation design, the same designs described above can be applied in only one site to examine trends in the population receiving the program. While causality cannot be established without a control group for comparison, you can still gather valuable data on potential effectiveness by evaluating one group.

Figure 6. One-Group Pre-test/Post-test Evaluation



Qualitative methods: Qualitative methods can be used in a manner similar to a pre-test/post-test design, where the same methods are performed before and after an intervention to determine the change in attitudes, beliefs, and experiences after a program is implemented. Asking questions such as, ‘How have you changed since before you started the program or ‘Have you experienced any positive/negative changes while in the program’ during in-depth interviews can provide a unique understanding of the impact of the program on individual participants.

In addition, qualitative methods such as focus group discussions with participants can be used to get information on perceptions of the program or the quality of the services being provided. Qualitative methods are particularly useful for evaluations in complex refugee settings because they can provide insight into why a program may or may not be working and even aid in finding solutions.

Box 20

Promising and Innovative Evaluation Designs

While the evaluation designs mentioned above have been utilized the most in existing evaluations on GBV in refugee and conflict-affected settings, other designs commonly used in public health have features that could be advantageous to use in these settings:

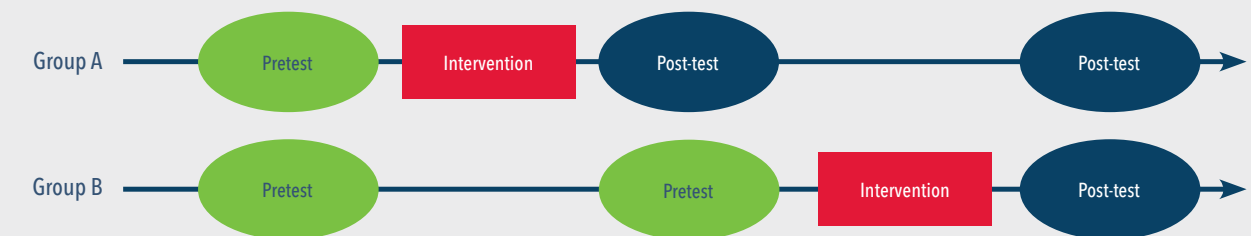
Interrupted Time Series Design: This design uses multiple data collection points within one group to assess what would happen within the population if the program was not implemented. Data are collected at least twice prior to the implementation of the intervention to determine a hypothetical “control” group, or what would have occurred had the intervention not taken place. Then data are collected after the implementation of an intervention – providing data for the “intervention” group. By comparing the changes that occur between these two separate periods, it is possible to assess whether any change to the intervention group is part of a pre-existing trend or a real change related to participation in the program. While several waves of observation before and after the program are ideal for a rigorous evaluation, a simple version of the time series approach might include only a few data points, such as the design pictured below.

Figure 7. One-Group Time Series Evaluation



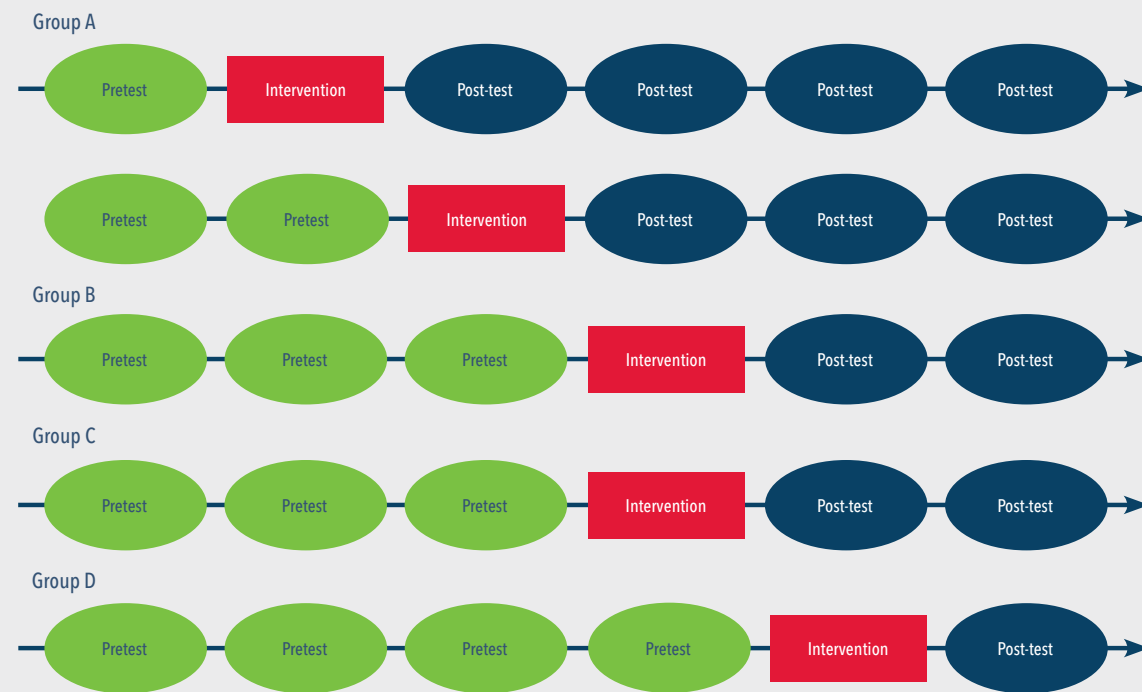
Switching Replications Design: This is a hybrid experimental design that can be used in settings where the program is being implemented in both groups, but the program is delayed in the comparison group (Delayed Treatment). This design consists of a baseline measurement and two posttest measurements, one which occurs after Group A receives the intervention and one which occurs after Group B receives the intervention. This design allows for both groups to receive the program, with continued measurement throughout the implementation of the program for both groups, analyzing for trends before, during, and after the program.

Figure 8. Switching Replications Evaluation



Stepped Wedge: The stepped wedge design is used most frequently in public health evaluations examining service delivery or other community- or population-based interventions that do not require individual recruitment. This design includes three or more program sites. First, an initial period takes place in which no sites (or clusters) are receiving the intervention. This is followed by “steps” during which one site is randomly chosen to cross from the control to the intervention group. This continues until all sites have crossed over to the intervention group, and concludes after all sites have been exposed. Data collection takes place throughout so that each site contributes observations for both the control and intervention groups. This process allows for constant observation and addresses political and social concerns over the use of control groups.

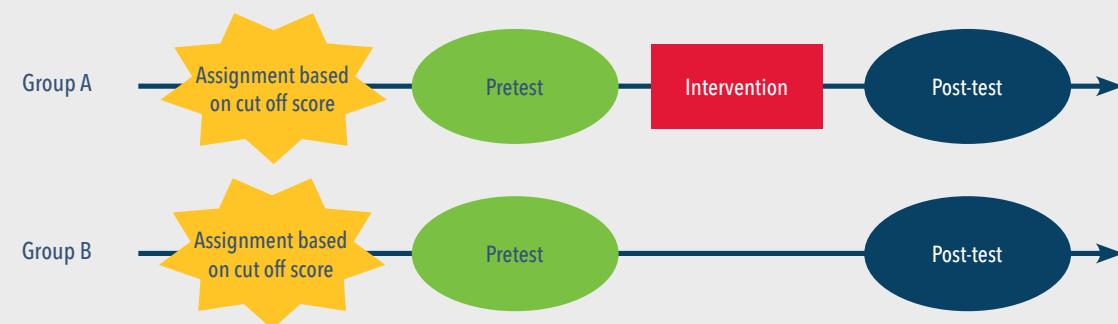
Figure 9. Stepped Wedge Evaluation



The stepped wedge design is particularly useful for evaluating interventions where multiple sites are receiving a program, and it overcomes issues common in robust evaluations, such as selection biases and the need for blinding. However, the cost of collecting data in three or more sites could be prohibitive, and for that reason methods alternative to the population-based survey should be considered when implementing a stepped wedge design.

Regression Discontinuity Design: Regression discontinuity designs typically utilize pre- and post-tests with both an intervention and comparison group. The major difference for this design compared to other quasi-experimental designs is the methods used to assign individuals to the intervention or comparison group. In this design, some sort of assessment or pre-test is used to gather information on everyone who could potentially be included in the intervention or comparison groups. They are assigned to these groups based on a cutoff score. This is considered during the analysis stage - when regression analysis is used to compare the intervention and comparison groups. It is expected that if a program is successful researchers would find a discontinuity (a jump) in the regression line at the cut off score - indicating that those who got the program improved more than those who did not. The advantage of this approach is that the people who need the program most are all assigned the intervention, rather than randomly assigning some to the comparison group.

Figure 10. Regression Discontinuity Design



Considerations for adapting evaluation designs to refugee and conflict-affected settings

The complexities of community-based interventions to reduce GBV make evaluation design particularly challenging in refugee and conflict-affected populations. The mobile nature of displaced populations and unstable contexts can result in under-recruitment or high loss to follow-up between baseline and end-line data collection. Likewise, short funding cycles make it difficult to build in rigorous evaluation activities and longitudinal designs. In addition to logistical challenges, discussing sensitive issues such as GBV in tense environments can prove to be difficult. Community-level conflict or tensions between different ethnic, religious, or political groups and intimidation from armed actors may interfere with methodological and ethical best practices typically used in GBV research and M&E. Consider some of these strategies when choosing the best evaluation design for your project:

- **Choose a realistic design.** Evaluation designs should be approached realistically, taking into account the context and available resources to understand how these affect the desired program outcome/ impact. The most rigorous approach possible - typically an experimental design - should be taken whenever possible. Sometimes in many refugee and conflict-affected settings, quasi- or non-experimental design may be considered if logistic and financial constraints prevent a more rigorous design.
- **Prepare alternatives.** The unstable context of refugee and other conflict-affected settings requires planning well ahead in terms of developing your research protocol and evaluation design. It is important to have plans in place for multiple scenarios and possibly even multiple evaluation designs, which can be adapted as the situation changes.
- **Utilize local expertise.** Planning and collaborating with local stakeholders is essential at every step of the process. It is necessary for evaluators to have a strong understanding of the local context to ensure that their evaluation designs are appropriate and feasible. For this reason, local stakeholders should be involved in discussions about evaluation planning and designs.
- **Considering social cohesion in your design.** Delivering a program to only one group, particularly in a refugee or other conflict-affected setting, can raise ethical questions and heighten tensions within communities. To mitigate this, the evaluation team should carefully engage key community gatekeepers and stakeholders and clearly explain the purpose of the study and how the evaluation will be implemented in the community.

This should involve a careful explanation of concepts such as the intervention and control groups, etc. In addition, it is possible to mitigate potential conflicts over some communities receiving an intervention while others do not by using a delayed treatment, stepped-wedge, or regression discontinuity approach. In this design, the control group receives the intervention after the end of the evaluation so that all study participants eventually benefit from their involvement in the evaluation. Special care must be taken to explain this process to all stakeholders so as to avoid feelings of distrust or marginalization by community members.

Further Examples of Evaluation Approaches:

- Bass, J. K., Annan, J., Mclvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., Wachter, K., Murray, L.K., & Bolton, P.A.. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *The New England Journal of Medicine*, 368(23), 2182-2191. <https://www.nejm.org/doi/full/10.1056/nejmoa1211853>

- Gupta, J., Falb, K. L., Lehmann, H., Kpebo, D., Xuan, Z., Hossain, M., Zimmerman, C., Watts, C., & Annan, J. (2013). Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Cote d'Ivoire: A randomized controlled pilot study. *BMC International Health and Human Rights*, 13, Article 46. <https://doi.org/10.1186/1472-698X-13-46>
- Hossain, M., Zimmerman, C., Kiss, L., Abramsky, T., Kone, D., Bakayoko-Topolska, M., Annan, J., Lehman, H., & Watts, C. (2014). Working with men to prevent intimate partner violence in a conflict-affected setting: A pilot cluster randomized controlled trial in rural Cote d'Ivoire. *BMC Public Health*, 14, Article 339. <https://doi.org/10.1186/1471-2458-14-339>
- Mannes Schmidt, S., & Griese, K. (2009). Evaluating psychosocial group counselling with Afghan women: Is this a useful intervention? *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, 19(1), 41-50. doi: 2009-1.2008-25
- Shanks, L., Ariti, C., Siddiqui, M. R., Pintaldi, G., Venis, S., de Jong, K., Denault, M. (2013). Counselling in humanitarian settings: A retrospective analysis of 18 individual-focused non-specialised counselling programmes. *Conflict and Health*, 7(1), Article 19. <https://doi.org/10.1186/1752-1505-7-19>

Summary

Table 4. Evaluation approaches in conflict settings

EVALUATION APPROACHES	EVALUATION DESIGNS	POTENTIALLY APPROPRIATE FOR		CONSIDERATIONS FOR REFUGEE AND CONFLICT SETTINGS
		GBV PREVENTION PROGRAMS	GBV RESPONSE PROGRAMS	
EXPERIMENTAL	Randomize Control Trial (RCT)	For programs targeting specific individuals rather than the whole community	Can be used when comparing 2 or more types of services into which survivors can be randomized to receive. In some cases, a control (no service) can be used where there is no existing standard of care.	<p>The rigidity of the design (using randomization) may not be appropriate for contexts where more flexibility is needed.</p> <p>Relatively stable populations are needed to ensure the enrolled individuals continue in the program and evaluation activities.</p> <p>High costs, human resources, and time commitments</p> <p>Individual-level randomization may not be appropriate in some settings</p>
	Cluster randomized Trial (CRT)	For programs targeting larger groups or entire communities	Can be used to compare differing service delivery models between two or more areas (but no true control where no services are available).	<p>Useful approach to evaluate community-based programming</p> <p>Consider if contamination (i.e. where the control group has contact with the intervention and also changes) may affect the results or if it is possible to establish buffer zones between intervention and control communities</p> <p>Consider if logistics make it possible to travel to potentially geographically far communities</p>

	Switching Replications or Stepped Wedge or Regression Discontinuity Design	Yes	Yes	<p>Ensures that all groups eventually receive the intervention - reducing ethical concerns</p> <p>For stepped wedge or switching replications:</p> <p>Additional data collection requires additional time, resources, and money to implement</p> <p>Allows for program adaptation as data is received from the initial intervention group and the potential for improved programming</p>
QUASI-EXPERIMENTAL	Pre-/Post-Test with Comparison or Natural Experiments	Yes	Can be used to compare differing service delivery models between two or more groups	Can be used where ethical or logistic considerations prevent the use of randomization
	Two-Group Post-Test only	Yes	Can be used to compare differing service delivery models between two or more groups	<p>Can be used in situations where no baseline data is available (for example programming that began during the acute phase of an emergency).</p> <p>Requires the resources and political will to collect data with a population that did not receive services (or received different services)</p>
	One-Group Time Series	Yes	Yes	<p>Requires additional time, budget, and human resources to collect data multiple time points.</p> <p>Allows for increased assurances that the changes seen in the intervention group are due to the program if can demonstrate increasing change over time</p>
NON-EXPERIMENTAL	One-group (pre-/post-test only or post-test only)	Yes	Yes	Logistically and ethically the simplest approach but cannot attribute the changes seen specifically to participation in the program
	Qualitative designs	Yes	Yes	<p>Participants may believe they will get further assistance if they say good things about a program</p> <p>Can gather information on unexpected (or unintended) consequences of the program</p>

Further Resources:

- Menon, J., Rames, V., & Morris, P. (2014). Toolkit for monitoring and evaluating gender-based violence interventions along the relief to development continuum. USAID. <https://www.usaid.gov/sites/default/files/documents/2151/Toolkit%20Master%20%28FINAL%20MAY%209%29.pdf>
- Ellsberg M, and Heise L. (2005). Researching violence against women: A practical guide for researchers and activists. WHO and PATH. https://apps.who.int/iris/bitstream/handle/10665/42966/9241546476_eng.pdf?sequence=1

Box 21

Different Designs Answer Different Questions

How common? Characteristics of the population?

- Rapid Assessments
- Cross-sectional surveys

Characteristics of survivors?

- Service-based data

Causes and consequences of violence?

- Longitudinal/Cohort studies
- Case-control studies

How? Why?

- Qualitative studies

2.3 Research and Approaches to Data Collection

The data collection approach will depend on the types of question(s) that will be explored. This chapter will explore a number of potential approaches to data collection that can be used to conduct research and/or M&E.

Rapid assessments

As part of program design, rapid or situational assessments can be used to collect data on the needs and priorities of the affected communities. Rapid assessments are typically quick data collection exercises that gather key information needed to inform program design – including assessing local needs, exploring local perspectives to be incorporated into program design, etc. They can also be used as preliminary data collection to inform later data collection. These approaches tend to employ fast data collection exercises – including in-depth interviews, participatory observation, focus groups, mapping, etc. Analysis and results need to be presented in quick progression or simultaneously with the assessment.

Key Considerations for Rapid Assessments

- **Link up with the wider international community:** Whenever possible, plan assessment missions with the wider international community to reduce logistics and collect comparable data between agencies.
- **Collect only the most essential information:** Consider what information is absolutely essential to begin programming and what information can be collected at a later time. Remember that rapid assessments are not baselines, and you do not need to collect extensive information.
- **Select a variety of sites:** Going to multiple sites where the experience of conflict has been different allows you to build a wider profile of experiences to inform programming.
- **Have a mix of observation and interviews/focus groups:** Rapid assessment tools should use a mix of visual observation and interview/focus group techniques.
- **Seek out marginalized populations:** Don't just speak to the community leaders. Seek out marginalized groups – such as women and girls, members of minority ethnic groups, etc. – to gather information from their perspectives as well.
- **Quantitative and qualitative data:** Use both quantitative and qualitative data. Quantitative data can be collected and analyzed quickly and should form the core of the assessment form. However, a limited amount of qualitative data is also essential to provide context.
- **Clear and simple questions:** Keep questions short and simple. Data collectors will be moving quickly and need to know what information is essential to collect.

Cross-sectional surveys

Cross-sectional surveys are population-based data collection activities that take a snapshot of a population at one point in time. Most cross-sectional surveys are conducted using households as the sampling unit with data collectors moving from house to house within a community to collect data in person – though there are alternatives that will be discussed later in the section on sampling.

Cross-sectional surveys can be useful in conflict-affected settings because they can be completed relatively quickly – sometimes as quickly as a few days or weeks depending on the length of the questionnaire and geographic coverage of the survey. The burden on the respondent is also relatively low as all data can generally be collected in one sitting, with no need for further follow-up, and data collection typically does not require the respondent to leave their own home.

While the inconvenience to the respondent is relatively low, the data collected via cross-sectional surveys can be powerful. If appropriate population-based sampling strategies are used and an adequate sample size achieved, these data can provide a representative picture of the knowledge, attitudes, behaviors, and life experiences of the affected community. In a relatively short amount of time, these surveys can provide vast amounts of population-level data to inform policy and programs. In addition, cross-sectional surveys can be repeated over time – typically as part of an evaluation – to track population-level changes.

As with any data collection exercise undertaken in a conflict-affected setting, there are challenges associated with population-based surveys. For one, they can be expensive. GBV programs are generally under-resourced in humanitarian contexts, leaving little extra money to conduct these relatively expensive data collection exercises. In addition, many NGOs do not have the in-house capacity to conduct methodologically sound population-based research on their own leading them to rely on external academics and/or consulting firms which can cause these costs to grow.

Another consideration when planning a cross-sectional survey is that these surveys collect data at only one point in time, and therefore causation cannot be determined. In simple terms, because all the data is being collected at the same time, we cannot know whether one circumstance caused another – just that they are associated with each other. For example, in GBV research, it is common to conduct population-based surveys in order to study the consequences of violent experiences.

Many studies have used cross-sectional surveys to measure the mental health outcomes of survivors of violence compared to those who haven't experienced violence. In many cases, women who have experienced violence have been shown to have the worst mental health outcomes. However, because we are unable to assess mental health prior to exposure to violence or evaluate other possible contributing factors to poor mental health, we cannot say with certainty that the violence caused the poor mental health. Similar questions arise when researchers try to understand the impact of armed conflict on rates of violence.

While cross-sectional surveys can be an important source of information, they should be employed with caution in emergency settings. Often during the acute phase of a conflict, safety and security concerns – both for data collectors and participants – can make it challenging to conduct large-scale surveys.

Carefully consider whether a population-based survey is right for your needs. Cross-sectional surveys are most often employed as a way to gather general information about a community that can inform program design or policy change. In many cases, cross-sectional surveys are also used as part of impact evaluations for GBV programs – where they are employed over a series of months or years in order to track overall changes in knowledge, attitudes, and behaviors within a community. Because these surveys collect data at the population level, they are more often employed as part of evaluations of GBV prevention (compared to response) programs.

Box 22

Cross-Sectional Surveys for GBV Research

Advantages

- Relatively quick data collection
- No need to track individual participants for follow up
- If appropriate sampling procedure used – data is representative of the underlying population

Disadvantages

- Can only look at association – not causation
- Time between events and data collection may lead to recall bias

The Prevalence Question

Cross-sectional surveys are important tools for researchers and M&E professionals. They can be used to collect data on innumerable subjects, including respondents' background (education levels, employment history, marital status, etc.), their knowledge of available GBV services, or their agreement with gender-equitable attitudes and beliefs. They can also be used to measure the respondent's own experiences of GBV (or experience perpetrating GBV in surveys with men). These surveys are said to measure the prevalence of violence within a community by measuring:

$$\frac{\text{Number of women who have experienced abuse in a certain period of time}}{\text{"At risk" women in the study population}} \times 100$$

While prevalence studies on experiences of GBV have become commonplace in much of the world - through the proliferation of tools such as the WHO Multi-Country Study on VAWG and the Demographic and Health Survey's Domestic Violence module among others - the utility and ethical implications of conducting these surveys in conflict-affected settings remain controversial. The 2015 Inter-Agency Standing Committee (IASC) guidelines state that collecting prevalence data on GBV in emergencies "is not advisable due to methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings (e.g. security concerns for survivors and researchers, lack of available or accessible response services, etc.)."

However, the term "emergency" can cover a broad swath of settings, and a one size fits all policy of never collecting prevalence data may not be appropriate in all contexts. In 2015, there were 32 refugee situations defined as "protracted" with the average length of these crises lasting 26 years. While collecting population-based data on refugees is not and should not be the first priority during an acute emergency, in some circumstances (or once the situation has stabilized), prevalence data may help inform longer-term programming and policy efforts in displaced settings.

As with any other research effort, you must conduct a risk/benefit assessment before deciding to collect data on GBV prevalence. You should talk to others in the humanitarian community - both within the country where you will operate and globally if possible - to get their assessment on the need for this data. You should look seriously at the risks that your respondents may face if they participate in the research and consider what mitigation strategies are realistic in your setting. Only if the potential benefits outweigh the risks and you have ability to meet the minimum ethical standards for this type of research (laid out in chapter 5) should you consider collecting prevalence data.

Longitudinal/cohort and case control studies

While cross-sectional studies - even if they were repeated over time - rely on random chance to pick the exact respondents for each survey, longitudinal approaches track specific individuals over time. Longitudinal/cohort studies can be:

- **Prospective:** Where researchers select a group of individuals (a cohort) to enroll in the study to follow over time to see who develops the outcome of interest over time (for example experiences violence).

- **Retrospective:** Where researchers select respondents with known exposures (for example having been displaced or not) and then compare the outcome of interest (for example experience of GBV) between the two groups.

Similar, though slightly different, to retrospective cohort studies, case control studies focus on identifying participants who currently have the outcome of interest (for example experienced GBV) as well as those who don't have the outcome of interest (have not experienced violence) and then work backward to determine the differences between the groups to identify potential risk factors.

For the purposes of this section, we will concentrate on longitudinal/prospective cohort studies as they are the most common form of this type of study used in violence research. The ultimate goal of a longitudinal study is to compare the outcomes of participants with different suspected risk factors over time. For example, researchers have followed groups of girls who were abducted by armed groups during wartime to understand how these experiences affected future wellbeing, experiences of violence, etc. As with cross-sectional surveys, longitudinal studies can be used as part of a program evaluation design, and, typically, researchers are interested in examining exposure to a program as the key exposure factor in the evaluation.

While powerful research designs, longitudinal studies are not often employed in conflict-affected settings. The very nature of the conflict - and its impact on causing population displacement - can make following specific individuals incredibly challenging. Significant expense and time may be needed to track down specific respondents each time more data is needed. When a participant who was originally enrolled in the study is unable to be tracked down for further data collection, the study design weakens.

