GBV AoR HELPDESK
Gender-Based Violence in Emergencies

Briefing Note: Effective Monitoring, Evaluation and Learning in GBViE Programming

Arti Lad & Jeanne Ward | January, 2024

Introduction

Effective monitoring, evaluation, and learning (MEL) is critical to understanding how best to prevent and respond to gender-based violence (GBV) in emergency settings globally. Undertaking MEL in GBViE programming involves data-gathering and analysis for an array of reasons, including to monitor and strengthen program interventions; to determine whether program activities have been implemented as planned with the intended results; to evaluate program effectiveness; and to collect and share lessons, learning and innovations to enable adaptive programming and contribute to wider learning across the GBViE community.

Given the importance of MEL, there is considerable guidance available for GBViE practitioners; however, it can sometimes be challenging to wade through, especially for those not specialized in research or in monitoring and evaluation. This briefing note is written for those working on GBV programs who may not be MEL specialists, or are new MEL specialists with limited experience, looking for a shorter reference document on some of the key points related to GBViE MEL. It is not meant to replace existing guidance, but rather to offer a springboard to deeper knowledge and understanding.

This note reviews the basics of MEL and describes some of the ethical considerations crucial to effective monitoring and evaluation of GBV programs. It summarizes approaches for ensuring participation and leadership of women and girls in MEL processes. It then highlights the basics of developing a MEL framework. The guidance note concludes with a list of additional resources for those interested in accessing more information on this important topic.

What is monitoring, evaluation and learning?

The *Inter-Agency Minimum Standards for GBViE Programming* identify monitoring and evaluation as a core standard (Standard 16), emphasizing that all GBViE programs should "establish routine monitoring and evaluation systems" in collaboration with women and girls, women's organizations and other local actors, and "share recommendations and learning in a way that does not cause harm."[1] Robust MEL frameworks, systems, and processes not only support analysis of program progress and efficacy, but also can inform risk

---

[1] GBV AoR (2019) The Inter-agency Minimum Standards for GBV in Emergencies Programming, p 123.

management within programs, assist in understanding how to best scale up programs, and facilitate knowledge dissemination on good practices.

To support GBV specialists to meet this minimum requirement, detailed guidance on monitoring and evaluation has been developed by MEL specialists that links directly to the Inter-Agency Minimum Standards, providing information and recommendations to monitor and evaluate each of the 16 standards. This guidance defines monitoring and evaluation as follows:

> **Monitoring** is the systematic and continuous process of collecting, analyzing, and using information to track a program's progress toward reaching its objectives and to guide management decisions. This process tracks changes in performance over the lifetime of a program. Through these processes, information is collected on where and when activities occur, how many people are reached through an activity, and progress against program indicators.

> **Evaluation** is the investigation of how activities meet the objectives of the program. It focuses on comparing the expected and achieved program accomplishments.[2]

