

Innovation to improve monitoring & evaluation (M&E) for humanitarian GBV programming: *An overview of findings from the Humanitarian Innovation Fund's portfolio*

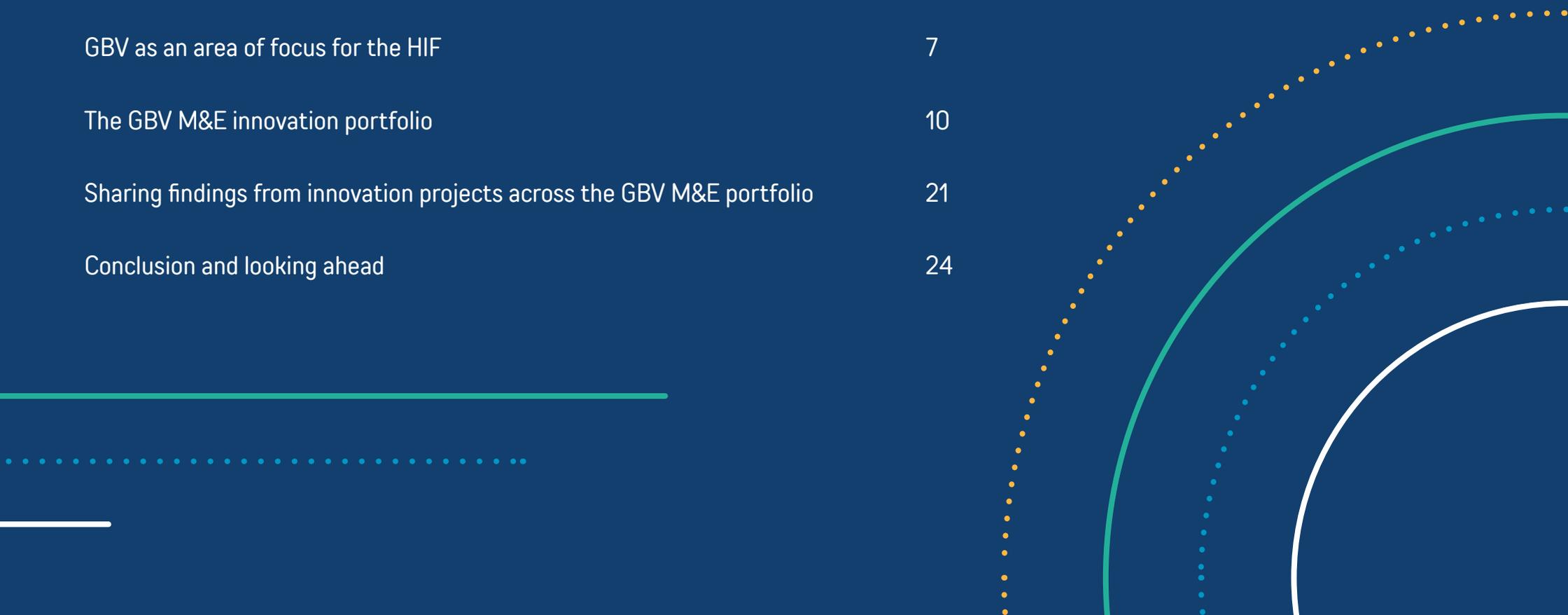


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AUTHORS & ACKNOWLEDGEMENTS

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ABOUT US

We are **Elrha**. A global charity that finds solutions to complex humanitarian problems through research and innovation. We fund and support work that goes on to shape the way in which people across the world are supported during a crisis. An established actor in the humanitarian community, we work in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

Our **Humanitarian Innovation Fund (HIF)** aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. Core to **our strategy** is tackling complex humanitarian challenges and ensuring that we support innovations throughout their entire innovation journey, from their early stages through to dissemination and uptake.

Find out more: www.elrha.org



FOREWORD FROM OUR GBV TECHNICAL WORKING GROUP

As the current Chair of the HIF's GBV Technical Working Group (TWG), it is exciting to see this collection of HIF-funded innovations aimed at improving GBV programming monitoring & evaluation (M&E) in humanitarian settings. Improving M&E within GBV programming supports us as a community of GBV actors to keep learning and improving. The collection of M&E innovations aims to spark further reflection and innovation about how we safely and effectively capture and use learning to improve GBV programming and to inform wider humanitarian response. Safely capturing and using a range of data from across GBV prevention and response programming can bring the expert voices of GBV actors, and most importantly, the priorities and guidance of women and girls affected by crisis, to the ears of humanitarian decision makers. Effective M&E can provide evidence, including stories, of how GBV programming transforms the lives of women and girls, which can be used to advocate with decision makers to prioritise investment in this life-saving work.

