RESPECT

WOMEN

RESPECT Framework
Monitoring and Evaluation (M&E)
Guidance

UN WOMEN

World Health Organization

Introduction

This monitoring and evaluation (M&E) guide presents key guidance on strategies for monitoring and evaluating programming to prevent violence against women (VAW). The guide is intended to support the implementation of the RESPECT Framework and provides guidance on how to develop and implement an M&E framework for VAW prevention; M&E indicators for each of the seven RESPECT strategies; and advice on how to design and implement safe and ethical M&E systems and processes. It is not intended to be fully comprehensive, rather a summary to be used alongside the RESPECT strategy documents, linking to further useful resources as needed.

Why is monitoring and evaluating VAW prevention work important?[1]

To build a strong global evidence base on what works to prevent and respond to violence against women: Although the evidence base is growing, there continue to be many gaps in understanding which strategies and interventions are most successful, in which contexts, for which population groups, and why. The evidence is stronger for certain forms of VAW, such as intimate partner violence (IPV) and non-partner sexual violence (NPSV), but limited for others.

To track programme progress and effectiveness: M&E can help to identify whether a programme is on track to achieve its intended results or whether adjustments are needed. It can assess the success of an intervention and identify whether interventions work, for whom and why.

To help identify the most effective and efficient violence prevention interventions that can be brought to scale: Although the evidence on what works to prevent violence is growing, less is known about how to prevent violence at scale in the most efficient ways without reducing intervention impact.

To identify and manage risks that could affect the programme and beneficiaries: VAW programmes aim to shift gender and power inequalities and therefore can lead to negative responses and backlash from community members, men and power holders – such as resistance, controlling behaviours and/or further violence. An M&E system is important to track these risks and ensure mitigation strategies are put in place.

To ensure consistent measurement and tracking of progress in preventing VAW globally: A key challenge in measuring progress on the prevention of VAW is the wide variation in indicators and forms of measurement, leading to data that is not comparable. While impact-level indicators and measures for some types of VAW, such as IPV and NPSV, are becoming more streamlined, there are larger variations in indicators and measures for other types of violence and for outcomes such as shifts in social norms. It is important to develop and use a comparable set of global indicators, both for impacts and outcomes.

Box 1: Definitions

Monitoring: is the systematic process of collecting, analysing and using information to track a programme's progress toward reaching its objectives and to guide management decisions. Monitoring usually focuses on processes, such as when and where activities occur, who deliver them and how many people or entities they reach.

Evaluation: is the systematic assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutions' performance. Evaluation focuses on expected and achieved accomplishments, examining the results chain (inputs, activities, outputs, outcomes and impacts), processes, contextual factors and causality, in order to understand achievements or lack of achievements.

Source: Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls

MONITORING AND EVALUATION

Guiding principles for M&E of VAW prevention programmes

Involve local partners and stakeholders in the design of monitoring and evaluation frameworks: This is important to ensure they are appropriate to the context and respond to evidence needs.

Ensure M&E approaches are survivor-centred, meaning that they should protect the privacy, confidentiality and physical and emotional safety of the women involved.

Adopt a gender-responsive approach: M&E should integrate analysis of gender and power relations and use inclusive, empowering methods.

Ensure a focus on both learning and accountability to funders and programme participants. This requires collecting data that is useful for programme design, adaptation, decision-making, assessing progress and lesson-learning, and ensuring that there are feedback mechanisms to share results with the participants and communities involved.

Use methods and tools that encourage active participation: Methods and tools should maximise active participation and be appropriate to the local context, including attention to the socio-cultural, economic and political context, language and literacy levels, and any disabilities of participants. **Ensure adequate budget** so that high quality and appropriate monitoring and evaluation approaches are built into programme design from the start.

Developing an M&E framework for VAW prevention

There are a number of important steps to take in developing and implementing an M&E framework, which is the basis of a robust M&E system. These steps are compiled from various VAW prevention and M&E resources, which can be consulted for further guidance.[2]

1. Formative research/situational analysis

Before or while developing a violence prevention intervention, it is vital to conduct formative research, sometimes referred to as a situational analysis, which can inform programme design and adaptation. Formative research examines the following in the specific contexts where the programme will be implemented:

- The types and levels of violence prevalent and the specific drivers of VAW – including local perceptions of these drivers;
- The specific beliefs and social norms that underpin and enable various forms of VAW;
- The particular needs and experiences of different population groups, including vulnerable groups;
- Existing interventions, lessons learned and evidence on their impact;
- Support services for survivors, their accessibility and capacity; and
- Key stakeholders, including both formal and informal actors, their capacities, knowledge, attitudes and practices.

Step one of the accompanying workbook on how to develop national prevention strategies provides more detailed guidance on how to undertake a situational analysis at the national/sub-national level.

2. Developing a theory of change

An important step in developing an M&E framework is designing a Theory of Change (ToC) for the programme, which maps out:

- Expected pathways for change in knowledge, attitudes and behaviours related to VAW or VAW risk factors;
- How these pathways will lead to the desired impact; and
- The assumptions made that explain the pathways and processes expected to lead to change.

Other types of frameworks for M&E include results frameworks and logical frameworks, which usually map out the expected inputs, activities, outputs, outcomes and impacts of a programme in a more linear fashion. Linear M&E frameworks are usually insufficient for VAW prevention programming given that they do not map out the complexities of and links between different pathways to change. A simple ToC is provided in each RESPECT strategy summary, with ToC for specific programme examples provided in the programme summaries.

3. Designing the M&E questions

Monitoring and evaluation questions should be based on the overall objectives of the VAW prevention programme and are the foundation of good evaluation design. In addition to asking questions about whether or not expected immediate and longer-term outcomes are being achieved (what changes are happening), questions should also explore how and why changes are or are not happening. There should also be questions about programme implementation, looking at lessons, successes and challenges and whether or not implementation protocols are being followed. This is often referred to as a process evaluation rather than an impact evaluation.

It is also important to ask questions that go beyond the theory of change or logframe and explore any unintended consequences of the programme – both positive and negative – and look at whether risk management strategies are working. Finally, in line with the OECD DAC evaluation criteria (see Box 2), it is useful to ask questions about the relevance of the programme to the people it intends to benefit and, if positive impact has been observed, how the benefits of the intervention can be sustained beyond the programme timeframe.

4. Designing the evaluation approach

There are three main types of evaluation design used to measure and explain the outcomes and impacts of a programme:

1. **Experimental design:** This design is often referred to as a randomised controlled trial (RCT), where individuals or clusters (e.g. communities or schools) are randomly assigned to receive an intervention (the *treatment* or *intervention* group) or not (the *control* group). This evaluation design is thought to be the most rigorous as it directly compares the situation with and without the intervention and therefore can attribute changes to the intervention. It is also the most inflexible and can be costly. There are debates about how ethical it is to randomly assign women to control groups in evaluations if they will not directly benefit from the programme. Best practice is therefore to plan to roll out the intervention to control groups after the evaluation has concluded if impact evaluations have observed positive outcomes.

Box 2: Criteria for Evaluation

Relevance: The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.

Effectiveness: A measure of the extent to which an aid activity attains its objectives.

Efficiency: Measures the outputs – quantitative and qualitative – in relation to the inputs. Was this the least costly way to achieve the desired results?

Impact: The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.

Sustainability: Measuring whether the benefits of an activity are like to continue after donor funding has been withdrawn.