Consider using a longitudinal approach if you have a generally stable population where you will be able to contact the same respondents at multiple points over the course of years. Longitudinal studies are more commonly used in post-conflict situations where the populations are relatively stable. Use this approach if you want to deeply understand the experiences of your population and how they change over time.

Alternatively, researchers sometimes work with service providers to set up procedures to collect data on patients who will access services in the future. This prospective form of data collection allows the researchers to have more control over the types of data that will be collected, which can allow for more in-depth analysis.

Service-based data

Service-based data are data collected when members of the affected population access support services. Typically in GBV research, this type of study utilizes data collected when survivors of violence access medical, psychosocial, security, or legal services through NGOs or government service providers. Service-based data may refer exclusively to secondary data reviews - where researchers analyze medical charts or other records that were collected as part of routine service provision. Researchers examining the medical records of survivors of GBV to better understand the reproductive health consequences of violence in this population is an example. This kind of study would be considered a retrospective study, in that it analyzes data on experiences that previously occurred.

Case/control studies and retrospective cohort designs can sometimes involve the analysis of service-based data (for example reviewing medical records for survivors of sexual violence to determine risk factors); however, analysis is often only completed for those with the outcome of interest (in this case experience of SV) and therefore lacks the rigor of a true case control or retrospective cohort design.

Box 24

Longitudinal Studies

Advantages

- Can assess causality - can understand changes over time
- Can be easier to attribute changes to a specific program exposure

Disadvantages

- Tracking specific participants over time within conflict-affected settings can be difficult
- Expense and time commitment

Box 25

When Should You Use Longitudinal Studies?

- You want to follow a specific group over time to understand changes to that group
- When the situation is stable enough that you can interact with the same group over time

Box 23

When Should You Use Cross-Sectional Surveys?

- When you need information about a large population - for example an entire community or program implementation area
- When the situation is stable enough that data collectors can move freely to most locations covered by the survey
- When participating in a household data collection activity will not put respondents in more danger
- Note: If you are collecting information about individual experiences of violence, it is critical to have available quality and accessible support services for survivors

Box 26

Using a Longitudinal Approach in Somalia

A longitudinal design was used to understand the impact of the Community Cares program in Somalia. To address some of the potential issues of using a longitudinal design in a conflict-affected setting, the research team from John Hopkins and their NGO partner (Comitato Internazionale per lo Sviluppo dei Popoli - CISP) had to carefully consider the study design. Researchers made a significant effort to prevent loss to follow-up by not only getting the phone numbers of the participants themselves but also the contact information for others in the family, close friends, etc. In the end, the researchers ended up developing a database of contacts and alternative contacts with at least 2-3 numbers for each participant. The team also relied on community guides who were from the affected communities themselves to track participants – even when they moved – for follow-up data collection.

In addition, data were collected during a moment when the affected population in the chosen areas of Somalia was relatively stable. If it had been a period of acute conflict or famine that caused considerable migration, this longitudinal approach may not have been as successful.

Using service statistics and collecting data through routine service provision can have many advantages for researchers who want to know more about the characteristics of GBV in conflict-affected settings. For one, when survivors are already seeking services, there are fewer concerns that their participation in the research will cause them to experience negative consequences (for example, there are diminished risks about whether they will face suspicion for talking to outsiders). Additionally, most quality GBV service centers are designed to ensure the confidentiality of the survivor – for example, they provide private rooms where counseling of the survivor takes place. In these service center settings, it can be easier to collect data without the knowledge of others in the community or household. Also, the data collection burden on the respondent may be less since many questions that can be used for analysis are questions that service providers already collect for their case histories. In these cases, survivors are able to describe their experiences once, and this information can be used to inform both service provision and research.

However, there are some drawbacks to this approach. The primary concern is that the data collected through service providers is, by its very nature, not representative of the wider population. The data collected through these mechanisms can only tell us about the characteristics of survivors who seek services. In many cases, particularly in conflict-affected settings, there are numerous barriers to service provision. People may live in areas where GBV services do not exist or are very far away from where they live. They may not be aware that the services exist and therefore do not consider accessing them.

Even where services are available and known to the community, issues such as stigma or shame may prevent a survivor from accessing these services. Finally, practical issues that typically prevent survivors from obtaining services within these communities – including lack of money for transport, time to get away from other household responsibilities, and ongoing conflict in the community – may make it unsafe to move to services. Many GBV response programs seek to reduce these barriers to service provision through their ongoing activities. However, many of these initiatives are long term efforts – such as reduction of stigma for survivors – and, even if all barriers to accessing services were removed, there would always be a proportion of survivors who do not want to access services.

It also is important to acknowledge that certain forms of GBV are more likely to be reported to formal service providers compared to others. In many conflict-affected settings, rape perpetrated by a stranger is the most common form of GBV to be reported in service statistics. Other forms of GBV, for example, IPV or traditional harmful practices, may be common in the underlying population but never make it into the formal statistics because survivors do not report such forms of GBV or engage with formal support services.

Data quality can also vary because it is collected from multiple health workers, and data collection practices may be inconsistent. When data is collected via health workers (rather than research staff, who may already be overstretched and unable to keep up with the routine demands on their time), the burden of data collection may add to and cause the quality and consistency of service provision and data collection to suffer. By the time researchers review the data collected through these medical professionals, it may be challenging or impossible to re-contact survivors to get further information if gaps in data are discovered.

Nonetheless, there can still be considerable value in service-based statistics – particularly for conflict-affected settings. For response programs, service-based statistics can be a measure of the success of the program. No matter the context, GBV is a problem in the underlying population, and the more people are

willing to come forward and report their experiences, the more success a GBV response program can claim.

In addition, service-based statistics can help us better understand the characteristics of the GBV survivors who are able to access support services. Through this analysis, the most common forms of GBV, the most frequent perpetrators of violence, the locations where violence is common, and the reasons that survivors chose to access services can be identified. Programmers and policymakers can use this information to develop programs that increase household and community level protection mechanisms, and they can better support the mechanisms that lead survivors to engage and report to formal services.

However, it is always important to remember that this type of data is only representative of the survivors who were able to access services. It is not possible to use service-based data to estimate the prevalence of types of GBV within a community. For example, if more cases of rape of children are being reported to GBV service providers, it should not be assumed that these cases are the most prevalent form of violence in the community. The young age of the survivor might mean that these cases are more likely to be reported to the formal support systems compared to other forms of GBV. Similarly, there may be differences in the experiences of women and men who choose to report their experiences to service providers compared to those who do not. In many contexts, for example, the rape of men is particularly stigmatized, and they may be much less likely to report to services compared to women.

Because of this, service statistics might not give programmers accurate information on how to improve protection mechanisms to address the GBV vulnerabilities for this group. Consider using service-based statistics if you are primarily interested in GBV response services (compared to prevention) or if you want to know more about the characteristics of survivors. You can begin using service-level data from the moment service provision is set up – making it a good option for data collection in acute emergency response settings where population-level data collection is logistically or ethically not possible.

Qualitative studies

Qualitative studies are important tools to allow researchers to gain more complete understandings of problems in the community. They may facilitate the study of complex topics such as cultural norms and beliefs or the motivations of perpetrators of violence within specific communities. They may also be used as formative research, a preliminary step that focuses on collecting data to understand the context, develop culturally relevant data collection tools, and inform larger experimental or quasi-experimental designs.

Compared to cross-sectional and longitudinal surveys, qualitative studies can be much simpler to implement in conflict-affected settings. Generally, they require less specific expertise (for example, statisticians are not needed for qualitative research) and may be completed in less time when compared to cross-sectional surveys or longitudinal studies. They also are useful in understanding the “why” of a situation and can provide detailed information that may be important to practitioners and policymakers.

While the data collection process may be shorter compared to surveys, qualitative

Box 27

When Should You Use Service-Based Data?

- You have limited logistic capacity or security/ ethical concerns prevent you from collecting community-based data
- You are interested in knowing more about the characteristics of survivors of violence – particularly survivors of SV
- You don't need to know about the overall rates of violence in a specific community
- You don't need to know about types of violence not commonly reported to support services
- You have a good relationship (or your organization is) with service providers who ethically collect and store data that is (or can be) de-identified for analysis

Box 28

Service-Based Data for GBV Research

Advantages

- Relatively easy to collect
- Confidentiality of data collection process
- Survivor only needs to tell her story once
- Can collect data over a long period of time

Disadvantages

- Cannot estimate the prevalence of differing forms of violence
- Only know about the characteristics of survivors who choose to report to services – which may be different than those who do not report
- Can be an added burden on service provision staff – may affect the quality of data collected compared to dedicated research staff conducting a survey or interview

Box 29

Example of Service-Based Data – Using Data from a Hospital in the DRC

Collecting data on SV in a conflict setting can be extremely difficult and risky, given the highly sensitive nature of GBV in insecure and tense environments. To overcome this, the Harvard Humanitarian Initiative, with the support of Oxfam America and in collaboration with medical staff at Panzi Hospital, utilized service-based data for their study on SV in the Democratic Republic of the Congo (DRC) (Bartels & VanRooyen, 2010). They employed a non-systematic convenience sample, interviewing SV survivors who came to Panzi Hospital requesting services from the Victims of Sexual Violence Program. Using data collected from 4,311 questionnaires conducted at the hospital between 2004 and 2008, the retrospective cohort study was able to examine critical questions about the rape epidemic in South Kivu, DRC.

By analyzing this data, the research team and their implementing partners were able to fully understand the pervasiveness and severity of the SV that women experienced in the DRC. It enabled them to discover that, while violence had previously been perpetrated primarily by armed combatants, civilians were also adopting the culture of violence and perpetrating SV on an increasing scale.

While the convenience sample could have resulted in biases – such as the possibility that respondents who presented themselves at the Panzi Hospital might be experiencing the most severe levels of violence – it also enabled researchers to collect rigorous data safely and ethically and to ensure that survivors were receiving the necessary services. Recommendations from the research were also aimed at shifting approaches to survivor care to involve men and entire families.

studies can still take considerable time to implement – primarily due to the vast amounts of data that are collected through interviews, focus groups, and other forms of data collection. All of the qualitative data collected needs to be translated (if necessary), transcribed, coded, and analyzed – all of which can take considerable time. If the staff who manage the qualitative study have not been trained in analyzing qualitative data, vast amounts of data can sit and never be used.

In addition, a common weakness in these study designs that is particularly relevant for conflict-affected settings is the over-reliance on NGO staff, local community leaders, or service providers as access points to organize participants for qualitative data collection. While this methodology has the benefit of ensuring that external researchers gain access to community members, it can also lead to biased data, particularly with respondents who directly benefit from an NGO-partner program and are unwilling to speak about their experiences for fear of a denial of services (even if they are explicitly informed that there will be no negative consequences for their participation).

Despite these caveats, qualitative data can be a quick and efficient way to gather in-depth information on a topic and can be particularly useful in situations when a full population-based survey is impractical due to security, budget, or time constraints. It can be useful in times of acute emergency, as well as in protracted crisis and post-conflict situations.

GBV research with men and boys

GBV research does not have to exclusively focus on the experiences and attitudes of women and girls. Men and boys play key roles in establishing and maintaining gender inequitable norms that contribute to GBV within households and communities – as well as being the primary perpetrators of GBV themselves. Male allies are also important actors in programs to prevent and respond to GBV. Given the importance of men both as agents for the prevention of GBV and as the most frequent perpetrators of GBV, it is important that researchers consider gathering data with men and boys, as well as women and girls.

During times of conflict, men and boys themselves may also be at increased risk of experiencing violence – particularly SV. While, the overall percentage of men who experience GBV is much lower, as compared to women and girls, their increased risk during times of conflict may require studying men both as perpetrators as well as victims.

It is possible to include men in GBV research and also obtain quality data using established methodological and ethical guidelines. If you are planning to collect data with men, you must carefully consider your data collection strategies – just as you would when collecting data with women and girls – to promote a feeling of trust between data collectors and respondents. Anonymized survey platforms – such as audio computer-assisted self-interview software (ACASI) – may be useful to reduce stigma and increase reporting among these groups.

Gender-matched data collectors and high-quality training and piloting activities are essential to getting good data on sensitive subjects such as violence. In South Sudan, the ‘What Works’ project collected data with men and boys as well as women and girls. In this context, during the formative research stage, the research team found that the acceptance of GBV within the community was so high that men had little hesitation to talk about the perpetration of violence. This experience followed through to the cross-sectional survey where rates of perpetration reported by men and boys were similar to the victimization rates found through the cross-sectional survey with women. In addition, men were willing to talk about their own experiences of SV through the survey as well.

Mixed methods

Mixed methods studies are simply a way to refer to studies that employ more than one of the methodologies discussed above. Often, they refer to some combination of qualitative and quantitative data collection – for example, a cross-sectional survey combined with qualitative data collection activities.

While these approaches can take more resources than implementing one form of data collection alone, they allow the research to compensate for any disadvantages in a research method by adding another. In studies that rely on service-based data attained by service providers, researchers will often supplement the quantitative data with qualitative data by coming in and conducting further in-depth interviews with those accessing services at the time of their research. This allows the researchers to go beyond the information contained in the medical charts and start to answer the question “why”. Of course, the major challenge to employing mixed methods designs in conflict-affected settings is that these studies, by their very nature, require more time, budget, and resources compared to a study that employs only one method.

Consider using a mixed method study if you want to be able to present data on what is happening to a large population (quantitative statistics) and be able to explain why these events are occurring (using qualitative information). Generally, these approaches are not appropriate for acute emergency situations as the time and resources are not available to conduct such large-scale research activities.

Ethics check: Choosing your methodology

When collecting data with vulnerable populations, the methodological choices you make are intrinsically ethical choices as well. Refugees and conflict-affected populations have considerable demands on their time. Most struggle to provide for their families, and their days center on tasks that are critical for survival (standing in line for rations, waiting at the water point, collecting firewood, selling in the market, farming where possible, etc.). Participation in data collection activities encroaches on time otherwise dedicated to basic survival activities. Researchers have an ethical responsibility to ensure that design decisions are not only methodologically sound, but they also minimize risks to participants.

Box 30

Qualitative Studies for GBV Research

Advantages

- Can give rich data on the experiences of survivors of violence – including identity barriers to service provisions that can inform programming
- Can help explore the complex motivations of perpetrators to design programming
- Typically less costly and logistically complex compared to a population-based survey

Disadvantages

- Isn't representative of the experience of the entire population
- Depending on how participants are recruited, can be significantly biased
- Data may be collected but never used

Box 31

Designing a Mixed Methods Study in South Sudan

For the ‘What Works’ Project in South Sudan, the research team chose to use a mixed methods approach – employing both a cross sectional study as well as focus group discussions and in depth interviews to gather data among men and women in the affected areas. The researchers started with focus groups and key informant interviews in four sites across South Sudan (Rumbek, Juba City, Juba County and Juba PoCs). Using this information, the research team was able to better understand the major forms of violence affecting women and men in these areas as well as where survivors sought help and the barriers that they faced accessing these services. The data from these processes helped inform the development of the quantitative questionnaire, which gathered representative data on the wider populations in three sites (Rumbek, Juba and the Juba PoCs). By combining these methods, researchers were able to measure the types of and factors related to GBV in South Sudan as well as understand why this violence was occurring and the barriers to services.

Summary

Table 5. Conflict Stages and Types of Research Designs

CONFLICT STAGE		TYPES OF RESEARCH DESIGNS THAT MAY BE APPROPRIATE					
		Rapid Assessment	Cross Sectional Survey	Longitudinal Study	Service-Based Data	Qualitative Data	Mixed Methods
CONFLICT	Acute emergency	X	Only if appropriate ethical standards can be achieved		X	X	Only if appropriate ethical standards can be achieved
	Protracted Crisis		X	X	X	X	X
POST-CONFLICT			X	X	X	X	X

Further Resources:

- Ellsberg M, and Heise L. (2005). Researching violence against women: A practical guide for researchers and activists. WHO and PATH. https://apps.who.int/iris/bitstream/handle/10665/42966/9241546476_eng.pdf?sequence=1
- Reproductive Health Response in Conflict Consortium. (2004). Gender-based violence tools manual: For assessment & program design, monitoring & evaluation in conflict-affected settings. <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/Gender-Based%20Violence%20Tools%20Manual%20in%20Conflict-Affected%20Settings%2C%20RHRC%20Consortium%2C%202004.pdf>

2.4 Determine Data Collection Methods

Once you know what you want to measure and your general design, you can determine what data collection methods are most appropriate.

Quantitative methods

Quantitative research methods produce information that can be summarized in numbers, such as the percentage of women who experience rape or who sought services from a particular program. Quantitative methods are useful for drawing conclusions about the broader population under study. They are particularly appropriate for measuring how common a problem is (frequency) or to explore the characteristics of that problem in a specific population (who experiences it, what are its causes and consequences).

For example, quantitative methods can be used to determine how many women in a community have experienced violence and which age groups are most affected. Common data collection tools that employ quantitative data include household surveys, case management tools, client satisfaction, pre-/post-tests, etc.

Qualitative methods

Qualitative methods gather information that is typically summarized in text or pictures presented through narratives, quotes, descriptions, lists, and case studies. These methods are used to gain descriptive, detailed information about fewer people but can allow for deeper interpretation and contextualization than most quantitative methods. It is important that qualitative data collectors are trained in interview techniques (e.g. not leading the participant, staying neutral during data collection, etc.) to ensure qualitative rigor and quality.

Some common types of qualitative methods

Interviews:

- **Unstructured Interviews:** Unstructured interviews have the most flexible format. All questions are open-ended, and the direction of the interview is really led by the respondent. This format is especially useful for exploring new areas of study or getting rich detail about a respondent's own life experience (for example detailing a life history of a GBV respondent). However, since this method is less systematic than other forms of qualitative data collection, it can be difficult to get comparable data across respondents.
- **Semi-structured Interviews:** Semi-structured interviews use an open framework that allows for conversational communication. They often collect information about respondents' opinions and interpretations of events. Compared to unstructured interviews, semi-structured approaches use more detailed questionnaires that are formulated ahead of time. They typically begin with more general questions that lead into more specific queries. However, they have a flexible format that allows the data collector to follow up on specific responses and build a dialogue with the respondent.
- **Structured Interview:** Structures interviews collect the same information from every respondent and rely on a standardized interview guide. This form of data collection facilitates an easy aggregation of responses. Data collectors are required to answer every question in the guide, and this method has an inflexible format. When collecting data about GBV, structured interviews might be used in circumstances such as client satisfaction assessments where a core list of questions must be asked of each client.
- **Focus Group Discussions:** While the above interview approaches typically involve one data collector paired with one respondent, focus groups expand these approaches to involve a number of respondents grouped together. Usually, focus group discussions (FGDs) have between 6-12 participants; however, when conducting FGDs with refugee and conflict-affected populations, sometimes more participants may try to join, possibly because they see it as an opportunity to talk about their own experiences or because they believe they will get some material benefit for participating in the group.

Participants in each FGD should be grouped together due to some shared characteristics (e.g. age, sex, education levels, etc.) so they feel comfortable sharing their experiences and opinions within the group. FGDs can often be better for exploring norms, beliefs, and practices of a wider community -

Box 32

Using Focus Groups for Program M&E - SASA!'s Outcome Tracking Tool

One challenge of using qualitative data collection techniques to collect routine program M&E data is that the extensive amount of data generated by these techniques are difficult to analyze and interpret as part of routine data collection. However, observing activities - or conducting focus groups - are typically easier ways to collect data about a relatively large segment of the population. Some agencies have worked to bridge these gaps by working to create tools that help agencies categorize and interpret qualitative data in simple to use monitoring tools. One example is the Outcome Tracking Tool utilized by programs employing the SASA! methodology. M&E staff or senior level staff use this tool to observe discussion groups or other activities that are occurring as part of the SASA! methodology. The staff observing the activity then rank the comments participants make along a spectrum of resistance to acceptance of gender-equitable attitudes. They complete these tools across several activities to get a cross-section of information about the population. The results of the outcome tracking tool help program staff to make programming decisions and decide which areas need more focus. In addition, management staff use the information to decide when to conduct wider community-level assessment activities to determine when it is time to move to the next stage of SASA!. While the data collected are useful, there are some constraints to these procedures. Senior staff need to be available to observe activities and fill in the tool. Furthermore, the opinions and biases of staff who administer the questionnaire may affect the assessment of the activity. However, it is an innovative way to collect rough data on outcomes - that often are not measured routinely in conflict-affected settings.

compared to individual interviews. They allow for a substantial amount of data to be collected in a short amount of time (usually no more than 2 hours). However, these groups are not meant for gathering data on individual behavior.

Participatory data collection approaches

Participatory data collection methods can be used on their own or to supplement other quantitative or qualitative data collection approaches. These methods can help break down cultural barriers between researchers and respondents and also provide compelling visuals to express the experiences and beliefs of respondents.

USING PARTICIPATORY APPROACHES TO STRENGTHEN STUDY DESIGN

Participatory approaches are often used to strengthen study design by building in mechanisms to help researchers better understand the opinions and experiences of the affected population and to create ownership of the research process. For example, one common challenge in collecting data in refugee and conflict-affected settings is that respondents may have difficulty remembering exactly when events occurred, due to the trauma of the experience and/or differing cultural conventions for tracking time.

To overcome this challenge, researchers sometimes utilize participatory approaches to work with members of the affected community to develop local community calendars to aid in participant recall of events. By taking the time in each community to develop these records, researchers theorized that respondents would be better able to classify when events (such as incidents of violence) occurred. Conflict-affected communities may not know exactly what month or year an event occurs, but they often can classify incidents in relation to a battle, drought, or other local event, for example.

Another potential use for local calendars is to aid in recall in situations where no baseline data is available. Working with communities to identify when events occurred, may help fill information gaps on what the situation was like before the program was implemented. These calendars can then be used to help researchers/evaluators better understand change over time in the affected community.

Some researchers are also using participatory methods to develop locally relevant indicators for communities that can better define abstract concepts (for example well-being) in culturally meaningful ways. For example, one study (Stark et al., 2009) worked with communities to have them define what it looks like for a former child soldier to be re-integrated into their community. For concepts that may not be uniformly understood, such as re-integration or wellbeing, this community-based approach may be a mechanism to ensure contextually-relevant measures are applied to understand program impact.

Some common participatory methods include:

Free listing and ranking: Free listing and ranking methodologies work with groups of respondents to generate an open list of experiences, priorities, etc. Participants then can work together to collaboratively rank these lists by categories such as priority, urgency, or severity (as relevant to the research question). For example, in GBV research, data collectors will often start by asking participants to talk about the different forms of GBV that they often see within their communities. Once this initial list is generated, participants rank the generated list based on how common that form of GBV is within their community.

Where there are different ways to rank data, some researchers use sticky notes with the word written on them, while others may use objects to represent a concept (e.g. this rock represents IPV), which can sometimes be more useful with non-literate populations. Other related ranking methods include proportional piling or participatory ranking. In these approaches, respondents are given a number

of votes (stones, stickers, etc.) and can put them next to any of the items. For example, if participants think that rape is by far the most common form of GBV in their community, they may want to put 8 of their 10 rocks next to this form of violence, while putting their remaining two rocks next to other, less common forms of violence. These methods let researchers understand something about the relative magnitude of these items.

These approaches are important when collecting data with refugee and conflict-affected populations where large-scale population-based data collection approaches may not be possible. By using listing and ranking exercises, you can quickly get concrete, actionable data - for example on the types of GBV most common in the community - that can feed into program design and implementation.

Incomplete stories: Another useful participatory technique is the use of incomplete stories where the beginning of a story is given, and then the participant(s) are invited to complete it. This technique can be useful to explore the beliefs and opinions of community members, identify problems and solutions, and help stimulate discussions. Begin by developing a culturally relevant story on a subject you want to learn more about and then purposefully omit the beginning, middle, or end of the narrative. Participants read the partial story and then discuss what might have happened in the omitted sections. A non-structured or semi-structured questionnaire guide can be used to help participants complete the story.

Box 34

Using Free Listing and Ranking Exercises in South Sudan

In order to understand what types of violence were common in affected communities in South Sudan, 'What Works' researchers conducted focus groups with women from the affected community. As part of this process, women participating in the groups called out different types of violence they saw within their homes and communities before the 2013 crisis began. These suggestions facilitated conversations between members of the groups. The types of violence they cited were written down on sticky notes and placed together on a board under tags for 'home' and 'community'. Types of violence that were more common were placed closer to the summary category. Finally, women were asked about what forms of violence were most common since the 2013 crisis began - which was presented as a third category of GBV.



