

Guidance for Gender Based Violence (GBV) Monitoring and Mitigation within Non-GBV Focused Sectoral Programming

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Part I: Introduction

What is the Purpose of this Document?

This document aims to address the increasing demand for clear **guidance on how to practically and ethically monitor and mitigate gender-based violence (GBV)** within non-emergency, international development programming, in which GBV is not a specific programmatic component. Specifically, it draws on existing GBV-related guidance, as well as input from a group of experts, to provide recommendations for preventing and/or responding to unintentional risk, threat, or violence against individuals related to programmatic interventions. These recommendations describe ways to take stock of the programmatic environment with regard to GBV in general, as well as targeted suggestions on how to track GBV-related incidents and issues throughout the program cycle.

What is GBV and Why is it Salient to Non-GBV Focused Programs?

GBV is one of the most widespread but least recognized¹ human rights abuses in the world, affecting individuals and communities everywhere.² In the broadest terms,

“GBV is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally-defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private.”³

GBV exists because of the differences in power between males and females and is rooted in cultural norms regarding masculinity and femininity, male honor, female chastity and obedience, and male sexual entitlement, an ideology that supports the idea that females are considered to be subordinate to males and that wives are expected to obey and satisfy their husbands (See Box 1).⁴ As a result, a large proportion of GBV is aimed specifically at women and girls. In fact, 35% of women worldwide have experienced either sexual and/or intimate partner violence or non-partner sexual violence.⁵ Though less frequent, boys and men also experience GBV, especially if they have deviated from specific definitions and cultural expectations of masculinity.⁶

In the last two decades, there has been a steady increase in GBV focused research and programming worldwide. In the field of international development, the majority of this work has occurred within the women’s health services sector – especially within the fields of sexual, reproductive, and maternal health (SRMH) and HIV & AIDs – and in the emergency/humanitarian sector.

Box 1:

What does Gender-Based Violence Look Like?

GBV can present itself in many different forms, including:

- **Sexual violence:** rape, assault, molestation and inappropriate touching
- **Psychological violence:** harassment, bullying, insults, controlling behavior, exploitation, or other actions which may cause fear, stress, or shame
- **Physical violence:** beating, burning, or abuse that may lead to injury or even death
- **Socio-cultural violence:** social ostracism, discrimination, political marginalization or social norms that have negative impacts

*Source: VGW-TS1-Case-studies-and-WASH

Given the ubiquity of GBV in our communities, international support has expanded programmatic responses to GBV. Donors within the SRMH, HIV/AIDS and emergency/humanitarian fields have increasingly begun to address violence against women and girls in their policy and programming portfolios, and evidence has slowly accumulated demonstrating best practices to prevent GBV, as well as to care for and support survivors. Furthermore, a large body of internationally agreed-upon guidance has been developed for addressing GBV in general and within these fields, including: ethical and safety principles for GBV research;⁷ tools for GBV data collection;⁸ protocols for the clinical management of GBV;⁹ guidance on approaches for community-based prevention;¹⁰ integrating GBV programming into health services programming;¹¹ and recommendations for preventing and responding to GBV in humanitarian settings.¹² There are also now a number of standard tools for the monitoring and evaluation of programs that specifically address GBV, as well as training curricula for staff and community members.¹³

Though GBV has primarily been a focus within the SRMH, HIV/AIDS and emergency/humanitarian fields, the increased mandate for gender-integrated programming has made GBV a more salient issue in other non-emergency, international development sectoral programming as well.

What is Gender Integration and How has it Informed GBV Sectoral Programming in All Development Sectors?

Gender-integrated programs assume that gender norms, unequal power relations and differences in access to resources influence development outcomes. They, therefore, examine and address possible gender-related issues throughout the project cycle, aiming to achieve desired outcomes while simultaneously being “gender aware” and moving towards greater gender equality. At a minimum, they are “gender accommodating” (i.e., they recognize and work around gender inequalities and norms) and at best, they are “gender transformative” (i.e., they seek to reduce gender inequality and modify norms).¹⁴ In keeping with the fundamental development framework of “Do No Harm”¹⁵ (See Box 2), gender-integrated programs should strive to never be “gender exploitative,” wherein they intentionally reinforce or take advantage of gender inequalities.¹⁶

Box 2: “Do No Harm”

The Do No Harm analytical framework was originally developed as a tool to design/re-design, monitor and evaluate humanitarian and development assistance programs so as to minimize conflict. Specifically, the framework:

- Identifies the categories of information that have been found to be important for understanding how assistance affects conflict;
- Organizes these categories in a visual lay out that highlights their actual and potential relationships; and
- Helps us predict the potential negative impacts of different programming decisions, and identify possible opportunities to avoid harm.

For more information on “Do No Harm” please consult the foundational work by Mary B. Anderson *Do No Harm. How Aid can Support Peace - Or War* and the wealth of information at the Collaborative of Development Action’s (CDA) website: www.cdainc.com/. CARE also has an annotated bibliography of resources relevant to “Do No Harm” in the context of GBV, available at <http://gender.care2share.wikispaces.net/Do+no+harm+guidelines+for+GBV>.

Recognizing the importance of gender integration, a variety of U.S. and international agencies and donor organizations have developed specific policies mandating gender integrated programming (See Box 3). As a result, sectors such as agriculture and food security, nutrition, economic empowerment, education, and water, sanitation, and hygiene (WASH) are increasingly paying attention to gender disparities and their influence on program outcomes and vice versa. It is primarily due to this heightened focus on gender integration in all sectors of development that programmatic staff have become more aware of GBV as a critical issue affecting their target populations and thus program implementation and results. Three notable areas where GBV and sectoral programs have been found to intersect include:

1. GBV as a barrier to achieving project goals.

Some programs involve participation or recruitment strategies that leave women and girls vulnerable to GBV, making them reluctant to partake in activities that may be integral to the success of the program. For example, in both urban and rural contexts, women and girls regularly face harassment and fear sexual assault and rape when going to the toilet – especially after dark. As a result, they may be less likely to use the WASH facilities in their communities, and/or they may delay eating and drinking in order to wait for an opportune time to relieve themselves.¹⁷ Also, school-related GBV – in the form of sexual, physical or psychological violence – is one of the overarching reasons that girls’ primary school completion rates often lag behind that of boys’, as does their rate of transition to secondary school.¹⁸ Furthermore, programmers and researchers alike have found that GBV is a fundamental indicator of gender inequality, as well as a major obstacle for programs to be gender transformative. It is negatively correlated, for instance, with predictors of gender equity, including a woman’s decision-making power, her representation within the community, and her control over household assets.¹⁹

2. GBV as an unintended program effect: All programs, by their very presence, potentially create both direct and/or indirect changes in their targeted communities. These changes are often a combination

Box 3:

Policies on Gender Integration

A variety of bilateral and multilateral agencies and donors organizations have developed specific policies promoting gender integration throughout the planning, implementation, and monitoring and evaluation of development initiatives across all technical sectors. Examples include:

- **The United States Agency for International Development (USAID) adopted the Gender Equality and Female Empowerment Policy in 2012 to reform budgeting and reporting requirements in order to track outputs and outcomes related to gender equality and female empowerment.²⁵**
- **The Millennium Development Goals (MDGs), provide global guidance on addressing gender issues in health and development programs. Specifically, Goal 3 of the MDGs seeks to promote gender equality and empower women.²⁶**
- **The World Bank adopted a strategy for mainstreaming gender responsive action into their development assistance work in 2001.²⁷**
- **The Global Forum on Agricultural Research (GFAR) initiated the Gender in Agriculture Partnership (GAP) in 2013 to “place gender equity and women’s empowerment at the heart of agricultural policy, research and development, capacity-development and institutional-building agendas.”²⁸**
- **The United Kingdom’s Department for International Development (DFID) first shifted from “women in development” to a gender and development (GAD) approach in 1985. However, following an intense period of policy development, DFID published their most current and thorough policy on gender equality, “Poverty Eradication and the Empowerment of Women.” In 2014, a new law was passed requiring attention to gender equality in UK foreign assistance programs.²⁹**

of intended and unintended outcomes. Also, it is important to note that when a program is working to alter societal/structural factors that challenge existing gender roles and norms, GBV can emerge as an unintentional programmatic consequence. At times, this outcome can occur despite specific programmatic attempts to positively influence gender norms. For example, when programs seek to improve gender equality by including women in programmatic processes, women may take on more culturally traditional male roles, such as being part of a program committee or accepting a paid task. As a result, women may face psychological abuse, like becoming the subject of scorn by community members who are threatened by their new role, or they may be subject to physical violence from partners who do not appreciate how women's new responsibilities reduce their time to tend to duties at home.²⁰ Similarly, when programs aim to empower women by improving their access to and control over economic resources, they may succeed in putting resources in women's hands, but the resulting challenge to normative household power dynamics may cause higher incidents of GBV overall.²¹

3. Personal safety and health of project staff: Even if a program does not have an explicit focus on addressing GBV, people experiencing GBV in a targeted community may disclose their experiences to program staff in the course of program activities and interactions. While it is necessary for project staff to be trained to respond appropriately in these encounters,²² they may also face threats to their personal safety (for "interfering" in sensitive family and/or community issues if they get involved) and/or emotional trauma through listening to survivors' stories.²³ Additionally, project staff in the field may be at risk of GBV themselves in the course of site visits and travel.

Why do we Need this Guidance?

Providing GBV-related support and services is a logical extension of many women's health services and humanitarian programs, because providers in both of these sectors deal with the immediate consequences of GBV. However, the relationship between GBV and programmatic streams in other sectors is less direct as most sectoral staff are not individual health service providers and do not have specific training around GBV monitoring and mitigation. However, in light of the emergent nature of gender integration and the needed attention to GBV in all sectors, practical guidance on GBV monitoring and mitigation is needed even for sectoral programs that do not have a GBV focus or programmatic stream.

For example, the WASH sector has made recent strides towards providing this type of guidance for WASH-specific programs in a toolkit released in 2014, *Violence, Gender & WASH: A Practitioner's Toolkit*.²⁴ Ideally other sectors such as agriculture and food security, nutrition, economic empowerment, and education will be able to engage in a similar process to develop sector-specific toolkits. In the interim, this guidance aims to fill the gap and provide generic guidance across sectors.

Who is the Intended Audience for this Guidance?

This guidance is designed for program staff who lead the design and implementation of programs in the sectors of agriculture and food security, economic empowerment, nutrition, and education. We assume that these programs do not have GBV as a primary or exclusive focus: GBV may arise as an issue in the course of implementing program interventions, but it is not an explicit component of the program with funding and indicators attached to it from the outset.

What was the Process for Developing this Guidance?

The guidance was developed in three stages:

1. An extensive literature review was completed on all available guidance and protocols for GBV-related programming. A synopsis of the primary documents on the existing guidance around the monitoring, mitigation, and evaluation of programs to address GBV – developed primarily for the health and humanitarian sectors – is presented in the CARE GBV Wiki page.³⁰ The following summarizes the key types of existing health and humanitarian guidance reviewed in document that pertains to conducting GBV-related programming and research (*these documents are largely used for training and educational purposes*):
 - Ethical and safety principles for conducting GBV research
 - Tools for GBV data collection within different populations (e.g., women, children, criminalized populations, etc.)
 - Guidance on GBV indicators that have been developed as part of global collaborations involving multi- and bi-lateral donors, foundations, scientists, independent researchers, NGOs and civil societies
 - Clinical management protocols for GBV survivors
 - Addressing GBV within the context of humanitarian settings
2. CARE convened an Expert Group Meeting on GBV Monitoring & Mitigation in Sector Programs on March 17-18, 2014. The aim of the meeting was to generate recommendations for non-humanitarian sector programs on good practices for monitoring and mitigating GBV risk throughout the program cycle, adhering to the Do No Harm framework. The meeting also sought to explore additional recommendations for specific published or gray literature guidelines or reports not immediately identified in the primary literature review. Experts provided recommendations based on their experience working in both sectoral programs and GBV.
3. The information from existing guidance and the input from experts were synthesized into the current document.



Part II: Recommendations for Sectoral Program Staff

Gender-integrated sectoral programs (or those that are in the process of integrating gender) that do not have an explicit focus on GBV should take steps to monitor and mitigate GBV. What steps to take depends on several factors, such as the stage of program design and implementation and the extent of gender integration into the program. **That GBV takes place everywhere has been supported by decades of research. Thus, it is safe to assume that some level of GBV exists in the intended program area where you work. Given the high prevalence of GBV, ideally all programs should consider possible unintended consequences related to GBV.** These effects can be both sector specific and/or general to all sectors, depending on the socio-cultural context in which the program is taking place. While high-quality gender integration into a program is a fundamental step towards preventing and/or mitigating GBV, there are particular actions a program can take in addition to their gender integration efforts to ensure they are paying particular attention to GBV.³¹

Regardless of the starting point, plans for the monitoring and mitigation of GBV can be made in small phases that are feasible to implement and that build up to what seems logical within the context of the program. Below are suggested guidance for steps that can be taken during program design and implementation.



STEP 1: LEARN ABOUT GBV NORMS AND PREVALENCE AS PART OF THE ALREADY PLANNED GENDER ANALYSIS PROCESS FOR THE PROGRAM.

Conducting a gender analysis is one of the key steps to integrating gender into sectoral program implementation. A gender analysis is a systematic way of examining the roles and norms assigned to people based on what sex they are, and exploring the power differentials that exist between women and men, and girls and boys.^{32,33} While techniques can vary across organizations and sectors, there are some simple things you can do to learn about GBV during any gender analysis:

- Ensure that the data are collected, analyzed, and reported separately for different age groups and for women and men, girls and boys. This type of sex and age stratified approach will allow you to explore the specific inequities based on gender in the community and understand what existing gender related hierarchies your program might be challenging.