Source: OECD (2010) Glossary of Key Terms in Evaluation and Results-Based Management

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2. **Quasi-experimental design with comparison group:** This design is similar to an experimental design in that one group receives the intervention (the *treatment* or *intervention* group) while another group does not (the *comparison* group); however, there is usually no random assignment to one group or the other, which can introduce bias into the sample. Nevertheless, this design can be rigorous if the comparison group is selected according to relevant criteria to enable as close a 'match' as possible to the intervention group. Much like RCTs, quasi-experimental designs with comparison groups can also be costly, and in some cases more costly than RCTs due to the need to employ larger samples to account for non-randomisation. Quasi-experimental designs with comparison groups can also raise ethical issues similar to the ones outlined for experimental methods.

3. **Non-experimental design:** These are evaluation designs that do not use a control or comparison group. Non-experimental designs typically use pre-test-post-test approaches where outcomes are measured in the population receiving an intervention at two or more time points (e.g. baseline and endline). It is considered good

practice to measure outcomes at more than two evaluation time points (e.g. including a midline study and/or a study some time after the intervention has ended to explore sustainability of impact over time).

A key limitation of using non-experimental designs is that any impact observed cannot necessarily be attributed to the intervention, although using mixed methods (see below) can mitigate these risks and increase confidence in the analysis. These designs tend to be much less costly that experimental designs.

Different methods can be used in each design outlined above:

Quantitative methods, such as surveys with closed-ended questions, draw from numerical data analysis and are useful for identifying whether change is occurring and the scale of change.

Qualitative methods, such as focus group discussions and in-depth interviews with open-ended questions, draw from textual and narrative analysis and are useful for understanding how and why change happens over time and to unearth unintended consequences of programming. In VAW evaluation and research in particular, some outcomes, such as social norms, can be difficult to quantify and are best explored through more open and narrative methods.

Mixed methods: Collecting and comparing data from different methods and sources can help to increase confidence in the analysis. It is becoming increasingly recognised that there is strong value in using both quantitative and qualitative methods - often referred to as mixed methods - in all three types of evaluation design.

Participatory methods can be particularly well suited to M&E in this field given that VAW is rooted in unequal power relations, dynamics and norms. Participatory methods acknowledge these inequalities and aim to empower women and communities through meaningful collaboration and engagement in M&E processes and outcomes.[3] These methods are also useful to understand how different groups of participants experience the programme and associated changes.

5. Designing indicators

Once an appropriate evaluation design has been selected, indicators should be developed to track progress, outcomes and impact. Indicators should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound). Indicators are usually classified under three types:

1. **Output indicators**, which measure progress with delivering programme activities and achieving immediate short-term results. Data on outputs indicators is often collected through regular monitoring.

2. **Outcome indicators**, which measure change in the medium term as a result of the programme interventions. Data on outcomes is usually collected through the evaluation.

3. **Impact indicators**, which measure the long-term impacts of a programme. Data on impact indicators is collected through the evaluation.

Both quantitative and qualitative indicators can be used at all three levels depending on the nature of the M&E questions. Further guidance on developing indicators and data collection tools for the seven RESPECT strategies is outlined in Annex A.

6. Developing monitoring and evaluation tools

Once indicators have been agreed, data collection tools should be designed to measure them. There are a number of data sources and existing tools used globally to measure VAW and related attitudes, behaviours and social norms. Standardised questions for quantitative surveys can be found in the following questionnaires which have been used in multiple countries to collect data at a (nationally representative) population level. Guidance on using these for specific indicators is included in Annex A.

- The World Health Organization (WHO) multi-country study on women's health and domestic violence (WHO MCS).[4]
- The Domestic Violence Module of the Demographic and Health Survey (DHS).[5]
- The United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Survey (MICS).[6]
- International Men and Gender Equality Survey (IMAGES).[7]
- The UN multi-country cross-sectional study on men and violence in Asia and the Pacific (UN MCS).[8]
- The Violence Against Children Survey (VACS).[9]

It is considered good practice to include **standard questions** from these surveys on the following:

- Personal demographic data including gender, age, disability status[10]
- Household socio-economic data including composition, income, assets etc

MONITORING AND EVALUATION

- Attitudes about gender equality and specific types of VAW[11]
- Experience of various specific forms of VAW (for women)
- Help-seeking behaviours and access to services (for women)[12]

Depending on the specific context, types of violence to be addressed, programme design and theory of change and specific target population, **optional modules** can also be added to provide important data on risk factors for VAW experience and perpetration. For example:

- Alcohol and substance use (amount, frequency)[13]
- Mental health and depression[14]
- Perpetration of various specific forms of VAW (for men, for women)[15]
- Attitudes and practices related to parenting and disciplining of children[16]
- Attitudes towards VAW survivors[17]
- Perceptions about the attitudes of others to understand social norms and reference groups[18]

In addition, there are a number of qualitative tools that have been developed for in-depth interviews, focus groups and community workshops with women, men, community facilitators, field staff, community leaders, women's rights organisations and service providers. Using vignettes (stories that unfold) is a useful way to explore norms.[19]

7. Ensuring research, monitoring and evaluation supports adaptation and scale-up

There are a number of further considerations to keep in mind when conducting research, monitoring and evaluation to support adaptation and scale-up of VAW prevention programming.

Adaptation: Formative research is critical to the successful adaptation of VAW prevention programmes to ensure that prevention approaches, components and modalities are appropriate for the local context. There are some additional ways that research and M&E can support adaptation.

- When adapting VAW prevention programmes, it is important to maintain fidelity to core elements

of the original programme. Monitoring data can help to track fidelity and ensure that core elements and values are maintained.

- Process evaluations of programme implementation (i.e. inputs, activities, protocols and procedures) can help programmes to learn about what is working and not working, and whether additional adaptations need to be made.

Scale-up: The WHO/ExpandNet Consortium defines scale-up as *"deliberate efforts to increase the impact of… innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis".[20]* The Community for Understanding Scale-Up (CUSP) - a group of organisations working on the development, adapation and scaling up of social norms change programmes, including for VAW prevention and gender equality - has generated recommendations for scale-up, some of which have implications for research and M&E.[21]

- Fidelity when rolling out VAW prevention programmes at scale is critical but often suffers due to lack of resources and demands for cost savings by reducing timeframes, training and mentoring, frequency of activities or other programme elements in order to expand coverage. Thus, monitoring data should be used to track fidelity and ensure that core programme elements are maintained.

- An RCT or other type of experimental or quasi-experimental evaluation may be appropriate for assessing the impact of VAW prevention programmes; however, such approaches may not be appropriate to evaluate the effectiveness of programming at scale. Other methodologies may be required to understand pathways to and mechanisms of change when replicating programmes at scale.

Ethics of research and evaluation on VAW

Conducting M&E of VAW programming raises a number of ethical and safety challenges in addition to those usually encountered for M&E in other programming sectors. In 2001 the WHO developed eight principles for doing ethical research on VAW (recently updating these in 2016), which are applicable to M&E of VAW programming. Table 1 contains a summary of each principle with recommendations for designing, planning, implementing and disseminating research or evaluation studies on VAW.[22] A full set of recommendations can be found in the two WHO ethics guidance documents.[23] The more recent WHO guidance includes additional ethical principles to the eight core ones outlined below, some of which are specific to particular types of M&E methodologies and approaches.

Table 1: WHO core principles for ethical research on VAW

1 **The safety of respondents and the research team is paramount and should guide all project decisions.**

✓ Ensure informed participant consent is obtained, including on an ongoing basis in longitudinal evaluation or research.

✓ Conduct interviews in private settings.

✓ Describe the study to respondents, household members and community members as a study on women's health or family relations.

✓ Only interview one woman per household about domestic violence and don't include questions about violence when interviewing other household members. An exception is when both partners are interviewed as part of a couples programme, in which case risks are significantly reduced and the programme can provide backup and support.