It's been rewarding to be a part of the HIF's work to champion women and girl-centred and led approaches to innovation. In particular, I welcome the HIF's use of the Inter-Agency Minimum Standards for GBV in Emergencies Programming as the framing for our discussion to ensure innovation builds on existing learning and engages GBV practitioner expertise across the world. The Interagency GBV Minimum Standards have helped to unify the community of GBV actors around standards which we can use to strengthen the measurement of GBV programming. I'm proud to see how well innovations showcased in this report, respond to, and build upon the sector's work. Having been a member of the HIF's former GBV Advisory Group since its origin in 2015, worked with one of the innovation project teams, and now the Chair of the GBV Technical Working Group, I have had the opportunity to see the benefits of how innovation, innovative mindsets and design can add value to the collective work of the sector. I believe the secret of the success of the HIF's GBV area of

focus is how it is built upon respect for women and girls' lived experience and the work of GBV actors across the world, who every day dedicate themselves to delivering meaningful change in the lives of women and girls affected by crisis.

I look forward to others picking up this collection and taking time to reflect on how much more we can do together to advance the protection and empowerment of women and girls. I encourage you to read on and utilise these findings which are a valuable contribution to GBV programming in emergencies.



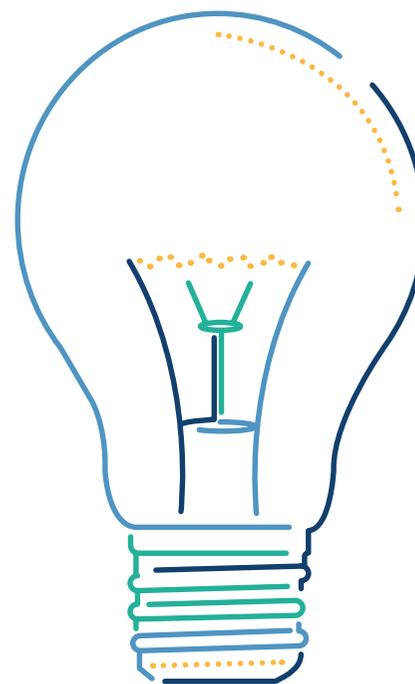
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INTRODUCTION

In 2015, the HIF established a dedicated area of focus to tackle the complex problem of GBV in humanitarian settings through innovation. Our first step was to commission and widely disseminate a **GBV Innovation Gap Analysis** which applied a unique innovation lens to the problems facing the sector. This led us to launch a series of Innovation Challenges around complementary features of a pressing and prioritised problem identified by the Gap Analysis – improving the monitoring and evaluation (M&E) of GBV programming in humanitarian settings.

This report provides an overview of the Challenges we have launched, introduces our M&E innovation portfolio, and shares lessons learned from across the grant-funded projects.



GBV AS AN AREA OF FOCUS FOR THE HIF

Gender-based violence (GBV) is a human rights violation, yet it is an insidious reality for many women and girls across the world. The risk of abuse, violence and exploitation is increased throughout all phases of a humanitarian crisis. In emergencies, national systems, social networks, and support structures are often compromised, leading to a situation where perpetrators are not held to account. GBV has serious and enduring effects on women and girls' health and psychological and economic well-being.¹ GBV prevention, mitigation and response are classified as life-saving interventions in humanitarian settings, with all agencies involved in humanitarian response having a responsibility to protect those affected by GBV.² However, GBV doesn't always receive the critical attention and resources required in humanitarian crises. For example, between 2016–2018, GBV funding accounted for just 0.12 per cent of all humanitarian funding; this represented only one-third of funding requested for GBV.^{3,4} Despite initiatives over the past ten years to implement GBV programmes in emergencies, the practical difficulties remain complex and context-specific.

In 2015, the potential for innovation to address pressing challenges faced by the humanitarian GBV sector was relatively unexplored. While there was growing interest, there was a limited shared understanding of what impactful innovation in the humanitarian GBV sector might look like, and what kind of problems would benefit from innovation. Our first step was to commission and widely disseminate the first-ever [GBV Innovation Gap Analysis](#). The Gap Analysis identified primary gaps and limitations of GBV programming in emergencies at that time. It then explored where innovation might be best placed to address these gaps by proposing a series of key challenge areas. These were concrete calls for action and their goal was to clearly set out specific targets or tasks that needed to be addressed in order to improve humanitarian GBV programming. The Gap Analysis aimed to help ensure that our innovation efforts and grant funding was targeted at the most pressing problems faced by those addressing GBV in humanitarian crises.

Of the identified key challenge areas, 'improving monitoring and evaluation' stood out as a concrete and tangible area for innovation. This was also supported by our GBV Advisory Group in place at the time, who agreed that building more robust evidence around humanitarian GBV programming would lead to a better understanding of the scale of the problem, would help inform policies and, ultimately, support the design of evidence-based programmes.

Between 2017–2019, we launched three Innovation Challenges that explored different, complementary aspects of improving the M&E of GBV programmes in humanitarian settings – better M&E tools, a better understanding of what GBV M&E looks like in different contexts, and how to drive the adoption of GBV M&E approaches. In 2020, an additional opportunity, the *Advancing GBV Innovations Call*, was opened for evidenced GBV innovations to continue along their innovation journey. The background and details of these Innovation Challenges are described on the next few pages.