TABLE 1: SOURCES FOR OBTAINING GBV-RELATED INFORMATION

Type of Information	Source
The prevalence of GBV	<ul style="list-style-type: none"> • Demographic Health Survey (DHS)³⁸ • Quantitative and qualitative studies³⁹
GBV context (attitudes, norms, legal context)	<ul style="list-style-type: none"> • Qualitative data from non-governmental organizations (NGOs) • Local women’s organizations and key informants • DHS⁴⁰ • International Men and Gender Equality Survey (IMAGES)⁴¹ • Quantitative and qualitative studies⁴² • Policy and legal context data⁴³ • Participatory data collection activities
Services available for GBV survivors	<ul style="list-style-type: none"> • Qualitative data from NGOs • Local women’s organizations and key informants • Resource mapping activities

- Look to existing data sources to understand prevalence estimates of different types of GBV. Research on the prevalence of GBV in 90 countries shows varying levels of the problem worldwide.³⁴ Existing data are available for most countries through either the Demographic and Health Surveys,³⁵ or the WHO Multi-County Study.³⁶ Also check to see if any community-based quantitative or qualitative studies have been conducted that speak to the prevalence of GBV in the specific area where your program will be implemented.³⁷ If you cannot find any specific data on GBV prevalence for the country, region, or community in which the program will be implemented, remember that GBV takes place everywhere, thus it is safe to assume that some level of GBV exists in the area where you will be working.
- Learn about GBV and gender norms related to GBV in the project community as a part of your gender analysis activities. Most gender analysis processes include activities and steps to understand gender norms that are linked to achieving your sector specific project goals. This is already a first step in understanding gender norms related to GBV, as some of what you are already exploring is also linked to GBV. To uncover GBV norms and additional gender norms related to GBV in the project community, remember:
 - > The same sources used to identify GBV prevalence can also offer good information on norms [See Table 1]. For example, attitudes about the acceptability of wife beating, often comprised of at least five items, are an excellent way of gauging gender norms that are directly correlated with levels of violence against women and girls across regions. These items appear as standard questions asked in the core questionnaire in the Demographic and Health Surveys.⁴⁴
 - > There is value in using qualitative data to explore community context.
 - Reach out and speak to women’s organizations and key informants from the project area as they can offer much richer information on community context than quantitative data and can provide valuable information about the local patterns and norms related to GBV.



- Integrate questions about GBV context into planned assessments for other aspects of program planning. Ask community informants about norms, how cases are handled, available resources, and other aspects of GBV that pertain to the community. You can use different kinds of participatory methods such as community storytelling⁴⁵ and role-playing⁴⁶ as tools to gather this kind of information. **This approach does not and should not include asking individuals about their own experiences of violence.**⁴⁷
- > As a part of your gender analysis, you might already be looking at the policy and legal environment around specific areas of women’s and girls’ rights relevant to your sector. While doing that, also try to understand the policy and legal environment for GBV at the country, state, and/or provincial level. For example, be sure to assess legal structure versus customary law (many countries have dual systems).⁴⁸ It will help you have a better understanding of the larger GBV context that then plays out in the project community.

STEP 2: CREATE OR FIND A REFERRAL LIST OF COMMUNITY RESOURCES AND SERVICES FOR PEOPLE EXPERIENCING GBV.

A referral list should be readily available to all program staff so that they understand what GBV resources are available in the project community and are prepared if GBV emerges or is disclosed as an issue during project activities. A referral list usually provides the name of each resource, the support it provides, and how they can be reached. The referral list can be organized in a notebook, in a box of file cards, or in a computer file and printed and bound for use. There are sample templates for resource directories and referral flowcharts,⁴⁹ however, generally, the list of resources should include:

- **Formal support systems:** health facilities or personnel in case medical treatment is necessary; police for official reports, if a court case will ensue and for ensuring personal safety; social welfare resources, such as safe places to stay; counselors for psychological support; and other services provided by other organizations in the community that engage in the prevention of and response to GBV, including other NGOs and community organizations working in areas related to GBV.
- **Informal resources:** social networks; community groups (especially existing women's groups); trusted individuals (people who have been champions to speak out about positive male norms, and the unacceptability of GBV); religious leaders and community leaders. Informal resources will be context-dependent. For example, resources available in urban and rural environments will differ. Your efforts during the gender analysis process to reach out to women's organizations and key community informants can provide important insight into the informal networks, community groups, and key individuals that survivors can reach out to for assistance.

When you reach out to women's organizations and key informants during the gender analysis [as is suggested earlier], you might discover that such a referral list already exists and your project does not need to actually create one. If, however, that is not the case, you will need to create one.

The information you need to collect to create a referral list can easily be collected as part of your existing assessment activities for program planning. For example, most programs carry out a sector specific resource mapping exercise to understand the current resource context. By adding an additional component to such an exercise during which questions about formal GBV resources are incorporated, you can gather the information you need for the formal resources part of your referral list.⁵⁰ Additionally, as suggested earlier, if as a part of your gender analysis process you collect qualitative data to understand the GBV context in the community, the information gathered can be tailored to gather the information you need regarding the informal resources portion of your referral list.

STEP 3: ENGAGE THE COMMUNITY AND PARTNER ORGANIZATIONS IN PROGRAM PLANNING.

While it is good practice for program planning in all development sectors, engaging the community and partner organizations can be especially beneficial to preventing or mitigating GBV related issues that might emerge in a project (This is a step that should usually take place as part of a project's gender analysis process.):

- **Involve relevant community members.** This step enables the community to learn about how the program will operate and offer information on how the program may positively and/or negatively impact community norms and existing gender roles and inequalities.

- **Involve existing community groups.** Different programming sectors necessitate engagement with different types of groups. For example, in agricultural programs, existing producer groups and co-ops that have already involved women can offer valuable information based on their own experience about the potential unintended effects of a program and the gender and GBV related barriers that need to be taken into account.
- **Engage men and gatekeepers in the community.** If your program plans to engage the participation of women and/or girls in different activities by inviting them, for example, to attend meetings or groups, men can often become suspicious. To reduce the risk of violence that may result from this suspicion, it is important to – at the outset– inform the men and gatekeepers of the community of the project’s goals and expectations for female program participation. Informing the men and gatekeepers in the community at the outset about the project’s goals and expectations for female participation can go a long way in reducing the risk of violence at the outset.
- **Engage key individuals and organizations who are already working in the community.** Reach out to extension workers, health workers, and other existing development actors who might have already received gender training, or might have experience with some aspects of gender and development. Think about who will be allies in all the various levels at which the program work will take place and who can partner with your project to mitigate or prevent any potential unintended GBV effects. Some of the organizations or individuals could potentially be appropriate for the referral list outlined in STEP 2.⁵¹



STEP 4: THINK OF WAYS TO INCLUDE THE TRACKING OF GBV-RELATED INCIDENTS OR NORMS WITHIN THE PROGRAM'S OVERALL M&E PLAN.

From the GBV specific information gathered during the gender analysis process (as suggested in STEP #1), identify the key factors for your sector and your specific project that can trigger GBV and think about how you would monitor these factors. That is, during the design phase of the program, you should proactively anticipate possible GBV-related repercussions from your programs and think about how to keep track of them (monitoring events).