Monitoring and evaluation are inextricably linked. In fact, MEL is typically represented as a learning cycle that is ongoing throughout the project.
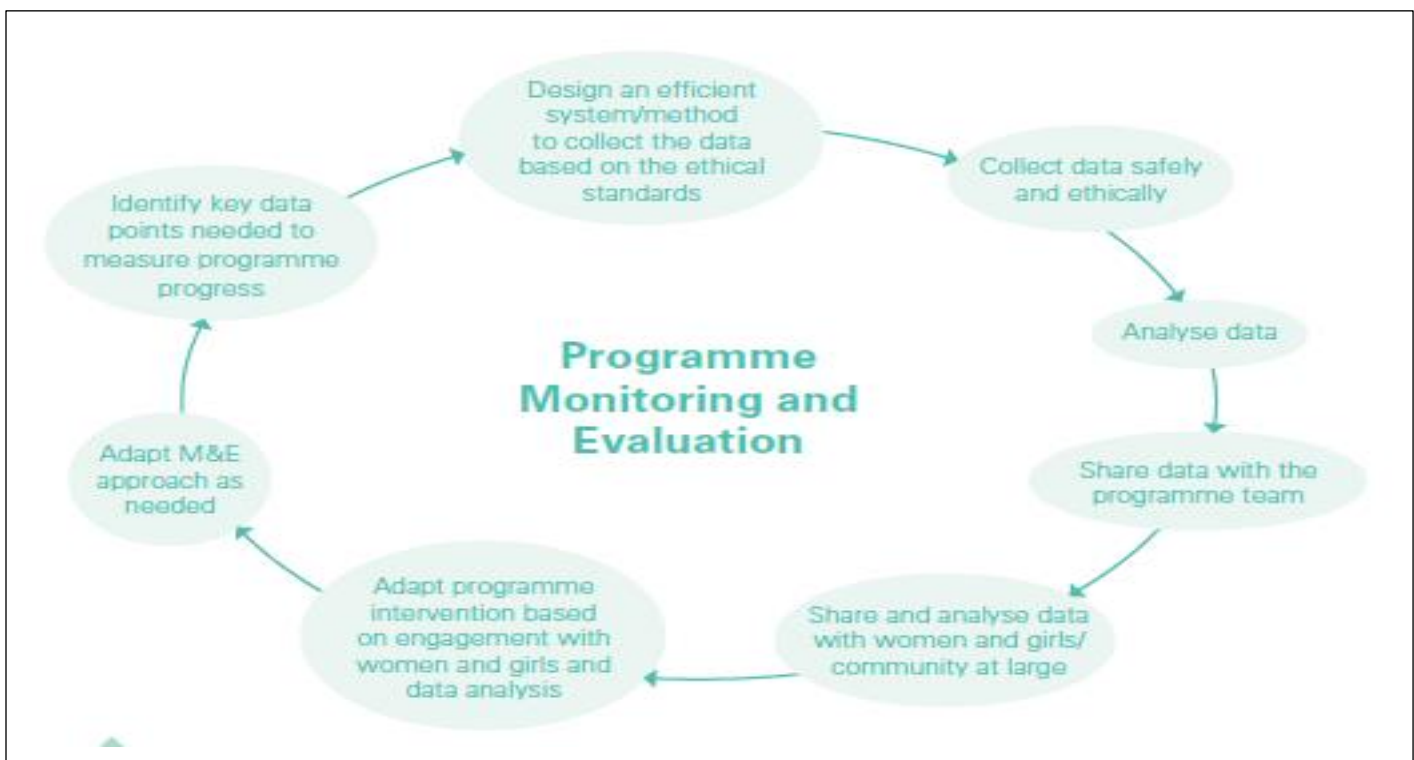

Figure 1: M&E Programme Cycle, excerpted from GBV AoR (2019) The Inter-agency Minimum Standards for GBV in Emergencies Programming, p 125.

In all types of monitoring and evaluation, there are risks that must be anticipated, and guiding principles that should be adhered to in order to reduce risks and support the most positive outcomes possible for GBViE programs and for all women and girls accessing these programs.

---

[2] Global Women's Institute and Trócaire (2023) The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming Minimum Standards: Monitoring and Evaluation Framework, p 10.

What are MEL associated risks in GBV programming?

Data collection on GBV carries risks for researchers and research participants. The Inter-Agency Minimum Standards highlight a number of these risks.

- √ Potential to cause harm to beneficiaries, including in creating safety risks for survivors and other women and girls;
- √ Shortage of qualified, female enumerators/data collectors;
- √ Stigma faced by survivors who report GBV incidents;
- √ Insecurity, including the risk of retaliation by perpetrators and/or the community;
- √ Impunity of perpetrators;
- √ Lack of harmonized GBV-related data collection tools and data collection methods;
- √ Lack of or weak data-protection mechanisms to ensure the safety, security, confidentiality and anonymity of case information;
- √ Lack of service infrastructure;
- √ Lack of effective and quality case management services for GBV survivors;
- √ Limitations on the mobility of typically marginalized segments of the female population (e.g., older women and adolescent girls or women and girls with disabilities);
- √ Restricted humanitarian access to the affected population, especially women and girls;
- √ Limited time to establish trust and rapport with affected populations; and
- √ Difficulty in establishing adequate interview settings that ensure basic privacy.[3]

An essential and fundamental approach to minimizing these risks is ensuring that all MEL activities abide by a core set of guiding principles. These are summarized below.

What are the core guiding principles for monitoring, evaluation and learning in GBViE programming?

In emergencies, all GBV data collection activities should be designed based on the following survivor-centered principles.[4]

1. **Respect -** Ensuring the dignity of participants and respecting their wishes. Participation should be voluntary, with informed consent provided. Research should be conducted by trained staff. Discussing/providing some types of information may be extremely sensitive – legally, culturally and socially - or mean that survivors are revisiting experiences of abuse. Data collectors must always discuss the purpose of the study/ data collection with all participants. This includes explaining the risks and benefits (including compensation) prior to collecting any data and providing an opportunity for potential participants to ask/raise points for clarification. Participants have the right to decide if they want to disclose violence and to determine what, how, and when information is shared. (Participants encompass survivors, their families and supporters, communities, organizations working with survivors, and those involved in data collection itself.)