✓ Interviewers should be trained to deal with interruptions.

Prior to study implementation, undertake formative research and stakeholder analysis to inform the design of culturally appropriate study tools.

2 **Studies need to be methodologically sound and build upon current research experience about how to minimise the under-reporting of violence.**

X It is unethical to conduct poorly designed and implemented M&E of VAW programmes. This wastes resources, may contribute to women's underreporting of violence and could put women at increased risk of harm.

✓ Appropriate tools and methods should be used, and interviewers should be trained in how to deploy them safely.

3 **Protecting confidentiality is essential to ensure both women's safety and data quality.**

✓ Ensure interviewers understand the importance of confidentiality and are trained accordingly.

X Never record names of participants on questionnaires. Rather, use unique ID codes and keep all identifiers separate to the data.

✓ If using tablets or other digital devices for data collection, ensure that tablets are password protected and all data is encrypted.

✓ Ensure that all data is kept in locked cabinets or password protected files.

✓ Seek consent of participants before audio recording them and delete recordings after transcription.

✓ Take care during reporting that data is aggregated sufficiently so that no specific community or individual can be identified.

✓ Ensure that safe and appropriate methods are employed for re-contacting participants in longitudinal studies or follow up data collection.

MONITORING AND EVALUATION

4 **All research team members should be carefully selected and receive specialised training and ongoing support.**

✓ Research and M&E staff require training on VAW, gender equality and how to acknowledge and overcome their own gender-related biases and stereotypes related to survivors of violence.

✓ Staff, including data collectors, also require training and ongoing support on how interviews may bring up feelings of secondary trauma for research staff or, in the case of staff who have experienced violence, may lead them to relive past trauma.

Staff may be at risk of violence from those perpetrating violence against study participants, and require ongoing logistical and security support including safe transport, appropriate communications technology and processes.

5 **The study design must include actions aimed at reducing any possible distress caused to the participants by the research.**

✓ Ensure that questions about experience or perpetration of violence are not asked directly at the start or end of an interview.

✓ Train interviewers to ask about violence in a supportive and non-judgmental manner.

✓ Ensure interviewers are trained on the possible effects that interviews can have on survivors, how to respond to distress and how to terminate an interview if necessary.

6 **Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.**

✓ Prior to data collection activities, identify potential providers of support or services to whom women can be referred, including health, justice and social services, or women's organizations.

✓ Ensure a trained counsellor accompanies fieldwork teams during data collection to provide on the spot support if there is a lack of adequate services available for women.

7 **Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.**

✓ Ensure that results of research and M&E are fed back into policy, advocacy and intervention activities – including, as appropriate to the groups who participated in the research.

✓ Establish advisory committees or stakeholder engagement groups that can play a role in validating, disseminating and applying the findings.

8 **Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.**

✓ Integrating questions about violence into studies or M&E activities designed for other purposes and topics should only be done where the ethical and methodological standards outlined in the eight principles presented here can be addressed.

The WHO ethical guidance documents do not address the specific risks involved with doing research or M&E on violence against children and adolescents, which requires additional approaches and processes to those outlined above. There are a number of guidance documents on collecting data on violence against children, a selection of which are listed further below. Although the principles for ethical research presented in Table 1 are largely applicable for children, there are additional principles that apply for children and adolescents, with a summary included in Table 2.[24]

Table 2: Additional principles for ethical research on violence against children

Voluntary assent and consent

Children below the age of 18 cannot usually provide legal consent to participate in research or M&E, in which case a parent or guardian should usually provide consent on their behalf. However, children must be given the opportunity to provide voluntary, informed assent to participate, or refuse to participate, if a guardian or parent provides consent. Researchers and programme implementers should also be prepared to consider whether parental permission and consent should be waivered; for instance, if parental knowledge about the research or M&E could put children at risk of violence or abuse. [25]

- ✓ Ensure the language (written or verbal) used to describe the study and obtain assent is appropriate for the age of the child.
- ✓ Be explicit about children's assent being voluntary and that there will be no negative consequences of refusing to participate.
- ✓ When obtaining assent/consent, ensure that children and parents/guardians are informed of the possible limitations of confidentiality, such as when legal requirements for mandatory reporting of child abuse may override requirements for confidentiality (see below).

Minimizing risk of harm

Ensuring the safety of respondents and minimising the risk of harm to them is vital in all research; however, conducting data collection with children, particularly on topics related to violence, requires considering the specific types of risks children may be vulnerable to.

- ✓ Ensure that research protocols identify all potential risks to children.
- ✓ Consult with knowledgeable local stakeholders to identify possible risks to children.
- ✓ Ensure the research team is trained to conduct research and data collection with children, including on sensitive topics and how to respond to children's distress.
- ✓ Be prepared to manage the possible implications and risks of requirements for mandatory reporting of child abuse to authorities. These requirements will be different in different contexts, and the possible benefits and risks of reporting must be analysed and balanced according to the cultural and legal context.
- ✓ Ensure the research team is accompanied by a trained child counsellor / psychologist who can provide immediate support if needed.

Useful Resources

M&E Guidance

Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls.

UNWOMEN's Virtual Knowledge Centre has a range of relevant resources, including guidance, case studies and examples of promising practice related to violence response and prevention interventions and M&E.

Global Women's Institute (2019) Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs. SVRI Pre-Conference Workshop October 2019, The Global Women's Institute, George Washington University.

Slide deck used for a pre-conference workshop on participatory M&E at the Sexual Violence Research Initiative biennial forum, with content on the principles and practical implementation of participatory M&E approaches in VAW and GBV interventions.

UNICEF (2018) INSPIRE Indicator Guidance and Results Framework. New York: UNICEF.

Designed to help governments and NGOs monitor progress and track change over time across the seven INSPIRE strategies. The document includes a results framework and core set of indicators, alongside detailed guidance on how to use them.

ANROWS (2017) Counting on change. A guide to prevention monitoring. Australian National Research Organisation for Women's Safety.

A guide for policy-makers, researchers and advocates on measuring population-level progress towards the prevention of violence against women and their children.

DFID (2012) How to Note: Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls. CHASE Guidance Note Series.

Describes four key stages of M&E for VAW programmes and provides detailed guidance on how to implement M&E at each stage of the M&E cycle.

Bloom, S.S. (2008) Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators. Measure Evaluation, for the USAID East Africa Regional Mission and Inter-agency Gender Working Group.

A comprehensive compendium of indicators to measure VAW programme M&E, with guidance on indicator definition, how indicators should be measured and possible tools required to gather data.

Ellsberg, M. & Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists. World Health Organization, PATH.

A manual for researchers working in the violence response and prevention field with content on the methodological and ethical challenges conducting research on VAW and innovative techniques to address these challenges.

Ethics and safety – Violence against women

WHO (2016) Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva: World Health Organization.

An update of the original WHO (2001) ethics and safety recommendations for research on VAW (see below), building on more recent evidence and learning to establish additional actions and best practice.

WHO (2001) Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva: World Health Organization.

Guidance document developed as part of the WHO Multi-Country Study on Women's Health and Domestic Violence, with eight core ethical and safety principles outlined and a description of how to operationalize them.

Ethics and safety – Violence against children

UNICEF (2018) INSPIRE Indicator Guidance and Results Framework. New York: UNICEF.

Although the document focuses on guidance for using the results framework and indicators for the INSPIRE strategies, the document also contains a chapter on ethical considerations for collecting data on violence against children.

CP MERG (2012) Ethical principles, dilemmas and risks in collecting data on violence against children: A review of available literature. New York: Statistics and Monitoring Section/Division of Policy and Strategy, UNICEF.