- Consider building into the project's M&E plan regular community level check-ins that can be used to gauge the overall community's reactions to the project. This is elaborated further in STEP #2 in the next section on the Implementation Phase.
- Use appropriate indicators to account for activities and events in the monitoring of anticipated and unanticipated consequences, allowing for mid-stream or ongoing risk mitigation. Resources to look into include *Violence against Women and Girls, A Compendium of Monitoring and Evaluation Indicators*⁵² for quantitative indicators, and the *SASA! Outcome Tracking Tool*⁵³ for an example of a mixed methods approach to gauging through observation community knowledge, attitudes, and behaviors related to GBV.
- Monitor GBV incidents using a simple tracking system to document events staff hear about and observe. This entails developing a simple, anonymous and confidential tracking system that community volunteers/staff can use to document when they observe/hear about GBV incidents, in the program context. It could be as simple as creating a short form or keeping a notebook where staff can record what they have seen or heard without using names or any other identifiers. This approach will enable the project to regularly look and see if there are any spikes in GBV incidents linked to the timing of specific project activities and then plan on ways to mitigate such events. As an example, the Center for Domestic Violence Prevention (CEVOVIP), a Ugandan civil society organization that works in close partnership with Raising Voices, currently is piloting a simple recording form and accompanying training modules for their program's community liaisons to record instances of GBV in the community. The form ensures that data recorded include no information that would identify a survivor, and also documents referrals offered. The two accompanying modules train community liaisons in how to provide supportive responses to survivors and how to record and store information to ensure confidentiality and safety for survivors.⁵⁴ Additionally, you can also look at the GBV Classification Tool that was developed to support the GBV Information Management System – the tool provides an example of how to classify GBV incidents using a simple decision tree.⁵⁵

STEP 5: CONSIDER INCLUDING ACTIVITIES IN YOUR PROGRAM THAT HAVE THE POTENTIAL TO PREVENT GBV.

When designing your sector specific intervention, consider including activities that have the potential to more broadly change community gender norms. This step promotes a greater community understanding and support for increased gender equality in mobility, education, economic control and household decision-making, as well as decreased tolerance for violent behavior.⁵⁶ Consider the following in your program activities:

- Partnering with organizations that have GBV expertise to provide GBV-related trainings to the groups you are already going to work with, e.g., producer groups, mothers groups, Village Savings and Loans groups.
- Working with local organizations that have expertise in facilitating single-sex safe spaces for critical reflection on men's/women's own experiences of gender norms and expectations, followed by opportunities for mixed sex dialogue and reflection.^{57,58}

STEP 6: ALLOCATE RESOURCES IN THE PROGRAM BUDGET FOR GBV-SPECIFIC INQUIRIES AND TRAININGS.

Consider dedicating budget lines to carry out the GBV specific inquiries elaborated on earlier (e.g., the information needed to create a referral list, the reaching out to women’s organizations, and the gathering of information as a part of the gender analyses process), as well as trainings for staff. If budget lines for the GBV specific pieces are outlined during the planning stage, staff are more likely to be better trained and resourced to handle GBV in an ethical and appropriate manner when and if it arises during program implementation. These budget items can easily be built into broader budget lines for the gender analysis activities, as well as the gender related trainings that are required for gender integration and are often mandated by funders. Since addressing GBV is not an explicit program goal or object, the budget line should reflect what the program can realistically accomplish within the scope. For example, training staff on what GBV is and how to handle unexpected GBV-related events (see section below on staff training for details) would not require changing the focus of sectoral programs, but would help ensure that program staff were prepared to deal with arising issues connected to GBV.

KEY POINT

It is ideal to consider GBV as a relevant concern from the very beginning, i.e., the planning stage. Yet, your project can take key steps to address GBV at any stage – and can do so by starting with the Design phase steps outlined here. Thus, if your project is already in the implementation phase, the recommendations shared here can still be taken up midstream. It is never too late in a project cycle to start monitoring and mitigating GBV.



Several specific steps during implementation can facilitate monitoring and mitigation of GBV in sectoral programs.

STEP 1: STAFF TRAINING

Sectoral staff need training so that they can be prepared to help monitor and respond to GBV during program implementation. Since programs have not been designed to specifically address GBV, staff may be unfamiliar with basic but critical issues connected to GBV. These include basic concepts such as definitions, the reasons for the occurrence of GBV, how socio-cultural context influences GBV, as well as practical skills such as nonjudgmental listening skills to offer support to someone who discloses their experience to program staff. Training in basic GBV should be planned as part of the process of gender integration. Training on GBV should not be considered a one-time activity. It is important to have ongoing capacity building opportunities throughout the project cycle and to offer refreshers from time to time.

Training in basic GBV concepts

- Explore and understand staff attitudes and knowledge around gender and GBV, perhaps through small group discussions or individual conversations. This information will serve as a baseline for how people feel/where their knowledge is, as well as information on how to tailor the training.
- Define GBV: What GBV is, what constitutes a GBV case, and why GBV takes place. See for example:
 1. Short introductory materials such as, USAID IGWG's *Gender-based Violence 101: A Primer*.⁵⁹
 2. The comprehensive community activism course in the Raising Voices' resource *Mobilizing Communities To Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa (Mobilizing Communities Appendix, pp. 262-33)*.⁶⁰
 3. Additional training resources for staff training and capacity-building in the context of conflict and post-conflict settings listed at the Virtual Knowledge Center to End Violence Against Women website.⁶¹

Training in skills and procedures for responding to GBV when disclosure occurs

- Build staff capacity to offer first-line support to survivors of any type of GBV, including the following:⁶²
 - > Develop skills to offer empathetic listening, nonjudgmental attitude, and the ability to validate what survivors say. For example, use statements such as "it's not your fault". It is not recommended to try to counsel survivors (i.e., to tell them what to do). Help them understand their options, and let them make their own decisions about what to do – they know their lives best. Some key characteristics of empathetic listening and non judgmental attitudes are:
 - Providing practical care and support without intruding on a survivor's autonomy
 - Listening without pressure for the survivor to respond or disclose
 - Offering comfort and help to reduce anxiety
 - > Provide information about and help survivors connect to services in the community. If there is not a community resource list, develop one (See Design Phase, STEP 2).
 - > Help survivors of GBV create a plan that ensures their own safety and – when appropriate – the safety of their children. Build on what is already taking place in the community⁶³ (See Design Phase, STEP 1).
- Stress the importance of maintaining privacy and confidentiality, as this is paramount to survivor safety. Disclosure of GBV often places the survivor at risk of backlash violence, if the family/partner/perpetrator finds out about the disclosure or help-seeking. There is also social stigma and ostracization linked to being a survivor and the airing of "private matters" with outsiders. Hence, any interaction where GBV is disclosed must be guided by the principle of minimizing unintended additional violence or other harm to the survivor.⁶⁴ At the same time, staff need to understand the limits of confidentiality related to mandatory reporting. Identify and understand relevant policies and local legal structures. Staff will need to know when they are legally required to report cases to authorities and what actions must be taken to do so. For example, in the cases of child abuse and neglect, many countries have mandatory reporting procedures.
- Use case studies or role plays in training to demonstrate how to handle GBV-related issues as they arise during program implementation, especially during focus groups or other group discussion activities.
- Recognize that responding to or working in the area of GBV can cause trauma to staff. Resources should be described and made easily available so that staff can get the help they need [more on this is described in the upcoming section on Organizational Policy recommendations].