2. **Safety** – Data collection should take place in locations/spaces and at times that are safe and accessible for participants. The safety and security of all those involved in data collection and analysis should be continuously monitored in emergency settings.

---

[3] GBV AoR (2019) The Inter-Agency Minimum Standards for GBV in Emergencies Programming, p 124.
[4] For more information on guiding principles, see Global Women's Institute and Trócaire (2023) The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming Minimum Standards: Monitoring and Evaluation Framework.

3. **Confidentiality** – Confidentiality of individuals who provide information should be protected at all times with data being collected anonymously where possible. All data must be stored securely with soft copies password-protected (such as on GBVIMS and Primero/GBVIMS+ incident monitoring and case management information systems[5]) or hard copies in locked locations.
4. **Non-discrimination** – All phases of MEL and engagement with key stakeholders must be informed by an intersectional analysis that seeks to understand and address multiple barriers to participation that individual women and girls may experience due to distinct and specific forms of discrimination and marginalization, and take relevant actions to remove barriers to engagement and participation. Participants should receive fair and equitable treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

As well as adhering to these survivor-centered principles, any MEL work should align with WHO's Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.[6] These eight safety recommendations are globally recognized as good practice and reinforce and reflect the survivor-centred principles.

1. **Analyze risks and benefits** – benefits to respondents or affected communities must be greater than the risks. Identify and mitigate potential risks to participants, practitioners, and the wider community.
2. **Methodology** – must be safe and survivor-centered, methodologically sound and built on current experience and best practice.
3. **Referral services** - Basic care, support and information (formal and/or informal) for survivors must be available locally before individuals disclose any information about their experiences of violence.
4. **Safety** – The safety and security of all those involved in information gathering is a primary concern and should be monitored continuously. Safety and security conditions should be regularly incorporated into the security protocol.
5. **Confidentiality** - The confidentiality of individuals who participate in any data-collection activity must be protected at all times. Data should be collected anonymously where possible.
6. **Informed consent** - Anyone participating must give informed consent before gathering any information.
7. **Data collection team** – The team must include women. All data collectors must be carefully selected and receive relevant, sufficient specialized training and ongoing support.
8. **Child safeguarding** – Relevant processes and must be established for any participating children or adolescents (i.e., those under 18 years old) to protect them from any potential harm, including sexual exploitation and abuse from MEL staff and/or locally based researchers. This includes following relevant procedures for obtaining assent/consent. [7]

What is a feminist approach to data collection?

In addition to the guiding principles above, MEL should be rooted in feminist principles that support a participatory approach. This helps to encourage ownership of the research process and its outcomes; supports transformation of gender inequitable norms and unequal power relations by decolonizing knowledge; and situates knowledge from the standpoint of women and girls within the local context and according to social and cultural norms. Key strategies for integrating a feminist approach include:[8]

---

[5] See https://www.gbvims.com/primero/
[6] WHO (2007) WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.
[7] For more information on safeguarding and MEL, see Resource & Support Hub (2021) How-to Note: How to design and deliver safe and ethical monitoring, evaluation and research.
[8] For further information, see Oxfam (2017) Discussion Paper: Applying Feminist Principles to Program Monitoring,

√ **Applying a gender lens:** Feminist MEL systems and research acknowledge power, status and resources including hierarchies of evidence, limited capacities and resources of organizations, and the practice of reflexivity - the positioning of field enumerators, locally based researchers, practitioners, and M&E staff in relation to GBV survivors, community members and activists – to redress power inequalities in the research process. [9]

√ **Acknowledging the role of gender inequitable norms and unequal power dynamics** throughout the research process.[10]

√ **Engaging the affected population, particularly women and girls:** Research should be designed with the affected population, particularly women and girls, at the center. Ensuring direct participation of affected persons and their continuous involvement throughout the research process facilitates accountability throughout the MEL cycle. Affected communities should analyze and contextualize the collected data themselves (in their own words and local language), with the support of the research team and practitioners, and share results.