Not a guidance document, but a compilation and review of literature to form the basis for future guidelines on ethical research with children. The document provides an extensive review of different principles, dilemmas and risk that researchers may encounter when conducting research with children, and provides some recommendations on best practice.

Annex A: Impact and outcome indicators for RESPECT strategies

Each of the RESPECT strategies has a set of impact, outcome and output statements, with the reduction or elimination of VAW as an impact across all seven strategies. Tables 3 and 4 outline: the impacts and outcomes targeted by each strategy; examples of indicators that can be used and adapted to measure these results; and a summary of guidance and sources on the use of these indicators. Indicators for outputs have not been included and should be adapted to the programme and implementation context.

Table 3: RESPECT strategy impacts, indicators and guidance

Note: The RESPECT framework has four impact results to which different strategies contribute, and these are labelled as Impacts 1 to 4 in Table 3. The corresponding indicators are labelled accordingly (e.g. 1.1 and 1.2 for impact 1) and are only used where those indicators are appropriate to the specific RESPECT strategy.

Strategy	Impact	Indicators	Guidance
R **Relationship skills strengthened**	1. VAW is reduced or eliminated	1.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG indicator 5.2.1)	This indicator links to SDG 5.2.1 and can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). Intimate partner violence (IPV) is one of the most common forms of VAW and according to the indicator includes physical, sexual or psychological (also referred to as emotional) violence perpetrated by a current or former partner or spouse. The SDG indicator measures any instance of IPV in the past 12 months and is measured for adolescent girls and women aged 15 years to 49 years (i.e. reproductive age). The upper age limit has been removed from the RESPECT indicator to be inclusive of older women, who may also experience IPV. The measurement of the indicator should be adapted according to the type of IPV being targeted and data disaggregated by type of violence, age and other relevant characteristics. IPV measures often focus on physical and sexual IPV and less frequently on psychological violence. Another type of IPV that is less frequently measured is economic violence, which is sometimes incorporated into measures of psychological IPV and sometimes measured as a separate type of IPV. Recent evidence suggests that emotional and economic IPV have distinctive impacts on women and should be incorporated into IPV measures.[26] The WHO MCS produced a series of questions designed to measure physical and sexual IPV, and these have been used effectively in multiple regions and countries. These questions have also been adapted in South Africa and used widely;[27] for instance, in the What Works to Prevent Violence Against Women and Girls Global Programme. For measures of emotional and economic IPV, there are a number of sources including items from the WHO MCS, DHS and UN MCS.
		1.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months (SDG indicator 5.2.2)	This indicator links to SDG 5.2.2, which defines sexual violence as any sexual activity or behaviour imposed on someone, including rape, sexual abuse, forced sexual engagement, incest or sexual harassment. The SDG indicator measures any instance of sexual violence in the past 12 months perpetrated against adolescent girls and women aged 15 years to 49 years by any person who is not an intimate partner. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The upper age limit has been removed from the RESPECT indicator to be inclusive of older women, who may also experience sexual violence perpetrated by a non-intimate partner. The measurement of the indicator should be adapted according to the type of sexual violence being targeted and should be disaggregated by age, place of occurrence or other relevant characteristics such as type of perpetrator. Most surveys that collect data on sexual violence by a non-intimate partner measure forced sexual intercourse or attempted forced sexual intercourse or other sexual acts. Examples of questions used to measure sexual violence by a non-intimate partner can be found in the WHO MCS, DHS and VACS. Although population surveys such as the WHO MCS and DHS sample women and girls from 15 years of age, the VACS samples children from age 13.

Strategy	Impact	Indicators	Guidance
E **Empowerment of women**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
	2. Women are exercising their human rights and contributing to development	2.1. Proportion of seats held by women in national parliaments and local governments (SDG indicator 5.5.1)	This impact statement links to SDG target 5.5, which is to ensure women's full and effective participation and equal opportunities for leadership at levels of decision-making in political, economic and public life. The SDG target includes indicator 5.5.1(a), Proportion of seats held by women in national parliaments, and 5.5.1(b) Proportion of seats held by women in local governments. Data sources include statistics received from parliaments, administrative data based on electoral records or public administrative data available from ministries.
		2.2. Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control (SDG indicator 5.a.2)	This impact statement links to SDG indicator 5.a.2, which emphasizes land ownership and/or control and is linked to control over other economic resources and women's reduction in poverty and access to human rights. The indicator is measured and monitored against six proxies, which are outlined in detail in the indicator guidance and metadata, alongside key definitions and sources of data. These proxies can be used to measure the extent to which an individual country supports women's land rights
		2.3. Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG Indicator 5.6.1)	This impact indicator links to SDG indicator 5.6.1, and measures women's decision making in all three areas: sexual relations (whether they want to have sexual relations with their husband/partner or not), use of contraception and access to reproductive health care. The indicator guidance and metadata provide three survey questions used to measure the indicator, drawing from DHS and MICS. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
		2.4. SIGI Index	Impact indicators 2.1, 2.2 and 2.3 measure different dimensions of women exercising their rights and contributing to development. There are a number of gender indices that combine multiple dimensions of women's rights, some of which can be found in the Data2X document, Mapping Gender Data Gaps (see from page 42). The OECD Development Centre's Social Institutions and Gender Index (SIGI) measures discrimination against women in social institutions, which restricts their access to rights and ability to contribute to development. Programmes may choose to use impact indicators that focus on specific dimensions of women's rights or, alternatively, draw from an index such as the SIGI. The SIGI, which is currently measured in 180 countries, covers four dimensions of discriminatory social institutions: - Discrimination in the family – including prevalence of child marriage, women and girls' household responsibilities, access to divorce and access to inheritance rights. - Restricted physical integrity – including prevalence of violence against women and legal protections from violence, prevalence of female genital mutilation (FGM) and women's reproductive autonomy. - Restricted access to productive and financial resources – including secure access to land assets, non-land assets and formal financial services, and access to workplace rights. - Restricted civil liberties – including citizenship rights, political voice, freedom of movement and access to justice.
Strategy	**Impact**	**Indicators**	**Guidance**

S **Services ensured**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
	3. Improved health and development outcomes in households, community and society	3.1. Proportion of women and men targeted who have improved outcomes in the areas of physical, mental and sexual and reproductive health	Indicators for this impact statement will need to be made more specific depending on the services targeted by the programme and whether any of the programme interventions are intended to improve wider health outcomes in addition to reducing VAW and dealing with the immediate health needs of survivors. Example indicators include: - Proportion of women and men with communicable or non-communicable disease - Proportion of women and men who report harmful alcohol or substance use - Proportion of women and men who report depressive symptoms in the past month - Proportion of women and men who report emotional wellbeing - Proportion of women who gave birth in last 12 months with a trained birth attendant present - Proportion of women whose most recent birth was wanted at the time
		3.2. Proportion of VAW cases reported to the police which are investigated and prosecuted	A key measure of a functioning, effective police and legal system that responds to cases of VAW is the proportion of reported cases that are investigated by the police and prosecuted. The indicator can be measured via police and court records. Further guidance can be found here: UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls & Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.
P **Poverty reduced**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
	3. Improved health and development outcomes in households, community and society	3.3. Proportion of women and men targeted who have improved outcomes in physical, mental and sexual and reproductive health	See guidance for impact indicator 3.1
		3.4. Proportion of population living below the national poverty line, by sex and age (SDG indicator 1.2.1)	This impact indicator links to SDG indicator 1.2.1, which measures the national poverty rate and the proportion of the population living below the national poverty line. The indicator guidance and metadata recommends measuring poverty through household consumption rather than income, and provides detailed guidance definitions and sources of data.
		3.5. Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2)	This impact indicator links to SDG indicator 1.2.2. No specific guidance or metadata has yet been published for this SDG indicator; however, some sources have drawn from the multidimensional poverty index, which measures deprivation according to poor health, lack of education, inadequate standard of living, lack of income, disempowerment, poor quality of work and threat from violence.
		3.6. Proportion of men and women who demonstrate gender equality and respectful relationships with intimate partners	Indicators for this impact statement will need to be made more specific according to the programme. Demonstrations of gender equality in intimate partnerships may involve joint decision-making and a more gender equitable division of household roles. Demonstration of respectful relationships may include value, esteem and regard for the rights of others – both what a respondent expresses about others and how they feel they are treated / valued by others.