STEP 2: BUILD INTO YOUR M&E ACTIVITIES WAYS TO OBSERVE AND INVESTIGATE GBV-RELATED REACTIONS TO THE PROJECT WITHIN THE COMMUNITY.

- Use existing project platforms and groups to hold social dialogues about how the program is affecting the community. Consider where and how these dialogues should be held to ensure women's safety and privacy. To conduct ethical and effective dialogues without condoning violence, it is important for the facilitator to reflect on and clarify their own values and attitudes – and to be able to engage communities in exploring their values, attitudes and experiences of GBV. To get started, see SIDA's tool on conducting dialogues, which describes the steps involved.⁶⁵ Also see CARE's in-house training materials on facilitating Social Analysis and Action with communities and GBV Dialogue tools developed by CARE International in Vietnam.⁶⁶
- Remember that if assessment activities have a component focused specifically on GBV, the team will need additional specialized GBV training on topics, such as being aware of the effects that questions may have on respondents, how to ensure confidentiality, the importance of obtaining informed consent, and referral practices when applicable. The training should also provide role play instructions for various situations that may be encountered. During fieldwork, regular debriefing sessions and counseling should be held to give the research team an opportunity to debrief on emotions and the content of what they're hearing. There should also be space to brainstorm solutions to unexpected problems.⁶⁷
- Engage both women and men in the community. Consult with women's groups and local organizations about how to best reach women and men for feedback on project implementation and impacts in the community. Capture positive project impacts, while also anticipating and documenting negative consequences (especially as they relate to GBV).
- Whenever possible engage influential leaders, program beneficiaries, and other key stakeholders in private dialogues. Ask questions about how people are reacting to the intervention and whether anyone is reporting risks, threats, or violence as a result of project activities.
- Incorporate gender into analysis of attrition for program beneficiaries, as well as program staff. For example, ask if women or men (or boys versus girls) are dropping out of the project more quickly, or if it is more difficult to recruit men over women or vice versa. If there are differences, find out why. At the same time, monitor changes in staff attitudes/skills/behaviors, as staff members might undergo transformations themselves. These changes can occur because of new exposure to gender-related issues that are being addressed in the program, or due to GBV-related issues, which the program is now addressing. Program staff need to feel safe and need resources to turn to in order to deal with their own emotional well-being and threats to personal safety.
- The M&E plan should have flexibility built into it. A review/revision of the monitoring tools should be planned every 6 months to account for new information that needs to be monitored and evaluated (e.g., unanticipated negative events that may emerge).

STEP 3: ESTABLISH A PROTOCOL PERTAINING TO WHAT ACTIONS SHOULD TAKE PLACE WHEN AND IF INCIDENTS OF GBV OCCUR DURING PROGRAM IMPLEMENTATION.

As your program is implemented it is very important that a clear protocol is in place for responding to incidents of GBV. All program staff should be made aware of the protocol and program supervisors and managers should have accountabilities put in place for its consistent implementation. The protocol should describe the following in detail:

- Exactly how to record GBV incidents and who on the project team should be informed. As described in the planning phase, programs should seek to monitor incidents as they come up, using a simple tracking system. These GBV incidents include those that staff may hear about indirectly, as well as those that a survivor discloses directly. Tracking these incidents will enable staff to: have a clear picture of what is taking place during program implementation; ensure that unanticipated events are being recorded; and make needed changes to the program activities in order to mitigate unintended negative outcomes.
- Guidelines on how to respond to a survivor disclosing an incident of GBV to a program staff member. This could be a tip-sheet outlining the key skills highlighted earlier in the training section on “skills and procedures for responding to GBV when disclosure occurs”. The key components of the tip sheet should include:
 - > How to respond with an empathetic ear and non judgmental attitude
 - > Maintaining confidentiality and privacy
 - > Sharing and connecting to resources/referrals

“Do’s and Don’ts”

The following list of Do’s and Don’ts are general guidelines for program staff during program implementation phase:

Do’s:

- **Provide an empathetic ear if a survivor raises the issue of violence and wants to talk.**
- **Budget for and carry out training on basic GBV concepts and skills and procedures for first-line support when GBV is disclosed.**
- **Have a referral list available, as described earlier in the planning phase. The referral list can be developed at any stage, however, so it is not too late to start it during the implementation phase of a program if missed in pre-planning.**
- **Engage in different activities as part of the program M&E to monitor GBV-related community reactions to the program.**

Don’ts:

- **Don’t ask personal questions about GBV.**
- **Don’t assume that confidentiality is a given: take steps to ensure confidentiality.**
- **Don’t let staff give out personal phone numbers or become a case manager.**



Gender Integration into Organizational Policies

In addition to the program-specific recommendations provided, there are also organizational-level considerations that non-GBV focused sectoral programs should review in order to be better equipped to handle GBV as it arises in their programs and within their organizations. The organizational policies should include explicit reference to GBV and reflect how the organization itself and its programs view and handle issues and incidents related to GBV experienced by both staff and program beneficiaries.

Organizational Policy Suggestions⁶⁸

Organizational policies should have buy-in at all levels to:

- Provide explicit support and response for survivors of gender-based violence, whether the violence perpetrated was outside or within the organization.
- Explicitly state zero tolerance for sexual harassment, exploitation and abuse within the workplace.
- Have a specific policy and implementation plan with clear accountability for prevention of sexual harassment and abuse by staff against program participants, as well as enforcement of consequences for any acts committed.
- Include investigation and reporting protocols, with a designated point of contact for staff members who have questions or concerns or who wish to lodge a complaint.
- Legal departments should have a method for tracking situations where abuse, exploitation or harassment have taken place.
- Include policies in orientation of all new staff hires, and especially to senior staff. Institutional level policies must have buy-in at all levels.
- Include policies on how to communicate about GBV in an ethical and sensitive way.

Often, services such as the police, health facilities and so on have a gender-point person. In sectoral programming, this would be a person in a broader gender working group (at least someone on the team should have basic GBV training) to serve as coordination point and think about minimum standards, keeping GBV on the radar and the organization's commitment to gender and gender integration.

Sections I and II of this document have sought to provide an overview and basic steps for how programs can practically and ethically monitor and mitigate GBV in non-emergency, international development programming, where GBV is not a specific programmatic component. Section III provides more detailed resources that programs may wish to consult as they implement the above guiding principles and steps to address GBV.

PART III: Resources

The aim of this section is to reference key existing guidance documents, tools, and resources—but it is not exhaustive. This section also includes selected documents that provide different types of information that may be useful for persons wanting to explore the topics in more depth.