√ **Taking a participatory approach:** Focus on who is represented, how, and what power dynamics are at play. This approach recognizes women and girls as co-producers of knowledge and creates value in collecting GBV research and generating scientifically sound knowledge in other ways. Participatory and creative methods meaningfully engage affected persons as rights holders, decision-makers and change-makers by removing barriers to participation to elevate and amplify their voices and center GBV measurement and learning around their perceptions and understandings of empowerment.

√ **Establishing accessible and inclusive feedback and response mechanisms:** This enables open information flows, to promote leadership and empower women and girls to provide updates and insights into their priorities, needs, preferences, motivations and influences as well as identify solutions to adapt programming accordingly. Depending on the local community context, this could include:

- Individual/collective feedback loops such as one-on-one or community meetings
- Confidential hotlines
- Anonymous suggestion boxes
- SMS texts
- Interactive Voice Response (IVR)
- Social media

√ **Examining intended and unintended outcomes:** To ensure quality, accountability to women and girls and their communities, and to understand the effectiveness of prevention and/or response efforts it is important to monitor outcomes in terms of the extent to which the GBViE program is transformative, how it addresses safety, rights and empowerment, as well as to understand changes in agency, structures and power relations within a specific context and program and community responsiveness to protection risks and needs.

Evaluation, Accountability and Learning and COFEM (2018) Feminist Pocketbook, Tip Sheet #5: Feminist approaches to building knowledge and evidence on GBV

[9] Potts, A., Kolli, H. & Fattal, L., (2022) Whose voices matter? Using participatory, feminist and anthropological approaches to center power and positionality in research on gender-based violence in emergencies.

[10] Read-Hamilton, S., (2019) GBV AoR Helpdesk, Research query: Feminist approaches to GBViE research, policy-making and programming.

What are the main methods for data collection?

Guidance emphasizes that data collection should involve both quantitative and qualitative data collection methods. **Quantitative data** is data that can be represented numerically and can be counted, measured or given a numerical value. Examples of ways to collect quantitative data are through questionnaires with close-ended questions, case reports, cross-sectional surveys, cohort studies and analysis of service delivery statistics. **Qualitative data** is data that is generally summarized in words or pictures, often collected through key informant interviews, focus group discussions, observation, questionnaires with open-ended questions, and other strategies such as Outcome Harvesting, Most Significant Change that allow people to share experiences and information through words or pictures.[11]

Conducting GBV research and routine data collection in humanitarian settings, particularly fragile and acute settings, can be challenging for many reasons, including insecurity, an inability to access affected people or study sites, limited existing research infrastructure, limited availability of adequately trained research staff, etc.[12] Using a **mixed method approach** that supports **data triangulation,** e.g., using a variety of data sources to corroborate overall findings, is an important approach to increasing the reliability and validity of the results of the research.

Feminist values should also drive the research design, so as to not prioritize statistical measurement of prevalence and specific outcomes from quantitative data over qualitative and practice-based evidence, as this may further marginalize women and girls' voices, replicating discrimination against women and girls. [13] Good practices for well-designed MEL in GBViE programming facilitate continuous learning and reflection not only among program staff, but also with women and girls in the communities the program aims to serve.

Testing the freelisting method in Dollo Ado refugee camps, Ethiopia Elhra (2016)

As noted above, data collection activities provide critical opportunities for women and girls to engage in the planning, implementation, and analysis of programming. Actively engaging women and girls during MEL processes supports program design, implementation, advocacy and resource mobilization that is based on needs and solutions identified by the affected population. One example of this type of engagement approach is practice-based learning (see Box 1). For additional MEL methods and approaches that can be particularly useful for engaging women and girls, see Annex 1.

Box 1: Integrating Practice-based Learning into MEL

Practice-based learning, also referred to as implementation research, is action-oriented and iterative, capturing a holistic understanding of a program, its progress and impacts from diverse voices and perspectives which may be omitted in research evaluations - including what is happening (or what has

---

[11] For more information on qualitative and quantitative data, see Ellsberg M, and Heise L. Researching Violence Against Women: A Practical Guide for Researchers and Activists. Washington DC, United States: World Health Organization, PATH; 2005.

[12] Hossain, M. and McAlpine, A., (2017) Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations.

[13] COFEM (2018) Feminist Pocketbook, Tip Sheet #5: Feminist approaches to building knowledge and evidence on GBV..

changed), why, what it means, what does and does not work, and actions to take - as well as implementation challenges and changes required to foster adaptive management.[14] Practice-based learning can be an important supplement to more standard monitoring and evaluation activities.