Strategy	Impact	Indicators	Guidance
E **Environments made safe**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2
		1.3. Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	This indicator links to SDG 11.7.2, which defines sexual harassment as any behaviour with a sexual connotation that is intimidating, and physical harassment as all other behaviours involving harassment that can cause fear for one's physical integrity and/or emotional distress. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The indicator is disaggregated by sex, age, disability status and place of occurrence. The SDG guidance for indicator 11.7.2 includes methods for measuring this indicator, including eight questions to be included in household surveys.
	4. VAC is reduced or eliminated	4.1. Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (SDG 16.2.3)	This indicator links to SDG 16.2.3, which defines sexual violence by age 18 as any sexual activity imposed on a child aged 17 years or younger, including sexual abuse, sexual coercion, commercial sexual exploitation (including through trafficking), child prostitution and sexual exploitation or slavery. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The indicator is measured for both women and men aged 18-29. Measures of sexual violence should include the type of violence and the perpetrator. Some M&E tools also include the location where and the age at which the violence took place. The VACS contains a comprehensive set of questions on sexual violence, abuse and exploitation experienced in childhood, and includes measures of different types of sexual violence, perpetrators of violence, age at which the respondent experienced the violence and the age of the perpetrator.
		4.2. Proportion of girls and boys aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (SDG 16.2.1)	This impact indicator links to SDG 16.2.1, and also to INSPIRE: Seven strategies for ending violence against children. Physical punishment (often referred to as corporal punishment) includes various actions including shaking, slapping, hitting or beating, and psychological aggression includes verbal abuse, shouting, yelling or name-calling. The indicator measures past month experience of punishment or aggression for children and adolescents aged 1-17 years, and should be disaggregated by sex, age and type of violence. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). The VACS contains a set of questions on children and adolescents' experiences of physical or emotional violence perpetrated by caregivers. Many studies instead measure parental/caregiver reports of using physical punishment and psychological aggression; for instance, the MICS Child Discipline Module, which contains separate measures for children under the age of five and those aged 5-17 years. Further guidance for this indicator can be found in the INSPIRE Indicator Guidance and Results Framework and the SDG guidance for indicator 16.2.1.
C **Child and**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2

Strategy	Impact	Indicators	Guidance
adolescent abuse prevented	4. VAC is reduced or eliminated	See impact indicator 4.1	See guidance for impact indicator 4.1
		See impact indicator 4.2	See guidance for impact indicator 4.2
T **Transformed attitudes, beliefs and norms**	1. VAW is reduced or eliminated	See impact indicator 1.1	See guidance for impact indicator 1.1
		See impact indicator 1.2	See guidance for impact indicator 1.2

Table 4: RESPECT Strategy outcomes, indicators and guidance

Note: In Table 4, the outcome statements under strategy R are labelled R1, R2 and R3. The corresponding indicators are labelled, for example, R1.1, R1.2 and R1.3 for outcome R1, and so on for other outcome statements. This labelling has been reproduced across the strategies for ease of reference.

Strategy	Impacts	Outcomes	Indicators	Guidance
R **Relationship skills strengthened**	VAW is reduced or eliminated	R1. Gender equality and respect are practiced in intimate and family relationships	R1.1. Proportion of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in household decision-making	This outcome indicator links to indicator 7.3 in INSPIRE, but deviates slightly from the form of measurement. INSPIRE defines household decision-making as women's participation (alone or jointly with their husband) in decisions related to their own health care, making major household purchases or visiting family or friends. Here, women and girls' participation in decision-making (alone or jointly with their husband) is measured only for decisions concerning the household, including, for example, household purchases and spending household earnings. Other types of decision-making in which women make decisions about their own autonomous actions are captured in the Women and girls can make autonomous decisions outcome under the Empowerment strategy. The measurement of the indicator can be adapted from the DHS, which contains a series of questions that measure women's decision-making in relation to a number of household issues. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
			R1.2. Proportion of women and men who report practicing gender equitable division of household roles	Gender equitable division of household roles is defined as women and men's participation in domestic duties, including child rearing, household chores and other domestic tasks. For example, the IMAGES survey contains questions about household division of labour and participation in caregiving. It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).

Strategy	Impacts	Outcomes	Indicators	Guidance
			R1.3. Proportion of women aged 15 years and older who experienced controlling behaviours from an intimate partner in the past 12 months	Controlling behaviours from an intimate partner are widely recognised as a form of VAW that may be predictive of more severe forms of IPV. Controlling behaviours can include constraints on mobility or access to friends and family, and expressing feels of jealousy or distrust. The DHS measures controlling behaviours from a spouse through its module on marital control, which includes survey items related to the following types of control: - Jealousy or anger if she talks to other men - Frequently accuses her of being unfaithful - Does not permit her to meet her female friends - Tries to limit her contact with her family - Insists on knowing where she is at all times - Does not trust her with money This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
		R2. Interpersonal conflicts are resolved peacefully	R2.1. Proportion of men and women who report having resolved their most recent three disagreements in a non-violent way	Non-violent conflict resolution involves rejecting physical and emotional violence as a means of resolving conflict and embracing positive communication, including peaceful dialogue, empathy, listening, anger management, negotiation, mediation and reconciliation. There is a range of tools that have been used in low- and middle-income countries to measure non-violent conflict resolution within couples, including the Conflict Tactics Scales, communication subscale of the Couple Functionality Assessment tool, the constructive communication subscale of the Communication Patterns Questionnaire, and the mutually constructive communication subscale of the General Communication and Conflict Resolution Scale.
		R3. Couples and families believe in and uphold gender equality as a norm and no longer accept VAW	R3.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	Attitudes accepting or justifying VAW may occur when people believe that violence is a legitimate way to resolve conflict, to discipline a woman, or to settle affronts to honour. In this strategy, 'people' refers to partners and other family members. This indicator is a common one used in population studies such as the WHO MCS and the DHS, where five circumstances are typically presented: if a woman goes out without telling her husband, if she neglects the children, if she argues with her husband, if she refuses to have sex with her husband, or if she burns the food. Some studies also measure other circumstances, such as if a woman is unfaithful to her husband or partner or if she disobeys him. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).
			R3.2. Proportion of people who hold gender-equitable attitudes	Gender equitable attitudes refer to attitudes about equity and equality in men and women's rights, roles and responsibilities. In this strategy, 'people' refers to partners and other family members. A useful tool for measuring gender equitable attitudes is the Gender Equitable Men (GEM) Scale, which has been used in multiple country contexts to measure people's perceptions and attitudes about the roles and responsibilities of men and women.

