

REVIEWING CURRENT PRACTICES ON IMPACT MEASUREMENT OF GENDER BASED VIOLENCE PROGRAMMES IN EMERGENCIES IN NEPAL

2019

Discovering Opportunities To Improve Gender Based Violence
Outcomes For Internally Displaced Persons In
Post-Earthquake In Nepal



elrha



Sida



REVIEWING CURRENT PRACTICES ON IMPACT MEASUREMENT OF GENDER BASED VIOLENCE PROGRAMMES IN EMERGENCIES IN NEPAL

2019

**Discovering Opportunities To Improve Gender Based Violence
Outcomes For Internally Displaced Persons In
Post-Earthquake In Nepal**

Published : June 2019

RESEARCH CONSULTANT:

Indu Tuladhar, Himal Innovative and Development Research pvt Ltd.

PROOFREADING:

Diwakar Pyakurel

CORE TEAM

Bipana Dhimal, Gender and social justice coordinator, Oxfam in Nepal

Suneeta Bhukhaju, Research coordinator, Mahila Aatmanirvarta kendra

Neeta Shrestha, Research Coordinator, Child worker in Nepal (CWIN)

Tika B.K, Research assistant, Mahila Aatmanirvarta Kendra (MANK)

ADVISORS

Bimala Chapagain, Interim Country Director, Oxfam in Nepal

Renuka Gurung, Head of Gender and social justice, Oxfam in Nepal

Sofila Vaidya, Media and Communication Officer, Oxfam in Nepal

Sumnima Tuladhar, Executive Director, Child worker in Nepal (CWIN)

Krishna Gurung, Program Manager Mahila Aatmanirvarta Kendra (MANK)

Dolma Tamang, Chairperson, Mahila Aatmanirvarta Kendra (MANK)

© OXFAM IN NEPAL

FOR FURTHER INFORMATION,

Oxfam in Nepal

Country office

Jawalakhel-20 Lalitpur

G.P.O Box: 2500, Kathmandu, Nepal

Tel: +977-1-5542881/ Fax: 977-1-5523197

Email: oxnepal@oxfam.org.uk

Website: www.nepal.oxfam.org

ACKNOWLEDGEMENTS

The purpose of the study is to review and analyse various monitoring and evaluation practices used for impact measurement of Gender Based Violence programmes implemented after the earthquake by various organizations and government agencies. After the earthquake of 2015, many national, international organizations, government agencies and network alliances have worked in the issues related to Gender Based Violence. However, impact measurement of GBV programmes have not been adequate despite the fact that impact measurement is crucial. As an effort to fill this gap, Oxfam in Nepal initiated the research study to review current practices of impact measurement of Gender Based Violence programmes in emergencies in Nepal during the period January- June 2019.

We would like to thank our Partners Child Workers in Nepal Concerned Center (CWIN) and Mahila Aatmanirvarta Kendra (MANK) for their hard work in completion of the research project successfully. Additionally, we would also like to thank all the local, national and international organizations who contributed us during the Key Informant Interviews and data collections. We are grateful towards Ms. Indu Tuladhar for her contribution in compiling and preparing this report and Mr. Diwakar Pyakurel for proofreading the report.

We appreciate Ms. Bipana Dhimal and Ms. Renuka Gurung from the Gender and Social Justice Programme in Oxfam in Nepal who led this research project and provided their technical inputs to the report.

Our special gratitude goes to our donors ELRHA, the Department of International Development (DFID) and Swedish International Development Cooperation Agency(SIDA) for entrusting this important research work and overall support on this research project.

This report can be significant source for the government, non-government and concerned stakeholders in understanding current practices and innovations on impact measurement of Gender Based violence Programmes in emergencies in Nepal.



Bimala Chapagain

Interim Country Director, Oxfam in Nepal

TABLE OF CONTENT

Executive summary	V
Abbreviations	X
SECTION 1: BACKGROUND OF THE RESEARCH	1
1.1 Background.....	1
1.2 Objectives of the research	2
1.3 Methodology and tools	2
1.3.1 Desk review.....	2
1.3.2 Key informant interview	2
1.3.3 Interaction	3
1.3.4 Consultation meeting	3
1.3.5 Focused group discussion.....	4
1.3.6 Hackathon.....	4
1.3.7 Data Validation.....	6
1.4 Quality assurance	6
1.5 Limitations of the study	6
SECTION 2: LITERATURE REVIEW.....	8
2.1 Understanding monitoring and evaluation (M & E)	8
2.2 Literature review.....	8
SECTION 3 FINDINGS AND ANALYSIS.....	12
3.1 General programme intervention during emergency	12
3.2 GBV-specific interventions.....	13
3.3 Impact assessment indicators	15
3.4 Types of methods and tools	16
3.5 Effectiveness of the measurement tools/methods	19
3.6 Difficulties and problems of using M & E tools.....	22
3.7 Mitigation measures to address the challenges while using tools	23
3.8 Innovative practices	24
3.9 Recommendations for innovative practices.....	25
3.10 Hackathon for exploring innovative tools using technology	26
SECTION 4: CONCLUSION.....	28
Section5 Recommendations	30
References	32
Annexes.....	33

EXECUTIVE SUMMARY

The 2015 earthquake of Nepal forced various international and national governmental and nongovernmental agencies to provide humanitarian aid to survivors of the disaster. Gender, though a recurring element in measuring background characteristics, does not receive the same level of weight among various analytical tools for post-disaster programmes. Programmes specific to gender and gender-based violence (GBV) in emergencies are also limited in scope and their impact.