GBViE practitioners, women's rights organizations, local leaders and civil society groups are key stakeholders and should be included during the learning process. However, if referral services are not available; if adequate structures to enable safe and supportive spaces for dialogue or protection measures are not in place; or if untrained enumerators interact with participants, undertaking practice-based learning activities could cause great harm to women, girls, and affected communities and should not proceed until these elements are in place.

Practice-based knowledge encompasses practitioner insights and skills gained during all stages of the program cycle, including:

- Observations (e.g. a community dialogue, a training, response to backlash)
- Stories (shared by affected populations and other stakeholders)
- Conversations
- Videos
- Group discussions
- Dramas
- Visual displays
- Direct experiences
- Participatory exercises
- Brainstorming
- Field-notes
- Journaling
- Analysis of monitoring data
- Individual and group reflections on personal and organizational culture, practices and power dynamics and how these facilitate or constrain program implementation and results.

Street theater performance highlighting protection of children in armed conflict issues. United Nations Assistance Mission in Afghanistan (2016).

Benefits of practice-based learning include:
√ **Dismantling hierarchies of power;** challenging existing hierarchies around "what counts" as evidence by centering women and girls, GBV survivors, community members' voices and valuing practitioners and human rights defenders' perspectives and skillsets, compared to academic research and technical M&E approaches.
√ **Free and open access;** widely available to other practitioners, researchers, policymakers, and funders compared to journal articles or reports, where findings are behind a paywall, limited to donors and/or out of date by the time of publication as situations are rapidly changing.
√ **Adapting to real-time change**; documenting challenges and lessons learned enables innovation of the design and implementation of diverse GBViE programming in different contexts.
√ **Sharing emerging insights**; for example, as GBV prevention is the least invested area of addressing

---

[14] INTRAC (2018) Learning-based M&E systems.

GBV in emergencies, practice-based knowledge can help build on a scarce evidence base by producing more grey literature from monitoring data, practitioner and community insights – creating meaning, applying learnings from what people are experiencing on a daily basis, finding solutions to challenges in practice, and informing future programming.

For more information about practice-based learning, see Prevention Collaborative (2019) [*Elevating Practice-Based Knowledge to Improve Prevention Programming: A Prevention Collaborative Paper*](#).

What is a MEL framework?

A MEL framework is a key tool used to define the goals and objectives as well as to identify the indicators to measure the success of a GBV program. There are seven main steps to take when designing and implementing an MEL framework for GBViE programming:[15]

1. **Conduct formative research/situational analysis** – to understand the prevalence and drivers of GBV in the context; beliefs and social norms; needs and experiences of the affected population; existing interventions, lessons learned and evidence of impact; accessibility and capacity of services for survivors; and the capacities, knowledge, attitudes and practices of key stakeholders.

2. **Design a Theory of Change (ToC**) – map out pathways for change in knowledge, attitudes and behaviors around GBV (including the type of violence) or risk factors and how these lead to the desired impact, and assumptions to explain the pathways and processes to achieve change.

3. **Develop a results framework and/or logical framework** (sometimes termed a logframe) – map out the expected inputs, activities, outputs, outcomes and impacts of a GBV program. This is usually better suited to track GBV risk mitigation and response efforts. It may not be sufficient for capturing the complexities of and causal links between different pathways to change for prevention programming.

4. **Design key learning questions** – to ask questions that center the voices of women and girls, to explore what changes are and are not happening, how and why, and unintended consequences. This is informed by the GBV program's ToC, and can be added to the results framework, with progress regularly reported on. These learning questions can inform a learning and/or evaluation approach that is a good fit for the setting, e.g. using a learning approach, evaluation approach, or a combination of the two. See Annex 2 for examples of learning questions.

5. **Design an evaluation approach** –based on scope, level of results (process or impact) and timing to design approaches that measure and explain the outcomes and impacts of a GBV program. This may involve multiple activities and approaches in different phases of prevention and response programming – based on need, purpose, capacity, program maturity and resources available (UNICEF, 2017)[16]. There are three main evaluation designs that can be considered:

    1. [Experimental / Randomized control trials:](#) A form of impact evaluation measuring the effectiveness of an intervention or "treatment", where two groups are chosen at random - one receives the intervention while the other 'control' does not. It helps evaluators and programme implementers know that what is being achieved is as a result of the intervention and not anything else. Usually

---

[15] These steps are drawn from UN Women and Social Development Direct (2020) [RESPECT Framework Monitoring and Evaluation (M&E) Guidance](#).
[16] UNICEF (2017). [Fostering Quality, Learning and Accountability in GBV Programming Emergencies](#).

considered the 'gold standard' of evaluation approaches, however they are not always appropriate for evaluating GBV programs as they often require large sample sizes, are costly, time-consuming, and complex to design, implement, monitor and quality control.