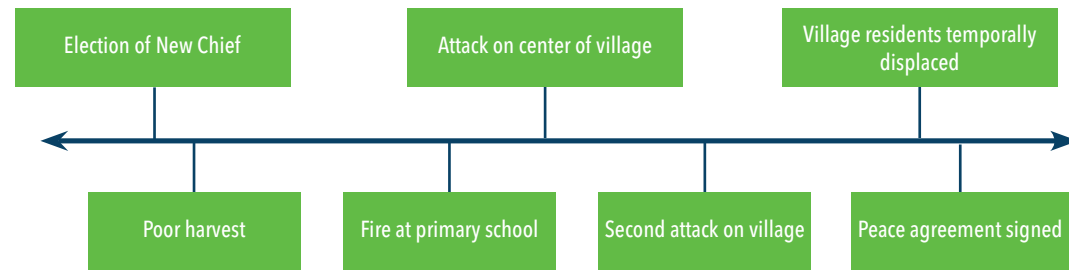
Venn diagrams: Venn diagrams are another visual method to help respondents visually represent their experiences. They can also be used as a tool for researchers who want to analyze community-level data. These approaches use visuals to analyze social distance, organizational structure, or institutional relationships. For example, using the above story of Sunday, you can have Hope as the survivor positioned in the center of a Venn diagram. Then survivor services that she may or may not be able to access can be placed around her name - with the services that are easier to access closer to the center and those more difficult to access farther away from the survivor. See Box 35 for an example.

Box 33

Free Listing Can Be a Useful Technique to:

- Explore subjects about which little is known
- Generate list of issues on particular topic
- Compare attitudes and experiences between groups

Community Timelines: Community timelines can be used to explore trends over time and events that lead to changes. They can be used to document community or individual level changes. Most often in refugee and conflict settings, these calendars are developed at the community level to document major community events – including major attacks, periods of displacement, and other conflict-related events. While this is data in and of itself and is useful for analysis, these community-developed timelines can also be used as tools for further data collection exercises such as individual interviews or household surveys. These developed timelines can be referred to as a way to aid participants’ recall during these data collection exercises.



Community Mapping: Community mapping is the physical mapping of a community. This includes mapping areas where the affected community feels protected and areas where they feel particularly at risk. Participants in these activities sometimes may physically walk through the community to identify specific areas (for example using approaches such as transect walks where they walk from one end of the community to the other) or may just draw a map from memory. These maps generally include major landmarks (e.g. rivers, forests, churches, schools, etc.) to demarcate the different areas of town. Once the basic outline of a community is drawn, participants then mark areas on the maps of increased risk (e.g. the bush when collecting firewood, the road to and from school, etc.) as well as protective assets in the community (women’s spaces, GBV service centers, etc.). These visual maps can be repeated over time to track changes in the overall protective environment of a community.

Social mapping: Social mapping is a participatory technique to document non-physical aspects of the community. For GBV research this often is used to map out support services – both formal and informal – in the community. It can be used to document who is currently implementing these support services, who is not, and where the gaps are in service provision.

Body Mapping: Body mapping is a technique that uses drawn images of human bodies – typically drawn to be life size – to facilitate a conversation about experiences and collect data about the common experiences of a group. In GBV research, body mapping can be used to stimulate conversations about experiences of violence, protective mechanisms, and the felt experiences of populations in refugee and conflict-affected settings.

Box 35

Using Incomplete Stories and Venn Diagrams

In the ‘What Works’ Project in South Sudan, visualizations were used to describe the accessibility and usefulness of different potential sources of support (both formal and informal). Focus group participants were read the partial story of Sunday’s experiences of violence. They then gave suggestions as to how the story might be completed and listed different sources of support. Their answers were written on sticky notes and posted on a common board, while detailed notes were taken about their suggestions.

During the analysis phase, the research team transposed these descriptions into a visual diagram where the size of the circle denoted the usefulness and the proximity to the center denotes accessibility. Quotes from the focus groups were used to illustrate the statements made about Sunday’s experiences. In the below example, Sunday first went to her husband’s family for support, but they did not improve the situation. She then went to her family and neighbors, and they provided some support. Upon telling her husband’s brother, he advised them to continue life as usual. When the violence she experienced at home became more severe, Sunday reported her husband to the police who gave her a Form 8 to access services at the hospital. The severity of the violence prompted the police to bring Sunday’s case to a local court.



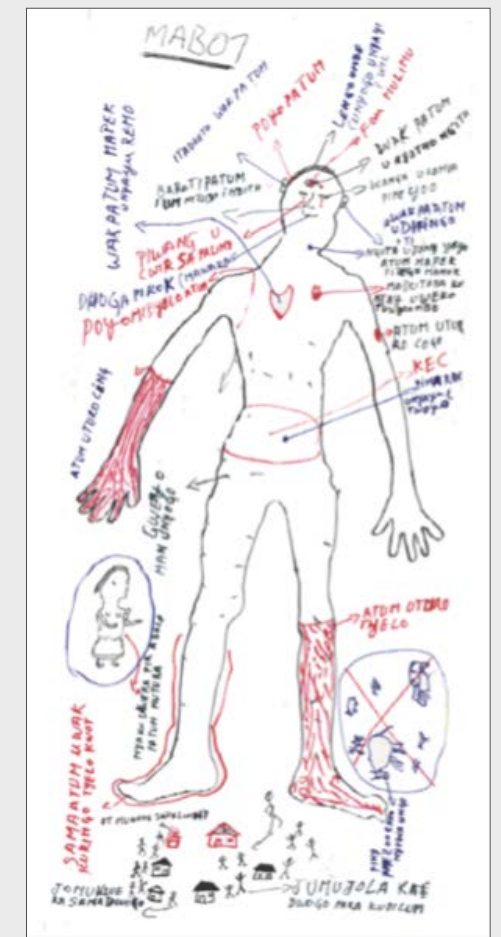
Box 36

Body Mapping of Child Soldier Reintegration in Eastern DRC

Child soldiering is a complex issue that both challenges and requires the cooperation of multiple stakeholders and therefore necessitates an in-depth understanding on a specific community. To examine community needs around the reintegration of child soldiers in the eastern Democratic Republic of the Congo, researchers from the Harvard Humanitarian Initiative used participatory action research to triangulate information from a variety of groups affected by the reintegration process.

One method utilized by the research team was body mapping. This method involved a discussion with participants about the physical and emotional experiences of conflict and reintegration, after which participants collectively marked their observations on the body outline. The inclusive nature of this process empowered the participants to define their individual and social experiences.

To disseminate the valuable information collected during these sessions, the images drawn during the body mapping activity were presented in a mobile museum that was shared throughout the community. Presenting the body maps in this way not only facilitated conversation and increased awareness around the experiences of reintegrated child soldiers, but it also enabled a cyclical research process in which dissemination was part of the participatory research activities.



Box 37

Using Photovoice For an Evaluation on Child Marriage in Ethiopia

To evaluate the CARE program “Toward Economic and Sexual/ Reproductive Health Outcomes for Adolescent Girls (TESFA)” in Ethiopia, the International Center for Research on Women (ICRW) utilized the participatory technique of photovoice to increase understanding of the experiences of the TESFA participants (Edmeades, Hayes, & Gaynair, 2014). Girls were given digital cameras to take photos over the course of five days with the goal of visually documenting the impact the program had on their lives.

The resulting photographs provided a unique insight into the daily lives of the girls participating in the TEFSA program, depicting not only their daily challenges and relationships but also their hopes and ambitions. Using photovoice gave the participants the opportunity to play an active role in the evaluation, ensuring that their perspectives were included in a participatory and empowering way.

Source: ICRW (2014). “Photovoice”. Available from: http://www.care.org/sites/default/files/documents/Photo_voice_final3.pdf

Photovoice: Photovoice is a data collection technique that empowers participants to document their own lives and experiences through photos. Participants are instructed to photograph scenes that they feel represent their own experiences. Once the photographs are taken, participants in the research come together to interpret and discuss the themes that they represent. The combination of the photos and the stories behind them work together to represent the experiences of the participants in their own communities.

Most Significant Change: Most Significant Change is a participatory M&E technique where stakeholders involved in the program explain the most significant change that they have seen the program achieve. The process starts by collecting many stories of what changes program stakeholders (community members, staff, government, etc.) have seen throughout the course of the program. Through a collaborative process, these stories from individual stakeholders are reviewed and discussed by the stakeholders themselves, and then as a group, they select the stories they believe are the most reflective of the overall change the program had on their lives. Through this process, the many stories initially collected are whittled down to one story that reflects the wider impact of the program.

Outcome Mapping/Harvesting: Outcome Mapping – and its sister methodology Outcome Harvesting – are systematic

qualitative techniques where, periodically through the course of a project and/or at its conclusion, researchers work with members of the affected community to help them identify what a program has achieved in their community. These methods can be useful in conflict and humanitarian settings because there are no baselines required.

Further Resources:

- Better Evaluation. (n.d.). Better evaluation: Sharing information to improve evaluation. <http://www.betterevaluation.org/>
- Davies, R. and Dart. J. (2005). The ‘Most Significant Change’ (MSC) technique: A guide to its use. GSDRC: Applied Knowledge Services. <https://gsdrc.org/document-library/the-most-significant-change-msc-technique-a-guide-to-its-use/>
- Ellsberg M., and Heise L. (2005). Researching violence against women: A practical guide for researchers and activists. WHO and PATH. https://apps.who.int/iris/bitstream/handle/10665/42966/9241546476_eng.pdf?sequence=1
- Guijt, I. (2014). Participatory approaches: Methodological briefs - Impact evaluation no. 5. Methodological Briefs, UNICEF Innocenti Office of Research. https://www.unicef-irc.org/publications/pdf/brief_5_participatoryapproaches_eng.pdf
- Ager, A., Stark, L., & Potts, A. (2010). Participatory ranking methodology: A brief guide. Columbia University. <http://www.cpcnetwork.org/resource/prm-a-brief-guide/> Tool Design, Site Selection, and Sampling Strategies

2.5 Tool Design, Site Selection, and Sampling Strategies

Developing the data collection tools

Research and M&E for GBV programs often seek to measure abstract concepts such as increased well-being of survivors or reduced psychosocial distress. Even the concept of GBV requires further definition before data collection tools can be developed.

For quantitative data collection tools, these complex concepts need to be broken down into multiple components to be measured. In order to define the main variables, look at the existing evidence base and other data collection tools to consider how you can operationalize the variables. Many concepts have been operationalized with relatively standardized tools developed and tested in multiple contexts throughout the world.

For example, the international community has been coalescing around standard ways to measure the core forms of GBV. These measures are based on the Conflict Tactics Scale (Straus, 1979) and have been expanded upon and modified through large scale data collection efforts such as the WHO Multi-Country Study on Domestic Violence and the Demographic and Health Surveys, etc. The key principles in these tools are that GBV is conceptualized by act, and respondents report if they have ever experienced it and also if it happened in the past 12 months.

For example, for physical IPV, respondents are asked if their husband partner has ever:

- Slapped her or thrown something at her that could hurt her
- Pushed her, shoved her, or pulled her hair
- Hit her with his fist or with something else that could hurt her
- Kicked her, dragged her, or beaten her up
- Choked or burned her on purpose
- Threatened her with or actually used a gun, knife, or other weapon against her

If the respondent answers yes to any of the above, she has experienced physical IPV in her lifetime. The data collector would then follow up to ask if this occurred within the last 12 months to gather data on the past 12-month prevalence. In this way, the complex concept of “experiencing violence” can be broken down and measured with a survey tool.

For qualitative data collection, the open nature of the data collection means that concepts do not need to be formally operationalized in order to develop data collection tools. Open caused to the them by the research. A few tactics can be applied to help ensure this:

- Strategically organize the sequences of the questions: The questionnaire should start with easy questions and less sensitive topics to allow the participant to warm up to the interview and interviewer. Asking first about their age, questions about their household or community, or how many children they have can be a good way to make the participant comfortable with answering questions while also gathering valuable contextual information. Placing difficult or more sensitive questions towards the end of

Box 38

Some Resources for Developing Survey Questions

- WHO Multi-Country Survey on VAWG in Conflict Situations: General survey tool that incorporates aspects of the Revised Conflict Tactics Scale and GEM scale, as well as other components.
- Demographic and Health Survey: International surveys that measure a wide variety of domains including socio-demographics, health, gender/ domestic violence, nutrition, wealth and women’s empowerment, etc.
- International Men and Gender Equality Survey (IMAGES): Household questionnaire on men’s attitudes and practices – along with women’s opinions and reports of men’s practices – on a variety of topics related to gender equality.
- Gender Equitable Men (GEM) scale: Scale developed to measure agreement of gender-equitable attitudes.
- Harvard Trauma Questionnaire (HTW): Scale developed by the Harvard Program in Refugee Trauma. Documents experiences of traumatic events, as well as the emotional symptoms considered to be uniquely associated with trauma.

Box 39

Considering Temporality

When collecting data on GBV in conflict settings, most often it can only take place at one point in time (for example collecting data via cross-sectional surveys). These approaches make it difficult to assess how violence was caused by conflict or how incidents of violence led to negative outcomes (such as poor mental or physical health).

To better understand the timing of events, some cross-sectional surveys ask about violence that occurred during specific time periods to understand the timing of the incident of GBV. For example, one survey undertaken in Rwandan refugee camps using the IAWG GBV Assessment tool specifically inquired about violence that occurred prior to and then after arriving in the camp (Wako, 2015). Another effort to assess temporality was to use detailed community calendars to aid individuals in remembering the exact timing of incidents of violence based on memorable community events (e.g. the election of a chief, drought or natural disaster, etc.). For example, Ager et al. (2010) used semi-structured focus groups to construct local timelines of significant agricultural, ceremonial, political, and remarkable (as judged by a majority of focus group members) events before conducting individual interviews with conflict-affected girls who then used the timelines to help discuss the timings of negative events and their re-integration back into their community in post-conflict Sierra Leone. Similarly, Rowley (2010) developed community calendars of local historical and military events as well as local events, such as school openings, to aid recall incidents of violence during the research.

the questionnaire allows the interviewer time to establish rapport with the participant, while better preparing the participant to answer them. Ending with easier questions and leaving the participant on a positive note – for example by assuring them of how strong they are to experience such difficult events and the value of their participation – can help the interview wind down in a natural way that reduces the participant’s distress.

- Be cognizant of different cultural and environmental sensitivities: Local stakeholders should be involved in reviewing any data collection tool before it is piloted in the field. This will allow the tool to be refined and contextualized for the study population. It is important to consider specific sensitivities of a conflict-affected environment – such as the implications of asking questions about specific armed groups or ethnicities – before including them in any data collection tool.
- Contextualize the questionnaire with appropriate answer scales: When using Likert scales (e.g. Strongly Disagree/ Disagree/ Agree/ Strongly Disagree) as answer choices for a data collection tool, consider the local context when developing the questionnaire. For example, in contexts where the population is educated, respondents may be able to easily understand a series of nuanced answer choices. However, for questionnaires being utilized in locations with lower literacy rates, simple answer scales (e.g. Yes/ No/ Don’t Know; Agree/Disagree) are preferable. As with survey questions, answer scales should be reviewed by local stakeholders to ensure they are contextually meaningful.
- Keep it as short and simple as possible: To avoid tiring out the respondent, you should construct your questionnaire in a way that reduces questions that are not relevant, that may feel repetitive, or that make a respondent describe the same experience more than once. For example, a woman who has never been married or with a partner should be allowed to skip the series of questions about IPV. Through the use of skip patterns and other carefully developed structures, a questionnaire should be tailored to the experiences of each respondent, enabling them to fully complete the survey in as concise a way as possible.

Site selection

Careful site selection in refugee and conflict-affected settings is particularly important due to the relative instability of these contexts. Mobile populations may not conform to normal methods of site selection and sampling. In addition, outbreaks of violence and concerns over security can limit access and even require pausing data collection or stopping altogether. These shifting landscapes affect the composition of the underlying population upon which a sample was constructed. This can also lead to the exclusion of populations that are most affected by the conflict because they are inaccessible due to security.

It may not be feasible to complete a population-based survey across the entirety of the conflict- or crisis-affected area. However, the selection of sites should attempt to reflect the situation across these regions as accurately as possible. In some cases, nationally representative surveys may be possible, in general, site selection in conflict-affected areas usually involves some form of purposive selection.

Consider the following representations when selecting your overall sites for inclusion:

- Urban/rural and possibly peri-urban communities
- Displaced communities (in camps/ informal settlement, within host communities) as well as host communities
- Communities that have been both highly and less affected by conflict
- Both communities where affected community members have been displaced from and communities that are receiving displaced populations
- A broad demographic including segments that are typically marginalized and vulnerable to violence

Rarely will all these categories be relevant, and often security, logistic, and budget concerns will limit the number of sites selected for inclusion. However, it is important to consider what perspectives you are including and excluding through the site selection process. No matter what you chose, document the selection process and the considerations made when selecting the final sites.

In addition to representation, consider logistical constraints and security assessments during the site selection process. Whenever possible, work in areas where your organization or partner organizations are already working – where there is already established trust and rapport with the community. Using sites where there is an established presence not only facilitates access but is also beneficial when developing security and risk mitigation plans. Additionally, consider establishing several alternative sites that will enable you to prepare for unexpected events. By doing so, if one of the sites becomes inaccessible, alternatives are available.

Ethics check: Ensure referral services are available in selected sites

If respondents will be asked about their experiences of violence, it is important that appropriate support services are available. Typically, a multi-sectorial response to GBV in humanitarian settings includes four complementary components: health/ medical for physical injuries, psychosocial support services, safety/ security for physical protection, and legal/justice recourse. Given the risk of re-traumatization of those participating in data collection, for the purposes of ethical data collection, the provision of psychosocial support may be the most important of these referral services.

If working in an emergency area where services have not yet been set up, consider adding a social worker to the data collection team to provide immediate care in the case of participant distress. Social workers – either employed by NGOs active in the affected communities or government workers – need to be identified and made aware of data collection activities in case of a spike in survivors attempting to access these services. In fact, a potential unintended consequence (albeit a positive one) of data collection activities could be increased awareness of available services for survivors of GBV.

In addition to psychosocial support, researchers need to be able to provide immediate safety/security (typically through linkages to local police or UN police) for respondents who believe they are in immediate physical danger and medical support for respondents who have experienced violence in the recent past. Legal/justice support with an understanding of gender and GBV, while important for stemming impunity, supporting survivors, and promoting norm change, is not as essential for conducting data on GBV.

Sampling strategies

Once the overall sites for data collection have been selected, a sampling strategy needs to be developed (i.e. determining how the people who will be participating in the data collection will be selected). There are some differences between samples for quantitative and qualitative data collection exercises, as shown in the following table.

Table 6. Quantitative vs. Qualitative Samples

QUANTITATIVE	QUALITATIVE
Large sample size	Small sample size
Concerned with breadth	Concerned with depth
Selected randomly	Selected purposefully
Concerned with representation	Concerned with rich information
Able to generalize to the larger population	Not concerned with generalizability to the whole population

PURPOSIVE SAMPLING

Purposive sampling is typically used for qualitative data collection exercises, though, in some cases, it is used for quantitative data collection in refugee and conflict-affected populations. The most common form of purposive sampling used in these settings is convenience sampling – where participants are picked based on the convenience of the researcher or staff member/volunteer mobilizing participants to participate in the data collection exercise. For qualitative data collection, purposive sampling allows certain subsections (or segments) of the populations (e.g. adolescent girls, clients of certain health facility, etc.) to be specifically targeted. However, efforts should be made to include a diversity of perspectives even when using purposive sampling. For example, if looking for information on participants’ opinions of a service delivery program, it would be important to include both highly and less engaged participants in the program in the data collection to understand both perspectives. In addition, while perfectly appropriate for qualitative data collection, purposive sampling is generally discouraged for quantitative data collection where the aim is to generate data that represents the underlying population of interest (and therefore relies on a form of random selection – as seen below.) The total number of interviews/groups undertaken during qualitative research is flexible and should be determined as the research team decides that saturation (no new information is being collected) is achieved.

RANDOM SAMPLING

Random sampling is used for population-based data collection activities (typically in the form of household surveys). The key principle of random sampling is that for every person within the study population, there is an equal chance for selection. If random sampling techniques are used, the final sample should be representative of the whole study population. Random selection is used to prevent the introduction of bias into the sample, which would affect the validity of the study.

While we will go over basic sampling strategies below, you should always consult a statistician when designing a sample frame and selecting the sample.

Some typical sampling strategies include:

- **Simple Random Sampling:** Simple random sampling (SRS) relies exclusively on chance to select respondents. This form of sampling is only possible in very specific circumstances. It can only be used where a complete list of the study population is available – though sometimes SRS can be

used in combination with other forms of sampling such as Cluster Sampling (to be discussed below).

Once there is a complete list of the entire population, respondents are selected at random to be interviewed – for example by assigning every member of the population a unique code and then using a random number generator to select respondents or by pulling numbers out of a hat. This form of sampling is relatively rare in conflict settings as full lists of the entire population are often not available. In some circumstances, such as refugee camps where refugee registration and ration distribution lists may be possible sources of data for lists of the entire affected population, it can be possible to use SRS. However, in practice these lists are rarely completely updated and tracking down respondents who were selected from the list within the camp can be logistically complicated. SRS is more likely to be used in smaller settings, such as surveys with school populations where pupil registration lists are available, and children are generally easily accessible within the school environment.

- **Systematic Sampling:** For systematic sampling, a full list of an entire population/ household is also typically used. Once the entire population is known, a sampling interval (calculated by dividing the total population by the expected sample size) is generated. The data collector begins at a random point on the sampling list (or at a certain household within the community) and follows the sampling interval (e.g., every nth person is chosen) throughout the list to select each subsequent household or participant to interview until the desired sample size is reached. This approach is commonly used in contained settings – such as refugee camps – where the total number of households is known and therefore a sampling interval can be calculated that allows for households throughout the camp to potentially be selected.
- **Stratified Sampling:** Stratified sampling is often used in combination with simple random and systematic sampling. A sample should be stratified if you want to ensure the sample is as close to the population as possible in relation to certain specific characteristics (e.g., age, ethnicity, etc.). To stratify a population, divide the population in subgroups (strata), for example, samples are often stratified by locations. Once each stratum has been defined, the total number of interviews from each strata will typically be determined by using probability proportional to size (i.e. the larger the strata, the larger the number of interviews in that area or with that sub-population).
- **Multi-stage Cluster Sampling:** The most common form of sampling in conflict-affected communities is cluster sampling. This is because clusters do not require as much detailed information on the study population. For example, detailed lists of every household or the full study population are not needed when you are developing your sample. However, you still need some basic understanding of the number of communities and general population sizes in order to organize the clusters and select a random sample. The basic principle in multi-stage cluster sampling is to select the sample in stages. In the first stage, divide the geographical area into clusters and randomly select a limited number of these areas where the data collectors will go to administer the survey. In the second stage, randomly select households within clusters (using systematic or simple random sampling).

More resources that give further details on sampling strategies can be found at the end of this chapter.

Box 40

Understanding Power

The concept of the “power” of a study is often discussed by academics – but not well understood by practitioners. So what does power mean?

Power is important in particular when looking at the impact of programs when conducting an impact evaluation. A study’s power is directly related to its sample size. In general, the larger the sample size, the more “powered” a study is, i.e. the smaller a difference the study is able to detect.

For example, in an impact evaluation, a control and an intervention group may be compared to understand the impact of a program. A huge difference between these groups may be easily found. Perhaps participants in a mental health intervention have had PTSD rates reduced by half after the intervention, even if the study only has a small sample size, but a smaller difference – maybe only 10% of participants had their rates of PTSD reduced after the intervention – may not be detected. Even though this reduction wasn’t large, the program was more successful than the evaluation would have been able to demonstrate because the sample was ‘underpowered’ – i.e. the sample size is too small to detect a change between groups.

SELECTING THE HOUSEHOLDS AND RESPONDENTS

For quantitative data collection, the exact procedures for selecting households and specific respondents will depend on the sampling strategy and context. However, some general considerations typically can be applied no matter the specific sampling strategy.