1. UNFPA (2019). [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#). November 2019, Gender-Based Violence Area of Responsibility

2. Ibid.

3. Fletch-Wood, E. Mutandwa, R. (2019). ["Funding a localised, women-led approach to protection from Gender Based Violence: What is the data telling us?"](#) Action Aid.

4. International Rescue Committee and VOICE (2019). ["Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls"](#).





INNOVATION CHALLENGE 1: INNOVATIVE M&E TOOLS: MEASURING THE IMPACT OF GBV PROGRAMMES & DEVELOPING REAL-TIME MEASUREMENT TOOLS

Launched in 2017, this Innovation Challenge called for the development and/or adaptation of innovative real-time M&E tools or methods to improve the measurement of the effectiveness of humanitarian GBV programmes. Our Gap Analysis identified the need for more appropriate and accessible monitoring tools that could easily integrate into humanitarian practices and enable the real-time collection of humanitarian GBV programming data. Our hypothesis was that innovative M&E tools could support more evidence-based decision-making and the design of more effective and responsive GBV programmes. We funded three projects as part of this Innovation Challenge: see *Portfolio* section for details on the projects funded.



INNOVATION CHALLENGE 2: LOCALISED PERSPECTIVES OF M&E FOR GBV PROGRAMMES

Building evidence on the impact of humanitarian GBV programmes is a complex, multi-faceted problem. As reinforced by the Gap Analysis, we wanted to ensure that our innovation support contributed towards building a better, shared understanding of M&E practices for GBV programming across different humanitarian settings. As a result, the second M&E focused Innovation Challenge, launched in 2018, sought to complement the previous call by providing contextualised understanding of M&E practices for GBV programmes. The Challenge set out to explore existing good practices, challenges and constraints in specific humanitarian contexts, and support early ideation of innovative solutions that might meet the needs identified within a given specific context. Five projects were selected to further explore humanitarian GBV programming and M&E practices in Syria, the Great Lakes region of Sub-Saharan Africa, Nepal, Philippines, and Zimbabwe. See *Portfolio* section for details on the projects funded.





INNOVATION CHALLENGE 3: DRIVING THE ADOPTION OF GBV M&E APPROACHES

Our third Innovation Challenge was launched in 2019 and called for innovative solutions to overcome the barriers that humanitarian actors face in adopting M&E approaches that measure GBV programme effectiveness. At the point of developing this Challenge, significant work had been undertaken across the humanitarian sector to build evidence around the effectiveness of GBV programmes in emergencies. Initiatives such as the GBV [Call to Action](#) and the GBV Area of Responsibility have developed a number of guidelines, frameworks and tools to support humanitarian actors in measuring the effectiveness of GBV programmes in humanitarian settings.⁵ Nevertheless, their uptake remains limited. Through our previous Innovation Challenges, we similarly learned that the availability of innovative M&E tools does not guarantee their use. We learned that how they are employed, and what programmatic decisions they support, will look very different in practice depending on the local context and the humanitarian setting concerned. To complement existing initiatives, this third Challenge sought to explore a wide range of barriers that might affect the adoption of M&E approaches. These barriers included the accessibility and usability of existing M&E tools or guidance, issues around staff capacity and incentives, and we also started encouraging innovators to consider more systemic barriers such as existing policies or sociocultural perceptions, biases and attitudes towards gendered programming. Two grants were awarded as a result of this Challenge; these projects began in early 2020 and are due to finish in 2023. See *Portfolio* section for details on the projects funded.



INNOVATION FUNDING CALL: 'ADVANCING GBV INNOVATIONS'

In 2020, the HIF offered its first 'Advancing GBV Innovations' Funding Call which aimed to provide further support for GBV innovations to progress along their innovation journey. Evidenced HIF-supported GBV innovations were invited to apply for this Call, identifying specific opportunities that could help them to make ambitious and measurable progress through the innovation lifecycle. This 'Advancing GBV Innovations' Funding Call aligned closely with the [HIF's Strategic Approach](#) to provide end-to-end support for grantees in order to maximise the impact of supported innovations. It is especially exciting in its prioritisation of support for innovation seeking to improve humanitarian response to the needs of women and girls affected by GBV in humanitarian settings. One grant was awarded as a result of this Call, and due to its continued focus on M&E for GBV programming, it contributes to this report. See below *Portfolio* section for details on the project funded.

5. Examples of existing guidelines, frameworks and tools for monitoring and evaluating the effectiveness of GBV programmes include: the M&E framework and indicators in the IASC [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#); The Global Women's Institute's manual on [Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations](#); USAID's [Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum](#); GBV Outcome Area in The International Rescue Committee's Global Theory of Change and related outcome-level indicators; ALNAP's Guide to [Evaluation of Protection in Humanitarian Action](#), which also covers GBV programmes.