2. Quasi-experimental: Also involving a comparison group, however the groups are not chosen at random. Instead, they are selected based on other criteria such as convenience, accessibility, etc. These studies aim to indicate a cause-effect link.

3. Non-experimental These evaluation approaches compare the results from studies/surveys carried out at the start of an intervention (baseline), at the mid-point (midline) and at the end of an intervention (endline). However, no conclusions about causal relationships between variables can be made as there is no control group. These approaches are often cost-effective, may use both quantitative and qualitative methods, and can capture non-linear and complex change.

6. **Design indicators** – used to track progress (outputs), outcomes and impact, indicators should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound). Indicators may be at the organization level (e.g. to be collected by humanitarian agencies), cluster level (e.g. to be collected by the GBV sub-cluster) or both.[17]

Indicator measurement is usually structured in four ways (narrative, counts, percentages, and percentage change) to demonstrate whether an indicator has been achieved and is of adequate quality. The result may be expressed as being not met, working towards, and met in relation to minimum standard related indicators.

NARRATIVE	COUNTS	PERCENTAGE	PERCENTAGE CHANGE
CALCULATION			
NONE	NUMERATOR	(NUMERATOR / DENOMINATOR) * 100	((PERCENTAGE AT ENDLINE – PERCENTAGE AT BASELINE) / PERCENTAGE AT BASELINE) * 100
EXAMPLES			
Special fora established, in a safe and non-stigmatising manner, to ensure the meaningful participation of all women and girls who may face increased barriers to access CALCULATION: None – narrative summary.	Number of women and girls from the affected communities involved in leadership positions in humanitarian programming CALCULATION: Count the number	Percentage of referrals that include documentation of survivors' informed consent. CALCULATION: # of referrals with documentation / # of referrals	Percentage change from baseline in women's and girl's access to and control over financial resources following participation in economic empowerment or livelihood programmes CALCULATION: ((% of women and girls who report access to and control over financial resources at endline - % of women and girls who report access to and control over financial resources at baseline) / (% of women and girls who report access to and control over financial resources at baseline) * 100

Figure 2: Examples of Types of Indicators

Global Women's Institute and Trócaire (2023) The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming Minimum Standards: Monitoring and Evaluation Framework, p. 16.

---

[17] For further details on this, it is recommended that GBV specialists read the suggested indicators in the Inter-agency Minimum Standards for Gender-based Violence in Emergencies Programming Minimum Standards: Monitoring and Evaluation Framework on how to develop metrics that are valid, reliable, precise, timely and programmatically important. Learning indicators should also be set and incorporated into the results framework.

7. **Develop M&E and learning tools for data collection –** to effectively measure GBV prevention, risk mitigation and response and related attitudes, behaviors and social norms. These can include pre- and post-test questionnaires, checklists, participant feedback forms, focus group discussions, key informant interviews, monitoring reports, etc.[18]

Key Points to Remember!

√ Generating rich practice-based knowledge is a rigorous, continuous, and collective process that requires active participation and engagement of key stakeholders, including affected communities, to create and share learning.

√ When developing a MEL plan for a GBViE program, it is essential to integrate a learning and accountability strategy and plan. These are helpful to explain how, when and where a MEL system can contribute to learning at different levels, the resources required to achieve this and what knowledge products/outputs will be produced.

√ Structures need to be embedded in MEL systems from the outset to enable an organizational cultural shift, sufficiently allocate time and resources to develop training and induction processes for learning as well as to reflect, document and consolidate information.

√ Information and data must be systematically collected, documented, analyzed, and consolidated, and include diverse experiences, feedback and validation from staff, practitioners, community members and/or partners. This is essential for producing more relevant, nuanced and contextual evidence to adapt and improve GBV prevention, real-time risk mitigation and response programming in emergency settings.

---

[18] InterAction's GBV Prevention Evaluation Framework provides examples of design and measurement tools which focus on supporting the measurement of outcome level changes. The toolkit also includes complexity-aware evaluation approaches such as Outcome Harvesting and Most Significant Change.