Background Information

Bloom, S. Pre-Meeting Review of Existing Guidance. CARE, 2013

This presents a synopsis of primary documents comprising the existing guidance and M&E tools pertaining to GBV that were reviewed as part of the development of the “Guidance for Gender Based Violence (GBV) Monitoring and Mitigation within Non-GBV Focused Sectoral Programming” document. The guidance documents and tools in the review document are meant to be used to address GBV in a more comprehensive manner than may be practical for sectoral programs, but they do provide the foundation for developing guidance for programs where addressing GBV is not an explicit objective. Not all guidance documents on GBV M&E are included here, as many just reiterate what the standard (e.g., WHO documents) guidance said. Rather, it covers the documents that are considered to be the current standards on GBV M&E. Available at: <http://preview.tinyurl.com/PreMeetingReview>

Abstracts of Peer Reviewed Journal Articles of Interest. CARE, 2013

This is a list of peer-reviewed journal articles that illustrate the breadth of information available on GBV and its impacts and relationships with development outcomes. Available at: <http://tinyurl.com/JournalArticleAbstracts>

García-Moreno C, Pallitto C, Devries K, et al. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization; 2013. Available at: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

This report shows that violence against women is pervasive globally. The findings send a powerful message that violence against women is not a small problem that only occurs in some pockets of society, but rather is a global public health problem of epidemic proportions, requiring urgent action. It shows, for the first time, aggregated global and regional prevalence estimates of these two forms of violence, generated using population data from all over the world that have been compiled in a systematic way. The report also details the effects of violence on women’s physical, sexual and reproductive, and mental health.

Mehra R, Gupta GR. Gender mainstreaming: making it happen. International Center for Research on Women (ICRW). 2006:1-34. Available at: <http://www.icrw.org/files/publications/Gender-Mainstreaming-Making-It-Happen.pdf>

This paper argues that it may be too soon to pass judgment on gender mainstreaming because from the perspective of a development agency, the most critical element of mainstreaming – mainstreaming in operations – has not yet been seriously attempted. Implementation has focused solely on internal organizational dimensions, such as staffing, policies, developing indicators, and training of all staff, which are often interpreted as preconditions or precursors to interventions at the operational level. This paper asserts that although mainstreaming gender in operations requires some of those organizational elements, it does not have to wait for all those changes to be implemented. It can begin in an entrepreneurial and strategic way and show success in small measures so as to gain credibility.

Report of the independent expert for the United Nations study on violence against children. United Nations General Assembly; 2006:1-34. Available at: <http://adc.bmj.com/content/97/8/679.short>

This report provides a global picture of violence against children and proposes recommendations to prevent and respond to this issue. It provides information on the incidence of various types of violence against children within the family, schools, alternative care institutions and detention facilities, places where children work and communities. The Study is accompanied by a book, which provides a more detailed account of the Study.

The Study was prepared through a participatory process, which included regional, sub-regional and national consultations, expert thematic meetings, and field visits. Many Governments also provided comprehensive responses to a questionnaire transmitted to them by the independent expert in 2004.

Willman AM, Corman C. Sexual and gender-based violence: what is the World Bank doing and what have we learned? World Bank; 2013. Available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/12/09/000461832_20131209163906/Rendered/PDF/832090WPOsexua0Box0382076B00PUBLICO.pdf

This report is an effort to take stock of the experience of the World Bank in addressing SGBV, from 2008 to 2013, in order to capture lessons for engaging more strategically on this issue across the Bank portfolio. It is geared primarily toward World Bank staff to strengthen the institution's responses to this development challenge. The report begins with an overview of SGBV prevalence, followed by an explanation of the review methodology, and an overview of recent Bank investment by sector, region and lending instrument.

The bulk of the report is devoted to a discussion of the evidence base and current World Bank involvement in key areas of SGBV response and prevention. For each area, the dominant theories of change and available evidence base are described, followed by a discussion of relevant Bank experience in this area. This is followed by a summary of cross-cutting lessons. The report concludes with recommendations for engaging more strategically on SGBV in Bank client countries.

Sector- and Population-Specific Resources & Information

a. Education

Pawlak P, Sass J, Watts J, Brown R. School-related gender-based violence in the Asia-Pacific region. United Nations Educational, Scientific, and Cultural Organization (UNESCO); 2014. Available at: <http://unesdoc.unesco.org/images/0022/002267/226754e.pdf>

The purpose of this review is to examine existing approaches in policy, programming and implementation responses to school-related gender-based violence (SRGBV) in the Asia-Pacific region. It seeks to advance our knowledge and learning in this field, both in terms of what we know about the phenomenon and its impact on individuals, as well as how best to address it, including through education.

With the aim to provide a better understanding of SRGBV in the region, this review additionally seeks to identify region-specific causes, nature and manifestations, scale and consequences of SRGBV. By providing examples of programs and policies on SRGBV from a diverse range of settings in the region, as well as examples of region-specific research endeavors, this review intends to enable the incorporation, replication or adaptation of some of these practices in other countries in the region.

United Nations Girls' Education Initiative - Resources - Addressing Violence against Women and Girls in Education Programming: DFID Guidance Note. United Nations Girls' Education Initiative. Available at: http://www.ungei.org/resources/index_5775.html

Part A sets out the strategic rationale and broad approach to addressing VAWG in education programming and covers the following:

- Introduction to VAWG
- Rationale for education programs to address VAWG
- Addressing VAWG through education programs: the challenges
- DFID's vision and key outcome areas to address VAWG through education programming
- Principles to guide education programming related to VAWG
- Calculating Value for Money (VfM) of VAWG interventions (see Annex)

Part B provides specific guidance on designing programs for each key outcome area:

- Outcome-specific challenges
- Developing an engagement strategy
- Options for intervention

- Case studies of promising practices and lessons learned
- Mini theories of change for each outcome
- Examples of indicators

b. HIV & sexual minority populations

USAID AIDSTAR-Two and the International HIV/AIDS Alliance. Arlington, VA; 2013. Available at: http://www.hivgaps.org/wp-content/uploads/2013/10/GBV-Against-Key-Populations-Annotated-Bibliography-6-25-2013_FINAL.pdf

This report presents an annotated bibliography of training and programming resources on gender-based violence (GBV) against four key populations: sex workers, men who have sex with men (MSM), transgender people and people who inject drugs (PWID). The Bibliography is designed to answer three key questions related to GBV against each of the key populations and a fourth cross-cutting question.

For each key population:

1. What training and programming resources about GBV already exist?
2. What is the quality of the resources?
3. What are the gaps in the resources?

Cross-cutting question:

1. What are the key issues and challenges, commonalities and differences requiring attention within training and programming resources on GBV against key populations?

This is the first of two products in Review of Resources: Gender-Based Violence and Key Populations – a project commissioned by the Gender Technical Working Group (TWG) of the President’s Emergency Plan for AIDS Relief (PEPFAR). See below for the second product (Middleton, L.S. Technical Paper: Review of Training and Programming Resources on Gender-Based Violence against Key Populations.)