THE GBV M&E INNOVATION PORTFOLIO

Our GBV M&E portfolio includes eleven projects that were funded and supported in response to the three Innovation Challenges outlined above. Some of these projects have completed while others are still ongoing. Here we provide a brief snapshot of what each project aimed to demonstrate and what they achieved. These snapshots were developed using individual grantee reports, research and other outputs submitted to the HIF. For further details, please see their respective project pages on our website (provided at the bottom of each description). Following these descriptions, the next section provides a synthesis of findings from across the eleven projects.

SMALL SAMPLE SIZE SURVEYS FOR GBV PROGRAMMES

PROJECT TEAM: Global Women's Institute (GWI), Institut de Formation du Sud (IFOS)

PROJECT STATUS: Completed

This project used the Lot Quality Assurance Sampling (LQAS) method to collect data on population-level GBV indicators in Haiti, including the prevalence of and attitudes towards GBV. It aimed to demonstrate the applicability of small survey sample sizes to inform GBV programmes in humanitarian settings, and explored the challenges and benefits of the approach in comparison to the traditional approach of clustered sampling.

The project found LQAS to be a relatively quick and effective methodology for collecting reliable, population-level data on GBV indicators in humanitarian settings– including both prevalence and attitudes. As a monitoring tool, LQAS demonstrated considerable promise in increasing the ability of GBV programme managers to routinely monitor and assess population-level GBV indicators against a pre-determined benchmark. Its key advantage was its ability to generate specific, actionable data for small sub-areas, allowing programme managers to make timely decisions based on evidence, in addition to presenting substantial cost savings⁶.

See the project page on our website [here](#).



6. [Small Sample Size Surveys for GBV Programming: Main Results Report](#)

SENSEMAKER® FOR MONITORING AND EVALUATING GBV PROGRAMMES

PROJECT TEAM: Queen's University, ABAAD Resource Centre for Gender Equality, UNFPA Lebanon, International Rescue Committee (IRC) Lebanon.

PROJECT STATUS: Completed

SenseMaker® is a mixed-methods tool that collects both qualitative and quantitative data to gather respondents' stories, in this case, women and girls experiences of accessing GBV services. This project tested the tool in Lebanon and aimed to examine the feasibility and added value of using SenseMaker® to generate timely mixed-methods results, and a more nuanced understanding about women and girls experiences of GBV services.

A core finding was that although SenseMaker® was able to generate insights on existing GBV programming, the tool would be most effective for rapid data collection to inform the design of programmes. Specifically, it would be most suited to inform acute humanitarian settings where the environment is rapidly changing, and prompt data is required for responsive decision-making. Additionally, the project highlighted the importance of considering users' ability to interact with the tool, such as their literacy skills and familiarity with digital technology to enable their independent response to the survey. Finally, to successfully implement SenseMaker® as an M&E tool, considerable financial and human resources are required to ensure the tool is thoughtfully integrated into existing M&E activities⁷.

See the project page on our website [here](#).



7. [SenseMaker® as a M&E Tool for GBV Programs and Services in Lebanon: Lessons Learned about Feasibility and Added Value](#)

RAISING THE BAR FOR ROUTINE GBV M&E IN HUMANITARIAN SETTINGS

PROJECT TEAM: International Rescue Committee (IRC)

PROJECT STATUS: Completed

This project developed and piloted validated measurement tools which aimed to measure the impact of GBV case management on psychosocial well-being and felt stigma among Syrian and Somali refugee populations in Jordan and Kenya. The resulting GBV Case Management Outcome Monitoring Toolkit uses two scales which can be used with GBV survivors aged 15 or older (for more information, see here): a Psychosocial Functionality Scale which measures the ability to carry out important daily tasks, and a Felt Stigma Scale which measures internalised and perceived stigma. Together, these two scales aimed to allow practitioners to measure how survivors respond to the support provided through GBV case management, and the extent to which they feel that it helps them and increases their sense of safety. As part of this project, IRC also developed a manual on how to use the Outcome Monitoring Toolkit and a guidance note⁸ on how to adapt the M&E tools to other populations.

Beyond development of the toolkit, this project aimed to assess whether the toolkit was able to measure the outcomes of GBV case management services. **The toolkit successfully demonstrated its ability to capture outcomes either through a one-time measure of psychosocial well-being and/or felt stigma, or a measure of improvement of women and older adolescent girls' recovery over time during case management. In addition, this project demonstrated the toolkit could be easily adopted by existing GBV case management programmes.**

See the project page on our website [here](#).



8. [Annex 3 in IRC 2018. GBV Case Management Outcome Monitoring](#)

EXPLORING INNOVATIVE M&E PRACTICES TAILORED FOR GBV PROGRAMMES: TAKING A LOCAL PERSPECTIVE – SYRIA AND TURKEY

PROJECT TEAM: Syrian Expatriate Medical Association (SEMA), Syria Bright Future (SBF), Women Now for Development (WND)

PROJECT STATUS: Completed

Armed conflict in Syria has been ongoing for over nine years, leaving many women and girls especially vulnerable to GBV. Although there are organisations working to address GBV, there is little information available to assess the impact of this work. This project aimed to review and analyse the methods used for assessing the impact of GBV programmes in Syria by conducting surveys, key informant interviews and focus group discussions.