- **Where maps are available:** Use them to develop your sample and guide the data collectors: While not available in every context, some conflict-affected settings (for example in urban areas, refugee camps, high-income settings, etc.) detailed neighborhood or bloc (in the case of refugee camps) maps may be available. Use these tools to help stratify the population and/or develop the clusters. However, remember that often these sources may be from prior to the onset of the conflict and may need updating. Be sure to allow for time to manually move about the study area to verify and update the existing maps as best as possible.
- **Use technology to update/develop maps of the affected areas:** Satellite imagery: Even from services such as Google Earth – can be a good way to get basic maps of areas where formal maps are not available or are outdated. In addition, services such as the Humanitarian Open Street Map (<https://www.hotosm.org/>) and the Missing Maps project (<http://www.missingmaps.org/>) are working to use satellite and GPS technology to map areas of the world that previously were unmapped. Check out their websites to see if the area you are working in has been mapped.
- **Ensure the data collection team knows the local landmarks demarcating clusters/villages, etc.:** Often data collectors in refugee and conflict-affected areas may not be used to using maps or easily understand how to navigate them. It is important to work with survey supervisors to determine local cluster boundaries and communicate them to the data collectors so that they understand where they are responsible for collecting data.
- **Determine a sampling interval and a random point to begin data collection:** If a full population list exists (for example in some well-established refugee camps and/or urban areas), use a random number generator (you can use excel or an internet random number generator) or pull a number out of a hat (or some other random method) to select the first household randomly. You can then use a sampling interval (calculated by taking the total number of households / the total sample size you plan to achieve to select each subsequent house.

In rural communities or areas where population lists are not available, often researchers manually undertake household listing exercises where they manually develop lists of the communities prior to undertaking data collection. Alternatively, a village/community can be divided into sub-sections (for example area 1 is to the left of the river and area 2 is to the right) and use a random number table to select a sub-section.

If area 1 was initially selected, you can continue to sub-divide that sub-section (area A is to the left of the main road, area B is to the right) and continue using a random number table to select smaller areas until you have a geographic area small enough for you to manually draw a map and number the households (typically 30 or fewer houses). Once you have this map you can randomly select your starting household.

Another method used by researchers when no household list or detailed map is available is to find the center of a community and throw a pen/spin a bottle to determine the direction of travel and then have data collectors select every nth house (based on a standard interval such as every 5th household) to interview.

While finding the center of a community and spinning a bottle or dropping a pen is often the simplest and may be the best you can achieve in remote conflict-affected communities, this strategy can introduce bias into the sample. Data collectors are human, and it is often difficult to follow specific directions once in the field. For example, a data collector may be expected to pick every 5th house to interview, but in many villages, the households are randomly scattered, and it can be difficult to determine the exact order of the houses. In addition, remote households that are far from the center of town may not be reached. Researchers sometimes develop very detailed household selection plans to try to reduce this bias (for example selecting every 5th house where the door opens to the left).

- **Oversample:** Data collectors won't find eligible respondents at every household they go to, and every respondent they approach will not want to participate. Think about the expected non-response rate prior to determining the sample size and increase the overall households (or respondents) planned for to ensure the expected number of completed interviews is reached. Remember that the overall sample is based on the number of households that will be visited and not the number of completed interviews.
- **Listing all eligible respondents in the household:** Remember that for most GBV research, the sampling frame is all eligible respondents (for example all women) – not all households in the study area. This means that once a household is selected, a list of all eligible respondents who live there should be generated. For studies that are interested in speaking to women aged 15-64, this means that all women who live in the households and who are between that age range are eligible respondents for the survey and need to be listed out. Once the full list of eligible respondents in a household has been developed, a random number generator/chart or another method to ensure random chance (such as selecting names out of a hat or using a mobile data collection tool to select the name) is used to select the actual respondent.
- **Making time for return visits:** If the respondent who has been selected isn't home at the time the data collector visits the household or if no one is home when the data collector makes the first visit, a return visit to that household should be scheduled. Try to schedule the interview so that data collectors can return at different times of day or on the weekend if security concerns prevent travel after dark.

Ethics check: Minimize the safety and security risks to all participants

Refugees and conflict-affected populations are uniquely vulnerable. Every effort should be made to minimize the risks to respondents' safety and security when participating in data collection activities. One way to achieve this is to reduce the number of people who know that data collection activities are about violence. With surveys, researchers often refer to the topic of the research as covering "women's health and life experiences". They do not typically specify that "life experiences"

Box 41

Other Sampling Strategies

Sisterhood/Neighborhood Method: This sampling strategy initially follows traditional sampling strategies as noted above (simple random, stratified, and/or cluster, etc.). The difference comes at the respondent level where the chosen respondent reports not only on their experiences but also of their neighbors/ sisters, etc. This method allows for smaller sample sizes to gather information about a wider cross-section of the population. However, there are ethical and safety concerns about interviewing respondents about experiences beyond their own. Further resources on this method can be found:

<http://www.cpcnetwork.org/research/methodology/neighborhood-method/>

Lots Quality Assurance Sampling: Commonly used in the health sector, this method used relatively smaller sample sizes to gather data. While sample sizes are smaller, careful attention needs to be paid to respondent selection, and the data collected can only be analyzed at the bivariate level (i.e. yes/no, correct/ not correct) which can affect analysis plans. See more on this method here:

<https://www.measureevaluation.org/resources/tools/fact-sheet-available-on-lot-quality-assurance-sampling>

Respondent-Driven Sampling: Often used for sampling with sub-communities where members can identify each other, respondent-driven sampling is a good option to access hard to reach populations. In GBV research, it has been used to identify pregnant survivors of SV. See more on this method here:

<http://www.respondentdrivensampling.org/>

Carefully review the literature and consider the pros and cons of these methods before utilizing.

include experiences of violence. It is also important to communicate to the participants themselves that they shouldn't disclose that they answered questions about their experiences of violence to others in their community. While this approach can be appropriate for general research activities and baselines for evaluation - it may not be possible to conceal for program evaluations or general M&E activities.

For all data collection, procedures should be put in place to monitor for unintended consequences. This may include monitoring cases presenting for GBV support services and determining if the respondents experienced violence due to the participation in the data collection. Or, in other cases, consequences can occur after returning to households where data was collected and pro-actively asking if they experienced violence because they spoke to a data collector.

3 | Operational Planning and Implementation



3.1 Data Collection

Training and piloting

TRAINING FOR DATA COLLECTORS

Research on sensitive subjects such as GBV requires longer training compared to research on less sensitive subjects. In addition, data collectors who are from the same communities as the affected populations are likely to reflect the community's prevailing attitudes which may include gender inequitable beliefs that excuse violence or contend that men have the right to commit violence within their homes or communities. It is important to educate data collectors and ensure that fieldworkers are able to demonstrate the necessary sensitivities and understanding about GBV and gender inequality. No matter if you are planning a large-scale survey or small qualitative study, the first stage of training should be spent discussing concepts of gender norms and violence, enabling participants to reflect on their own biases, challenge their beliefs, engage in exercises designed to enhance sensitivity and skills, and emerge with a common understanding. Sample exercises can be found in the toolkit to help you with this process. This initial time is a good opportunity to evaluate the attitudes of your potential data collectors.

If logistically and financially feasible, you should invite more data collectors than you will eventually need for the fieldwork since it is possible that not all will demonstrate the appropriate attitudes to be involved in the data collection activities. Data collectors who believe that GBV can be justified may communicate those views to respondents - causing them to be less likely to answer questions honestly or potentially increasing the risk of re-traumatization. The safety and security of respondents are paramount. It is always better to go forward with fewer data collectors rather than risk the consequences of sending potentially inappropriate data collectors into the field.

PILOTING

Before fieldwork begins, it is important to dedicate a few days to piloting the data collection tools prior to dissemination. This process gives data collectors extra practice in using the tools, preparing for different scenarios that may arise in real life, and raising any questions or points that may not be clear to the data collectors or respondents. Classroom training and practice are not enough in and of itself. No matter the time and effort you put into developing and pre-testing the questionnaire, unforeseen circumstances and challenges will always occur when the data collectors begin to collect data.

Collecting the data

ETHICS CHECK: ENSURING INFORMED CONSENT

In many, though not all, conflict-affected settings, levels of education and literacy are low. Women, in particular, are often marginalized in these societies and finding educated female data collectors may be a challenge. In addition, women who serve as data collectors may be required to read and write in one language (generally the national language, e.g. English, Swahili, French, Arabic, Aramaic, etc.) and to

communicate the survey verbally in a different local language. In some cases, technology can be used to help overcome these barriers; for example, using audio recordings where respondents listen to the questions being read or touch screens with visuals where respondents can select a visual response themselves.

Trainings should allocate extra time for practice in cases where data collectors will be required to translate questions in the field, such as when the survey is written in another language than it will be administered in or when the local language is not commonly written or read. Consider forming language groups during the training and translating/back translating each question with a trainer present. In addition, have the trainees who speak the same language listen to each other's translations during the practical training sessions to comment, seek clarifications, and ensure translations are appropriate and understood.

All data collection activities require informed consent. At its core, this procedure is to ensure that the respondent understands the purpose of the activity, how the data they are providing will be used, and the risks and benefits they may experience due to their participation. When working with refugee and conflict-affected populations, issues of informed consent are particularly important. As some of the most marginalized populations in the world, these communities have little say in many aspects of their lives. Particularly with low-literacy populations where a majority of the population may not have had much formal education - as is often the case in refugee and conflict-affected populations - informed consent procedures need to be carefully thought out and applied.

CLARIFY THE PURPOSE

The consent statement needs to clearly explain the purpose of the data collection and the role of the respondent. The information needs to be explained using simple terms and conveyed in the local language of the population. Data collectors should practice explaining informed consent during the training and piloting stages to ensure they are able to communicate all essential information to participants and answer any questions that may come up during the process.

To ensure comprehension of the consent form, consider adding a section at the end where the data collector has the respondent repeat back the key portions of the statement in their own words. This process will allow the data collector to clarify any misconceptions and repeat any key information. Also, allow time for the respondent to ask questions when the consent statement is read and at any time during the data collection process.

SPECIFY ANY MATERIAL BENEFITS

The expectations of respondents that their participation will lead to some kind of benefit for their household is another complicating factor for informed consent procedures within refugee and conflict-affected populations. This recurring question makes it especially important to discuss proactively with the respondents whether they will or will not receive any direct benefits. If there is no direct monetary/NFI benefit for the household when they participate in the data collection, this needs to be clearly explained - even if it may reduce the response rates. This is particularly important when the data collector identifies themselves as staff or volunteers of an operational NGO - or working on behalf of an operational NGO in the community - as respondents may have preconceived ideas of what services they may receive if they give information.

Table 43

Aspects to Include in Informed Consent Statements

- Purpose of the research
- Potential risks to the respondent
- Participation is voluntary (and respondents would still be able to access humanitarian aid even if they decline)
- Any specific benefits to the individual or community will receive
- How the information will be used
- Who to contact and where to go if they have questions/complaints or need further support

Box 42

Training Considerations

- Supervisors and researchers should dedicate the first stages of training to exercises that help assess the gender-equitable beliefs and potential bias of possible data collectors
- Weak or inappropriate data collectors should not be allowed to go into the field
- Training sessions should be practical with ample time devoted to practice going through the questionnaire and engaging appropriately with respondents
- When the data collection will be conducted in multiple languages, language-specific groups should be formed for practice

SEEKING CONSENT ON SENSITIVE ISSUES

Informed consent takes on particular complexity when collecting data on sensitive issues such as violence, where issues of confidentiality and the safety of respondents are paramount. One common issue in violence research is the need to build rapport and trust with a respondent before bringing up the topic of violence. This may affect how you explain the purpose of the data collection and how you gain informed consent.

One approach to work with this is to use a staggered consent process that gets initial, more general consent at the start of the survey. A secondary consent statement is then read before the questions about experiences of violence begin later in the interview. In this scenario, the data collector approaches a potential respondent and first gives a general and non-sensitive topic for the study (e.g. about their life and health). If the respondent agrees, the survey begins with general questions on the respondent's background, health status, attitudes, etc. Before beginning the section that asks respondents to detail their specific experiences of violence, the data collector explains that the next sections will cover experiences of violence and asks the respondent whether they consent to continue.

SUPPORT TO DATA COLLECTORS

Data collectors are often from the affected communities themselves. They are spending their days listening to stories of experiences of trauma and violence. It is important to ensure that supports are in place to help manage their distress. This can be as simple as establishing debriefing sessions after each day or week to have the data collectors come together and share their experiences. Also, data collectors should be aware of the psychosocial support available to survivors and should be able to access more specialized social workers or mental health professionals if they feel they need further support. There should always be options of a break for data collectors who feel they need some time to decompress from this work. Alternative roles, such as working in data entry or logistics support, should be offered where possible when it becomes clear that a data collector is having difficulty proceeding.

ETHICS CHECK: ENSURE THE CONFIDENTIALITY OF RESPONDENTS

Ethical and safety concerns are critical in conflict and humanitarian settings. Issues such as privacy and confidentiality take on new and important precedence for research designs given the particular vulnerability of the population that is being studied. Respondents reporting incidents of non-partner sexual assault in conflict settings also potentially face exacerbated consequences for breaches of confidentiality in these settings. In particular, respondents reporting experiences of militarized violence may face extreme consequences if armed groups perpetrating violence discover the purpose of the research, which may lead to consequences for the survivors themselves – even within their own communities.

Maintaining privacy during data collection and ensuring confidentiality are key considerations for GBV research in refugee and conflict-affected populations. For respondents reporting experiences of GBV, a loss of confidentiality can potentially lead to stigma and isolation. Risks to respondents are exacerbated in

situations where traditional support networks have been weakened by displacement or violence. Under these circumstances, respondents who already are in very vulnerable situations also may be unable to access urgent support and protection.

To mitigate these risks, data collectors should cover study areas as quickly as possible to reduce their profile in the community and minimize discussion of the data collection outside those participating. In addition, private areas, such as community centers, health clinics, etc., also can be considered as potential alternatives location for conducting interviews rather than crowded houses in refugee or IDP camps. However, enumerators and respondents need to be able to access these private sites quickly in order to minimize non-response issues of respondents failing to appear to interviews scheduled for later dates/times in central locations. These considerations need to be balanced when creating the data collection plan.

MONITORING FOR ADVERSE EVENTS/UNINTENDED CONSEQUENCES

In violence research – particularly when working in unstable environments – it is important to develop mechanisms that ensure the safety and security of the respondents. This includes incorporating mechanisms to monitor for adverse events. The term ‘adverse events’ comes from public health research – particularly drug trials where participants taking part in a new treatment may suffer from other ailments (e.g. developing a fever when taking a new medication for cancer). In GBV research, an adverse event typically refers to participants in the research experiencing an unintended consequence for participating in the research. This can be an increase in violence from an abusive partner, increased suspicion in the community for speaking to an outsider, etc.

It is the data collection team's responsibility to minimize these risks and set up systems to monitor for adverse events. This can be as simple as working with service providers to let a supervisor know if they see an increase in women reporting that they have experienced violence due to their participation in the study. In addition, if identifiable data has been collected from individual respondents, it can be possible to return specifically to a small proportion of the original participants to ask directly if they have experienced any unintended consequences as a result of their participation in the study.

Ensuring data quality

Quality control checks on data collection, translation, and transcription are critical to avoid errors and loss of data. The low levels of literacy common in many conflict-affected areas may impede the capacity of available enumerators and other data collectors. Data collectors with insufficient training or supervision may lead to an under-reporting of key indicators. A lack of resources, time, and security concerns may make quality control and follow-up corrections difficult.

QUANTITATIVE QUALITY CONTROL

For surveys, front-line supervisors directly managing a team of data collectors (no more than 6 per team) should check each and every survey collected over the course of the day. They should look for inconsistencies within the data and have the data collectors go back to the household immediately to fix any question answered incorrectly (assuming precautions are in place to protect the household respondent).

Box 44

Hiring Fieldworkers

In the field of GBV, a well-trained, capable fieldworker could be the difference between obtaining high-quality data or dealing with significant underreporting and bias in your analysis. This is especially true when working on GBV in refugee and conflict-affected settings, where risks from confidentiality and privacy are much higher and more complex. Therefore, it is extremely important that fieldworkers possess certain skills when hired and that they are trained to specific standards before data collection begins.

Generally, fieldworkers should possess the following characteristics:

- A high school degree or higher
- Be from the same region/speak the same language as interview subject(s)
- Be open to learning and discovery
- Have good observational skills
- Be sociable/outgoing
- Have an enthusiasm for the project

While some prior research experience in the locations is ideal, this may not always be possible nor necessary.

Depending on the context of the study, special considerations should be made regarding the gender, age, ethnicity, and social standing of each fieldworker. Local social norms will inform acceptable dynamics with regard to who is able to interview who, and those norms should be met as much as possible to gain the highest quality information. Prior to beginning the work, facilitate sessions with fieldworkers to reflect on any personal bias and to address and areas of support needed.

Box 45

Using Central Data Collection Locations to Increase Privacy During Data Collection

One approach to improving confidentiality and privacy has been to select women at the household level and then make appointments with them for a later time at a location with more privacy and where it would not be suspicious for women to gather (such as a health clinic). This approach was used in GBV research in East Timor. While this had the effect of ensuring women had a more private place to answer questions about their experiences, it also considerably reduced response rates due to the need for women to come to another location to participate.

The use of mobile data collection technologies can greatly reduce basic logical inconsistencies in the data; for example, mobile phones and tablets can be pre-programmed to skip questions not relevant for that specific respondent based on their previous answers. Nonetheless, the human element is still required to check the data for comprehensive logic and consistency. The lead supervisor or researchers should check the overall data at the end of each day to identify and correct any problems early in the data collection process.

QUALITATIVE QUALITY CONTROL

If possible, using audio recordings is one of the best ways to accurately capture the full detail of discussions that occur when collecting qualitative data. However, it is important to think through any safety and ethical considerations that may result from having recordings. Audio recordings may increase the potential for breaches of confidentiality and increase the risks for participants. They also may decrease the likelihood of full disclosure of respondents who are concerned about what they say on tape.

Box 46

Using Technology to Overcome Language Barriers and Reducing Reporting Biases

Innovative solutions to overcome barriers to research and M&E often come in the form of new technology. This was seen during the COMPASS study, which used Audio Computer Assisted Self-Interviewing (ACASI) software to collect data on adolescent girls' experiences of violence in a conflict setting (Falb et al., 2016). After being introduced to the purpose of the study, the girls put on headphones and answered questions previously recorded in various languages by marking their responses on a tablet. On a question about perpetrators of violence, girls using the ACASI devices commonly identified caregivers or parents as the perpetrators of violence against them. For girls who were asked the same question in face-to-face group discussions, their answers differed, and they commonly identified strangers as the perpetrator.

Another use of this technology was breaking down some of the language barriers by using pre-recorded audio recordings in the local languages of the affected areas. For example, the informed consent statement in the Ethiopia study sites was recorded in the languages of the study to ensure consistency across enumerators (Falb et al., 2016).

DATA ENTRY/TRANSCRIPTION

QUANTITATIVE DATA ENTRY

For quantitative data, data collection is frequently undertaken with mobile phones or tablets using programs that will directly transfer the data to excel or another data file. The use of such electronic devices and programs eliminates the need for a two-step process of collecting and then recording collected data.

If data is collected through paper surveys, you will need dedicated data entry staff to transfer and record the survey results into a computer. The data entry staff can manually enter survey data into an excel sheet (not a preferred option) or they can use a dedicated data entry program (e.g. CS Pro) to process the survey data. Where possible, the use of a dedicated data entry program is recommended as a way to reduce potential human error in the data entry process.

Always devise a quality control procedure for any data that is manually entered. If the resources are available, the entire dataset can be entered by two different data entry clerks and then cross-checked to identify any errors in data entry (the data is "double entered"). If it is not possible to double enter the entire data set, then it is advisable to establish a quality control procedure that samples a portion of the entries; for example, manually check or double enter a certain percentage of the surveys (10-20%) to check for any data entry mistakes. Ensure that you start checking the data early - for example on a daily basis during the first few days of data entry to catch any reoccurring issues early, make any needed corrections, and revise procedures if necessary.

QUALITATIVE DATA COLLECTION TRANSCRIPTION

For qualitative data, transcription procedures (via tapes, notes, or some combination of both) must be set up to collect data and transfer the information into a word processing program. It is important to transcribe and record the data as soon as possible, preferably the same day the data was collected. Data should be transcribed verbatim (if from a tape) or as close to verbatim as possible (if transcribing from notes). Some researchers choose to use professional transcription services to produce full transcripts from taped recordings.

If using professional services, think through the ethical implications of having someone who is not on the research team gain access to the interviews. If there is identifiable information in the interviews (e.g. names, details on where the respondent lives, etc.), it is always better to have the tapes/notes transcribed by a trusted member of the research team. This is particularly important for data collected from refugee and conflict-affected populations where data collected on GBV may be politically sensitive and somehow associated with the conflict. If you must outsource, consider using a transcription service in another country or another part of the country from where the data was collected to minimize the potential of any breaches in confidentiality from the transcription company. If your organization is transcribing the data, it is always preferable to have the person who conducted the interview/took notes during the interview also be the person who transcribes the data.

Further Resources:

- Ellsberg M., and Heise L. (2005). Researching violence against women: A practical guide for researchers and activists. WHO and PATH. <https://apps.who.int/iris/handle/10665/42966>

4 | Analysis, Uptake, and Dissemination



4.1 Analyze and understand the data

Analyzing quantitative data

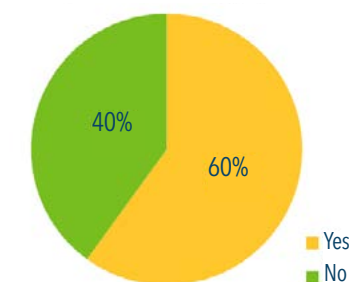
Most quantitative data analysis examines the trends and associations between data. This work generally requires a trained statistician or other professional researcher and typically utilizes a statistical analysis package – such as SPSS, STATA, R, SAS, etc. However, even without such expertise, NGOs and non-professional researchers can engage in basic analysis – specifically descriptive analysis.

Descriptive Analysis: Descriptive analysis examines the proportions/ percentages of the affected population who report that they know about a specific topic, agree with a certain belief, or have experienced a certain behavior. This data can be presented as percentages or in graphs or tables to better understand the differences between groups. There are a number of steps required to ensure the quality of the descriptive analysis. These are:

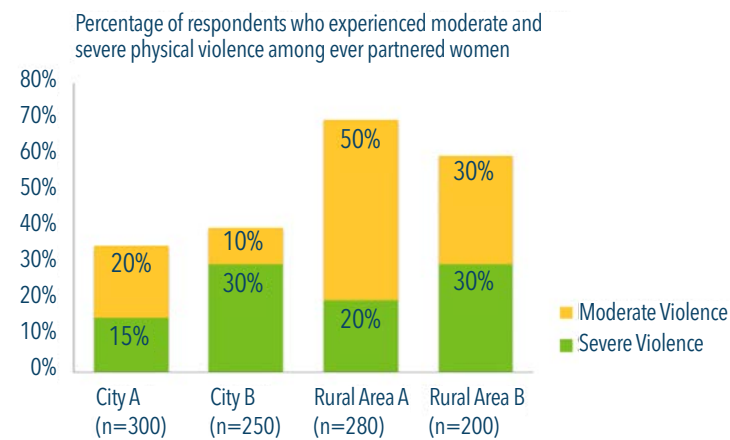
- **Examine and clean the data:** Review the data (in excel or another spreadsheet or statistical program) and consider whether it makes sense. Check for gaps or inconsistencies in the data or if questions were skipped over and consider if the information is logical. Check for inconsistencies in the questions answered. For example, if a respondent reported they never attended school, cross-check the entry for what level of school was completed to ensure consistency. If a respondent says she has never had a husband, partner, or boyfriend, confirm that they did not answer any questions about having experienced IPV. If using a statistical program, run cross-tabulations to check for inconsistencies or “dirty” data.
- **Calculate percentages/display frequencies of the variables:** Using Excel, a statistical software program or even a simple calculator, calculate the frequencies (percentages) of the respondents by how they answered a question:

70 of 200 respondents ($70/200 = 35\%$) reported that they agreed that a man had the right to beat his wife if she burns the food
- **Illustrate results in tables and graphs:** Once the initial frequencies have been run, it is often helpful to develop graphs and charts to help visualize and better understand the data. Some common choices to visual data are:
 - **Pie chart:** Used to visualize 1 categorical variable (e.g. % of respondents who experienced violence vs. those who have not). Not a good choice for complex data or when comparing data from multiple sites.