Strategy	Impacts	Outcomes	Indicators	Guidance
E **Empowerment of women**	VAW is reduced or eliminated Women are exercising their human rights and contributing to development	E1. Gender equality and respect are practiced in intimate, family and community relationships	E1.1. Proportion of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in household decision-making	See guidance for indicator R1.1
			E1.2. Proportion of women and men who report practicing gender equitable division of household roles	See guidance for indicator R1.2
		E2. Women and girls can make autonomous decisions	E2.1. Proportion of women and girls who can make autonomous decisions about their own lives, disaggregated by age	Autonomous decision-making, which is often used as a proxy for women's agency, involves women making decisions about their own personal actions, including access to healthcare, use of contraceptives and mobility (visiting family or friends), and is distinct from household decision-making. The indicator can be measured by adapting the DHS questions on household decision-making (see guidance for the Increase in women's participation in household decision-making outcome under the Relationships strategy). Additional measures can be used, for instance, to measure women's autonomous decision making about their own mobility (e.g. are you permitted to leave the house to walk to visit a friend /family member in your village? Or take public transport to visit a friend / family member?).
			E2.2. Proportion of women and girls who report having agency	Recent work on women's empowerment suggests that decision-making may be an incomplete measure of women's agency, and that agency can also be measured directly. Agency can be defined as women's ability to define life goals and objectives and their ability to act on these.[28] Measuring women's agency can encompass various dimensions, including setting goals, perceptions of ability and control (sometimes referred to as self-efficacy), and acting on goals. Examples of tools used to measure these dimensions can be found in this guide on 'Measuring Women's Agency' developed by the World Bank.
		E3. Women have increased financial independence	E3.1. Proportion of women who report increased financial independence	Women's access to income and economic resources is an important measure of empowerment, but not sufficient as women may not control the income they earn or resources they acquire. Women's financial independence involves both access to economic resources, and power to benefit from economic activities and resources. Economic resources may include skills (e.g. via vocational training), financial capital (e.g. loans and savings), social capital (e.g. social networks) and physical capital (e.g. tools, land). The power to benefit from economic activities and resource means that women are able to make decisions about and control how financial capital is used and spent. Further guidance on how to develop indicators and questions to measure financial independence and women's economic empowerment can be found in guidance produced by ICRW, Oxfam and in this roadmap .
		E4. Women are participating in public and political life	E4.1. Proportion of women who have spoken at a public meeting in the last 6 months	This indicator needs to be refined depending on the nature of the programme and the local context. It will need to specify the types of public meetings to be included, the time period (e.g. 6 months or other) and which women. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries).

Strategy	Impacts	Outcomes	Indicators	Guidance
S **Services ensured**	VAW is reduced or eliminated Improved health and development outcomes in households, community and society	S1. Improved institutional response from health, justice, security and social services	S1.1. Number of service providers demonstrating improved response to VAW survivors	This indicator and approaches to measurement should be adapted to the local and programme context, and service institutions targeted. Improved institutional responses may cover a variety of domains, such as: developing and implementing policies, procedures and protocols to improve service response; developing, facilitating and embedding training for service staff in gender transformative frameworks or curricula; and developing comprehensive referral systems. Some examples of possible sub-indicators for improved institutional response, including from different service sectors, can be found in <u>Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators</u>.
		S2. Service providers and institutions believe in and uphold gender equality as a norm and no longer accept VAW	S2.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	<u>See guidance for indicator R3.1</u> – in the S strategy 'people' refers to individual service provider staff disaggregated by service.
			S2.2. Proportion of people who hold gender-equitable attitudes	<u>See guidance for indicator R3.2</u> – in the S strategy 'people' refers to individual service provider staff disaggregated by service.
			S2.3. Service provider has a dedicated internal policy on gender equality	One way to measure an organisation's commitment to gender equality is to look at its own internal policies, procedures and practices related to gender. This indicator is one simple example, but will need further developing to specify the minimum elements of a gender equality policy for the specific institution. This indicator could be strengthened further by undertaking a gender audit or capacity assessment of the institution or applying some of the gender integration / gender mainstreaming checklists available. See, for example UN Women's <u>Gender Equality Capacity Assessment Tool</u> or ILO's <u>A Manual for Gender Audit Facilitators.</u>
			S2.4. Service provider has a dedicated procedure to handle internal VAW complaints	The way an organisation deals with internal complaints of gender discrimination, sexual harassment and gender-based violence is a good indicator of the commitment of that organisation to tackling VAW. This or a similar indicator can be used and will need further developing to specify the minimum elements of an internal policy to prevent and address VAW in the institution.
		S3. Improved quality and safety of VAW services	S3.1. Proportion of survivors of VAW who report improved satisfaction with the quality and safety of VAW services	This indicator should be adapted to local and programme contexts, including the type of service provision and corresponding standards for quality and safety. For instance, possible standards for quality services that programmes might target include accessibility, affordability, availability, and staff knowledge, treatment of survivors and sensitivity in handling difficult situations. Possible standards for safety in VAW services may include privacy, confidentiality and mitigation of further risk of violence. One way of measuring survivor satisfaction with services, commonly used in health services interventions, is through client satisfaction or exit surveys, which may include specific survey items for different standards or experiences associated with the service provision. An example of a client exit survey from the GBV health sector

Strategy	Impacts	Outcomes	Indicators	Guidance
				can be found in Improving the Health Sector response to Gender based Violence: A Resource Manual for Health Acre Professionals in Developing Countries.
		S4. Improved uptake of VAW services by survivors	S4.1. Proportion of survivors who report using VAWG services	This indicator measures use of formal VAW services by women who have experienced violence. The WHO MCS contains questions related to survivors' help seeking behaviours, including to informal actors and networks (e.g. friends, family, neighbours, community or religious leaders) and formal services (e.g. police, health facilities, legal services, women's organisations). These are asked of women who report having experienced VAW in the past 12 months.
P **Poverty reduced**	VAW is reduced or eliminated Improved health and development outcomes in households, community and society	P1. Reduced household poverty and economic stress	P1.1. Proportion of women and men who report food insecurity, disaggregated by sex	Household food insecurity is a commonly used measure of household poverty and has been found, in a number of studies, to be strongly associated with women's IPV experience and men's IPV perpetration. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). Tools used to measure food insecurity include the Food Insecurity Experience Scale and the Household Food Insecurity Access Scale.
			P1.2. Total household consumption	Consumption is an important measure of household poverty and may include expenditure on food, housing, power/fuel, household items, transport, education and other goods and services. Sources of data and corresponding tools can be derived from national expenditure surveys, with further guidance found in the Evidence Consortium on Women's Groups (ECWG) Guide for Measuring Women's Empowerment and Economic Outcomes in Impact Evaluations of Women's Groups.
			P1.3. Proportion of women and men who report experiencing stress	Stress is an important determinant of poor mental health and emotional wellbeing. The links between poverty and stress, and between stress and the experience or perpetration of violence, have been documented in the literature. This indicator measures women and men's self-reported experiences of general stress. A tool widely used to measure stress is the Perceived Stress Scale (PSS), which has been used in multiple country contexts and which is a measure of the degree to which individuals perceive current situations in their lives as stressful.
		P2. Women have increased economic security	P2.1. Proportion of women who report economic security	Economic security can be defined as access to basic needs and stable income or savings. This indicator can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). A compilation of tools for measuring economic security and empowerment can be found in the Abdul Latif Jameel Poverty Action Lab (J-PAL) document, A Practical Guide to Measuring Women's and Girls' Empowerment in Impact Evaluations. Further guidance on measuring women's economic empowerment can also be found in the Women's Economic Empowerment: A Roadmap website.
		P3. Women have increased financial independence	P3.1. Proportion of women who report increased financial independence	See guidance for indicator E3.1