The research highlighted the main methodologies used and the challenges faced in measuring the outcomes of GBV programmes in Syria. **They found that the M&E being conducted was more focused on measuring short-term outputs rather than long-term outcomes, and that there was a lack of understanding between M&E and GBV programme implementation teams about each other's roles and interdependencies; this was further reflected in a lack of standardised M&E tools and practices. Building primarily on this research, the Whole of Syria GBV Sub-Cluster Turkey hub developed a GBV M&E Toolkit.**

See the project page on our website [here](#).



COLLABORATION OF FRONTLINE ACTORS FOR MORE EFFECTIVE GBV PROGRAMME MEASUREMENT – GREAT LAKES REGION OF AFRICA

PROJECT TEAM: International Rescue Committee (IRC), Programme de Secours aux Vulnérables et Sinistrés (PSVS)

PROJECT STATUS: Completed

This project created a space for GBV practitioners from the Democratic Republic of the Congo (DRC), Burundi and Tanzania to identify challenges in the measurement of GBV programming outcomes and ideate solutions to strengthen the monitoring of GBV programmes in the Great Lakes region of Africa. The challenges identified included the difficulty to collect and assemble data that would allow IRC to gain an overview and better understanding of the client journey across Health and Women's Protection and Empowerment (WPE) services. As most humanitarian services - lack of human and financial resources are also challenges.

The outcome of this work was a problem analysis of the M&E practices for evaluating GBV programmes that targeted displaced populations from DRC and Burundi. The analysis identified the root causes of each of the challenges and used these and design thinking techniques to brainstorm innovative solutions with help from East African innovators. This included ideation around a platform which would allow survivors to be tracked across sectors, as well as provide a visualisation of data at the district, country and regional levels.

See the project page on our website [here](#).



IMPROVING GBV OUTCOMES IN POST-EARTHQUAKE NEPAL – NEPAL

PROJECT TEAM: Oxfam GB, Child Workers in Nepal Concerned Centre (CWIN), Mahila Atma Nirbharta Kendra (MANK)

PROJECT STATUS: Completed

Following the earthquake experienced in 2015 in Nepal, GBV increased as women were displaced and vulnerable. Several programmes were implemented in response to this, but their effectiveness had not yet been evaluated. The project aimed to assess current practices for monitoring GBV programmes, understand the challenges of translating this data into improved programming, identify opportunities for innovation, and document and share the lessons learned.

The project found that impact assessments conducted of GBV interventions during the emergency response were limited. The study identified a range of barriers to GBV service delivery and the M&E of these services including: lack of prioritisation of GBV service provision compared to other basic needs programming, physical geographical barriers, limited staff M&E capacity and resources, and physical safety concerns.

See the project page on our website [here](#).



CREATIVE TOOLS FOR CAPTURING THE IMPACT OF GBV PROGRAMMING – THE PHILIPPINES

PROJECT TEAM: Rural Development Initiatives in the Islands of Leyte Inc., SCHERZ Indigenous Creations, ULIKID Parents Organisation Inc., Northern Samar Children’s Ministries Network (NSCMN), Philippines
TUKLAS Innovation Labs(MANK)

PROJECT STATUS: Completed

This consortium of five civil society organisations was formed to assess the GBV interventions and services offered in Visayas and Mindanao regions of the Philippines in emergency context, both disaster and conflict situations. To achieve this, they conducted desk research, focus groups, interviews, assessments of the structures and materials currently in place, and used human-centered design⁹ to conceptualise and tailor tools to assess the impact of programmes addressing GBV in emergencies. They aimed to generate ideas with affected communities on how best to measure the impact of GBV programming and identify other means of increasing community resilience to GBV.

The consortium identified that although some initial efforts were being made by multi-sectoral government agencies to develop and test methods of data capture for GBV that includes emergency settings, there was as of yet no harmonised data on GBV in the country. Each of the involved government agencies had their respective ways of recording and assessing GBV given their different mandates and interventions offered. They also found that there were few impact assessments, explained partly by the limited capacity and resources for conducting M&E. The consortium also gained a deeper understanding of what interventions were being conducted and what barriers survivors experienced in accessing them, which had not been previously mapped out.

See the project page on our website [here](#).



9. [Human-centered design is a creative approach to problem-solving that starts with the people you are designing for and ends with solutions tailor-made to meet their needs.](https://www.designkit.org/human-centered-design)
<https://www.designkit.org/human-centered-design>

MEASURING THE IMPACT OF GBV PROGRAMMING IN EMERGENCIES – ZIMBABWE

PROJECT TEAM: Childline Zimbabwe, Bindura University of Science Education (BUSE)

PROJECT STATUS: Completed

Following floods in Sipepa in 2016–17 in Zimbabwe, populations were displaced and humanitarian organisations implemented relief programmes. The impact of the relief programmes, however, was not well understood, especially in terms of GBV outcomes. This project sought to review the practices used in M&E of GBV programming and the challenges faced in translating this to better programmes, and to identify any opportunities where innovation could help overcome these challenges.