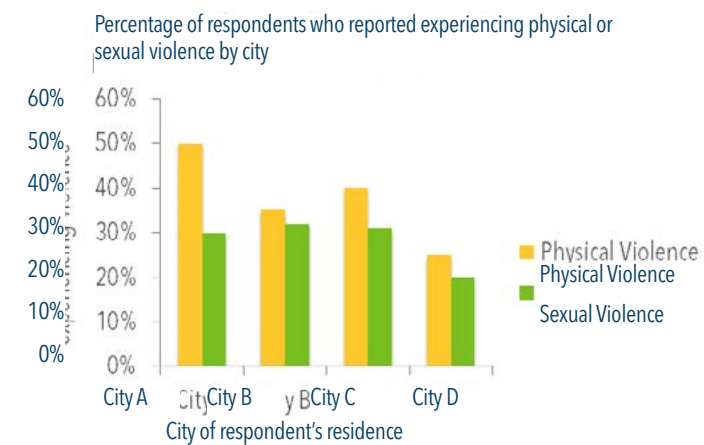
Percentage of female respondents in the survey area who reported experiencing physical violence



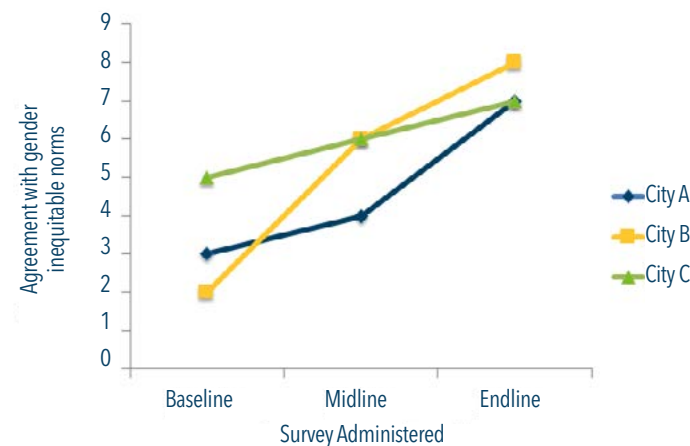
- **Stacked or multiple bar charts:** Used to compare two or more categorical data points. Good to understand more complex data or data from multiple sites.



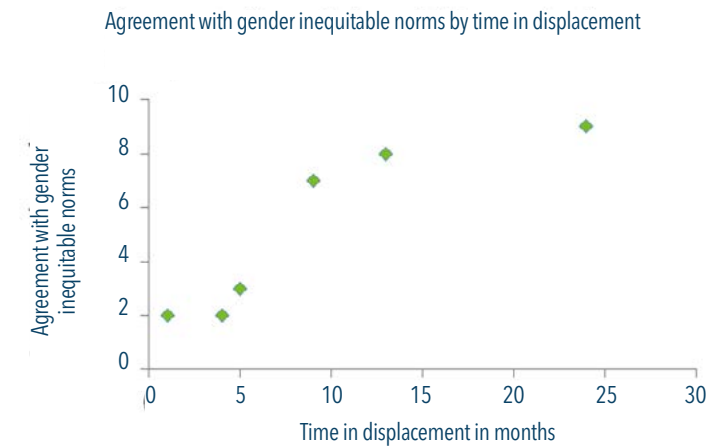
- **Bar chart:** A visual representation that shows the distribution of numerical data.



- **Line graph:** A graph where all points are marked on the x and y axis and a line is drawn between each point.



- **Scatterplot:** A graph where variables are plotted on the x and y axis to show the relationships between two variables – also known as the correlation between these variables.



- **Interpret results and assess critically:** Work with local stakeholders to assess and interpret the results. Often it can be helpful to compare the results. For example, consider comparing the results from different sites to understand differences or assess progress of differing program areas. Likewise, compare your data to other data available – within the country or from other countries in the region – to better interpret the figures.

Synthesize results in writing: Write up your interpretations and conclusions in a report. Consider different products for different audiences. A government ministry or National Bureau of Statistics might appreciate statistics and formal tables. Local government or community groups might prefer the topline level of data in combination with a more extensive presentation of qualitative data – for example stories of survivors – to help affect more change at the local level.

While descriptive analysis is easier when utilizing statistical software packages, these packages are not required, and this level of data analysis is possible to conduct with minimal technical knowledge. To analyze data more fully, you require the specialized skills of research or M&E staff who have the training to perform deeper analysis. This specialized expertise in analysis permits running statistical tests to understand, for example, the differences in data between groups in diverse geographic areas, between populations at baseline and end-line, and between control and comparison communities.

Further levels of analysis include:

Bivariate Analysis: Bivariate analysis consists of making associations between variables. In order to conduct bivariate analysis, data are assigned to be independent or dependent variables.

- **Dependent variables:** These are the specific outcomes being studied. For example, in GBV research, common dependent variables are whether a respondent: 1) has ever experienced IPV, 2) has experienced negative psychosocial or health outcomes, 3) has had their wellbeing increased or decreased.
- **Independent variables:** These are factors that may help explain the dependent variable. For example, independent variables could be socio-demographic (e.g. level of poverty, education levels, age, etc.), other factors related to life experiences (e.g. exposure to conflict, displacement status, etc.), or exposure to/participation in a GBV prevention or response program.

Box 47

A Note on Terms

Categorical data: Typically refers to data that are non-numerical and cannot be ordered. For example, yes or no are examples of answers that are categorical.

Ordinal data: Data that can be ordered. For example, data found in scales (for example the GEM scale or scales for depression or other mental health outcomes) are ordinal data. Often ordinal data are treated as continuous for the purposes of data analysis.

Continuous data: Data that can be measured on a continuum. For example, a person's height is a continuous variable.

COMPARING MULTIPLE VARIABLES

Bivariate analysis can help answer questions such as: are women who are currently displaced from their home community more likely to have experienced violence compared to those in the host community? In order to answer this question, a researcher must compare displacement status and experiences of violence. To do this, researchers create a table known as a cross-tabulation.

For example, the below table examines how experiences of rape differ according to the respondent's displacement status. 15.3% of respondents who were not displaced reported that they had experienced rape, while 25.1% of respondents who were displaced but living within the host community and 24.5% from those living a refugee camp experienced rape. Looking at this data, there is an apparent difference between respondents from the host community (which had less reported violence) compared to those who were displaced. However, surveys used sampling strategies, since data collectors did not speak to the entire population of each of the three groups; and, as a result, the survey data results retained some level of uncertainty in interpretation. This data alone cannot indicate with certainty

if the differences shown between these 3 communities are due to chance or due to true differences that are affecting the population.

Table 7. Displacement Status* Ever Raped Cross-Tabulation

			EVER RAPED			
			NO RESPONSE	TOTAL		
DISPLACEMENT STATUS	Not Displaced - Host Community	Count	67	366	4	437
		% within displacement status	15.3%	83.8%	0.9%	100.0%
	Displaced - Living within Host Community	Count	171	505	4	680
		% within displacement status	25.1%	74.3%	0.6%	100.0%
	Displaced - Living in Refugee Camp	Count	96	287	9	392
		% within displacement status	24.5%	73.2%	2.3%	100.0%
TOTAL	Count	334	1158	17	1509	
	% within displacement status	22.1%	76.7%	1.1%	100.0%	

CALCULATING UNCERTAINTY

To estimate the extent of statistical uncertainty, researchers utilize simple statistical tests and calculate a confidence interval (sometimes abbreviated to C.I.) for their data. Confidence interval calculations are based on the overall sample size collected via the survey. The more respondents you have, the closer the sample is to the true underlying population and the less uncertainty you have in your estimates (and thus the smaller the confidence interval). For example, while 15.3% of respondents who are not displaced reported that they had experienced GBV, the true percentage for all women living in the host community may be different since only a portion of all women living within the host population participated in the study. Typically, a 95% confidence interval is calculated to show the estimated level of uncertainty. In this case, the 95% confidence interval would be 12-18%. This means there that there is a 95% chance that the true percentage of women in the host population who have ever experienced SV is somewhere between 12% and 18%. There remains a 5% chance that the true percentage of the population that experienced rape is really either less than 12% or more than 18%.

ASSESSING THE FINDINGS

Once the cross-tabulation has been generated, the next question that a researcher asks is "are these findings significant?" What is meant by that is, are the differences between the findings in the groups statistically significant? The issue of "significance" helps the researcher assess if the difference between the groups is because there is a true difference between them or a result of chance due to the sample population selected from the overall population. A variety of statistical tests can be used to determine if the differences between groups are significant based on the type of data you are analyzing. Among the more common statistical tests are chi-square, t-tests, and ANOVA.

Researchers often use p-values to assess if a finding is significant. While the cut-off used to determine whether a finding is significant or not is arbitrary, most researchers use a p-value of 0.05 as the cutoff. This means that there is only a 5% chance of the difference between groups being due to chance rather than a true difference existing between groups. Researchers commonly compare the performance of groups on certain variables as part of an impact evaluation. For example, they may compare the attitudes of community members at a project's baseline to the attitudes they hold when a project has ended (end-line). The table below compares the percentage of community members who agree with the statement 'It is okay for a husband to beat his wife if she burns the food.' At the baseline, 54.6% of respondents agreed with this statement, while at the end-line 25.15% agreed with the same statement. On the surface, this looks like the program was a success because fewer people in the community now agreed with this gender inequitable attitude.

However, as the data collectors did not talk to everyone in the community - only a sample - it is possible that the difference detected was due to chance and not because of a true difference in attitude between the two groups. To assess this, the research team looked at the p-value generated by the relevant statistical test to compare these differences (in this case the team used a chi-square test). The result was a p-value of .001 which means there is less than .10% chance that there is no difference between the underlying populations at the baseline and end-line. The p-value enables the research team to report with high confidence that there has been a change in the attitudes of community members between the baseline and end-line and that the program has been effective.

Table 8. Group* Agreement - It is okay for a husband to beat his wife if she burns the food

			AGREEMENT		
			TOTAL		
GROUP STATUS	Baseline	Count	543	450	993
		% within group status	54.68%	45.32%	100.0%
	End-line	Count	210	783	993
		% within group status	25.15%	78.85%	100.0%
TOTAL		Count	753	1233	1986
		% within group status	37.92%	62.08%	100.0%

MULTIVARIATE ANALYSIS:

Once an association is identified at the bivariate level, the data can be analyzed further to try to better understand the associations. The most important principle when conducting multivariate analysis is to think logically. First, consider the potential connections between your independent variables (sometimes called predictor variables and dependent variables) and then develop models for testing, based on the GBV teams' experience and previous research in the area.

While looking at associations at the bivariate level is important, it should not supersede the logic of your theoretical model. For example, while it is important to consider associations that emerge at the bivariate level, these observations should not supersede the logic of the theoretical model. Some variables at the bivariate level may appear to be associated with one another, but these associations may not prove to be meaningful and instead represent spurious associations that are referred to as confounders. For example, the bivariate data may suggest that there is an association between the education level of a husband and rates of non-partner violence. However, when the researchers logically think about potential risk factors for non-partner violence, they may decide that logically the education of a woman's husband is unlikely to be the key variable in non-partner violence rates.

Multivariate analysis can be used to further explore this hypothesis and understand the apparent bivariate connection. It may be, for example, that low education rates are also associated with living in a location with high levels of civil conflict. A model can be built that examines both exposure to civil conflict and a husband's education. By applying this model, which controls for exposure to conflict, researchers may find that the exposure to conflict and not the education of a husband is the significant predictor of non-partner violence.

The most common forms of multivariate analysis are linear regression and logistic regression.

- linear regression is used when examining a continuous dependent variable
- logistic regression is used when you have a categorical dependent variable.

Logistic regression tends to be more common in GBV research, which usually involves categorical variables such as 'Has the respondent experienced violence - yes/no.' However, researchers may use linear regression in some cases, such as when examining mental health outcomes.

You can learn more about confidence intervals and bivariate and multivariate analysis through some of the following resources:

- Marshall, E. (n.d.). The statistics tutor's quick guide to commonly used statistical tests. University of Sheffield. <https://www.statstutor.ac.uk/resources/uploaded/tutorsquickguidetostatistics.pdf>
- Penn State University. (2017). Basic statistics online learning tutorial. <http://tutorials.istudy.psu.edu/basicstatistics/>

ASSESSING VALIDITY AND ADDRESSING BIASES

When reviewing the results of a study, it is important to think critically about the design and the choices made.

One critical area to examine is whether any biases were introduced due to the study design or methodologies employed. Some common forms of bias are:

Selection bias: Selection bias refers to the selection process and non-response rates of the study. To avoid selection bias affecting the results, respondents need to have been truly selected randomly and be representative of the overall study population. To assess whether selection bias might have affected the study results, think about the following questions:

- Were eligible respondents chosen using random selection?
- Do the respondents represent the study population?
- Are those who refused participation different from those who participated (e.g. are abused women more or less likely to participate in the study)?
- Did all respondents have an equal chance to participate in the study (e.g. did the interview schedule include times when students and workers would be available)?
- Are there particularly marginalized portions of the population, and are they adequately represented among the respondents?

Measurement bias: Measurement bias is the possibility that the study did not measure what it aimed to. For example, some studies seek to measure abstract concepts such as women's empowerment. Think about if the tools employed really measured empowerment when assessing the results and consider the effect of potential measurement bias. Strategies to minimize measurement bias include using standardized questionnaires, pre-translating questionnaires, piloting questionnaires before fieldwork begins, properly training data collectors, etc. To assess the effect of measurement bias, consider the following questions:

- Did the instruments collect correct information?
- Were questions clear and easy to understand?
- Were questions correctly translated?
- Did interviewers ask questions in a consistent manner?

In addition to addressing biases, also assess the validity of the study design. Two forms of validity should be assessed: internal validity and external validity.

Box 49

Other Statistical Methods

Beyond linear and logistic regression - there are a number of more advanced statistical techniques that researchers may use when they are analyzing GBV data. We won't go into the technical aspects of these methods here (there is a list of resources that you can refer to if you want to learn more at the end of the chapter), but we will give a short summary of some of the more common techniques that you may come across when engaging in GBV research efforts.

- **Kaplan-Meier Life Table Analysis:** This technique analyzes the probability that an event will occur over time.
- **Path Analysis/Structural Equation Modeling:** This technique can be used to develop a theory and check with the data to assess plausibility. For example, in the model below, the researchers examine women's responses to violence to see if different factors (location, severity of violence, social support, help-seeking behavior, etc.) affect their path to leaving permanently.
- **Propensity Score Matching:** Propensity score matching is a technique that matches respondents from the treatment and control groups to reduce the potential of confounding.

Box 48

Confounding

- Confounding can create false impressions of cause-effect relationships.
- Confounding can occur when an additional characteristic in the study population is associated with both the dependent and independent variables.

Box 50

Information/Recall Biases in Conflict-Affected Settings

Most GBV research and M&E activities rely on self-reported data, which can lead to recall and/or social-desirability biases. Recall bias can be particularly relevant for research conducted in conflict-affected settings where researchers are often interested in incidents of GBV that are directly conflict-related, such as experiences of militarized rape. It can be difficult to conduct large-scale research activities during or immediately following the acute stage of a conflict, and the time between conflict and research activities can reduce the reliability of recall. The longer the period between an incident occurring and data collection, the greater the possibility that a respondent does not remember the incident itself (particularly for less severe forms of violence) or is not able to recall specific details of the event (such as details on the perpetrators, timing, reporting/support services accessed).

In addition, reporting or social-desirability bias may affect the quality of data reported via self-reporting methodologies. Due to the sensitivity of the topic, respondents may be less likely to report experiences of GBV due to potentially harmful consequences if a perpetrator discovered that she told outsiders about the experience. Conversely, participants in research activities in particularly vulnerable areas – such as refugees and conflict-affected populations – might feel that they will get more material/financial support from NGOs if they over-report the problems in their community.

Information (Recall) bias: No matter the quality of the questionnaire, some respondents may not answer questions accurately – due to inaccurately remembering the situation or choosing to give incorrect information. This is particularly relevant for GBV research where the sensitivity of the information being given may lead to misreporting and underreporting. To minimize these biases, researchers have developed strategies to build trust with respondents and to facilitate recall (See Box 50 for more).

Internal validity: Internal validity is the researcher’s assessment of whether the causal relationships found are true. Assess internal validity by considering the following questions:

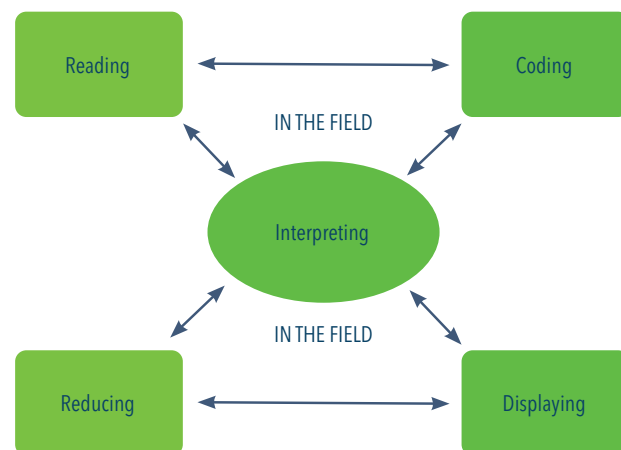
- Are the associations that the researchers found real or due to chance (or other factors)?
- Are there potential confounders that the researchers didn’t control for in their analysis?
- Are there any sources of bias in the data or analysis that might affect the results?

External validity: External validity is the ability to extrapolate the findings from a study to a wider population. This is typically assessed by looking at the research team’s sampling strategies. If the sample has been truly randomly selected, the findings should be representative of the underlying population; if non-randomized techniques have been used, the results might not be able to be extrapolated to the wider population. Always check to ensure that the selected participants in fact are representative of the overall population, for example checking to ensure that especially marginalized sectors of the population are not excluded in the sampling.

Qualitative data analysis

For qualitative data analysis, the results should be organized around the original study questions. The process of qualitative data analysis involves an iterative cycle of coding, interpreting, reducing, and displaying the data. There are several specific approaches that may be used.

Data Immersion: This is the process of reading and re-reading each set of notes and transcripts and identifying emerging themes in the data. Through this process, it may be determined that more data collection is needed.



Data Coding: Data coding is the process of breaking the data down into small chunks to identify themes and patterns. Researchers will highlight chunks of text and assign a code to the data (for example, identifying common words or themes such as “IPV,” “Health Outcome,” “Conflict” – anything that is meaningful to the researcher as a way to categorize the data). This allows researchers to identify themes and patterns across interviews and/or focus groups. Depending on your preference, you can start from a pre-determined list of codes or develop the code list as you go.

Data Display: Researchers use matrices, graphs, networks, or diagrams to organize and display data that allows them to draw conclusions. These displays are compact and accessible (typically 1 page or less) and draw out intersections of two or more concepts in the data.

Data Reduction: This process reduces and simplifies the data. It distills information to make visible the most essential concepts and relationships.

Data Interpretation: Data interpretation occurs throughout the process, culminating in the process of writing up the conclusions and the report. It presents key elements that answer the research question(s).

ENSURING THE RIGOR OF QUALITATIVE DATA

As with quantitative data, it is important to assess the rigor of qualitative data and the interpretation of the results. Whenever possible, return to the community to present findings and seek feedback on your interpretations of the results to check the validity of the findings. It may or may not be possible, given security concerns and the sensitivity of GBV research in conflict-affected settings to discuss the study results with a wide cross-section of community members. At a minimum, work with key informants in the community to review and validate the findings. In addition, consider triangulating the data by examining data and reports from other sources (such as secondary data, quantitative data, and other reports) to confirm the validity of your findings.

Further Resources:

- Cook A., Netuveli, G., Sheikh, A. (2004). *Basic skills in statistics: A guide for healthcare professionals*. Class Publishing Ltd. http://www.academia.dk/BiologiskAntropologi/Epidemiologi/PDF/Basic_Skills_in_Statistics.pdf
- O’Connor, H., and Gibson, N. (n.d.). A step-by-step guide to qualitative data analysis. *Pimatiziwin: A Journal of Aboriginal and Indigenous Community Health*, 1(1). <http://www.pimatiziwin.com/uploads/1289566991.pdf>

4.2 Using the results

The ultimate purpose of research and M&E is to collect data that exposes an issue, influences understanding, informs solutions, and inspires positive change. Data collection and analysis are of limited use if the results are not used. When first developing the ideas for a research study or designing an M&E system, spend time determining how you would like the results to be used. Throughout the planning, implementation, and analysis processes, keep in mind how you intend to apply, disseminate, and facilitate the uptake of the findings. Once you have articulated the end purpose, there are specific considerations to incorporate into your planning, implementation, and dissemination to help you achieve your impact-related objectives.

Make routine collection and analysis of program data easy

- Clarify the purpose of the data collection:** A primary purpose of regular data collection is to inform and improve the quality, effectiveness, and timely application of programs. A secondary purpose is to share activities and progress with and provide models to other GBV stakeholders, local and national governments, international bodies, and donors. It is important to set up data collection and analysis systems that are responsive and useful to both internal and external stakeholders, rather than choosing mechanisms that exclusively assure donor compliance.
- Track each indicator:** GBV and M&E teams will typically work together to select and design the M&E plan. They should consider how each data point could be used and determine the analysis plans for each indicator in the logframe.
- Establish mechanisms to collect and share data routinely:** Once the team has developed M&E plans, they should establish consistent procedures for collecting data and providing feedback to the program staff. This information enables staff to review progress against indicators, examine program quality, and/or consider feedback from the affected populations. This can be done in the form of regular written reports, analysis summaries, and/or periodic meetings.
- Simplify the analysis process:** Routine analysis of quantitative M&E data should be made as simple and automated as possible. Choose tools that enable program staff to record, access, and analyze data quickly, such as using or creating a template in Excel with pre-populated formulas to calculate indicators as data are entered. Where possible, select M&E systems that can track and analyze progress against specific indicators and consider using online tools that can be shared remotely with your team in multiple localities. In contrast with quantitative data, qualitative data should be summarized in reports and discussed verbally within the program team.
- Engage the community:** It is important to include the affected community in the feedback process. Depending on the specific GBV program, it may be appropriate to discuss program progress and learning with key stakeholders or with the wider community. This step enables members of the affected community to shed more light on why a program is seeing (or not seeing) changes and provide useful suggestions for improving the program.

Box 51

Safe Data Sharing for GBV Data

Data on GBV, by its very nature, are sensitive, and therefore breaches in confidentiality can lead to direct negative consequences for survivors. It is important to be very clear on the type of data that is possible to share outside the immediate program team and how to present data safely. In general, all data should be completely de-identified before sharing. This may go beyond removing basic information such as names, addresses, and locations and could include removing some details of the act of violence itself – which may allow the survivor to be identified.

For GBV case management data, the GBVIMS system has developed safe data sharing procedures and templates that organizations should refer to when setting up data sharing mechanisms for GBV case information. Look at their website for more information: <http://www.gbvims.com/gbvims-tools/isp/>

USING THE RESULTS FROM RESEARCH AND EVALUATION ACTIVITIES

Designing and implementing a regular and pre-planned dissemination process for collected data is important. By reviewing and sharing the data routinely, you can decide whether to change the data collection tools and/or approaches to improve the utility of the results, and you also can enhance the impact and uptake of the results. To be most effective in sharing your research, it is important that you consider your program objectives, what you ultimately want to accomplish, and who you will need to engage to achieve your end-game goals. These three parts should be done early in your planning. See page A18 of the Tools Annex for an example dissemination plan.

As you develop a dissemination plan, include the steps outlined below:

- Review the primary objectives.** While publishing reports and contributing to the wider evidence base is important, dissemination activities should first aim to advance the overarching and critical objectives of the project. If the objectives of your data collection center on improving future programmatic work, then dissemination activities should target organizations and actors that are best positioned to use the findings for program design, implementation, and resource allocations. If the objectives focus on influencing policies and/or increasing institutions that have reach and influence in this area.
- Develop a primary stakeholders map.** The dissemination plan should identify influential individuals and institutions at relevant and tiered levels (local, national, global) that are necessary for achieving the overarching objectives of your project. This mapping involves identifying key stakeholders who can help or hinder the uptake of your findings. Using a table like the one below, map stakeholders by areas of interest and influence. Interest refers to the amount of interest they have in the issue whereas influence is their ability to affect change. Stakeholders that are highly influential and have high interest in the issue – such as government officials, donors, or UN institutions – should be main targets in the dissemination plan. Stakeholders who are highly interested but may have low influence – such as local level NGOs providing services to survivors – should also be given special consideration.