The objective of this study is to review and analyse various monitoring and evaluation practices used for the impact measurement of GBV programme interventions conducted by various organisations and government agencies during and post earthquake.

For the purpose of the study, the team adopted a qualitative methodology and conducted a literature review, 45 key informant interviews, six focused group discussions, eight interaction meetings, two consultation meetings and two data validation workshops at the national level and in Sindhupalchok district. Additionally, a Hackathon was also conducted to devise innovative practices to measure the impact of GBV programmes in emergencies with local software engineers and GBV and GESI specialists. To ensure the study's quality and veracity, a zero draft report was presented among project partners and stakeholders involved during the research, inviting them to validate the data.

Methods and tools of data collection

Methods/tools of data collection	Number
Desk review (including review of relevant literature, research report, legal frameworks etc)	1
Key informant interview	45
Interaction meetings with GBV survivors, and school students at national and district levels	8 6 with adolescents from 6 schools and 2 with GBV survivors
Consultation meetings with UN, I/NGOs, networks and government stakeholders	2 consultations, one each at district and national level
Hackathon with diverse stakeholders to generate innovating ideas and tools to measure the impact of GBV programmes in emergencies	12 youth with knowledge of social issues and IT
Data validation events	2 events at district and national levels

The study began with literature review. The review identified barriers surfaced in monitoring and evaluation measurement practices and tools of GBV programmes and emphasised the need for GBV-specific programme intervention evaluation practices and tools. The barriers identified were the low priority given to conducting impact measurement of services delivered and limited focus on service delivery only. Most of the literature highlighted the need for assessing the impact of GBV-specific interventions as they would enable service providers to alter the interventions according to the findings, so as to improve efficacy of the programmes. The literature also stressed the need to incorporate girls and women actively for consultation in each step of the

programme and during evaluation. The evaluation data would serve crucially in a sector where data with regard to programme effectiveness is still in its nascent stage. The literature review also provided model checklists and guidelines to follow while evaluating impact of the GBV programmes. Several alternative tools such as multicluster/sectoral initial rapid assessment (MIRA) and child protection rapid assessment (CPRA) were also explored as assessment tools that could be developed in an innovative way to devise evaluation tools, measuring the impact of GBV programmes.

To determine the extent of M & E carried out during and after the earthquake, the respondents of KIs, FGDs, interaction meetings and consultation meetings were asked questions in an inquisitive and participatory manner with building questions. Major questions asked were about: the general programme interventions during emergency, GBV specific interventions, impact assessment indicators used, types of methods used to measure effectiveness of programmes, effectiveness of the used methods, difficulties and problems faced in using M & E tools, mitigation measures taken to address those difficulties, innovative practices in M & E and respondents' suggestions and recommendations for M & E tools for the future.

Key findings of the research are given below:

- General programme interventions during emergency: Several organisations conducted preventive, curative legal and curative service programme interventions on GBV. The interventions covered health and hygiene support, emergency support and protection from GBV, education support, livelihood support, child protection, mental health support, legal aid support, reconstruction and capacity building.
- GBV-specific interventions: GBV programme interventions during the emergency were preventive measures and response measures that included rescue, rehabilitation and reintegration. The interventions also focused on providing emergency services and response services to GBV victims and survivors as well as conducting preventive measures to thwart GBV such as GBV awareness programmes, orientation to women and children on anti-trafficking and sexual abuse during emergency, establishing check posts and CCTV surveillance cameras at high risk areas, household GBV surveys, women network formation, anti-GBV training and sexual abuse training, and capacity development of GBV survivors.
- Impact assessment indicators: Most organisations failed to use impact assessment indicators during the emergency. Few international organisations stated that they used impact assessment indicators, but did not divulge them in detail. Most of the organisations shared that they had designed the programme interventions during the earthquake, on the basis of statistics reports, secondary data review, situation analysis, need assessments, media reporting, general hypotheses and gender and emergency guidelines.
- Types of methods and tools used: The use of GBV-specific programme intervention measurement tools was rarely witnessed; only very limited organisations (such as Plan International Nepal) did the assessment of GBV programme. Moreover, even the effectiveness measurement said to be done by the participants for overall interventions did not have proper M & E plans. A negligible amount of respondents mentioned to have used monthly tracking activities, semi-annual assessments, and collecting cases and observing changes brought

about by the GBV programmes. Participants of the Kathmandu-based consultation meeting stated to have used child tracking cards, transect walks and comic paintings as impact measurement tools of emergency programmes. Respondents of interactions mentioned to have used discussions, and taking photographic and videographic evidence of support provided and works done.