A core finding of this project was that the assumption that GBV interventions are being integrated into humanitarian response may not hold across all contexts. The team also evidenced the importance of incorporating stakeholders and GBV survivors in the process of data gathering, as it helped increase the acceptance and ownership of results.

See the project page on our website [here](#).



MAKING PROGRESS VISIBLE: APPLYING DESIGN THINKING TO SAFELY AND SYSTEMATICALLY MEASURE THE INTER-AGENCY GBV MINIMUM STANDARDS

PROJECT TEAM: Global Women's Institute (GWI), Trócaire, The GBV Area of Responsibility (AoR) – Task Team on the GBV Minimum Standards

PROJECT STATUS: Ongoing

This project aims to use a human-centred design approach¹⁰ to overcome barriers of accessibility, usability and capacity that prevent humanitarian actors from measuring the Inter-agency GBV Minimum Standards (MS). The project will include developing prototype M&E frameworks and data collection tools through design workshops in South Sudan and Myanmar. The prototypes will be tested with the Minimum Standards Task Team and end-users to better understand and address any potential barriers to adoption throughout the development process. The resulting indicators and field-tested tools will be freely available to the community of practice online.

By the end of the grant, the project team aims to gather learning to answer the following questions:

On the innovative framework and approach:

- Do the developed M&E framework and approach improve users' capacity to adopt the Minimum Standards?
- Do the developed M&E framework and approach inform programmatic decision-making? If so, how so?

On the new outcomes-focused indicators:

- To what extent are the new outcomes-focused indicators able to capture outcomes from GBV programming?

See the project page on our website [here](#).



¹⁰ [Human-centered design is a creative approach to problem-solving that starts with the people you are designing for and ends with solutions tailor-made to meet their needs](#)

ADDRESSING GENDER BIAS WITHIN HUMANITARIAN ORGANISATIONS AND GBV IN EMERGENCIES PROGRAMMING: APPLYING BEHAVIOURAL DESIGN INNOVATIONS

PROJECT TEAM: Paris School of Economics (PSE), Addis Ababa University, Partnership for Pastoralist Development Association (PAPDA), Beth Israel Deaconess Medical Center (BIMDC) at Harvard Medical School (HMS), Harvard Kennedy School

PROJECT STATUS: Ongoing

This project will assess gender biases among humanitarian actors implementing GBV programmes that prevent the adoption of effective M&E approaches. The project aims to demonstrate that addressing these gender biases through gender training at the individual-level and behavioural design innovations at the organisational-level the project can lead to more equitable attitudes and behaviours as well as a more equitable workplace. The project will pilot these strategies among humanitarian organisations to ultimately improve the M&E of humanitarian GBV programmes. These innovations will include new ways of measuring the existence of gender bias and trialing gender debiasing approaches across areas such as hiring, leadership and organisational materials.

By the end of the grant, the project team aims to gather learning to answer the following questions:

On gender bias:

- How do the methods and tools developed to assess gender biases at the individual and organisational level improve on existing practice/gender bias measures?
- How does the ability to assess and track gender bias on both the individual and organisational level inform GBV programming?

On the innovative de-biasing intervention:

- How did the incorporation of behavioural design principles to the de-biasing intervention(s) offer an improvement to existing practice/interventions?
- How does the de-biasing intervention(s) change the knowledge, perceptions and practices of humanitarian practitioners implementing/monitoring GBVIE programming?
- How does the de-biasing intervention(s) change staff perceptions of their organisation's commitment to gender equality, barriers to women's leadership, improved gender policies and processes, and a work environment more conducive to gender responsive GBV programming?

See the project page on our website [here](#).



ACTIONABLE, IMPACTFUL GBV DATA FOR PROGRAMMATIC DECISION-MAKING

PROJECT TEAM: International Rescue Committee (IRC)

PROJECT STATUS: Ongoing

The first recipient of the 'Advancing GBV Innovations' grant, this project builds off the aforementioned 2017 project: *Raising the bar for routine GBV M&E in humanitarian settings: Measuring the impact of GBV case management on psychosocial well-being and felt stigma*. In this innovation's latest iteration, the team will incorporate the proven GBV Case Management Outcomes Monitoring Toolkit onto the **GBV Information Management System (GBVIMS+)**, a data management system that enables those providing services to GBV survivors to effectively and safely collect, store, analyse, and share data related to the reported incidents of GBV.¹¹ By adding automatically calculated key performance output indicators to the system and incorporating the impact indicators from the Toolkit, the project aims to facilitate organisations' capacity to utilise this information to inform and improve programmes, while presenting a significant opportunity for scale.