Example Dissemination Map

Low interest/High influence Media	High interest/High influence UNHCR Local service providers Media
Low interest/Low influence External communities	High interest/Low influence Academia

- **Brainstorm a list of secondary targets.** In addition to the individuals and institutions that relate directly to achieving your objectives, you should develop a list of secondary targets that can help achieve secondary objectives – such as educating interested audiences, contributing to the overall knowledge base, and possibly increasing interest in the media, with donors, local organizations, researchers and universities. When brainstorming targets, keep the strategic objectives of your project in mind.
- **Include the affected community in your dissemination plans:** Participatory approaches are critical and serve important purposes. First, the process of sharing your findings with participants helps fulfill an ethical responsibility of treating the community with respect. Second, this process helps validate the accuracy of your findings and checks that your research truly reflects the context of the local setting. Third, participatory dissemination activities also engender feelings of ownership and improve uptake, especially at the local level. Before you share the results with the world, there are a variety of methods to engage in a participatory dissemination process locally, for example by organizing:
 - Focus groups with stakeholders and beneficiaries
 - Community events where results are presented and explained
 - Review sessions with key local stakeholders
 - Local or national policy events that highlight the efforts of local actors and organizations
- **Tailor your communications for key audiences.** Once you have identified your target audience and relevant stakeholders, consider the most effective framing, format, and presentation for each audience. Develop and disseminate differentiated representations of your results for different audiences. Stakeholders at the global level including international media can receive high-level reports and analyses. Regional and local audiences may need more nuanced presentations depending on the circumstances (for example where conflict prevails and political tensions are relevant or where it is better to communicate findings orally rather than through written materials. In addition, consider who in your network can support the work and how best to contact and engage them. Potential products/events to include in a dissemination plan:
 - **Reports:** Open source reports that can be circulated to key stakeholders – locally as well as internationally – to publicize the results of any data collection activities.
 - **Academic papers:** Papers that target an academic audience that have been reviewed by other experts in the academic community. Often not available without a subscription to an academic journal or through a university.
 - **Launch events/Presentations at conferences:** Events where key stakeholders learn about the major findings of any research or evaluation activities. Can be held in the community, at the country level, and/or internationally as relevant.
 - **Media outlets:** Press releases, interviews for reporters, op-eds, etc. all can be effective ways to get the key findings from your data collection circulated in the wider community.
 - **Policy briefs:** Short write-ups of the key findings of research and evaluation activities with implications for policymakers.

- **Program materials:** Linking findings to program activities can be a useful way to feedback sensitive results to the affected community. Discussion guides or other materials can be developed to share findings while program staff facilitate discussions about their meaning.

- **Plan for how to handle opponents or potentially resistant actors.** This is especially important in conflict-affected settings where political considerations may hinder dissemination and acceptance of the results and may place local participants and communities at risk. Consider which institutions or individuals may be resistant to the changes you are trying to bring about at the policy or programmatic levels. While these actors may be seen as detractors or obstacles, they should be given special consideration when developing dissemination products. Anticipating their response can help you plan how to mitigate their actions. Before publicizing any documents, discuss the potential impact of the results with relevant local and global stakeholders and plan ways to manage these dynamics and reduce potential risks. Products and results that are distributed at the local and national level should aim to be impactful without causing harm to those who were involved in the study or program.
- **Share any failures and lessons learned.** In addition to sharing positive results, include information on unintended or adverse consequences. After primary data collection is finished, a data collection and monitoring plan should include a return trip to communities to determine any negative consequences as a result of the data collection. For this process, also review the data about who chose not to participate or who skipped sensitive questions, such as questions regarding violence. Consider whether the data collection process was flawed in how it approached these individuals or how the data collectors approached sensitive questions. Lessons on what doesn't work are just as valuable to know as what does work for future programs and funding.
- **Identify, create, and maximize opportunities.** Identify existing events, anniversaries, policy processes, international thematic or country-specific forums, or context-specific opportunities that can help draw attention to your findings. Choose opportunities that can help you reach and influence your target audiences and key stakeholders. Coordinate with partners and other stakeholders to augment your impact and expand your reach and influence to other key audiences.

In general, the purpose of research and M&E should be to improve approaches for preventing GBV as a way to diminish and eliminate it. Findings are a valuable way to improve understanding about what works and how to be most effective. In refugee and conflict-affected settings, more evidence is integral for enhancing future initiatives to prevent and reduce GBV.

The processes for collecting and analyzing data and for disseminating and applying the results are critically important. The processes described above facilitate the use of these findings to enhance knowledge, approaches, and investments; but, most importantly, these processes ensure this evidence is used to bring about real change in the lives of individuals, communities, and countries affected by GBV.

GWJ has developed a standalone toolkit to help translate study results support stakeholders and community members to take action. See the **Research to Action Toolkit: VAWG in Conflict and Humanitarian Settings** for more information on dissemination activities, challenges and strategies.

Further Resources:

- Bennett, G., and Jessani, N. (Eds.). (2011). *The knowledge translation toolkit: Bridging the know-do gap: A resource for researchers*. International Development Research Centre. <https://www.idrc.ca/en/book/knowledge-translation-toolkit-bridging-know-do-gap-resource-researchers>
- Datta, A., and Pellini, A. (2011). *Communicating research: A beginner's guide for researcher's in Vietnam*. Overseas Development Institute. <https://odi.org/en/publications/communicating-research-a-beginners-guide-for-researchers-in-vietnam/>
- INASP. (2016). *Evidence-informed policy making toolkit*. <https://www.inasp.info/publications/evidence-informed-policy-making-eipm-toolkit>
- Wolfe, R. (2013). *Policy Briefs: A guide to writing policy briefs for research uptake*. Resilient & Responsive Health Systems. https://blogs.lshtm.ac.uk/griphealth/files/2017/01/Policy-briefs-guide_2015.pdf

Annex 1. Tools and Support Materials

The materials in this document are designed to operationalize and support the implementation of the general principles laid out in GWI's Manual.

1. MATERIALS TO SUPPORT DESIGNING AND IMPLEMENTING RESEARCH, MONITORING, AND EVALUATION ACTIVITIES

Conducting safe and ethical GBV research in conflict and humanitarian settings¹

Given the potential risks to participants when conducting GBV research in conflict and humanitarian settings, the highest safety and ethical standards should be followed. This can be achieved by ensuring the following:

Study Design

- The benefits of collecting data on GBV to respondents or communities are greater than the risks to respondents and communities.
- Information gathering and documentation is done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
- Advisory boards are established to make recommendations on the acceptability and safety of asking sensitive questions, how to present the study to the community, and if the study is appropriate and feasible.
- For research engaging children in data collection, particular attention is given to protecting participants, ensuring that the benefits outweigh the risks to this especially vulnerable population.

Safety

- Frame the study as examining a less sensitive subject (i.e. a study on IPV is framed as a study on women's health) to the non-participants in the community.
- Men and women within the same household are not asked about experiences of violence.
- Interviews are conducted in a private setting to provide anonymity.
- Enumerators are prepared to change questions to non-sensitive subjects if the survey is interrupted.
- Consider the implications of any mandatory reporting laws (i.e. country-specific requirements to report ongoing abuse of participants under the age of 18 to authorities) on the study.

¹ Adapted from IRC Evaluation Toolkit and WHO's ethical and safety recommendations for researching

Minimize Distress and Harm

- All members of the data gathering team are carefully selected (e.g. gender-matched, age-matched, etc.) and receive relevant and sufficient specialized training and ongoing support.
- Referral networks to support GBV survivors are identified or established. All participants receive referral information regardless of whether they report violence or distress. Referral information is given in a way that can be concealed by the participant (e.g. a business card with a number and inconspicuous title, an email or text with information) to reduce the possibility of unintended consequences.
- Questions are asked in a supportive and non-judgmental manner. Enumerators do not blame or stigmatize participants.
- Enumerators can be pause or end interviews if a participant becomes distressed.

Confidentiality and Anonymity

- Confidentiality is ensured throughout the data collection, analysis, and dissemination process.
 - Data security procedures are followed, such as not documenting respondent's names and creating unique identifying codes for each participant if further follow-up is required.
 - Any tapes of qualitative interviews are erased after transcription.
 - Paper questionnaires/notes are kept in locked file cabinets and electronic data on password-protected computers/tablets.

Informed Consent

- Informed consent is required for all participants.
- Consider if parental consent is also required for populations under the age of 18.
- For data collection activities that engage children, ensure that consent procedures are simpler than those conducted with adults. Children may be less able to understand voluntary, informed consent than adults and are even more vulnerable than adults in displaced contexts.

INFORMED CONSENT

A. Informed Consent Checklist

When writing informed consent statements for research, there are several best practices that can help guide the process. Informed consent statements should include the following characteristics²:

- Simple and easily understood language
- Text in either in the local language or in a language that can be read and translated by data collector
- A clear introduction to the study and its purpose in clear and simple language
- The duration of participation (both participation in the study and length of the activities if part of an evaluation)
- Simplified and adequate descriptions of all procedures (data collection mechanisms, frequency of data collection, etc.)
- A description of all foreseeable risks to participants
- A description of anticipated benefits to participants and/or others

- An explanation of the identifiable information (names, address, phone number, date of birth, etc.) that is being collected
- An explanation of procedures detailing how identifiable records will be maintained and/or who will have access to the records
- A clarifying statement that participation is voluntary – and will have no effect on the participants' ability to receive humanitarian aid from this NGO or others
- A statement that refusal to participate will involve no penalty or loss of benefits to which participants are otherwise entitled
- A description of the availability of information on how to seek support if experiencing GBV is detailed
- An explanation of whom to contact for questions or complaints about the process is indicated

In addition:

- Consider multiple consent statements (for example one introducing the general purpose of the survey and one later in the interview that is specific to the section on violence) when asking about personal experiences of violence
- For low literacy populations: repeat the key information from the consent statement multiple times, and have the participant describe, in their own words, what they think the research is about and that they understand the voluntary nature of the process.

B. Example of Verbal Consent

Research

We are from [] and are carrying out a research study in several communities in []. The purpose of the research is to better understand the situation women and girls face here in your community. Your experiences are very important because the information that you give us will help us understand what has happened to you and other women. This information will be used to improve programs and services that in the future may help you, your family, and your community. If after this interview you feel you need any type of help yourself, we can refer you to services that can help you.

Should you choose to participate, the interview will take approximately one hour.

Voluntary participation

Your participation in this interview is completely voluntary. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. If you do not understand a question, please ask me to explain it to you. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

² Adapted from IRC Evaluation Toolkit

You can leave the interview at any time or decide not to answer any of the questions that you do not want to. If you decide not to participate or stop at any point, this will not affect your ability to receive services from any other organization in your community or elsewhere. Some of the topics may be difficult to discuss, but many people have found it useful to have the opportunity to talk.

Risks

We don't want you to feel under any pressure to talk to us, especially if you're worried that it might be risky for you. Please take a few moments to consider whether talking to us may increase your risk of violence, either at home or in your community. We want to ensure you that you are as safe as possible if you do choose to participate.

Benefits

There is no compensation for being in the interview or any other direct benefits, however, your answers will help us better understand the problems of women here in your community.

Privacy/Confidentiality

You and many other women have been chosen among all the women in your community to participate in the study. I will not keep a record of your name or address, and I will not share your specific answers with anyone outside the research team.

Questions

Do you have any questions?

TRAINING MATERIALS

A. Sample Agenda

Conducting research on GBV requires enumerators who are respectful of women, believe in gender equity, and understand that violence against women is wrong. To assess this, researchers need to spend a significant amount of time with data collectors before instruction on the specific components of the data collection tool begins. An example of a training agenda for a survey is below:

DAY/TIME	SUBJECT	ACTIVITY
Day 1	<p>1. Introduction to workshop and presentation of participants</p> <p>2. Concept of sex/gender</p> <ul style="list-style-type: none"> • Definitions • Common stereotypes • Gender inequality <p>3. Overview of VAWG</p> <ul style="list-style-type: none"> • Definitions • Prevalence • Characteristics • Discussion about VAWG in Haiti 	<p>Presentation of facilitators, schedule, program, etc.</p> <p><i>Activity 1.1:</i> Presentation of participants, review objectives, ground rules</p> <p><i>Activity 2.1:</i> Defining sex/gender</p> <p><i>Activity 2.2:</i> Myths and truths about gender and sex</p> <p><i>Activity 2.3:</i> Discussion of gender inequality in Haiti.</p> <p><i>Activity 3.1:</i> Forms of VAWG (free listing)</p> <p><i>Activity 3.2:</i> Experiencing VAWG</p>
Day 2	<p>4. Causes and consequences of VAWG</p> <ul style="list-style-type: none"> • Overview of the program: • The program • Goals, activities, characteristics, materials <p>5. Evaluation of the program</p> <ul style="list-style-type: none"> • Importance of the evaluation • Goals • Evaluation design • Phases and characteristics of the study • Introduction of collecting data on VAWG 	<p><i>Activity 4.1:</i> Causes and consequences of VAWG (causal web)</p> <p><i>Activity 4.2:</i> How to prevent VAWG</p>
Day 3	<p>6. Overview of ethical and safety considerations on doing research on GBV</p>	<p><i>Activity 6.1:</i> Safety and ethical concerns</p>

	7. Applying ethical and safety considerations during the interview <ul style="list-style-type: none"> • Introducing the study • Selecting households and participants • Conducting the interview • How to ask questions • Ending the interview • Referral system • What to do in case of re-traumatization 	
Day 4	8. Reviewing the questionnaire	Explanation, discussion, and practice.
Day 5	9. Reviewing the questionnaire	Explanation, discussion and practice.
Day 6	10. Fieldwork <ul style="list-style-type: none"> • Use of tablets (if applicable) • Sample: How to locate a household • Referral services • What to do in different situations 11. Field practice	Explanation, discussion and practice.
Day 7	12. Field practice 13. Debriefings and discussion of problems	Practice Discussion
Day 8	14. Field practice 15. Final session <ul style="list-style-type: none"> • Debriefings • Discussion of problems • Adjustments to the questionnaires • Lessons learned • Final Q&A 	Pratice Discussion

B. Sample Gender Attitude Exercises³

To assess the gender attitudes of enumerators, as well as to educate all potential data collectors on the basic concepts of gender equity and violence, interactive exercises can be used. A selection of sample exercises that can be adapted for training is included below. If through these exercises, as well as other parts of the training, any data collectors demonstrate that they do not hold gender-equitable views and would not provide a supportive environment for respondents disclosing violence, they should be dismissed from the study staff. See more training materials: <https://drive.google.com/open?id=0B6VR6ov-ViiqzYjhVWTRQLWIIM2M>

ACTIVITY 1 - DEFINING GENDER AND SEX

Step 1 - Place a picture of a man and a woman on a flipchart or overhead projector and ask the group, "If someone came here suddenly from Mars, and we wanted to explain to them the difference between men and women, how would we do it?" Start with the suggestions for describing men and write them all down next to the picture of a man. The answers may include any kind of description, such as physical characteristics, social traits, activities, etc. Then ask: "How would we describe a woman to our Martian friend?" and write the suggestions down beside the woman's figure.

Step 2 - Ask the group, "Which of these differences are **biologically based**, that means characteristics that we are born with and cannot be changed, and which are **created by society**, in other words, we are not born with them and they can be changed?" Mark an S next to biological characteristics (for sex) and a G next to socially determined characteristics (for gender)

Step 3 - Show slide Sex and gender. Ask participants to read the definitions aloud. Make sure that everybody understands the definition of sex and gender.

Sex identifies the biological differences between men and women.

Gender identifies the social relations between men and women. It, therefore, refers not to men or women but the relationship between them, and the way this is socially constructed. Gender relations are contextually specific and often change in response to altering economic circumstances.

ACTIVITY 2 - MYTHS AND TRUTHS ABOUT GENDER AND SEX

Goal: To challenge existing beliefs about violence and to identify areas of consensus and disagreement within the group. It may be useful to repeat this exercise towards the end of the workshop to see whether participants have changed their views during the workshop.

Step 1 - Place three signs up around the room, one with the words "I AGREE", one with "I DISAGREE," and one with "DON'T KNOW".

Step 2 - Read out loud the following statements and ask participants to move or stand by the sign that represents their opinion about the statement. Ask a few participants on each side to explain their opinion. The facilitator may ask questions to stimulate discussion, but it is not necessary to provide "correct" answers, as these will be discussed in greater depth later on. On a flipchart, the facilitator can write down the number of people who agree and disagree with each statement. Statements can be changed to reflect specific beliefs or sayings from the local context

³ Activities adapted from the WHO study on DV training

Example Statements:

- It is important that sons have more education than daughters.
- Women should leave politics to the men.
- A woman has to have a husband or sons or some other male kinsman to protect her.
- A good woman never questions her husband's opinions.
- A real man needs many wives
- There are times when a woman deserves to be beaten.
- If a man pays a bride price to his wife's family, then he has the right to beat her if he wants to.
- A woman's main role is taking care of her home and family.
- A man should have the final word about decisions in his home.
- Men are violent by nature.
- Sometimes violence is a way of showing affection.
- A woman should put up with violence in order to keep her family together.
- Some women like to be beaten.
- Violence is never justified.

ACTIVITY 3 - WHAT IS VIOLENCE AGAINST WOMEN AND GIRLS?

Goal: To encourage participants to think about different kinds of acts that can constitute violence and to recognize that violence can be physical, verbal, emotional, sexual, and economic.

Step 1 - Ask the participants to mention all the different kinds of violence that are common in their community and write them on the flipchart or blackboard. An alternative is to hand out cards for participants to write down their answers and then stick them up on the wall.

Step 2 - Ask the group, "Are all these acts of violence the same?", "What kinds of differences are there between them?", "Are all of these acts equally serious?", and/or "Which acts do you think are the most serious?" If cards are used, they can be grouped together according to the types of violence (emotional, verbal, economic, sexual, or physical) or which acts are considered more or less severe.

Step 3 - Discuss the definitions and characteristics of gender-based violence, wife abuse, and sexual coercion.

ACTIVITY 4 - CAUSES AND CONSEQUENCES OF VIOLENCE AGAINST WOMEN AND GIRLS

Goal: To identify the factors at both the individual and society levels that perpetuate violence against women and to examine the consequences of violence, not only for victims but also for families and communities.

Step 1 - Place a circle or square at the center of a blackboard or large sheet of paper with the words

"violence against women" in the middle and ask participants to brainstorm possible causes of violence. These can be immediate causes (for example "alcohol" or "economic problems")

or wider problems such as "cultural attitudes", "machismo", "unemployment", "educational system", etc.). Either write the answers on the board or ask each participant to write the causes on cards and stick them on the board with adhesive tape. All the problems considered as "causes of violence" should be placed on one side of the center circle, either above or to the side.

Step 2 - For each problem identified, ask the group if it is related (either as a cause or a result) to any other problem already listed. If so, draw an arrow between the two boxes, indicating the direction(s) of the relationship.

Step 3 - After completing this side of the web, ask the group to name the important effects or consequences of violence. These can be any kind of problem that results from violence - either health, economic, or social. It is a good idea to try to discuss these effects on individual women first and then those connected to families, communities, and society as a whole next. Again, for each problem, ask the groups to examine possible relationships between different problems and to draw arrows between these issues, indicating the direction(s) of the relationship.

ACTIVITY 5 - HOW DO WOMEN EXPERIENCE VIOLENCE?

Goal: To increase understanding of women's experiences of violence in communities around the world

Step 1 - Show the group a small birdcage and ask them to imagine that inside is a woman living with violence. The bars on the cage represent the different barriers that women confront when trying to overcome abuse. Ask, "What are some of the different reasons that keep women in abusive relationships?" Write the different answers on the flipchart.

Step 2 - The participants read the story below in small groups of 3 or 4 people and discuss the following questions:

- Is Sarah's story familiar to you? Has something like this ever happened to anyone you know?
- Why do you think that Sarah stayed in the marriage after her husband began to beat her?
- What do you think about the kind of reactions of Sarah's family and the police?
- What do you think that the expression "candies in hell" meant?
- What advice would you give Sarah if she were your friend?

Step 3 - Ask participants to discuss in the larger group what they have learned and summarize.

The Story of Sarah⁴

Sarah was married at the age of 15 to a man in his late 30s. Shortly after the marriage, he began to beat Sarah savagely and continued to do so regularly throughout the subsequent five years. She learned to listen for him at night and be ready to escape with the children if necessary. She tells her story below:

“I had to sleep in other people’s houses to avoid getting beaten when he came home. I would have to climb over the back wall with my daughters when he arrived, and he would shoot at me. I escaped many times from his bullets. I don’t know why I’m still alive...When I didn’t want to have sex with my husband, he simply took me by force...When he came home drunk, he would beat me and do what he wanted with me. Then I fought with him, but what could I do against a man who was stronger than me? I couldn’t do anything, so I had to put up with it and suffer...He used to tell me, ‘You’re an animal, an idiot, you are worthless.’ That made me feel even more stupid. I couldn’t raise my head. I think I still have scars from this, and I have always been insecure.”

“I would think, could it be that I really am stupid?” I accepted it, because after a point... he had destroyed me by blows and psychologically...When he beat me, my daughters would get involved in the fight. Then he would throw them around in his fury and this hurt me, it hurt me more than when he beat me...Once, when I was recovering, because he had beaten me and he had left my eyes swollen and black, my daughter came up to me and said, “Mother, you look like a monster”, and she began to cry... It hurt me so much. It wasn’t so much the blows I had, but what really hurt me were her sobbing and the bitterness that she was feeling.”

“He was so jealous. I couldn’t look at anyone on the street, nor have either men or women friends, nor greet anyone. And if a man looked at me, he would smack me right there on the street.”

“My mother would say to me, ‘Do you think you’re the only one to live through this?’ She told me not to leave because if I came home my family would have to return the cows. My mother-in-law also told me that I should put up with it, ...‘You have to maintain your marriage, remember that you are his wife and he is the father of your children.’”

“Once I went to the Police for help, but he did nothing. That time my husband kicked down my door...After that, I didn’t know what to do. I felt trapped, a prisoner, and I couldn’t escape...”

...After the blows he always came back to court me, bought me clothes, and, afterward, he always said, ‘forgive me, I won’t do it again,’ but then he always did the same afterward. And then my grandmother would say to me “Child, what are you going to do with candies in hell?”

⁴ Adapted from the story of Ana Cristina in the Candies in Hell Study.