Annex 1: Alternative MEL Approaches

Alternative MEL methods / approaches may be better suited to practice-based knowledge, drawing on local capacity and resources, using data collection tools designed and piloted directly with affected populations. Examples are identified below.

Method / Approach / Tool	Definition
Participatory / Participatory action research	Participatory research engages and collaborates with affected populations to explore GBV issues in the research process. Participatory action research (PAR) focuses on social change that promotes democracy and challenges inequality. It involves the participation and leadership of those people experiencing issues, through conducting systematic research to generate new knowledge, to understand a problem and then taking action to change it. Examples include: Photovoice – uses photographs taken and selected by participants to reflect on and communicate the reasons, emotions and experiences that guided their chosen images, to develop potential solutions. Body mapping – involves tracing the body and exploring the participants' embodied experience. It is a reflective process, designed for communities to express and share stories. Community mapping – a visual tool/mapmaking process for identifying and communicating the needs of the community in a given geographical area. It helps identify key stakeholders, relationships between a place and local communities, available services, gaps in services, etc. Freelisting – can be used in one-on-one interviews or group settings to define a particular domain, for example "what comes to mind when you think about healthy relationships?" The key themes that emerge from this exercise allows researchers to understand how a population defines various topics, as well as share community needs and priorities. Theater of the Oppressed – a form of popular community-based education/art form that is used in many conflict transformation and trauma healing settings. It involves critical observation and thinking through the acting rather than talking, whereby community members are invited to share their opinion on a specific issue (e.g. GBV, child protection). Techniques include newspaper theater, invisible theater, image-theater, forum theater, rainbow of desires, and legislative theater. Rivers of Life – through drawing of a river, practitioners and researchers are able to generate reflection on personal experiences, facilitate group dialogue around the issues that the groups themselves identify, discuss the reasons behind enablers and challenges, as well as identify strategies for change.

Comparative case studies	A case study is an in-depth examination, often undertaken over time, of a single case – such as a policy, program, intervention site, implementation process or participant. Comparative case studies cover two or more cases in a way that produces more generalizable knowledge about causal questions – how and why particular programs or policies work or fail to work. Comparative case studies may be selected when it is not feasible to undertake an experimental design and/or when there is a need to understand and explain how features within the context influence the success of program or policy initiatives. Comparative case studies often incorporate both qualitative and quantitative data, and involve the analysis and synthesis of the similarities, differences and patterns across two or more cases that share a common focus or goal.
Content analysis	A research tool used to determine the presence of certain words, themes, or concepts within some qualitative data (i.e. text). Using content analysis, researchers can quantify and analyze the presence, meanings and relationships of such certain words, themes or concepts.
Oral history / life history	Oral history is a method of gathering, preserving, and interpreting historical information, based on people's memories/personal experiences, important events, or everyday life as well as the opinions and meanings they attach to past events, using video and audio recordings. For example, oral histories were conducted in Syria to promote inclusive and gender-sensitive justice for survivors by engaging with Syrian youth and communities to re-center their experiences and voices in order to build knowledge, capacity, and networks for justice.
Ethnography	A qualitative method for collecting data; mainly through observations of social interactions, behaviors, and perceptions, taking field notes, informal conversations, interviews, and document analysis.
Geographic information systems (GIS)	Using spatial information and technology to generate specialized maps and insights that help teams to detect and monitor humanitarian crises, respond to an emergency and reach communities.

Annex 2: Learning Questions

It is critical to identify learning priorities to develop questions in line with the MEL framework, and co-design and validate these with the affected population, consult with women's rights groups, local leaders and civil society organizations and/or other key stakeholders. This will help determine the feasibility of the questions, activities required to address the question, who the audience will be and how they will use the learnings shared.

There are 3 key steps to follow:

1. **Identify the areas of inquiry to generate learning questions.**
2. **Distinguish who will use the information and evidence generated and the format of the knowledge product / output.**
3. **Review and select the learning question/s that is/are applicable and appropriate to guide data collection.**

Learning questions should be clear about the types of change it is addressing – drawing on emerging patterns, cross-cutting themes, critical assumptions and risks, and knowledge gaps in the existing evidence base[19]. The questions could review aspects of program design, implementation, and evaluation, including individual, social, systemic, and institutional changes, at the:

- Intervention level;
- Organizational level; and/or
- Cluster level.