By the end of the grant, the project team aims to gather learning to answer the following key question:

How and to what extent does the addition of the GBV Case Management Outcomes Monitoring Toolkit indicators on the GBVIMS+ lead to:

- further adoption, and
- facilitate the utilisation of the data collected to inform programmatic decision-making?

See the project page on our website [here](#).



¹¹. <https://www.gbvims.com/what-is-gbvims/frequently-asked-questions/>

SHARING FINDINGS FROM INNOVATION PROJECTS ACROSS THE GBV M&E PORTFOLIO



In this section, we present findings which have emerged from across various projects in our M&E innovation portfolio and/or that may have application for the wider M&E for GBV community of practice. To collate these insights, we reviewed individual project reports and outputs such as research, learning reports and blogs, and drew connections between them. As several projects are on-going, and/or continuing along their innovation journey, this should not be seen as a comprehensive or definitive list, rather a start to synthesising and sharing valuable lessons learned.

M&E TOOLS AND APPROACHES SHOULD BE ADAPTED TO THE SPECIFIC HUMANITARIAN CONTEXT

Our portfolio demonstrates that M&E tools and approaches should be shaped by a diverse range of factors that define the humanitarian context in which they are used. These include culture and attitudes, available skills and capabilities, stage of emergency, and even geography. Rather than taking a 'one-size-fits all' approach, M&E tools and approaches require contextualisation to ensure they can be successfully implemented and ultimately integrated.

For example, the IRC team working on the Outcomes Monitoring Toolkit highlighted that women and girls' experiences of stigma and psychosocial well-being varied across contexts. Because women and girls have diverse lived experiences - where they live, whether they have experienced displacement, what functionality and productivity 'look like' in a given context, or even how depression, trauma, stigma and anxiety take form in a given setting - it was important that the Toolkit was able to respond to these contextualised realities. To do so, the team adapted the data collection tool using context-specific images and references for each context where the Toolkit was tested, and developed a **Contextualisation and Adaptation Guide** within the Toolkit to support tailoring for all contexts where the Toolkit is used.

Context can also influence how data is collected as the skills and capabilities of respondents can vary from place to place. For example, to better understand the lived experiences of women and girls and give them an opportunity to tell their stories unmediated, the team testing SenseMaker® originally planned for women and girls to independently respond to their survey. However, in the early phases of the pilot, the team became aware of the varying levels of both literacy and digital literacy

among respondents. This required the project to pivot - having GBV service providers input data into the tool, which ultimately impacted the time-saving expected from using SenseMaker®. This experience helped shape the team's recommendation that contextual considerations should determine where the tool would be most appropriate to use.

In addition to both literacy considerations, the team also found that the stage of emergency, or programming phase, could provide direction regarding the fit of a M&E tool, or its ability to meet the needs of the given stage. In this example, the team established that SenseMaker® would be most valuable in the earlier stages of programme design because of its ability to quickly gather relevant and robust data that could help shape GBV programmes in humanitarian settings.

For the GWI LQAS pilot in Haiti, the team learned that even terrain type and available travel infrastructure could have a significant impact on M&E programme design. While smaller sample size surveys imply fewer responders, these will need to be more dispersed in order to ensure representation. For the LQAS project, this meant that interviewers took longer to reach respondents due to difficult terrain and limited travel infrastructure.

UNDERSTANDING AND COLLABORATION BETWEEN HUMANITARIAN PROGRAMME & MEAL TEAMS IS NECESSARY FOR EFFECTIVE M&E OF GBV PROGRAMMES

Through our problem recognition projects led by consortia teams in the Philippines, Nepal and Zimbabwe we understand in many emergency contexts there is a general absence of M&E activities for GBV programming. Others noted that even where M&E activities are being implemented, there are disjointed or inconsistent practices and approaches for GBV programming. This was primarily attributed to a lack of capacity and shared understanding or communication between GBV and M&E practitioners. Projects found that M&E staff felt they were unfamiliar with GBV and vice versa, and that information sharing between the two groups was not always straightforward. In part, this may relate to the confidentiality of GBV data, but it may also be due to a limited understanding of each other's roles and a lack of shared tools or indicators. This limited information-sharing and collaboration makes it even more difficult to develop effective programmes, or to employ innovative methods to improve M&E for GBV programming, especially in emergency contexts.

The IRC's project in the Great Lakes region of Sub-Saharan Africa found that data collection around humanitarian GBV programming was inconsistent. It was found to not be sufficiently comprehensive to support multi-sector GBV response teams to safely share data that could support joint work to deliver quality services to women and girls in humanitarian settings. In IRC's case, GBV programming and its M&E were a shared responsibility of the Health, Women's Protection and Empowerment (WPE) and M&E teams. Because of the inherent difficulties in following a survivor across different services together with a lack of standardised indicators and lack of a single data platform, GBV service providers did not have a clear or holistic overview of women and girls' experiences or recovery. This made it hard to measure IRC's full impact. Using **SPRINT**¹² methodologies to create a collaborative space enabled WPE, M&E and Health teams to identify these barriers and generate possible solutions, including the inclusion of GBV health care data within the existing GBVIMS+.