Program M&E support

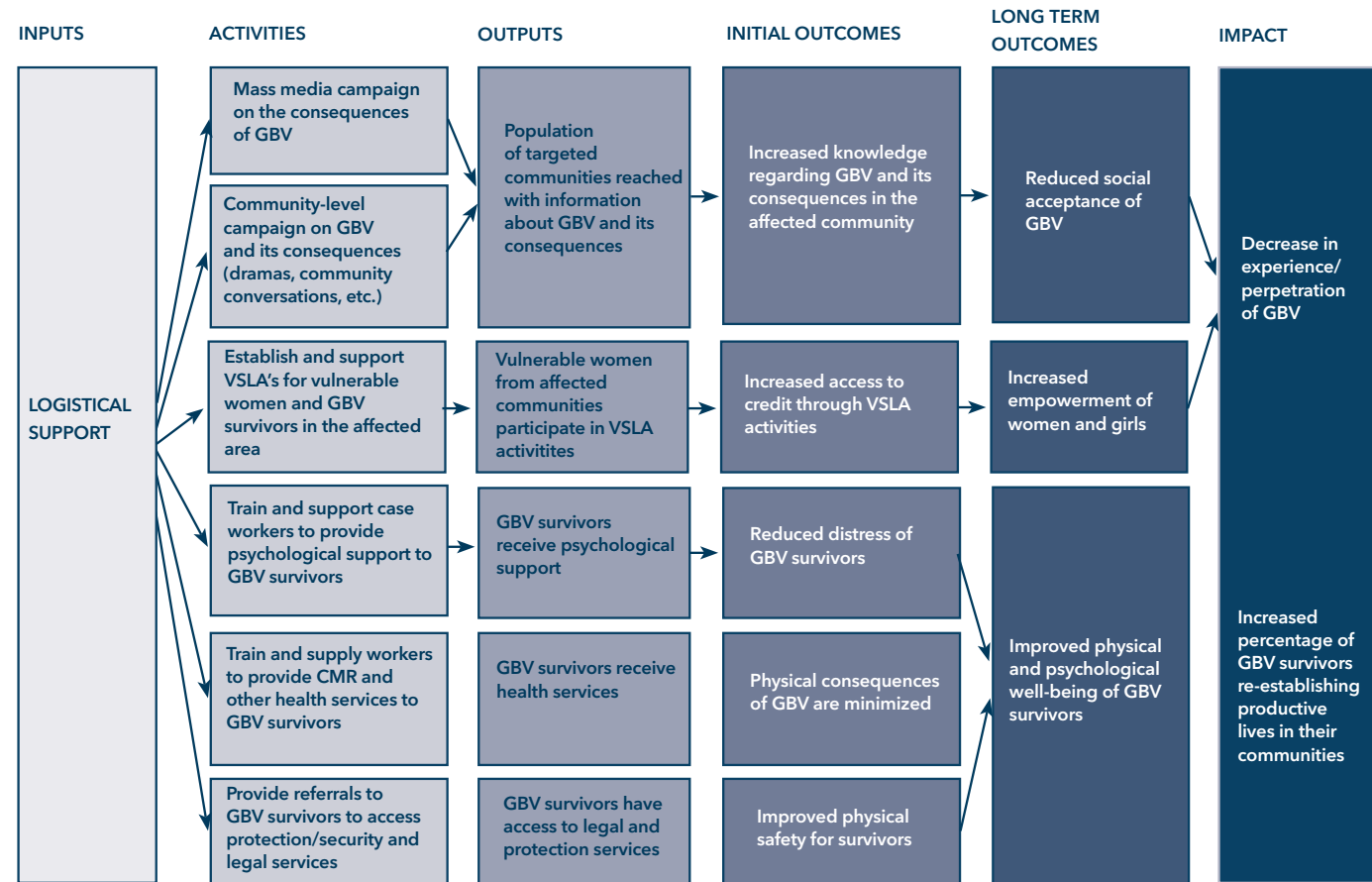
This section provides some sample materials to support ongoing program monitoring and evaluation.⁵

A. Example Program Logframes

Logframe for GBV programs in refugee and conflict-affected populations			
Project Objectives	Indicators	Means of Verification	Assumptions
Objective	Impact Indicators		
Longer-term changes in the target population due to the program (e.g. change in rates of violence, social norms, etc.)			
Foreexample: Improved psychosocial wellbeing for survivors of violence	% of survivors who have an increased score on a psychosocial wellbeing scale after participating in GBV case management sessions	Question or series of questions in baseline, end-line, and time series surveys	Psychosocial support services and survivor-centered programs will contribute to a change in the psychosocial wellbeing of survivors
Outcome	Outcome Indicators		
Immediate changes in the target population due to the program (e.g. changes in knowledge, attitudes, behaviors)			
Foreexample: Improved psychosocial outcomes for survivors of violence	% of GBV survivors who present for services who are successfully referred for psychosocial support services % of GBV survivors who attend at least 3 psychosocial support sessions	Client intake and exit surveys Case management records	Survivors are willing to participate in case management activities
Output	Output Indicators		
The direct results of program activities (e.g. # of people trained, # of awareness raising activities conducted, etc.)			
Foreexample: GBV survivors receive psychosocial support	# of women and girls who seek and receive psychosocial services	Serviced-based data from program records	Trained psychosocial workers are available
Activities			
For example: Train and support case workers to provide psychosocial support to GBV survivors	# of case workers who attend training workshop on psychosocial support for GBV survivors # of case workers who attend weekly debriefing session	Serviced-based data from program records	
Provide referrals to GBV survivors to access protection/ security and legal services	% of female respondents who receive referrals for services	Question or series of questions in baseline, end-line, and time series surveys	

⁵ <https://www.usaid.gov/sites/default/files/documents/2151/Toolkit%20Master%20%28FINAL%20MAY%20%29.pdf>

B. Example Theory of Change



C. Example M&E Plan

Sample Monitoring and Evaluation Plan

Implementing Organization:
Start Date:

Program Title:
End Date:

Objective [Objective from the logframe]: Improved psychosocial wellbeing for survivors of violence		
Outcome/Output	Indicators	
Outcome or Output from the logframe	Indicator	Indicator Definition
Improved psychosocial outcomes for survivors of violence	Indicators associated with the Outcome or Output from the logframe	Description of what the indicator refers to
	Indicator(1): % survivors who report increased feeling of safety after participating in GBV case management sessions	Numerator: Number of GBV survivors in case management who have improved feelings of safety on their post-case management assessment Denominator: Number of survivors completing case management services ¹
	Indicator (2): % of GBV survivors who present for services who are successfully referred for psychosocial support services	Numerator: # of GBV survivors who attend at least one psychosocial support session Denominator: # of GBV survivors assessed to require psychosocial support at intake
Activity A	Performance Baseline	
Activities from the logframe associated with the outcome/output [repeated for the number of activities planned]	Baseline data	Data Source(s) and Collection Frequency: <i>Data sources from where indicator data can be taken</i> Case management records; Intake and exit assessments
Train and support case workers to provide psychosocial support to GBV survivors	Target	Person(s) responsible for data collection: <i>Who will be collecting the needed data?</i> Psychosocial support worker; Case management team lead
	Expected data at the end of the program 25 case workers trained	
	Activity Timeline	Data utilization and dissemination plan: <i>How will the data be used and integrated into activities? What is the reporting schedule?</i> Data collection at intake and exit from services for each survivor. Reported quarterly. Summary data reviewed at monthly meetings
	Expected timeframe in which to implement the activity 1 year	
(1) Note: percentages only reported in final document. Formula to detail the calculation only.		

DEVELOPING INDICATORS

An indicator is a specific, observable, and measurable characteristic that can be used to show whether a program is making changes toward achieving a specific outcome. Indicators should be focused, clear, and specific. The change measured by indicators should be representative of progress the program has made. When determining what indicators to use, think about the overall theory of change and program logframe. What outputs/outcomes/impact does the program hope to achieve? The indicators selected should be directly tied to these models. Look for existing indicators before creating your own – standardized indicators should be used when they already exist and are appropriate.

Some common indicators utilized in GBV programs in refugee and conflict settings include:

Experience of violence

- % of women aged 15-49 who ever experienced physical violence from an intimate partner
- % of women aged 15-49 who experienced physical violence from an intimate partner in the past 12 months
- % of women aged 15-49 who ever experienced sexual violence from someone other than an intimate partner
- % of women aged 15-49 who experienced sexual violence from someone other than an intimate partner in the past 12 months

Safety

- % of women/girls who report being able to travel around their community/neighborhood without fear of violence
- % of girls who report feeling safe from GBV while traveling to/from school

Health Services

- % of health care facilities following nationally or internationally accepted guidelines on clinical care for sexual violence survivors
- % of supported health facilities that have supplies and trained staff to provide clinical care for GBV survivors (according to CCSAS facility check list)
- % of supported health facilities that had zero stock out of CCSAS commodities in the previous 6 months
- % of supported health facilities with at least one female health provider trained on clinical care for GBV survivors
- % of GBV survivors who present for clinical care who receive assistance within 72 hours of an incident

Psychosocial Support

- % of female survivors who demonstrate an improvement in their psychosocial well-being after participating in case management sessions

Legal/Justice

- # of law enforcement professionals trained to respond to incidents of VAWG/GBV according to an established protocol

- # of VAW/GBV complaints reported to the police
- % of GBV cases that were prosecuted
- % of prosecuted GBV cases that have resulted in a conviction of the perpetrator

Community Mobilization and Behavior Change

- % of respondents who know any of the legal sanctions for GBV
- % of respondents who have been exposed to GBV prevention messages
- % of respondents who say that wife beating is an acceptable way for husbands to discipline their wives
- % of respondents who agree that a woman has a right to refuse sex
- % of respondents who agree that rape can take place between a man and woman who are married

Policy

- % of national government general and sector budgets dedicated to VAWG/GBV
- National Standard Operating Procedures for GBV developed and approved
- Legal sanctions against GBV in the legal code

Additional Resources for GBV Indicators

- Bloom, S. S. (2008). Violence against women and girls: A compendium of monitoring and evaluation indicators (MS-08-30). MEASURE Evaluation and Carolina Population Center, University of North Carolina and Chapel Hill. <https://www.measureevaluation.org/resources/publications/ms-08-30>
- List of illustrative indicators (see Annex J) and the GBV Indicator Checklist (Annex F) in: Menon, J., Rames, V., & Morris, P.T. (2014). Toolkit for monitoring and evaluating gender-based violence interventions along the relief to development continuum. Development and Training Services. <https://www.usaid.gov/sites/default/files/documents/2151/Toolkit%20Master%20%28FINAL%20MAY%209%29.pdf>
- For examples of GBV outcome-level indicators: The International Rescue Committee. (2016). Outcomes and evidence framework. <https://www.rescue.org/resource/outcomes-and-evidence-framework>
- United Nations Division for the Advancement of Women, United Nations Economic Commission for Europe, United Nations Statistical Division. (2007, 8-10 October). *Indicators to measure violence against women: Report of the expert group meeting*. United Nations Human Rights Council. http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf

Dissemination

Dissemination is often an important component of research findings. It can be helpful to create a plan to help identify goals of the dissemination process, key allies and opportunities, etc. See below for an example plan.

A. EXAMPLE: RESEARCH UPTAKE PLANNING TEMPLATE⁶

1. OBJECTIVES, TARGETS, ALLIES, OPPONENTS, AND OPPORTUNITIES

1.1 Research strategic objectives

Overall strategic objectives of the research - what can be changed based on the expected findings of the study?

1.2 Target

Brainstorm a list of targets - local, national, regional, and international. Targets can be institutions, positions within institutions, or names of people (if you know their names) that have the ability to influence policy or practice. When brainstorming targets, please keep the strategic objectives above in mind.

Targets may include the following types of people:

- National and local government
- Donors
- NGOs
- UN
- Local organizations
- Media
- Researchers/universities

<p>Low interest/High influence e.g. National government, media</p>	<p>High interest/High influence e.g. Donor, NGOs, UN</p>
<p>Low interest/Low influence e.g. others</p>	<p>High interest/Low influence e.g. local organizations</p>

1.3 Allies

Who do you know that is supportive or can help us? Have a think about people you or your institution have a relationship with. Please make a note of how you know them or whether you think they'd be willing to support our work in some way.

1.4 Opponents

Who (institutions and/or individuals) may be resistant to changes we are trying to bring about at policy or program level? Any suggestions for how we can deal with them?

1.5 Opportunities/hooks

Brainstorm what events or opportunities we can use to maximize opportunities for influencing key stakeholders and audiences. Consider national or regional events, UN days, policy processes happening, or international events relating specifically to the research.

2. SUMMARY TABLE OF PUBLICATIONS/PRODUCTS

When (month & year)	Type of publication	Topic	Timeframe	Event for dissemination? Please include size, audience, location, etc.	Opportunity for media? e.g. Press release, case studies to newspapers, TV interviews? Location e.g.?

3. SUMMARY TABLE OF RESEARCH UPTAKE PLAN

Strategic objective	Targets & audience	Allies	Products/activities (with approx. timescales)	Indicators of success
	--	--	--	--
	--	--	--	--

⁶ Adapted from the What Works Consortium

ANNEX 2. Designing Data Collection Tools

No single tool will fit every situation or be relevant for every program. However, there are some key considerations to make when developing data collection tools. This toolkit will provide some best practices/considerations for designing data collection tools, as well as example tools that can be modified for use in different contexts.

General considerations when designing data collection tools

- Data collection tools should be simple and easy to use.
- Consider how gender should be incorporated into each tool. If you are collecting data with both men and women, at minimum collect data on the sex of the respondent. Also consider collecting age if relevant to the indicator.
- Each piece of data should have a clear use - either for program management or to measure the effect of a program.
- Don't duplicate efforts. Before creating a new tool or procedure, make sure the data needed aren't already being collected.
- Decide if the data needed are quantitative (i.e. is it specific and measurable - such as a number or percentage) or qualitative.
- Consider how the data collection tools and procedures address respondent safety.
- Consider the financial, human resources, and logistical costs to collect these data - consider data collection tools that can gather information to inform multiple indicators in your logframe/research plan at the same time.
- When designing tools, be sure to consider the ethical implications of each piece of data collected (e.g. if names of survivors are collected as part of case management data). Consider how to protect the privacy and confidentiality of respondents (for example delinking names and establishing codes for survivor files, not collecting identifiable information when collecting M&E data for prevention programs, etc.)
- Pre-test and pilot each tool before beginning data collection.

Example data collection tools for research and evaluation

A. SURVEYS

Research plans that focus on measuring population level changes (for example changes in knowledge, attitudes, and/ or behaviors) usually employ periodic surveys to measure change within the affected population. Some key considerations to make when designing a survey tool are:

- Ensure you establish sufficient informed consent procedures that are completed before the survey is administered (see Chapter 12 for examples).
- Continually refer back to purpose of your research when designing data collection tools - the data being collected should answer the research and M&E objectives and questions laid out in your initial research plan. Consider what is 'nice to know' and 'what you need to know' when designing the tools.

- Only collect identifiable information if it is absolutely required (for example, participants are part of an intervention and their exact responses at baseline and end-line need to be compared to measure change). Most questions should be "closed ended" (i.e. have a predetermined list of answer choices that the data collectors can select based on the responses of the participants). Some short open-ended questions can be used to provide more detail, but remember it is much more difficult to analyze large amounts of qualitative data - so these questions should be used selectively.
- Questionnaires generally begin with relatively easy to answer questions - such as socio-demographics - both to analyze the background characteristics of respondents and as a warm-up to more difficult questions related to GBV later.
- Carefully establish and check skip patterns - for example, those respondents who have never been partnered, do not need to answer questions about experiencing IPV.
- Carefully consider issues of temporality. Consider asking specific follow-up questions about incidents that occurred before and during times of conflict and about changes that occurred when the conflict began.

Example of a Survey Tool

Most surveys begin by getting information to understand the profile of respondents. For the respondent background section, consider gathering information on:

- Basic characteristics such as age, place of birth, sex (if interviewing men and women)
- Education level - educational attainment, ability to read and write
- Income/Occupation/Poverty characteristics - source of income, working status, asset ownership (livestock, land, phone), source of water, roofing material
- Marital Status - If you are interested in the respondent's experiences of IPV, it is important to know their partnership status. Usually this involves a series of questions to determine if the respondent is A) currently or previously married, B) currently or previously has been living with a partner but unmarried, or C) currently or previously dating someone. Depending on the context you may want to consider same sex relationships as a separate category (or answer choice) to be able to analyze these experiences independently.
- Other categories as relevant

Experiences of conflict

If your research is interested in how respondents' experiences/perspectives have been shaped by their experiences of conflict, consider adding a few questions on the respondent's exposure to conflict.

- Be sure to define the conflict period - consider using qualitative research (for example developing community calendars) prior to conducting the survey to help develop questions regarding conflict that will be relevant to survey respondents.
- Consider asking about displacement and/or forced migration, as well as direct experiences of conflict (e.g. experiencing an attack, be associated with a fighting force, etc.), if they are relevant to the context.
- Be sure to work with local stakeholders to make sure questions regarding conflict experiences are phrased in neutral ways and will not increase tensions within the local community (for example, potentially ask about fighting with an armed group in general rather than specifically on one side of the conflict or another).

EXPERIENCES OF CONFLICT				
QUESTIONS & FILTERS		CODING CATEGORIES		SKIP TO
1	I would like to ask you about your displacement status. Displacement is defined as a person who had to flee to due to conflict or war, economic livelihood, food, water, etc. Are you currently or were you formerly displaced?	NEVER DISPLACED..... CURRENTLY DISPLACED FORMERLY DISPLACED..... DON'T KNOW/DON'T REMEMBER..... REFUSED/NO ANSWER..... [Multiple Responses Possible]	A B C 8 9	⇒
2	If currently displaced: Are you a currently a refugee or internally displaced within your own country? <i>Note: A refugee is someone who has come from another country and an IDP is from another part in this country or area (including displaced within a county or local area).</i>	REFUGEE IDP..... OTHER(SPECIFY)..... DON'T KNOW/DON'T REMEMBER..... REFUSED/NO ANSWER.....	1 2 3 8 9	
3	Approximately, how long have you lived in displacement (# of months or years)?	MONTHS [IF LESS THAN ONE YEAR]..... YEARS..... DON'T KNOW/DON'T REMEMBER..... REFUSED/NO ANSWER.....	[] [] [] [] 98 99	
4	During any times of conflict have you been: Seriously Injured Had a close family member been killed Abducted by an armed group		Yes No DK/ NR 1 2 9 1 2 9 1 2 9	
5	Have you experienced an attack on your village of residence?	YES NO DON'T KNOW/DON'T REMEMBER..... REFUSED/NO ANSWER.....	1 2 8 9	

Experiences of Violence

Researchers should only ask respondents about their own experiences of violence if it is pertinent to the research question and all ethical considerations can be fully met (see Chapter 5 of the manual). Key considerations: Ask about acts of violence specifically rather than just generally “have you ever experienced violence”

- Consider different types of violence – IPV including physical, sexual, psychological, economic violence; non- partner sexual assault; patriarchal or discretionary practices (forced and/or early marriage, FGM, etc.
- Use existing question series (for example the Conflict Tactics Scale, WHO Survey, DHS survey domestic violence module) to measure specific forms of violence (IPV, non-partner sexual assault, etc.)
- Consider temporality – asking about lifetime experiences of violence, violence in the last 12 months, violence during specific conflict periods
- Ask about partner and non-partner violence separately
- Never ask a someone else to speak about the experiences of GBV of others in the household (for example asking the head of household about women residing in the household and their experience of violence)
- Always allow a respondent to skip over a question or the entire section if they become distressed or feel that answering these questions may put them at significant risk of repercussions

EXPERIENCES OF INTIMATE PARTNER VIOLENCE											
Physical Violence											
7		A) If YES, continue with B. If NO, skip to next item.	B) Has this happened in the past 12 months? If YES, ask C and D. If NO, ask D only.	C) In the past 12 months, would you say that this has happened once, a few times, or many times?	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times?						
	Has your husband/partner or any other partner ever...	YES NO	YES NO	ONE FEW MANY	ONE FEW MANY						
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3						
	b) Pushed you, shoved you, or pulled your hair?	1 2	1 2	1 2 3	1 2 3						
	c) Kicked you, dragged you, or beat you up?	1 2	1 2	1 2 3	1 2 3						

	d) Hit you with his fist or with anything else that could hurt you?	1	2	1	2	1	2	3	1	2	3
	e) Choked or burned you on purpose?	1	2	1	2	1	2	3	1	2	3
	f) Threatened with or actually used a gun, knife, or other weapon against you?	1	2	1	2	1	2	3	1	2	3

Sexual Violence

8		A) If YES, continue with B. If NO, skip to next item.	B) Has this happened in the past 12 months? If YES, ask C and D. If NO, ask D only.	C) In the past 12 months, would you say that this has happened once, a few times, or many times?	D) Did this happen before the past 12 months? If YES: would you say that this has happened once, a few times, or many times?
---	--	---	---	---	--

		YES	NO	YES	NO	ONE	FEW	MANY	ONE	FEW	MANY
--	--	-----	----	-----	----	-----	-----	------	-----	-----	------

a)	Has your husband/partner or any other partner ever forced you to have sexual intercourse when you did not want to, for example by threatening you or holding you down? IF NECESSARY: We define sexual intercourse as vaginal, oral, or anal penetration.	1	2	1	2	1	2	3	1	2	3
----	---	---	---	---	---	---	---	---	---	---	---

b)	Did you ever have sexual intercourse you did not want to because you were afraid of what your husband/partner might do if you refused? For example, because you were intimidated by him or afraid he would hurt you?	1	2	1	2	1	2	3	1	2	3
----	--	---	---	---	---	---	---	---	---	---	---

c)	Did your husband/partner or any other husband/partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?	1	2	1	2	1	2	3	1	2	3
----	---	---	---	---	---	---	---	---	---	---	---

9	Since the conflict began, did your husband/partner's behavior towards you change? Did the abusive acts we just talked about increase, remain the same, decrease, or stop altogether compared to during the conflict? REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE THAT RESPONDENT HAS MENTIONED	INCREASED						A	REMAINED THE SAME						B	DECREASED						C	STOPPED						D	NOT WITH THIS PARTNER DURING THE CONFLICT.....						E	DON'T KNOW/DON'T REMEMBER						8	REFUSED/NO ANSWER.....						9
---	---	-----------------	--	--	--	--	--	---	-------------------------	--	--	--	--	--	---	-----------------	--	--	--	--	--	---	---------------	--	--	--	--	--	---	--	--	--	--	--	--	---	---------------------------------	--	--	--	--	--	---	------------------------	--	--	--	--	--	---

Non-partner violence

10	In your lifetime has anyone - except any husband/male partner - ever done any of the following things to you? This could be by anybody, for example someone you have known such as relatives or neighbors but also strangers, military, and so on. Has anybody ever ...	A. Has it ever happened? [FIRST ASK ALL ITEMS IN THIS COLUMN]		B. Did it happen [since the conflict began]? Insert date or other locally relevant marker of conflict.		C) Did this happen in the last 12 months?	
----	---	--	--	---	--	---	--

		YES	NO	YES	NO	YES	NO
--	--	-----	----	-----	----	-----	----

a)	Beaten you with his fist, kicked you, hurt you with a stick or other object, or thrown boiling water/oil on you?	1	2	1	2	1	2
----	--	---	---	---	---	---	---

b)	Threatened you or actually used a gun, knife, machete, or other weapon against you?	1	2	1	2	1	2
----	---	---	---	---	---	---	---

c)	Forced you to undress or stripped off your clothing?	1	2	1	2	1	2
----	--	---	---	---	---	---	---

d)	Forced you into sexual intercourse when you did not want it, for example by threatening you, holding you down, or putting you in a situation where you could not say no?	1	2	1	2	1	2
----	--	---	---	---	---	---	---

e)	Attempted to force you into sexual intercourse (which did not take place)?	1	2	1	2	1	2
----	--	---	---	---	---	---	---

f)	Touched you sexually or did anything else sexually that you did not want to?						
----	--	--	--	--	--	--	--

Program Exposure

For program M&E or impact evaluations, it is often important to understand how changes in knowledge, attitudes, and behaviors correspond to exposure to program activities. Even within the targeted communities, not everyone may have participated directly in a program activity or heard the messaging.

Example program exposure questions:

PROGRAM EXPOSURE						
11		Once	Few Times	Many Times	Never	N/A
a)	In the past year, have you heard any radio programs talking about violence against women? If yes, how many times have you heard these programs?	1	2	3	4	9
b)	In the past year, have you attended any community events where they spoke about violence against women? If yes, how many times have you attended these events?	1	2	3	4	9

B. MEASURING GENDER INEQUITABLE ATTITUDES

When measuring attitudes, researchers typically read a series of statements and ask if respondents agree with each. During analysis, each individual attitude is looked at individually or a scale is created to measure overall agreement with gender inequitable attitudes. Key considerations to make when measuring attitudes include:

- Use existing sources and scales to create questions – see: GEM scale, Gender Norms Compendium, etc., for example questions.
- If possible, test these existing scales to ensure validity in each cultural context. Adapt the exact language in each statement to ensure it is culturally relevant.
- For low literacy populations, consider using only “agree” or “disagree” rather than 4 categories (Strong agree to strongly disagree).

Example scales for an attitude section:

- Compendium of Gender Scales: <http://sbccimplementationkits.org/demandrnmch/wp-content/uploads/sites/2/2014/02/Compendium-of-Gender-Scales.pdf>
- Gender Equitable Men Scale: Pulerwitz, J. and Barker, G. (n.d.). *Measuring attitudes towards gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale*. Forthcoming. http://www.endvawnow.org/uploads/browser/files/GEM_sp,%20en,%20por.pdf

These are just a few of the potential question categories that may be relevant for your survey tool. It is important to fully think through what is needed to answer the research and M&E questions for your specific program and/or research activity and then design a tool that specifically meets these needs.

C. KEY INFORMANT INTERVIEWS

Key informant interviews can be key data collection methods for both qualitative and mixed-methods research approaches. Individual interview guides should be developed based on what information is needed to answer the research and M&E questions for each individual study. Some key considerations when developing these questionnaires are:

- There are different types of interview guides including structured, semi-structured, and unstructured. Structured interview guides are very detailed, and each question must be asked of each respondent. Semi-structured guides have guiding questions, but additional probing questions may be asked to get further information and the interviewer can deviate from specific questions, if relevant. An unstructured guide has the least amount of pre-determined questions, and it is up to the researcher to follow where the conversation is going. Before developing a data collection tool, you must decide which type of guide is most relevant for your study.
- Continually refer back to the purpose of your research when designing the interview guide(s) - the data being collected should answer the research and M&E objectives and questions laid out in your initial research plan.
- Multiple guides may be needed for different stakeholders, as relevant.
- Only collect identifiable information if absolutely required.
- Most questions should be “open-ended” (i.e. not be answered with a one-word answer such as yes/no).
- Questionnaires generally begin with relatively easy to answer questions and end with questions that allow respondents to summarize their overall views.