Gender-Based Violence and Livelihood Interventions: Focus on Populations of Humanitarian Concern in the Context of HIV. FAO Available at: http://www.fao.org/fileadmin/templates/dimitra/pdf/guidance_note_gbv_livelihoods.pdf

This Guidance Note provides an overview of the complex interactions between GBV, HIV and AIDS and rural livelihoods, based on the available literature and findings from FAO field studies in Kenya and Uganda. The studies, conducted in humanitarian settings, focused mainly on the relationships between these issues, and on identifying the appropriate livelihood strategies to mitigate and prevent GBV, and strengthen people’s resilience.

It also gives information on how to make livelihood interventions in the agricultural sector relevant to the realities of GBV and commercial sex, and thus enhance the effectiveness of the programmatic response to both food and livelihoods insecurity and GBV, in the context of humanitarian crises and HIV.

Middleton L.S. Technical Paper: Review of Training and Programming Resources on Gender-Based Violence against Key Populations. USAID’s AIDS Support and Technical Assistance Resources, AIDSTAR- Two, Task Order 2 and the International HIV/AIDS Alliance, Arlington, VA; 2013. Available at: http://www.aidstar-two.org/upload/AIDSTAR-Two_Tech-Paper-Rev-Resources-GBV-Against-Key-Populations-FINAL-09-30-13.pdf

This Technical Paper is part of the Review of Resources: Gender-Based Violence against Key Populations – an activity commissioned by the Gender Technical Working Group (TWG) of the President’s Emergency Plan for AIDS Relief (PEPFAR). The content of the Technical Paper reflects the Annotated Bibliography: Training and Programming Resources on Gender-Based Violence against Key Populations - an earlier product of the Review of Resources that lists and describes the training and programming resources identified for each of the four key populations by the Project Partners (see above, AIDSTAR-Two, 2013). This Paper focuses on two areas of cross-cutting findings: the existing training and programming resources (their number, strengths, weaknesses and gaps); and the framing of

responses to GBV against key populations (their principles, models and approaches). Annexes 1-4 provide a more detailed summary of the findings in relation to each of the populations.

PEPFAR. Updated gender strategy. The President's Emergency Plan for AIDS Relief (PEPFAR); 2013. Available at: <http://www.pepfar.gov/documents/organization/219117.pdf>

The purpose of this strategy is to help PEPFAR country teams and implementing partners (a) develop country and regional operational plans (COPs and ROPs), (b) design programs that integrate gender issues and (c) work to advance gender equality throughout the HIV continuum of prevention, care, treatment and support. All HIV programs should identify gender-related issues and take concrete steps to address them throughout the program cycle. The who, what, when, where, and why of integrating gender into HIV prevention, care, treatment, and support are addressed.

Additionally, this document includes the PEPFAR Gender Framework, which outlines the types of activities that PEPFAR programs should implement to integrate gender issues into HIV prevention, care, treatment, and support as well as the intended outputs, outcomes, and impacts that may result from these activities. Because the process for carrying out gender-related activities is critical, the framework also specifies principles for engaging in gender activities. In addition, the framework also identifies primary target populations to be considered for gender activities within HIV programming, and by technical area (see appendices). The remainder of this section elucidates each component of the framework – populations, activities, principles, as well as monitoring and evaluation considerations for the intended outputs, outcomes and impacts.

Wong CM, Noriega S. Exploring gender-based violence among men who have sex with men, male sex worker and transgender communities in Bangladesh and Papua New Guinea: Results and recommendations. FHI 360 Available at: http://www.fhi360.org/sites/default/files/media/documents/GBV%20Study%20report_Final.pdf

FHI 360 conducted a qualitative descriptive study using focus group discussions and in-depth interviews with MSM/MSW/TG community representatives and other key informants. The goals of this study were to explore the GBV-related issues; identify current programs, policies and donor funding as well as existing gaps; to explore potential interventions; and to provide recommendations for intervention design. The report disaggregates findings and recommendations by country. It is hoped that the document will provide an evidence base and strategic directions for organizations planning to launch GBV interventions or to strengthen existing GBV programs and services among the affected communities.

c. WASH

WEDC, Loughborough University. Violence, Gender & WASH: A Practitioner's Toolkit. 2014. Available at: <http://violence-wash.lboro.ac.uk/>

This toolkit has been developed in response to an acknowledgement that although the lack of access to appropriate water, sanitation and hygiene services (WASH) is not the root cause of violence, it can lead to increased vulnerabilities to violence of varying forms. Incidences have been reported from a wide range of contexts, often anecdotally but with regular occurrence, with a number of targeted studies confirming the same.

By recognizing both the risks of violence associated with WASH and the potential benefits of WASH, this toolkit aims to shine a light on this problem and encourage practitioners to recognize their capacity to make WASH safer and more effective. Effectively considering gender in the process of establishing sustainable WASH services can also contribute to the process of longer-term change in attitudes and relationships between men and women. This in turn can contribute to a transformative process that can help reduce vulnerabilities to violence.

However, for WASH actors, particularly for those working in the longer-term developmental contexts, there has been a lack of clarity on the practical steps that can be taken so that they can contribute to reducing vulnerabilities through improved policy and programming. This toolkit aims to fill this gap.

d. Humanitarian & emergency settings

Inter Agency Standing Committee (IASC). Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. 2005. Available at: http://humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv

The primary purpose of these guidelines is to enable communities, governments and humanitarian organizations, including UN agencies, NGOs, and CBOs, to establish and coordinate a set of minimum multi-sectoral interventions to prevent and respond to sexual violence during the early phase of an emergency. The guidelines specifically detail minimum interventions for prevention and response to sexual violence to be undertaken in the early stages of an emergency. Twenty-five action sheets have been developed in 10 functional/sectoral areas.⁶⁹ Please note: These guidelines were under revision at the time this document went to press, and should be available later in 2014.

World Health Organization. WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva, Switzerland: WHO; 2007. Available at: http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

This document applies to all forms of inquiry about sexual violence in emergencies. In total, eight recommendations are offered (see Part III). Collectively, these recommendations are intended to ensure that the necessary safety and ethical safeguards are in place prior to commencement of any information gathering exercise concerning sexual violence in emergencies. In each case, accompanying text sets out key safety and ethical issues that need to be addressed and the questions that must be asked when planning any information collection exercise involving sexual violence. These should also inform decisions about whether such an exercise should be undertaken. Wherever possible, the discussion is supported by boxed examples of good practice drawn from experience from the field in both emergency and non-emergency settings. For further information on a range of topics, users are referred to the list of additional resources and suggested further reading which is included as an Annex to this document.

Global, Non-Sector Specific Resources, Recommendations and Guidelines

CARE Gender Toolkit. Available at: <http://gendertoolkit.care.org/default.aspx>

Gender and power analysis form a foundation from which to contribute toward just and sustainable impact toward gender equality. This site presents options and reflections on analysis of gender and power. This is no 'how-to' guide, but a toolbox of methods with discussion on tried successes, struggles and lessons on gender analysis.