- Effectiveness of the measurement tools and methods: Most respondents found homogenous FGDs to be the most effective measurement method, followed by KII/in-depth interviews and transect walks. Activity tracking tables, consultations, interactions, regular meetings, joint monitoring, baseline/endline surveys, rapid assessments, public audits/hearings/mass gatherings, field visits, observations, social/body mappings, child tracking cards, comic painting, public feedback, report analysis, checklists, community scorecards, meeting with vulnerable households, questionnaires and video clippings of success stories were also found to be effective tools.
- Difficulties and problems of using M & E tools: Respondents faced difficulties in assessing effectiveness since most programmes focused solely on service delivery owing to the nature of the emergency. The majority of organisations did not consider and incorporate evaluation tools. Other difficulties were geographical barriers, physical safety concerns, language barriers, lack of M & E skills, poor cooperation and relation, non-reporting and issue sensitivity, focus on WFS/FFS, time and resource constraints in emergency situation, low outreach of impact measurement tools, negligence of surveyors and short term programmes.
- Mitigation measures taken to address challenges: Multiple mitigation measures were used such as verifying facts and data provided by autonomous organisations that conduct M & E for organisations, joint monitoring visits, annual report by partners, recommendation from partners, mobilisation of local persons/female staff, legal addressing of the causes, coordination with local governments and organisations, joint meetings with survivors and follow-up/clarification of objectives to beneficiaries.
- Innovative practices: A hackathon in the research helped conceptualise innovative ways to impact measurement with the help of technology. Few organisations stated the use of child tracking card, transect walks, comic paintings, photo voice, community scorecard, and magic box¹ as innovative tools.
- Recommendations for innovative practices: With regard to future innovations for improving impact measurement, respondents provided recommendations like using information and communication technology in facilitating easier access to services and impact measurement such as feedback mechanisms through SMS or toll-free numbers. Respondents of consultation meetings also provided recommendations such as letter writing, success story writing, establishing GBV information centre at municipality and rural municipality level (software and application), continuing monitoring, beneficiaries satisfaction survey, issue-based FGDs (after developing checklist) and in-depth interviews, involving project participants'

1 *It is a method to collect the feedback from participants in a box. In this method, participants can provide feedback anonymously.*

(PPs') involvement in every step like selecting the target group, involving PPs in research and evaluation, effective inter-cluster coordination, following one door systems, use of information and communication technology (ICT) in monitoring, ensuring sustainability of the tools (time and resource allocation in monitoring and evaluation), use of new technology such as management information system (MIS) to get information, effective recording and networking and mobilisation of skilled human resources for impact measurement of programmes in emergency.

- The hackathon conducted during the research process proved successful in linking technology with social issues and arrive at cost-effective and broadly accessible solutions though the outcomes were not original ideas, but rested on existing technological systems. Likewise, incorporating technology in FGDs and KIs by adopting unique code responses that can be accessed and filled in from mobile phones was proposed which would also maintain confidentiality of responses and create instant results. Establishing booths for GBV survivors for sharing their views and complaints was also proposed.

The research conducted with relevant stakeholders of the 2015 earthquake concluded that monitoring and evaluation tools were limitedly employed post emergency programmes to assess the impact of the interventions. Due priority was not given to create a stronger evidence base for conducting future programmes in emergencies for survivors. In this regard, GBV-specific impact measurement tools and methods were not used to assess the impact of GBV-specific interventions. The limited focus on developing M & E mechanisms to assess the impact of post-emergency programme on GBV is indicative that the interventions carried out during the earthquake were not on par with international standards owing to multiple reasons and barriers. The lack of GBV programme assessment tools leaves a lacuna in the existing practices and it should be addressed by devising GBV-specific intervention measurement tools. This absence of post-GBV interventions M & E tools must be addressed at the broader level with more interventions at the emergency stage to address GBV issues. Subsequent to this, M & E tools must be introduced to assess the impact and effectiveness of the programmes conducted and services delivered to address GBV, considering social norms that Nepal rests within.

RECOMMENDATIONS

- A stronger evidence base needs to be established to improve advocacy for GBV survivors in Nepal especially during the times of crises. To achieve this, M & E methods must be mandatorily carried out post-programme intervention.
- The barriers to collecting M & E data must be foreseen in advance and measures must be taken to train and build skills and capacity of service delivery staff that would be responsible for overseeing the programmes.
- International assessment tools such as MIRA and CPRA must be used as a source of guidelines and models to develop impact measurement tools post service delivery.
- GBV programme specific impact measurement tools must be devised taking into consideration

the gender dimension of the GBV cases such as the social norms that lead to culture of silence and power dynamics. The confidentiality/privacy of the survivor must also be prioritised while conducting impact assessments.