An example of a semi-structured interview guide:

FACILITATORS' GUIDE

SEMI-STRUCTURED INTERVIEWS FOR COMMUNITY STAKEHOLDERS

Location: _____ Date: _____ Facilitator Name(s): _____ Note taker Name: _____

INTRODUCTION: SITUATION OF WOMEN IN THE COMMUNITY

- What type of activities or work do women do?
- Which are the main problems that women face in the community?

VIOLENCE AGAINST WOMEN IN THE COMMUNITY

- What types of violence do you hear about in your community? Does this violence affect men, women, boys, girls, or all?
- Which types of violence are the most common? Which are the most severe?
- What happens to a woman or a girl if she experiences violence?
- In your view, what are the main causes of violence against women?

CONFLICT AND VIOLENCE AGAINST WOMEN

- How does the conflict affect women? How does it affect men? What are the main causes of this violence?
- Were the types of violence against women that you mentioned (e.g. domestic violence, rape, etc.) more common before the crisis? During the crisis? After the crisis? How? Why?

POLICIES, PROGRAMS, AND OTHER INTERVENTIONS

- What are the main programs or actions established in the community to respond to or prevent violence against women? What are the main challenges?
- Are there any referral pathways established here for cases of violence against women?
- What is the law in cases of domestic violence? In rape? In other forms of violence against women?
- In which cases do women report violence to the police? What happens when a woman goes to the police?
- What types of health services are available to women or girls who experience violence?

FINAL QUESTIONS

- What does your institution do to respond to and/or prevent violence against women?
- Is there anything that could be done to help provide better services to these women and girls?
- What would you recommend to prevent violence against women?

D. FOCUS GROUP DISCUSSIONS

Focus group discussions (FGD) can be a data collection method for either qualitative or mixed-methods research approaches. Each FGD guide should be developed based on what information is needed to answer the research and M&E questions for each individual study. Some key considerations when developing these discussion guides are:

- Consider the composition of the discussion group when designing the guide (participants should be similar to one another - e.g. same sex, tribe, class, etc.) to allow for open discussions of potentially sensitive subjects such as GBV. Consider developing separate guides for separate groups.
- Ensure you establish sufficient informed consent procedures that are completed before the discussion is started (see Chapter 12 for examples).
- Continually refer back to the purpose of your research when designing the discussion guide. The data being collected should answer the research and M&E objectives and questions laid out in your initial research plan.
- Review the draft discussion guides with local community members/experts to ensure cultural sensitivity.
- Questions should be "open-ended" (i.e. not be answered with a one-word answer such as yes/no).
- Questions should ask about the general situation in the community, and not ask specifically about participants' individual experiences of violence, as confidentiality cannot be maintained in a focus group setting. If a participant wants to speak about their own experiences, try to schedule individual follow-ups so they can speak more about their own experiences in a confidential setting.
- Only plan to ask a limited number of questions (typically no more than 10) - but be prepared to probe participants for more details of their responses if participation lags. Discussions should be limited to 1.5 to 2 hours maximum.
- Questionnaires generally begin with relatively easy to answer questions and end with questions that allow respondents to summarize their overall views.
- FGD can be a general series of questions or can incorporate participatory methods (for example, free listing and ranking - see examples below).

An example focus group discussion guide:

FACILITATORS' GUIDE - FOCUS GROUP DISCUSSIONS #1⁸

Location: _____ Date: _____

Participant Summary: # of women _____ # of men: _____ Total #: _____ Facilitator: _____

Name(s): _____ Note taker Name: _____

INTRODUCE TOPIC OF RESEARCH:

I am interested in learning about some of the concerns and needs of people in this community. I'm especially interested in trying to understand some of the issues that women and girls have to deal with here. I hope that your answers to my questions will help improve services for women, girls, and families in this community. I expect our discussion to last about one and a half to two hours.

INTRODUCTION: SITUATION OF WOMEN IN THE COMMUNITY

- Which are the main problems that women face in the community? What type of activities or work do they do?

VIOLENCE AGAINST WOMEN IN THE COMMUNITY

- What types of violence do you hear about in your community? Does this violence affect men, women, boys, girls, or all?
- Which types of violence are the most common? Which are the most severe? What about domestic violence?
- What about rape or other forms of sexual violence? What about forced marriage?
- What happens to a woman or a girl if she experiences violence (by different type)? What does the customary law say (in each case of violence)?
- In your view, what are the main causes of violence against women? Have you heard about rape by the husband?
- What about rape against boys? Does it happen here?

CONFLICT AND VIOLENCE AGAINST WOMEN

- Were the types of violence against women that you mentioned (e.g. domestic violence, rape, etc.) more common before the crisis? During the crisis? After the crisis? How? Why?
- How do the conflicts among tribes (or communities or neighbors) affect women? How do they affect men? What are the main causes of this violence?

POLICIES, PROGRAMS, AND OTHER INTERVENTIONS

- Who do women tell if they experience violence? What about girls? What about men?
- Are there any services available in your community that support survivors of violence? [Probe about health, legal, police, psychosocial as relevant] Why do people use these services? What prevents them from using
- these services?

CLOSE THE INTERVIEW:

Thank you all for your time and ideas. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to help me learn about what women want and what women need here. As more services are developed here, we want to be sure they help you address the problems you are facing. Please remember that you agreed to keep this discussion confidential. Please do not share with others the details of what was said here. People will be curious and you may have to say something to them - I suggest you tell them that I was asking questions about women and men and health issues, just gathering information - like I'm sure has happened before.

Do you have questions for me? If anyone would like to speak with me in private, I will stay here after we end.

Thank you for your help.

8 Adapted from RHRC GBV Guide and GWI's Focus Group Guides

E. PARTICIPATORY DATA COLLECTION TOOLS

Participatory methods are data collection and analysis activities that aim to empower local communities and ensure that the results can be used by and for the community members themselves. They involve in-depth interaction with the affected population. Some example tools that utilize participatory methods follow.

FACILITATORS' GUIDE - PARTICIPATORY FOCUS GROUP DISCUSSIONS #1

Location: _____ Date: _____

Participant Summary: # of women _____ # of men: _____ Total #: _____

Facilitator Name(s): _____ Note taker Name: _____

Free-listing and/or Ranking

OBJECTIVE: To create a list of the types of violence that exist in the relevant community.

Steps for facilitator:

Write down on sticky notes 3 main places where violence can occur:

- Community
- Inter-community
- Home

Ask participants about all the types of violence that occur, first in their community, second between communities, and third at home.

Place the sticky notes with the different types of violence according to the 3 places. Place on top those that are most common or relevant. If a specific type of violence occurs in multiple places, simply re-write the type of violence on a sticky note and place it under both places.

Ask who are most affected for each type of violence: girls/women or boys/men. Write it down on the sticky note (or use sticky notes with different colors).

Ask about the locations where these types of violence occur (e.g. market, school, street, etc.)

Ask about these types of violence before, during, and after the crisis (or related to an important conflict in the community).

Have participants collaboratively rank which types of violence are most common in their communities in the three settings (community, inter-community, home) **(Optional)**.

An example focus group guide using open-ended stories and Venn diagrams:

FACILITATORS' GUIDE – PARTICIPATORY FOCUS GROUP DISCUSSIONS #2

Location: _____ Date: _____

Participant Summary: # of women _____ # of men: _____ Total #: _____

Facilitator Name(s): _____ Note taker Name: _____

OBJECTIVE: To fill in a hypothetical story to determine community reactions to violence, and help-seeking behaviors, services available, and consequences of survivors.

Steps for facilitator:

1. Begin this session by explaining the method, "I'm going to read to you the beginning of a story about a woman and a girl in a community", and that participants will help by filling in their stories with what would happen to them if they were in your community.
2. Write the name of the person in the story on a sticky note and paste in on the center of the board.
3. People will identify services, institutions, or people where the woman/girl in the story will seek for help. You
4. write them down and paste them on the board. The more helpful or accessible the service or people are/will be, the closer it should be pasted to the name of the person in the story.
5. If possible, take a picture at the end.

Story #1: Introduction

I'm going to read to you the beginning of a story about a girl in a community like yours. I want your help in filling in her story with what would happen to her if she were in your community.

Sunday is 14 years old. She is unmarried and has no children. One day, she was walking back from (the market/school/collecting water/other option that makes sense in the community), and an armed man who she did not know forced her to have sex with him. This is the first time this has happened to Sunday.

<p>Q: What would Sunday do? Who (if anyone) will Sunday tell about what happened to her?</p>
<p>Q: What do you think the responses of the people she told will be? Were they helpful?</p>
<p>Q: Will Sunday try to go anywhere to get help? Will she try to access any services? If so, what are they?</p>
<p>Q: What will happen to Sunday when she gets to the services? Will she be satisfied with these services, and how she is treated?</p>

Q: Why wouldn't Sunday go to services?	
Q: What do you think will happen to Sunday?	
Q: Where should Sunday have gone? Why couldn't she go to (name of service that they mention)? What services do you think she could have received if she could go there?	
Alternate scenarios (depending on time)	Q: How would this have changed if Sunday were married and had 3 children? Q: How would this change if Sunday were a boy? Would he have told anyone? What would happen to him?

Story #2: Introduction

I'm going to read to you the beginning of a story about a woman in a community like yours. I want your help in filling in her story as if she were in your community.

Sara is 25 years old. She is married and has three children. Sara and her husband argue often and he has beaten her several times, sometimes very severely. Her neighbors have overheard on a few occasions and know this is happening.

Q: What would Sara do? Who (if anyone) will Sara tell about what happened to her?
Q: What do you think the responses of the people she told will be? Were they helpful?
Q: Will Sara try to go anywhere to get help? Will she try to access any services? If so, what are they?
Q: What will happen to Sara when she gets to the services? Will she be satisfied with these services, and how she is treated?

Q: Why wouldn't Sara go to services?
Q: What do you think will happen to Sara?
Q: Where should Sara have gone? Why couldn't she go to (name of service that they mention)? What services do you think she could have received if she could go there?

Conclusion

Thank the participants for coming to the session.

An example focus group discussion guide for developing community calendars:

FACILITATORS' GUIDE - PARTICIPATORY FOCUS GROUP DISCUSSIONS #3

Location: _____ Date _____

Participant Summary: # of women _____ # of men: _____ Total #: _____

Facilitator Name(s): _____ Note taker Name: _____

OBJECTIVE: To develop a local calendar of relevant events that can aid with recall for further data collection activities.

Steps for facilitator:

1. Begin this session by explaining the method, "We are going to develop a local calendar of important events here in the community", and that participants will help by sharing major events that have happened in the past [insert relevant time period] in the community.
2. Ask participants to talk about major events in the community (for example the start of the conflict, major agricultural events, birth/deaths of important community members, school sessions, poor or good harvests).
3. Use sticky notes or a piece of paper to note down each event and work to collaboratively determine which event happened next.

If possible, take a picture at the end.

An example focus group guide for community mapping:

FACILITATORS' GUIDE - PARTICIPATORY FOCUS GROUP DISCUSSIONS #48⁹

Location: _____ Date _____

Participant Summary: # of women _____ # of men: _____ Total #: _____

Facilitator Name(s): _____ Note taker Name: _____

OBJECTIVE: To identify protective and at risk physical spaces and social assets that affect violence against women.

Steps for facilitator:

1. Introduce the purpose of your visit and assess people's interest and availability. Explain that you are interested in learning about the places and the reasons that the safety and security of women and girls may be compromised in this community.
2. Request that someone draw a map of the community or desired area.
3. Some people will naturally reach for a stick and begin tracing a map on the ground. Others will look around for paper and pencils. Have materials ready to offer, if it is appropriate.
4. As the map is beginning to take shape, other community members will become involved. Give people plenty of time and space. Do not hurry the process. As the map takes shape, ask people to pinpoint where women and girls are at risk of various types of violence, such as physical violence, sexual violence, sexual harassment, etc.
5. Wait until people are completely finished before you start asking questions. Then review the visual output and ask questions about why people identified various areas as risk areas, what types of violence women and girls are at risk for in these areas, and what the participants believe are the reasons for this risk. Phrase questions as open-ended and non-judgmental. Probe often, show interest, let people talk.
6. Ask people to return to the map(s) and record where women and girls can go for assistance in dealing with violence, both in terms of improving protection to prevent violence and also in terms of receiving services after a violent incident.
7. Combine and record any visual output, whether it was drawn on the ground or sketched on various sheets of paper. Be accurate and include identifying information about the author (place, date, participants' names, if possible).
8. Close the exercise by thanking all of the participants for their help and letting them know what will be done with the information you have collected.

⁹ Adapted from RHRC Assessment Guide

F. OTHER DATA COLLECTION TOOLS AND RESOURCES:

Body Mapping:

http://www.migrationhealth.ca/sites/default/files/Bodymap_storytelling_as_research_LQ.pdf

Most Significant Change:

https://www.betterevaluation.org/en/resources/guides/most_significant_change

Better Evaluation. (n.d.). *Most significant change*.

http://www.betterevaluation.org/en/plan/approach/most_significant_change

Photo Voice:

https://www.gocolumbia.edu/institutional_research/photovoice_page_documents/Facilitators_Toolkit.pdf

Measuring Social Norms¹⁰

Social norms are shared beliefs about others within a reference group. They include beliefs about what others in the group actually do (typical behavior), as well as what others in the group think that people should do (appropriate behavior).¹⁰

The field of measuring social norms change for GBV is nascent, and existing efforts are still evolving. When measuring social norms changes, there are three components that researchers need to be aware of as they frame their efforts:

1. Social norms are shared beliefs about others
 - Is this behavior perceived as typical?
 - Is this behavior perceived as appropriate?
2. Social norms exist within reference groups
 - Whose opinion on this behavior matters to the affected population?
3. Sanctions
 - Are there consequences for departing from this behavior?

Approaches to measuring social norms:

1. **Measuring individual attitudes and behaviors:** As a proxy for social norms, some researchers measure individual-level attitudes and behaviors through population-based surveys. Once aggregated at the community level, these measures are used as a proxy for social norms.
2. **Qualitative measures of social norms change:** Individual interviews and focus groups can be used to identify social expectations about behaviors, key reference groups, and the consequences of deviating from this behavior. Qualitative methodologies allow researchers to explore and understand the complex interactions of social norms within a community and are well suited to this type of research. However, due to the limits of qualitative methodologies, they can be imprecise in measuring social norms change, and the findings may not be generalizable to the wider population.

Example qualitative questions to measure social norms change:¹⁰

- A young woman comes to tell you she's had enough of being beaten and wants to stop it. What would you say?
- A man tells you he beat his wife yesterday. What might he tell you for you to chastise him about it? What might he tell you for you to say that he was right to do so?
- A man says he would never beat his wife. What do you think of this man?
- Do women sometimes get beaten without deserving it? Can you give me some examples?
- What should one do if one hears one's neighbor beating his wife?

¹⁰ Adapted from https://www.oecd.org/dac/gender-development/VAWG%20HELPDESK_DFID%20GUIDANCE%20NOTE_SOCIAL%20

Quantitative measures of social norms change: A series of questions related to social norms change can be asked as part of a survey.

Example quantitative questions to measure social norms change:

I will be reading you a statement and asking you to think about the people whose opinion matters most to you when responding to the statement. It is important to remember that we are not asking what you do or what others do, but what you think the people who are important to you expect other people to do.

1. How many of these people whose opinion matters most to you expect women but not men to wash dishes?
 - None of these people
 - A few of them
 - About half
 - Most of them
 - All
2. How many of these people whose opinion matters most to you expect families to send their daughters to school?
 - None of these people
 - A few of them
 - About half
 - Most of them
 - All
3. How many of these people whose opinion matters most to you expect men and women to be treated equally?
 - None of these people
 - A few of them
 - About half
 - Most of them
 - All

Key Resources:

Alexandra-Scott, M., Bell, E., & Holden, J. (2016). *Shifting social norms to tackle violence against women and girls (VAWG)*. VAWG Helpdesk. https://www.oecd.org/dac/gender-development/VAWG%20HELPDESK_DFID%20GUIDANCE%20NOTE_SOCIAL%20NORMS_JAN%202016.pdf

Mackie, G., Moneti, F., Shakya, H., Denny, E. (2015). *What are social norms? How are they measured?* UNICEF and the University of California, San Diego, Center for Global Justice. <http://globalresearchandadvocacygroup.org/wp-content/uploads/2018/06/What-are-Social-Norms.pdf>

LINEA Project:

London School of Hygiene and Tropical Medicine. (n.d.). *LINEA Project*. <http://same.lshtm.ac.uk/2015/08/26/measuring-social-norms-in-practice/>

STRIVE Project:

London School of Hygiene and Tropical Medicine. (n.d.) *Gender, norms, and violence (part of STRIVE project)*. <http://strive.lshtm.ac.uk/themes/gender-norms-and-violence>

Data Collection Tools for Program Monitoring and Process Evaluations

Program Monitoring and Evaluation tools should be developed to contribute to an organization's wider M&E system. Activity and training mechanisms established for wider M&E systems can be adapted for GBV programs. In addition, tools relevant for general research and impact evaluation efforts (for example surveys and focus group discussions) can be used for program M&E efforts as well. Some key considerations for designing GBV M&E tools include:

- Data collection tools should be designed to correspond to program logframes and M&E plans.
- Only collect identifiable information when it is absolutely required and confidentiality of the data can be protected.
- When possible, adapt and utilize existing international tools – for example the GBVIMS – to track data in line with international standards and approaches
- Most questions should be “close-ended” (i.e. have a predetermined list of answer choices that the data collectors can select based on the responses of the participants). Some short open-ended questions can be used to provide more detail, but remember it is much more difficult to analyze large amounts of qualitative data – so these questions should be used selectively.

Some specific examples of program M&E tools for GBV Programs are:

A. CASE MANAGEMENT DATA FOR MONITORING

- Case management data can track the progress of specific survivors as they access support services in a community and provide an avenue to measure the success of these services.
- Case management data should track basic information about their experience of violence as well as the services they access (including which types of services are accessed – e.g. legal, police, medical, etc.) and the number of times they access these services. This basic information can be documented and shared through the GBVIMS and GBVIMS+ systems – including the intake and consent forms and the Incident Recorded – at <https://www.gbvims.com/gbvims-tools/>. If your organization is interested in using the GBVIMS system – contact the GBVIMS Inter-Agency Coordinator (<https://www.gbvims.com/get-the-gbvims/>) to learn more.
- Case management data can also be used to assess the quality of services – at the beginning of the case management process, an initial assessment of the survivor's situation and needs is undertaken and a case management plan is developed. During follow-up, service providers can track the services that survivors have accessed, whether or not the case management plan has been followed, and get feedback from both the survivor themselves and program supervisor on the quality of the services provided. See the Inter-Agency GBV case management guidelines for more information on best practices for GBV case management data collection and use: <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>
- While case management forms may collect detailed information, only de-identified, aggregated data should be shared with the M&E team and external stakeholders.

B. CLIENT SATISFACTION SURVEYS

In addition to tracking case management statistics, it is important to gather feedback directly from clients through feedback/satisfaction surveys. These surveys can be administered verbally (by a different caseworker, supervisor, or other relevant staff member) or can be done through self-administered forms (electronic or paper) for literate populations. In general, these surveys should collect data on:

- General characteristics of the survivors
- What services were accessed
- How they found out about this service
- Accessibility of the service (including location, costs, opening hours, etc.)
- Quality of the service provider
- Ability to make informed choices on what services to access
- Privacy and confidentiality during the process
- Usefulness of the service

See the Interagency GBV Case Management Guidelines (Part VI) for a sample client feedback survey: <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>

CLIENT FEEDBACK SURVEY¹³

Date: _____

Questionnaire Administered By: _____

Instructions for staff:

- Identify who on your team is going to administer the feedback form.
- Identify whether it will be done in writing (giving the person the questionnaire to complete themselves) or whether a staff member will ask the questions and record the person's answers.
- Inform the person that you will ask them some questions but will not write their name on the form and that the interview will remain anonymous.
- Explain the purpose. Say: “This questionnaire is voluntary and confidential. Its purpose is to collect information about the services that have been provided to you and to help make improvements in the quality of care that GBV survivors receive in this community.”
- Remind the person that you will not ask them any questions about their actual case but are just interested in the services they received throughout the case management process. Get consent to proceed or, if the person declines, tell the person that it is ok and if they change their minds they can contact you.

¹³ Adapted from <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>

Sample Client Feedback Survey		
	Response Categories	Responses
Age of person receiving the service:		
1. How did you find out about our services?	Friend or family member.....	1
	Neighbor or community member.....	2
	Flyer or pamphlet you saw or received.....	3
	Referral from another organization.....	4
	Community discussion.....	5
	Other (please specify).....	6
2. The service was easy to find.	Yes.....	1
	No.....	2
	Not applicable.....	9
3. The service was affordable.	Yes.....	1
	No.....	2
	Not applicable.....	9
4. The service was welcoming.	Yes.....	1
	No.....	2
5. I received information about what services were available and what my options were.	Yes.....	1
	No.....	2
6. Opening hours were at times I could attend (i.e. before and after school, in the Evenings, and on weekends).	Yes.....	1
	No.....	2
Tell us about the options...		
7. There was a staff member to interview and help me with whom I felt comfortable.	Yes.....	1
	No.....	2
8. I could see the same person at each return visit.	Yes.....	1
	No.....	2
9. I could choose to have a support person with me.	Yes.....	1
	No.....	2
	Not applicable.....	9
10. I was given full information about what my options were and decided for myself what I wanted to happen next.	Yes.....	1
	No.....	2
	Not applicable.....	9
11. I was referred to another place if a service could not be provided.	Yes.....	1
	No.....	2
	Not applicable.....	9
Tell us about confidentiality...		
12. I could get help without drawing attention to myself.	Yes.....	1
	No.....	2
13. The staff respects confidentiality.	Yes.....	1
	No.....	2
14. I met with a caseworker or other staff in private without being overheard.	Yes.....	1
	No.....	2

Tell us about the staff...		
15. The staff were friendly.	Yes.....	1
	No.....	2
16. The staff were open-minded. They didn't judge me.	Yes.....	1
	No.....	2
17. The staff were able to answer all my questions to my satisfaction	Yes.....	1
	No.....	2
18. The staff used language I could understand.	Yes.....	1
	No.....	2
19. The staff allowed time to let me express my problems in my own words.	Yes.....	1
	No.....	2
20. Do you feel like we helped you with your problem? Explain:	Yes.....	1
	No.....	2
21. In general, did you feel better after meeting with us? Explain:	Yes.....	1
	No.....	2
22. Would you recommend a friend who has experienced GBV to come here for help? Explain:	Yes.....	1
	No.....	2
23. Are there any improvements you would like to suggest or other comments you would like to make?		

C. TRACKING COMMUNITY LEVEL KNOWLEDGE, ATTITUDES AND PRACTICE

Programs often need to be able to track changes within the affected community's knowledge, attitudes, and practice.

Different approaches can include conducting population-based surveys to measure change as well as conducting focus group discussions as more informal mechanisms to understand community-level change in between larger surveys.

One example of how to track and analyze FGD data for program M&E is Raising Voice's Outcome tracking tool. This tool organizes the type of responses given during FGD into a 5 point agreement scale - to help program staff understand how community knowledge, attitudes, and behaviors are shifting. This tool does not replace larger, population-based surveys - but offers program staff more information on population-level change between larger, systematic population-level efforts. Based on your FGD guide - create sample positive and negative outcome statement relevant to your program.

Outcome tracking tool ¹¹								
Negative Statements – Resistance to Gender Equitable Beliefs		1	2	3	4	5	Positive Statements – Acceptance of Gender Equitable Beliefs	
Participants say things such as:		←————→					Participants say things such as:	
		Almost all participants are resistant/disagree with positive statements	More than half of participants are resistant/disagree with positive statements	Half of participants are resistant to positive statements	More than half of participants agree with/accept positive statements	Almost all participants accept/agree with positive statements		
Knowledge	violence is only physical						violence may be physical, emotional, sexual, economic	
	violence against girls and women does not have negative consequences						-violence against girls and women has negative consequences	
		1	2	3	4	5		
		←————→						
Attitudes	some forms of violence against women are acceptable						violence against women is never acceptable	
	men should have power over women in relationships						women and men should balance power in a relationship	
		1	2	3	4	5		
Behaviors	they cannot balance power in their relationship						that they do balance power in their relationships	
	they must use / experience violence – it is unavoidable						they do not use / experience violence	

¹¹ Adapted from Raising Voices

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The Global Women's Institute is happy to receive suggestions for improvements or areas of clarification that are still required in these documents. Should you have any feedback, please share it at: <https://www.surveymonkey.com/r/DD5LY9W>