CARE Gender-based Violence (GBV) Wiki Page. Available at: <http://gender.care2share.wikispaces.net/Gender-Based+Violence>
CARE uses this in-house site to share a variety of documents concerning gender-based violence, including programming documents, research, tools, and other resources. Materials include CARE global and country office materials, as well as links to external resources.

Department of Gender and Women's Health Family and Community Health. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva, Switzerland: World Health Organization; 2001. Available at: <http://www.who.int/entity/gender/violence/womenfirtseng.pdf>

In order to guide future research in this area, the World Health Organization has developed recommendations regarding the ethical conduct of domestic violence research. These recommendations are designed for use both by anyone intending to do research on domestic violence against women (such as investigators, project coordinators and others implementing such research), and also by those initiating or reviewing such research (such as donors, research ethical committees etc.). The guidelines focus on the specific ethical and safety issues associated with planning and conducting research on this topic. They do not intend to give general guidance or recommendations on the planning, methodology, and logistics of research on domestic violence against women, or issues associated with the ethical conduct of research in general.

Ellsberg M, Heise L, *Program for Appropriate Technology in Health, World Health Organization, Department of Gender W and H. Researching Violence against Women: A Practical Guide for Researchers and Activists. Geneva, Switzerland; Washington, DC: World Health Organization ; Program for Appropriate Technology in Health (PATH); 2005. Available at: <http://pqdl.care.org/Practice/Researching%20Violence%20against%20Women,%20A%20Practical%20Guide%20for%20Researchers%20and%20Activists.pdf>*

This manual has been developed in response to the growing need to improve the quality, quantity, and comparability of international data on physical and sexual abuse. It outlines some of the methodological and ethical challenges of conducting research on violence against women and describes a range of innovative techniques that have been used to address these challenges. The authors hope that the manual will be useful for those interested in pursuing research on violence, especially in developing countries and other resource-poor settings.

The Together for Girls Partnership: Linking violence against children surveys to coordinated and effective action. The Together For Girls Partnership; 2013. Available at: http://www.togetherforgirls.org/docs/Together%20for%20Girls%20Process%20Paper_Linking%20VACS%20to%20Coordinated%20and%20Effecti....pdf

This tool is intended to serve as a guide for countries and Together for Girls partners interested in undertaking the Violence Against Children Surveys and supporting actions/programs emanating from them. This document outlines the implementation steps, from research to programming. This is intended to be a “living document” and will be adapted as we gain additional experience working in this new and pivotal area.

The Violence Against Children Survey, a nationwide household survey that interviews 13- to 24-year-old males and females on their experiences of emotional, physical and sexual violence, provides critical data to inform and catalyze a robust country-led policy and programmatic response. The partnership, under the leadership of country governments, has completed the survey in five countries. Several more surveys are in various stages of implementation, and many other countries have expressed a strong interest and are anxious to move forward. The model is proving reliable and multiple actions are underway that advance violence prevention and response in countries that have completed the survey.

World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2013. Available at: http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf?ua=1

These guidelines are an unprecedented effort to equip healthcare providers with evidence-based guidance as to how to respond to intimate partner violence and sexual violence against women. They also provide advice for policy makers, encouraging better coordination and funding of services, and greater attention to responding to sexual violence and partner violence within training programs for health care providers. The guidelines are based on systematic reviews of the evidence, and cover:

- Identification and clinical care for intimate partner violence;
- Clinical care for sexual assault;
- Training relating to intimate partner violence and sexual assault against women
- Policy and programmatic approaches to delivering services
- Mandatory reporting of intimate partner violence.

The guidelines aim to raise awareness of violence against women among health-care providers and policy-makers, so that they better understand the need for an appropriate health-sector response. They provide standards that can form the basis for national guidelines, and for integrating these issues into health-care provider education.

M&E Guidance for GBV Programs

USAID. Toolkit for monitoring and evaluating gender-based violence interventions along the relief to development continuum. Washington, DC: USAID; 2014. Available at: <http://www.usaid.gov/gbv/monitoring-evaluating-toolkit>

USAID developed this toolkit to support the implementation of the U.S. Strategy to Prevent and Respond to Gender-based

Violence Globally. It provides guidance to USAID staff, implementing partners and the larger community of international relief and development practitioners on how to monitor and evaluate gender-based violence (GBV) interventions along the Relief to Development Continuum (RDC). The RDC is divided broadly into three phases: (1) the pre-crisis phase, (2) the crisis phase, and (3) the post-crisis phase. The toolkit identifies opportunities for doing monitoring and evaluation (M&E) along the RDC and gives advice on how to address constraints and challenges relating to each phase.

DFID. How to Note: Guidance Note 3: Guidance on monitoring and evaluation for programming on violence against women and girls (VAWG). DFID; May 2012. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67334/How-to-note-VAWG-3-monitoring-eval.pdf

This guidance from DFID gives an overview of the different approaches and methods within the Monitoring and Evaluation (M&E) toolbox and assesses their strengths and weaknesses in relation to programming on Violence against Women and Girls.

MEASURE Evaluation. M&E of gender-based violence (GBV) prevention and mitigation programs. Chapel Hill, NC; 2010. Available at: <http://www.cpc.unc.edu/measure/training/materials/gbv>

This module is designed and intended to be used as a one and a-half day training session on monitoring and evaluating gender-based violence prevention and mitigation programs. Its materials include a facilitator's guide, PPT presentation, and participant handouts..

ENDNOTES

- ¹ UNFPA. Gender Equality: Ending Widespread Violence Against Women. 2008. Available at: <http://www.unfpa.org/gender/violence.htm>.
- ² WHO and PAHO (2012). Understanding and addressing violence against women. WHO/RHR/12.35. Available at: http://www.who.int/reproductivehealth/publications/violence/rhr12_35/en/
- ³ USAID Close-up: Promoting gender equality in HIV and AIDs. Adapted from the United States Strategy for the Prevention and Response to Gender-based Violence. Available at: <http://www.usaid.gov/what-we-do/global-health/hiv-and-aids/additional-information-promoting-gender-equality-and-womens>
- ⁴ Gage A and Dunn M. 2009 Module II: Monitoring and evaluating gender-based violence prevention and mitigation programs. Available at: <http://www.cpc.unc.edu/measure/training/materials/gbv>
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- ⁵⁷ See a variety of PROMUNDO resources and tools available at: <http://www.promundo.org.br/en/publications/home-of-educational-materials/>
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- ⁶¹ Virtual Knowledge Center to End Violence Against Women. Available at: <http://www.endvawnow.org/en/articles/1554-staff-training-and-capacity-building.html?next=1555>
- ⁶² WHO, Responding to intimate partner violence and sexual violence against women. This document provides recommendation on response guidelines for the health sector. The section on Women-centered care (pg.16-17) outlines first line support recommendations that should be provided when GBV is disclosed. We have drawn on these recommendations and outlined what are appropriate for staff in non-GBV programs to provide as first line support. Available at: <http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 87 countries and reached 82 million people around the world. To learn more, visit www.care.org.

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