- A sense of comfort and protection must be inculcated within GBV victims as cases possessing gender elements are delicate and must be handled with skill and care. For this purpose, programme managers responsible for delivery services and conducting GBV specific interventions must be trained to develop skills and capacity to effectively gather data in an ethical manner from such sensitive cases.
- Innovative tools must be devised using information and communication technology to provide easier and cost-effective methods to provide feedback and gather data from survivors. Technological systems have the capability of ensuring confidentiality and privacy of the victim and thus could serve as a vital tool for impact assessment.

ABBREVIATIONS

CBO	: Community-based organisation
CCTV	: Closed-circuit television
CFS	: Child friendly space
CPRA	: Child protection rapid assessment
CSO	: Civil society organisation
CWIN	: Child Workers in Nepal
DFID	: Department for International Development
FFS	: Female friendly space
FGD	: Focused group discussion
GESI	: Gender Equality and Social Inclusion.
GBV	: Gender-based violence
GMSP	: Gramin Mahila Srijanshil Pariwar
GO	: Governmental organisation
HC	: Humanitarian coordinator
HCT	: Humanitarian country team
HPC	: Humanitarian programme cycle
IASC NATf	: Inter- Agency Standing Committee Needs Assessment Task Force
ICT	: Information and communication technology
IDP	: Internally displaced people
INGO	: International nongovernmental organisation
IRA	: Initial rapid assessment
KII	: Key informant interview
MANK	: Mahila Atma Nirbharta Kendra
MIRA	: Multicluster/sectoral initial rapid assessment
MIS	: Management information system
PP	: Project participants
RHRC	: Reproductive health response in conflict
SMART	: Specific, measurable, achievable, relevant and time-bound
TLC	: Temporary learning classes
UCPVA	: Underlying Causes of Poverty Vulnerability Analysis
UNDP	: United Nations Development Programme
UNFPA	: United Nations Fund for Population Activities

SECTION 1 BACKGROUND OF THE RESEARCH

1.1 BACKGROUND

Earthquakes, droughts, floods and other natural disasters cause substantial loss to human life and livelihood. They also cause irreversible damage and destruction environmentally, economically and socially. Since disasters are results of a combination of natural hazards and people's vulnerabilities, there is an urgent need to reduce disaster impacts, which can only be done by shifting the typical paradigm from an exclusive emphasis on disaster response to a comprehensive disaster risk reduction model. People's vulnerability is determined by physical, social, economic and environmental factors; but socioeconomic factors are more important.

Gender is one of the important variables among social factors. It is a major dimension of social difference, and cultural norms can help people understand various degrees of vulnerability. Thus, understanding vulnerability and developing strategies to overcome it can be promoted through a gender analysis tool that can contribute significantly to addressing the root causes of vulnerability.

Although gender plays a major role in participation, involvement, resource allocation, disaster mitigation and preparedness, and decision making, its use as an analytical tool and disaster research approach has been ignored. In such a disaster research, gender is simply a quantitatively measured background characteristic rather than a central analytical element, and only a few studies have contained a comprehensive analysis of the gendered vulnerabilities and capacities of an affected population. In addition, there is often lack of gender-sensitive indicators that can be used to evaluate the outcomes of gender-focused policies, assess challenges to success and adjust activities to reduce adverse impacts of disasters on women and men.

Gender-based violence (GBV) is one of the major issues that violate the rights of women in Nepal. It is considered a barrier to the overall development and empowerment of women, both in rural and urban settings. The GBV cases immensely increased in the affected areas after the disastrous 2015 earthquake. It appeared as one of the serious problems in those areas. Although concrete and authentic data about GBV in earthquake-affected areas are not available so far, many sources state that internally displaced persons were targeted by human traffickers after the earthquake, with many women and girls reporting higher protection risks because of their displacement and living conditions. Women faced life-threatening risks of sexual abuse and GBV. The risks posed serious long-term threats to their health (both psychological and physical), economic prosperity, and security. Several GBV programmes were initiated to address the issues in the affected areas. This research intends to assess and analyse the situation along with the impact of interventions initiated from different sectors among IDPs and key stakeholders in the present context.

GBV is a sensitive issue which can be life-threatening if not addressed on time. In situation of emergencies, the risk of GBV increases due to displacement and poor living conditions. Several GBV programmes have been implemented in Sindhupalchok district also to address such concerns. After four years now, it is high time the effectiveness of the programmes implemented to combat GBV during the earthquake got tested. This research identifies and evaluates the monitoring tools used in GBV programme interventions that worked well and the challenges faced while implementing the impact measurement tools. The research also provides innovative impact

measurement tools to deal with similar kind of GBV programmes in the future.

1.2 OBJECTIVES OF THE RESEARCH

The main objective of the research is to review and analyse various monitoring practices used to measure the impact of GBV programmes in earthquake-affected areas in Nepal.