Areas of inquiry can include separate questions on different topics[20], reflecting on experiences, enablers, influences and barriers or challenges, such as:

- To what extent has the program improved the knowledge, skills, and attitudes of stakeholders in intervention areas?
- What significant changes in GBV prevention or response have you seen in your community (e.g. IPV, non-partner sexual assault, forced and early marriage, etc.)?
- How has the program improved the well-being of GBV survivors?
- Are service providers delivering high-quality, accessible and appropriate services to GBV survivors, including health care, psychosocial, legal, socio-economic services, and safety and security services?

It is important to define the audience (whether donors, policymakers, partners, other practitioners, etc.), their learning objectives, high-level priorities, and how the information and evidence will be used. The following prompts may help to determine the learning questions as well:

√   How will a learning activity be implemented?
√   Who should be involved in the process?
√   What format, language and key messaging are the knowledge product/outputs going to be in?

---

[19] USAID (n.d.) INFORMED: Learning Question Formulation in Eight Steps.
[20] UN Women (2019) Virtual Knowledge Centre to End Violence Against Women and Girls: What are the Research Questions.

√   What is the specific timeline to address the learning question(s) and develop the knowledge product/output?

√   What plan do you have for learning (e.g. findings and results) dissemination? (It is important to think through the methods/activities, channels, timing etc.)

Any learning and next steps should always be accessible, tailored and communicated to the affected community and a range of other relevant actors through different channels. These channels may include in-person group meetings, communities of practice, dialogues, learning circles and reflective practice spaces.

References

COFEM (2018) Feminist Pocketbook, Tip Sheet #5: Feminist approaches to building knowledge and evidence on GBV.

Ellsberg M, and Heise L. Researching Violence Against Women: A Practical Guide for Researchers and Activists. Washington DC, United States: World Health Organization, PATH; 2005.

GBV AoR (2019) The Inter-agency Minimum Standards for GBV in Emergencies Programming

Global Women's Institute and Trócaire (2023) The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming Minimum Standards: Monitoring and Evaluation Framework,

Hossain, M. and McAlpine, A., (2017) Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations.

InterAction (2021) Gender-based Violence Prevention: A Results-Based Evaluation Framework.

INTRAC (2018) Learning-based M&E systems.

Potts, A., Kolli, H. & Fattal, L., (2022) Whose voices matter? Using participatory, feminist and anthropological approaches to center power and positionality in research on gender-based violence in emergencies.

Prevention Collaborative (2019) Elevating Practice-Based Knowledge to Improve Prevention Programming: A Prevention Collaborative Paper.

Read-Hamilton, S., (2019) GBV AoR Helpdesk, Research query: Feminist approaches to GBViE research, policy-making and programming.

Resource & Support Hub (2021) How-to Note: How to design and deliver safe and ethical monitoring, evaluation and research.

UNICEF (2017) Fostering Quality, Learning and Accountability in GBV Programming Emergencies.

UN Women (2019) Virtual Knowledge Centre to End Violence Against Women and Girls: What are the Research Questions.

UN Women and Social Development Direct (2020) RESPECT Framework Monitoring and Evaluation (M&E) Guidance.

USAID (n.d.) INFORMED: Learning Question Formulation in Eight Steps.

WHO (2007) WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

Additional Resources

Diakite, S. and Elizaire, D. (2023) Learning from Practice: Final Synthesis Review of the Practice Based Knowledge arising on the Prevention of Violence against Women and Girls.

Gender-based Violence AoR (2023) Monitoring and Evaluation – selection of curated resources

Guijt, I.M. (2014) Participatory Approaches. Methodological Briefs Impact Evaluation No. 5.

Institute of Development Studies (2023) Participatory Methods.

Inter-Agency Standing Committee (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

Prevention Collaborative (2023) Practice-Based Knowledge.

Sharma, V., Ausubel, E., Heckman, C. et al. (2022) Promising Practices for the Monitoring and Evaluation of Gender-Based Violence Risk Mitigation Interventions in Humanitarian Response: A multi-methods study.

The Sexual Violence Research Initiative (2022) The Sexual Violence Research Podcast: S2E2 Practice-based Knowledge.

The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

The GBV AoR Helpdesk

You can contact the GBV AoR Helpdesk by emailing us at: enquiries@gbviehelpdesk.org.uk

The Helpdesk is available 09.00 to 17.30 GMT Monday to Friday.

Our services are free and confidential.