The SEMA consortium's project offered a potential solution to addressing this challenge. One recommendation was that M&E staff could play a more active part in the design of GBV M&E tools to ensure

that they had buy-in and a shared understanding from the beginning. The project team used the resulting GBV M&E toolkit, developed from the findings of their study, to conduct training with both GBV and M&E practitioners to improve understanding between the two groups.

12. <https://www.thesprintbook.com/>

BUILDING SECTOR PARTNERSHIPS FROM AN EARLY STAGE IS KEY TO ENABLING THE SUSTAINABLE UPTAKE OF GBV M&E INDICATORS AND TOOLS

A number of projects in the portfolio found a lack of shared understanding across the GBV sector of what M&E for GBV aims to measure. This has resulted in a lack of uniformity in indicators and tools, with many programmes measuring outputs rather than outcomes. This lack of understanding is further amplified by the sensitivity of the topic, known underreporting, and social norms that make the measurement of GBV outcomes even more difficult. For a set of effective M&E indicators or tools to widely contribute to the sector, they require consistent use across the sector to enable programme comparison.

The SEMA consortium's project to understand M&E for GBV practices in Syria demonstrated how, by connecting to broader networks, it is possible to harmonise methods across actors and disseminate research findings. At the beginning of their project, they took their plans to the Whole of Syria GBV Sub-cluster Hub Turkey, who expressed an interest in supporting and using their research. As mentioned above, their findings have now been incorporated into a [GBV M&E toolkit](#) that promotes the use of standardised M&E tools across northwestern

Syria. This highlights the importance of investing in partnerships early on in a programme to ensure that the findings will be transferable to other organisations.

Similarly, the IRC team driving the [Outcome Monitoring Toolkit](#) leveraged existing networks to disseminate its findings to the community of practice, in addition to building pathways for their innovation to scale. The Toolkit was disseminated among the GBV community of practice through the GBV Area of Responsibility (AoR), Inter-agency Working Group (IAWG), and UNHCR cluster meetings, and is widely available for adoption [online](#). Its research findings have also been shared widely, including at the Sexual Violence Research Initiative (SVRI) Forum in 2019. It is now being scaled throughout IRC's country programmes, while through the Actionable, Impactful GBV Data for Programmatic Decision-Making project, IRC is now working to further scale the interoperability of their indicators by including several in [GBVIMS+](#) - an open-source software system aimed at helping humanitarian practitioners to securely and safely collect, store, manage, and share data on GBV case management and incident monitoring. Partnerships within the GBVIMS+'s Task Team are already proving essential to the work, such as exploration of further opportunities to incorporate the Toolkit's indicators into baseline case management tools, demonstrating promising potential for scale.

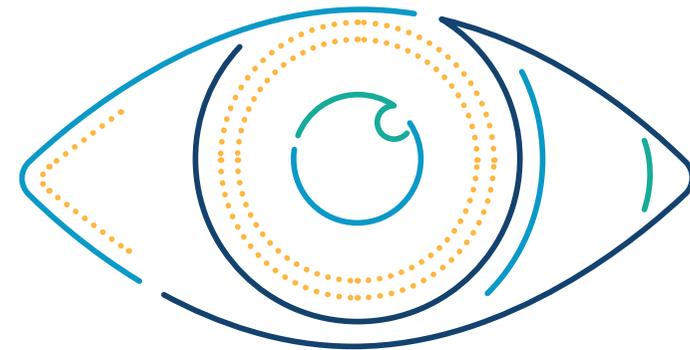
Involving sector partners and networks from the early stages of a project increases the chances of the innovation to be adopted in the long-term. This is particularly important for M&E tools and approaches because they need to be employed across organisations and contexts to reach their full potential and enable the assessment of GBV programmes and their outcomes.

CONCLUSION AND LOOKING AHEAD

This overview of findings from our HIF-funded GBV M&E portfolio demonstrates the valuable contributions made by these innovations to our understanding of, and ability to improve M&E for GBV programming in humanitarian settings. We share these findings to amplify the impact that these innovations could have for the humanitarian GBV community of practice as a whole, and in turn, to lead to improved outcomes for women and girls affected by violence.

We do not do this alone. As seen throughout this overview, the innovators themselves have publicly shared detailed findings and learnings through their own reports and updates. Many of these projects have also been added to the [Global Innovation Exchange](#), a global platform which seeks to provide a reliable database of innovation data for the international development community. We strongly encourage readers to further explore the innovations featured here, and to look out for further progress updates on the innovations shared here and as our portfolio expands.

Finally, we encourage you to get in touch with us with your own reflections, your interest in uptake of any of the work featured here, or opportunities to collaborate to achieve positive outcomes through innovation for women and girls affected by violence in humanitarian settings.





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