SPECIFIC OBJECTIVES:

- Identify methods and tools applied to measure impact of GBV programmes for earthquake-affected IDPs in Nepal – identifying the challenges to impact measurement;
- Gain a thorough understanding of the challenges surfaced in translating impact measurement of GBV programmes into better programming in the humanitarian context;
- Identify up to three innovative methods and tools for measuring the impact of GBV related programmes for earthquake-affected areas more effectively; and,
- Document and share lessons learnt and good practices on improving reapplication of monitoring of anti-GBV interventions in the humanitarian context.

1.3 METHODOLOGY AND TOOLS

The research was conducted in Kathmandu and in three villages of internally displaced population in Sindhupalchok district; namely: Badegaun of Indrawati rural municipality, Helambu of Helambu rural municipality and Selang of Jugal rural municipality. The research approach was primarily qualitative, and methods used are desk review, key informant interviews, focus group discussions, interactions and consultations. In order to conceptualise the innovative practices for measuring the impact of GBV programmes in emergency context, a hackathon was conducted with the help of the local software engineers, GBV and GESI specialists.

1.3.1 DESK REVIEW

A desk review was conducted incorporating relevant literature and research reports on various programme impact analysis tools. The literature enabled the research to draw comparisons with the current practices in Nepal and international standards and procedures. Moreover, standard procedures and tools that could be used as a source of model universal standards were further explored to provide a set of recommendations to develop impact analysis tools in the future.

1.3.2 KEY INFORMANT INTERVIEW

To collect information from the stakeholders and relevant humanitarian organisations, 45 key informant interviews were conducted using an inclusivity approach. Total 24 KIIs were held in Kathmandu and 21 in Sindhupalchok district. Among the 24 KII participants at the national level, four respondents were from UN agencies, eight from INGOs, 12 from NGOs and network and alliances working against GBV. A set of 12 questions were asked to the participants. The questions were based on impact measurement and the use of evaluation tools. The list of questions can be found in Annex 1.

The KIIs enabled the research to learn the extent of use of evaluation tools by the humanitarian

organisations and government stakeholders during the 2015 earthquake. Altogether 57.8% (26) of the respondents were women. Among women, nine were below the age of 35 and 17 above 35. Likewise, 42.2% (19) of the respondents were men, among which four were below the age of 35, and 15 above 35. The respondents included GO/NGO/INGO executive directors (15.6%), programme managers (20%), programme coordinators (20%), programme officers (22.2%), GO experts/advisors/specialists (11.1%), GO/NGO/network chairs and vice chairs (4.4%), and local government chairs and vice chairs (6.7%). Details of the gender and age breakdown of the respondents can be found in Annex 2.

1.3.3 INTERACTION

Total eight interaction meetings were held. Among them, one was at the national level with 31 participants and one was at the district level with 23 participants. Both interaction meetings were attended by GBV survivors of earthquake-affected area along with relevant stakeholders. Other six interaction meetings were held at different schools of Sindhupalchok district with a total of 276 participants. Participants included adolescents school students from Aaiselukhark Secondary School, Aananda Secondary School in Jalbire, Helambu Bhumeshwari Secondary School in Helambu, Mahendra Secondary School in Helambu, Saraswati Secondary School, and Nawalpur Secondary School.



Participants brainstorming during an interaction programme. Credit: CWIN

The programme was conducted to collect right holders' perspective on the effectiveness of tools used by different humanitarian organisations to measure impacts of the programmes conducted during the emergency. The interaction meetings also helped conduct cross-verification and triangulation of data for analysis. In order to make the interaction meetings participatory, the participants were divided into three to five groups based on the number of participants, each group being facilitated by a moderator. The groups were then provided with questionnaires. The questionnaires can be found in Annex 3. The interaction programme enabled the research to learn how beneficiaries were involved in the impact measurement processes.

1.3.4 CONSULTATION MEETING

Total two consultation meetings were held. The first consultation was held with NGOs and networks in Sindhupalchok district with 28 participants, whereas another consultation was held with UN agencies, INGOs, government stakeholders, network and alliances in Kathmandu at the national level with 45 participants. The consultation meetings were conducted to collect



Stakeholders working in humanitarian sectors consulting each other on tools of impact measurement. Credit: CWIN

information on the impact of GBV programmes, gather information on innovative practices on GBV impact measurement and to identify the challenges they faced while working in the GBV sector. It also aided in validating information collected through different tools. The programme was made participatory by dividing the participants into groups and providing them with a set of guiding questions for group work. Please find the list of guiding questions in Annex 4.

The consultation meeting worked as a platform for the humanitarian organisations to come together and share their valuable experience of impact measurement tools that were used to measure the impact of GBV programmes in emergency.



Stakeholders working in humanitarian sectors consulting each other on tools of impact measurement. Credit: MANK

1.3.5 FOCUSED GROUP DISCUSSION

A total of six focused group discussions (FGDs) were conducted in the three IDP sites of Sindhupalchok. Four FGDs were conducted in Helambu and Indrawati and two were conducted in Jugal rural municipality. The major purpose of FGDs was to review and analyse practices to measure the impact of GBV programmes during the earthquake response for internally displaced people in Nepal. A checklist was used for probing the participants on the impact of GBV programmes. The questionnaire can be found in Annex 5.