Strategy	Impacts	Outcomes	Indicators	Guidance

E **Environments made safe**	VAW is reduced or eliminated VAC is reduced or eliminated	EN1. Schools, workplaces, other institutions and public spaces become safer for women and girls	EN1.1. Proportion of women and girls who report feeling safe in schools, workplaces and public spaces, disaggregated by sex and age	This indicator measures women and girls' feelings of safety in multiple contexts, including in schools and other educational settings, workplaces and public spaces. Feeling safe means not feeling at risk of experiencing violence, harassment or exploitation. Measurements for this indicator will vary according to the setting. The Global school-based student health survey (GSHS) contains items that measure students' perceptions of safety at and on the way to school. The VACS contains a comprehensive set of items that measure children and young people's perceptions and experiences of safety and violence in different settings, including at home, the community and in school.
		EN2. Communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW/VAC	EN2.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the EN strategy 'people' refers to community members, teachers, workplace peers and managers and duty bearers.
			EN2.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the EN strategy 'people' refers to community members, teachers, workplace peers and managers and duty bearers.
			EN2.3. Institution has a dedicated internal policy on gender equality	See guidance for indicator S2.3
			EN2.4. Institution has a dedicated procedure to handle internal VAW complaints	See guidance for indicator S2.4
		EN3. Women's increased autonomous mobility within and beyond their communities	EN3.1. Average number of times women left their home during the past month a) to go somewhere within their community; b) to go somewhere outside their community	Women's increased mobility can indicate an increase in empowerment, but it can also indicate that women are feeling confident and safe to access their environment. This indicator measures women's mobility in the past month both within and outside of their community and is an important measure of their use of environments. It should be analysed alongside indicator EN1.1 to ensure that women feel safe when moving within public spaces. Additional questions can be asked, including how many times women left their community in the last month, and whether mobility was alone or accompanied.

Strategy	Impacts	Outcomes	Indicators	Guidance
C **Child and adolescent abuse prevented**	VAW is reduced or eliminated VAC is reduced or eliminated	C1. Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent-child relationships	C1.1. Proportion of girls and boys aged 1-17 years who experienced any non-violent method of discipline by a caretaker in the past month, disaggregated by sex and age	This outcome statement links to SDG indicator 16.2.1 and Outcome 6 of INSPIRE, which comprises three domains: positive discipline by caregivers, positive parent-child relationships and parental/guardian supervision. . It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme beneficiaries). Further guidance on possible tools for this indicator can be found in the INSPIRE Indicator Guidance and Results Framework, which includes sample questions, including from the MICS.
		C2. Families, communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW/VAC	C2.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the C strategy 'people' refers to family members, community members, teachers and duty bearers.
			C2.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the C strategy 'people' refers to family members, community members, teachers and duty bearers.
			C2.3. School has a dedicated internal policy on gender equality	See guidance for indicator S2.3
			C2.4. School has a dedicated procedure to handle internal VAW complaints	See guidance for indicator S2.4
		C3. Girls and boys are given equal opportunities	C3.1. Proportion of parents who report giving equal opportunities to boys and girls, disaggregated by sex	Parental provision of equal opportunities for girls and boys may encompass participation in education or safe, fairly paid employment, rights to choose marriage as an adult, gender equality in the division of household responsibilities and freedom of mobility. The measurement of the indicator should be adapted to local and programme settings, including to the types of opportunities that interventions seek to address.
		C4. Gender equality and respect are practiced in schools, learning and peer environments	C4.1. Number of schools, learning and peer environments demonstrating gender equality and respectful relationships	Indicators for this outcome will need to be made more specific according to the programming context and target groups. For instance, school and learning environments demonstrating gender equality may involve teachers treating boys and girls equally in the classroom. Demonstration of respectful relationships may include modelling value, esteem and regard for the rights of others.
		C5. Schools and public spaces become safer for girls and boys	C5.1. Proportion of girls and boys who report feeling safe	This indicator links to INSPIRE outcome indicator 9.2, which focuses on children's safety at or on the way to school, and expands it to encompass children's safety in other locations, including in public spaces. . It can be measured at a population-level (e.g. in a geographic area) or at a programme-level (e.g. for direct programme

Strategy	Impacts	Outcomes	Indicators	Guidance
			in schools and public spaces, disaggregated by sex and age	beneficiaries). The Global school-based student health survey (GSHS) contains items that measure students' perceptions of safety at and on the way to school. The VACS also contains a comprehensive set of items that measure children's perceptions of safety in different settings, including at home, the community and in school.
		C6. Educators use positive, non-violent forms of discipline	C6.1. Proportion of educators who report using alternative, non-violent forms of discipline on the last three occasions	Educators may include teachers and other educational staff within schools or other learning environments, including youth clubs, community centres or any other space where children and young people participate in learning (whether they are enrolled in school or out-of-school). Non-violent forms of discipline involve rejecting corporal punishment, including physical and emotional violence, and embracing alternative disciplinary methods, such as allocating more homework or other academic work, asking the child to apologise to the class/group or asking parents to come to discuss the child's poor behaviour. The indicator can be measured by asking educators to indicate which methods they used on the last three occasions they disciplined a child, with multiple choice options of both violent and non-violent disciplinary methods.
T **Transformed attitudes, beliefs and norms**	VAW is reduced or eliminated	T1. Families, communities and institutions believe in and uphold gender equality as a norm and no longer accept VAW	T1.1. Proportion of people who agree that a husband (man) is justified in beating his wife (partner) in at least one circumstance, disaggregated by sex and age	See guidance for indicator R3.1 – in the T strategy 'people' refers to family members, community members and duty bearers.
			T1.2. Proportion of people who hold gender-equitable attitudes	See guidance for indicator R3.2 – in the T strategy 'people' refers to family members, community members and duty bearers.
			T1.3. Proportion of people who believe that others in the community would react in X way if a woman or man did X	Social norms are behavioural rules that are shared by a population or group and consist of beliefs about what others do and what one is expected to do. Understanding social norms requires an analytical approach that captures what specific social norms are, who the reference groups are for those norms, what the (positive or negative) social sanctions are that prevent individuals from changing their behaviour, and whether there are any exceptions to the behavioural rules (e.g. a circumstance in which it would be acceptable to break a norm). Conducting such an analysis requires measuring these different elements of a social norm (i.e. reference groups, sanctions, exceptions), which would require multiple indicators. This indicator is an example of one that could be used to measure social sanctions, and how others in a community would react to a particular behaviour. Behaviours and reactions (X) would need to be tailored to the programme context and desired change. For instance, if a programme goal is to shift norms around VAW being a private family matter that others should not interfere with, an appropriate indicator might be: Proportion of people who believe that others in the community would intervene if a man perpetrated IPV. There are a number of tools that can be used to conduct social norms analysis, including CARE's Social Norms Analysis Plot (SNAP), and the Learning Collaborative's Social Norms Exploration Tool (SNET). These and other resources on measuring social norms can be found on the Advancing Learning and Innovation on Gender Norms (ALIGN) website.

Strategy	Impacts	Outcomes	Indicators	Guidance
		T2. Gender equality and respect are practiced in intimate, family and community relationships	T2.1. Proportion of currently partnered women and girls aged 15-49 years who participate (alone or jointly) in household decision-making	See guidance for indicator R1.1
			T2.2. Proportion of women and men who report practicing gender equitable division of household roles	See guidance for indicator R1.2
			T2.3. Proportion of women who say that other community members have asked their opinion on important matters	This indicator measures women's participation in community decision making and can illustrate shifts in community norms around the value of women, their opinions and their contribution to community matters. A survey question can ask women whether community members have asked about their opinions, with follow up questions about which opinions were sought / on what matters.