An FGD with men of Badegaun, Indrawati (left) and another with women of Chiurikharka, Helambu. Credit: MANK

The 6 FGDs were attended by 64 participants in total. The participants included representatives of women groups and networks, community discussion centres, schools, cooperatives, students, mediation committees, business groups, school management committees, and user groups. A total of 10 questions on impact of GBV programmes were discussed during the FGDs.

1.3.6 HACKATHON

A hackathon was conducted to conceptualise innovative monitoring and evaluation tools for the measurement of the impact of the GBV programmes in emergency with the help of technology. IT

engineers, GBV and GESI specialists worked together for two days on two different barriers that could be helpful in the impact measurement process. The programme served as an exploratory tool to explore new innovative tools by linking the issues of GBV in emergencies with technology.



The barriers they discussed were were:

- GBV is a sensitive issue. Most victims of GBV are women. A culture of silence is prevalent in the Nepali society that hinders women from speaking up about GBV issues. How can technology help to break the culture of silence?

Different toll-free numbers such as 1145 and 1098 are available so that people can report cases. But, a mechanism to measure the impact of the services provided by these hotlines is absent.

For making the event participatory, the participants were divided into two teams to tackle the two barriers. The activity details can be found in Annex 6. The hackathon programme was fruitful as it enabled the conceptualisation of the solution to tackle the barriers. The event worked as an innovative way to identify impact measurement tools for social problems.



IT engineers and CSO participants having an intensive brainstorming session during the hackathon. Credit: CWIN

1.3.7 DATA VALIDATION

The data collected from different humanitarian organisations through key informant interviews, consultations, interactions and hackathon were developed into a report. In order to validate the findings collected from the research, two data validation workshops were conducted at the national level in Kathmandu and the district level in Melamchi.

All the stakeholders who participated in the research directly and indirectly were invited to the workshops. Government stakeholders such as representatives from different municipalities, Nepal Police, National Human Rights Commission and National Women Commission participated in the programme. Total of 54 participants actively participated in the programme at the national level at Kathmandu. The participants were provided with the zero draft research report and they were given time to review it. Since majority of the participants were information providers in the research, they had a good idea about what the research was. After reviewing the research report, the participants provided their feedback on the report. All the feedback was noted down and incorporated into the final report. Secretary of the National Women Commission, Dipendra Kafle shared that such evidence-based reporting will help make future interventions in GBV more fruitful and expressed his commitment to providing necessary help to the civil society to work on M & E systems in humanitarian interventions. Likewise, municipalities requested the organisers to publish this evidence-based report in Nepali as well so that they can distribute it to the local level government staff in order to highlight the importance of monitoring and evaluation in any social interventions.

The list of participants can be found in Annex 7.

1.4 QUALITY ASSURANCE

Oxfam supported this research in a consortium approach with national organisation CWIN and Sindhupalchok-based organisation, Mahila Atma Nirbharta Kendra (MANK). The core team comprising all these organisations assured quality of the research through different approaches such as regular follow-up via telephone, field visits, orientation on research methods and tools to researchers and frequent team meetings. Oxfam regularly met CWIN and MANK to get updated on the progress of the research and receive necessary feedback. MANK, the district partner who implemented this research in Sindhupalchok, attended every joint meeting to receive and give feedback. The core team worked on the progress of the assignment prepared initial lessons learnt, challenges and opportunities from the field as they came in and reviewed the overall progress of the assignment. Further, two data validation workshops were organised in Kathmandu and Sindhupalchok. Qualified researchers and expert consultants were also mobilised both in Kathmandu and Sindhupalchok.

1.5 LIMITATIONS OF THE STUDY

Following are the key limitations of the study:

- Most of the organisations and staff working during the emergency period were not based in the research district and respective organisations during the research. Hence, it was difficult to reach out to them to collect the information.

- The research team made full efforts to contact and connect with those who worked during the emergency. In their absence, the research team contacted current employees of the concerned organisations. The validity and credibility of the data hence depends on the quality of institutional memory and archiving of the organisations. Many organisations were apparently weak in this respect and their staff could not give needful information.
- Since the objective of the study was mainly focused on M & E, check lists for FGDs, KIs and consultations were focused on M & E tools. However, the majority of participants were not aware about M & E tools, so it was difficult to make the research participants clear about questions.
- GBV survivors of the post-earthquake period were very difficult to locate as it had already been four years since the disaster. In order to get the details of the survivors the research team relied on other agencies including Women and Children Service Centre, Nepal Police, Child Helpline 1098, Lalitpur Metropolitan city office, Kirtipur Municipality, Ministry of Women Children and Senior Citizens, and civil society organisations working on GBV issues such as WOREC, ABC Nepal, SAATHI Nepal, Yuwalaya, MANK, AATWIN, KI Nepal, Balika Peace Home, CWIN and Child Nepal.

SECTION 2: LITERATURE REVIEW

2.1 UNDERSTANDING MONITORING AND EVALUATION (M & E)

Although the scope and diversity of GBV programming in emergencies is steadily on the rise, the evaluation of GBV interventions mainly focuses on outputs, with little information about the quality or impact of these services. Monitoring and evaluation (M & E) are an integral part in any humanitarian action targeted to bring changes in lives of people. M & E cannot be separated in the planning since both of them are an intrinsic part of development process². It helps understand the implications of the intervened work, be more accountable to the targeted community and achieve better humanitarian results.

Monitoring can be defined as a continuing function that aims primarily to provide programme or project management and the main stakeholders of an ongoing programme or project with early indications of progress or lack there of in the achievement of programme or project objectives³. Evaluation is a periodic process of assessment for the purpose of learning which primarily has an externally focused, stakeholder-driven emphasis on the effectiveness of the project⁴. The timely project monitoring and evaluation help mitigate poor project performance, be more accountable to the affected communities and promote organisational learning for appropriate interventions in future.

2.2 LITERATURE REVIEW

A fully developed understanding of the impact of GBV programmes requires both global and more local perspectives to be heard. The literature review will begin by exploring problem recognition and ideation at a more local and operational level. The review will seek to reflect collectively on current impact measurement practices in their specific contexts and identify fresh lines of enquiry or approach⁵.

The Reproductive Health Response in Conflict (RHRC) Consortium's 2004 publication titled Gender-based Violence Tools Manual: For Assessment, Programme Design and Monitoring and Evaluation in Conflict-Affected Settings⁶, emphasises on the need of monitoring and evaluation for assessing the effectiveness of GBV programme interventions in emergencies since regular monitoring of such programmes would allow GBV staff to continuously assess changes in the protection environment that has been affecting women and girls. The impact measurement tools could further track the quality and accessibility of multi-sector services the survivors receive.

- 2 Estrella, Marisol (ed) (2000) Learning From Change. Issues and Experiences in Participatory Monitoring and Evaluation. Intermediate Technology Publications & International Development Research Centre, London and Ottawa
- 3 UNDP (United Nations Development Program), 2002, Handbook on Monitoring and Evaluation for results, UNDP Evaluation Office, New York, USA.
- 4 Crawford P & Bryce P. (2003): Project monitoring and evaluation: A method of enhancing the efficiency and effectiveness of aid project implementation. International Journal of Project Management, 21(5): 363-373, Elsevier Science Ltd and IPMA.
- 5 <https://www.elrha.org/researchdatabase/gender-based-violence-interventions-opportunities-innovation/>
- 6 http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf

Such impact assessment findings would be vital to alter the programmes according to the protection risks of the GBV victims facing disasters.

The UNFPA paper entitled *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*⁷, talks about how women and girls should be consulted in GBV programme designs and maintain an active role throughout a programme monitoring and evaluation, with due caution in situations where it would pose potential security risks or increase the risk of GBV. The paper further persists on collecting data ethically, consistently and safely following international standards that ensure confidentiality of survivor information and data. Although during emergencies, monitoring and evaluation is more difficult, they should seek to measure outcomes and impact (e.g. the well-being and safety of women and girls) rather than only outputs (e.g. number of persons trained).

Diligent monitoring enables strategies to transform over time to enhance effectiveness and to support learning for future programmes. When assessing the impact of GBV programmes, attention should be given to participation (access), benefits and positive impacts, adverse impacts, equity and empowerment. In line with a multi-sector approach, monitoring plans should include indicators for response services in every sector (e.g. health, psychosocial, security and legal/ justice), along with coordinated and preventive actions. Lessons learned should also be documented in reporting exercises and good practices shared widely.

Questions to keep in mind while monitoring GBV prevention and response:

- Benefits/positive impacts: What do women, girls, boys and men think and feel about the project? What benefits is the project bringing to the lives of the target population?
- Participation/access/leadership: How are women, girls, boys and men participating in the project? What is the extent of their participation? What barriers to participation are being experienced? How can they be overcome? Does action need to be taken to enhance the participation of girls and/or women in decision-making or leadership? Are there other at-risk subgroups that need to be addressed through this project?
- Negative consequences/adverse impacts: Is the project worsening a situation for women, girls, boys and men? In what ways? To what extent? What will be done to change this negative impact?
- Equity: Are some groups of women, girls or other at-risk groups in that context being excluded? Who is not being reached?
- Empowerment: Are women and girls being empowered? How? To what extent? What else needs to, or can, be done to enhance their empowerment? GBV monitoring and evaluation framework in place with indicators that are SMART and gender sensitive to guide programming and support accountability;
- Number of crisis-affected countries implementing UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.