Endnotes

1 Sources include: Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls; DFID (2012) How to Note: Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls. CHASE Guidance Note Series; Programming Essentials, Monitoring & Evaluation; USAID (2014) Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions Along the Relief to Development Continuum. United States Agency for International Development.

2 Programming Essentials, Monitoring & Evaluation. UNWOMEN Virtual Knowledge Centre to End Violence against Women and Girls; Ellsberg, M. & Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists. World Health Organization, PATH; Global Women's Institute (2019) Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs. SVRI Pre-Conference Workshop October 2019, The Global Women's Institute, The George Washington University; DFID (2012) How to Note: Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls. CHASE Guidance Note Series.

3 For further guidance see: Global Women's Institute (2019) Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs. SVRI Pre-Conference Workshop October 2019, The Global Women's Institute, George Washington University.

4 García-Moreno, C., Jansen, HAFM., Ellsberg, M., Heise, L. & Watts, C. (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization.

5 https://dhsprogram.com/pubs/pdf/DHSQMP/DHS6_Module_Domestic_Violence_6Aug2014_DHSQMP.pdf

6 https://www.unicef.org/statistics/index_24302.html

7 https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/

8 Fulu, E., Jewkes, R., Roselli, T., García-Moreno, C. (2013) Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *Lancet Global Health*, 1(4): e208-e218.

9 https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html

10 Disability status is often measured using the Washington Group Short Set of Disability Questions, which is a set of six questions measuring functional disability that can be used in population surveys. There are some limitations in the use of the short set of questions, which may not capture all types of difficulty in functioning. If more comprehensive data on disability is required, it is possible to use the Washington Group Extended Set on Functioning (WG ES-F). The Washington Group in partnership with UNICEF has also developed a Child Functioning Question Set, for use with children aged 2-17 years.

11 There is a range of different tools used to measure gender attitudes. Several surveys, including from IMAGES, draw from the Gender Equitable Mens (GEM) Scale. The Gender Equity Scale has also been used in various settings. The DHS measures the acceptability or justification of wife beating in five different circumstances, including if a wife burns the food, argues with her husband, goes out without telling her husband, neglects the children and refuses to have sexual intercourse with her husband. This DHS tool has been adapted in various studies to measure additional circumstances relevant for the setting; for example, if a wife is unfaithful to her husband.

12 For example, the DHS Domestic Violence Module contains survey questions that measure survivors' help seeking behaviours, including from whom they sought help after experiencing violence, and these questions can be adapted to the cultural context.

13 A tool that has been used to measure alcohol consumption, abuse and dependence, including in VAW studies in low- and middle-income countries, is the Alcohol Use Disorders Identification Test (AUDIT).

14 There are a number of different tools used to measure symptoms of depression or other types of mental illness, including anxiety and post-traumatic stress disorder. A common scale for measuring symptoms of depression among adults, which has been used and standardised in a number of settings, is the Revised Center for Epidemiologic Studies Depression Scale (CESD-R). For children, commonly used measures of symptoms of depression include the Center for Epidemiologic Studies Depression Scale for Children (CES-DC), which has been found to be reliable for adolescents but not for younger children, and the second edition of the Children's Depression Inventory (CDI-2).

15 There is a range of tools used to measure the perpetration of violence, and these are generally adapted from tools used to measure experience of violence and worded in the active voice. For instance, the UN MCS adapted the WHO MCS set of questions on experience of intimate partner violence (IPV) and non-partner sexual violence (NPSV) to measure perpetration of IPV and NPSV. This adapted set of questions has subsequently been used in other studies, including in the What Works to Prevent Violence Against Women and Girls Global Programme.

16 The MICS Child Discipline Module, adapted from the Parent-Child Conflict Tactics Scale, contains a set of questions asked of parents and caregivers on practices and attitudes related to parental discipline of children. The VACS also contains a set of questions on children and adolescents' experiences of physical punishment, which may be a more reliable measure than asking caregivers.

[17] Tools measuring attitudes to VAW survivors can measure a range of different types of attitudes, including rape myths and expectations of women's tolerance of IPV. For instance, a short form of the Illinois Rape Myth Acceptance Scale has been used and adapted in various cultural settings to measure respondents' agreement with rape myths associated with survivors of violence.

[18] Although measuring individual gender attitudes and attitudes related to VAW is an important element of VAW M&E, some interventions may also be interested in measuring perceptions about the attitudes of others in the community to understand social norms. This has been done in a number of ways. For instance, in the What Works to Prevent Violence Against Women and Girls Global Programme, studies drew from tools such as the GEM Scale or the Gender Equity Scale and adapted questions to measure perceptions of what the community thinks about gender equality and VAW. If VAW interventions are focused specifically on social norms change, it may be necessary to collect more comprehensive data on individual attitudes and perceptions of community attitudes, including important reference groups for social norms and sanctions or consequences for rejecting or confirming to norms. For guidance on different available tools for measuring social norms, see Samman, E. (2019) Quantitative measurement of gendered social norms. Advancing Learning and Innovation on Gender Norms (ALIGN).

[19] See for example: Stern, E., Heise, L. & McLean, L. (2018) The doing and undoing of male household decision-making and economic authority in Rwanda and its implications for gender transformative programming. Culture, Health and Sexuality 20(19); Ellsberg, M. & Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists. World Health Organization, PATH.

[20] https://www.who.int/immunization/hpv/deliver/nine_steps_for_developing_a_scalingup_strategy_who_2010.pdf

[21] Goldmann, L., Lundgren, R., Welbourn, A. et al. (2019) On the CUSP: the politics and prospects of scaling social norms change programming. Sexual and Reproductive Health Matters, 27(2): 51-63.

[22] Designing and implementing research and M&E activities with particular types of populations or participants may require addressing additional ethical and safety challenges to those outlined in WHO's eight principles. For instance, doing research with perpetrators of violence, whether these are men or women, raises particular risks that need to be addressed and planned for. For example, see Jewkes, R., Dartnall, E. & Sikweyiya, Y. (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council.

[23] WHO (2001) Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva: World Health Organization; WHO (2016) Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication *Putting women first: ethical and safety recommendations for research on domestic violence against women*. Geneva: World Health Organization.

[24] This guidance is based largely on UNICEF's (2018) *INSPIRE Indicator Guidance and Results Framework* document, which includes a chapter on ethics and safety when conducting research and M&E with children.

[25] There is not consensus on this issue. Some child rights advocates argue that it is safer and more respectful to allow a child to decide to participate without parental consent. Researchers and programming staff should consider and asses whether there are specific circumstances in which it is appropriate to interview children without parental consent as long as this can be done safely. For instance, this may occur in cases where children are married, or among separated/ street children, child sex workers or when parents knowing about the research would increase the risk of abuse.

[26] Gibbs, A., Dunkle, K. & Jewkes, R. (2018) Emotional and economic intimate partner violence as key drivers of depression and suicidal ideation: A cross-sectional study among young women in informal settlements in South Africa. PLOS ONE, https://doi.org/10.1371/journal.pone.0194885.

[27] Jewkes, R., Nduna, M., Levin J., Jama, N., Dunkle, K., Khuzwayo, N. et al. (2006) A cluster randomized-controlled trial to determine the effectiveness of Stepping Stones in preventing HIV infections and promoting safer sexual behaviour amongst youth in the rural Eastern Cape, South Africa: trial design, methods and baseline findings. Trop Med Int Health. 2006;11 (1):3–16.

[28] Donald, A., Koolwal, G., Annan, J., Falb, K. & Goldstein, M. (2020) Measuring women's agency. Feminist Economics, https://doi.org/10.1080/13545701.2019.1683757.

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