7 https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.Minimum.Standards.Publication.FI-NAL_.ENG_.pdf

Steps to an effective GBV prevention and response monitoring:

- Develop a country and/or emergency specific framework for monitoring UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, and measure UNFPA and partners' progress to address protection concerns for women and girls in line with this Framework.
- Develop indicators for GBV sub-cluster work plans aligning with global standards and relevant to the local emergency context. The specification of indicators both milestones and targets – should be based on gender analyses and be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).
- Engage communities in programme planning, implementation, monitoring and review.
- Undertake regular (milestone or process-oriented) monitoring and use findings to inform programme implementation.
- Ensure that programmes reach the most socio-economically marginalized women, girls, boys and men, including persons with disabilities and LGBTI populations, as well as other sub-groups at risk of GBV in the context.
- Evaluate a programme impact and share recommendations with key stakeholders.
- Coordinate internal/external evaluations of GBV programmes and GBV sub-cluster work plans.

The immediate aftermath of a sudden disaster is a critical period as the humanitarian and donor communities need to make key decisions on how to best support the affected country or region and its populations. However, during that brief period, limited comprehensive information on the disaster's impact, scale and severity is typically available to support the identification of strategic humanitarian priorities. In addition, humanitarian actors often begin gathering information independently and with little consolidation, resulting in an incomplete and sometimes conflicting picture of humanitarian needs.

The Multi-Cluster/Sector Initial Rapid Assessment (MIRA), developed by the Inter-Agency Standing Committee Needs Assessment Task Force (IASC NATF), seeks to address this problem, and to lay down the foundations for a stronger and better-coordinated assessment culture during crises. The Multi-Sector Initial Rapid Assessment (MIRA) is the first step of the Assessment and Monitoring Framework, and was designed to identify strategic humanitarian priorities after the occurrence of disasters or complex emergencies⁸.

Carried out by key stakeholders during the first weeks following a sudden disaster, the MIRA aims to provide fundamental information on the needs of affected populations and to support the identification of strategic humanitarian priorities. It thus enables all humanitarian actors to reach, from the outset, a common understanding of the situation and its likely evolution and to agree immediately on strategies. Although developed specifically for the early stages of sudden-

⁸ <https://www.humanitarianresponse.info/en/operations/pakistan/document/guidelines-multi-sector-initial-rapid-assessment-mira-2017>

onset disasters, the MIRA is an integral part of the larger frame of humanitarian assessments. Deriving from this assessment tool, programme impact assessments post-service delivery can also be devised.

What the MIRA delivers is vital to understand its importance in incorporating the tools in post service delivery/program intervention assessment as well. It provides: (a) an initial common understanding of the most pressing needs of affected areas, and groups, (b) a voice for the affected population, (c) information to help guide the planning of subsequent assessments which are more detailed and operationally specific, (d) an evidence base for response planning, (e) a light, fast inter-agency process based on global best practices in rapid need assessment.

Hence, to devise GBV analysis tools post programmes during natural disasters, the MIRA tools can be used as a model in developing standard procedures and tools for impact assessment.

Child Protection Rapid Assessment (CPRA) is another tool that has been developed and used by The Alliance for the Child Protection in Humanitarian Action (the Alliance) supporting the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in humanitarian settings. Through its technical Working Groups and Task Forces, the Alliance develops inter-agency operational standards and provides technical guidance to support the work of child protection in the humanitarian settings. The CPRA has been a useful toolkit for conducting assessments related to child protection in the humanitarian settings. It is widely appreciated as a user-friendly, adaptable, and reliable toolkit that provides a snapshot of child protection issues in humanitarian situations.

SECTION 3 FINDINGS AND ANALYSIS

3.1 GENERAL PROGRAMME INTERVENTION DURING EMERGENCY

Emergency programmes were carried out in the 2015 earthquake-affected districts by various humanitarian organisations including the Government of Nepal and various UN agencies from local to national level. An emergency support from these organisations lasted for 3-5 months after the earthquake wherein the programmes majorly focused on IDP camps that were recognized as the high-risk areas for GBV and other types of sexual violence and bullying from adults rising from everyone sharing the same space. On the basis of the cases reported, rapid assessments conducted, observations and media reporting, the interventions were carried out in the camps. CFS and FFS areas were also reported to be established in the unsafe spaces for women and children.

Several organisations carried out humanitarian interventions along with preventive and curative legal and service oriented measures. Interventions ranged from health and hygiene support, emergency support, and protection from GBV, education support, livelihood support, child protection, mental health support, legal aid support, reconstruction and capacity building. In addition, they also conducted GBV prevention programmes focusing on human and child trafficking protection and coordination among N/GOs to implement programmes. Organisations, subsequently, also focused on strengthening child protection committees so that they could function as independent bodies even after the support from such organisations phased out. Below is the breakdown of a total of 45 KII respondents' responses.

"During the Jure flood, some organizations distributed unstitched cloth, and some dresses were not suitable as per the geographical area. We monitored the shelter home information collected from information desk in the mean time there was public hearing which had been broadcast by samakon. Learning from the jure pahiro has been helpful during the period of earthquake so the concept of dignity kit was aroused. The materials need to be distributed by considering all the hinderances and facts."

Nani Maya Thapa, ED of GMSP

Table No. 1 Key programme interventions during emergency

Kinds of responses	Frequency	Respondent percentage
Health and hygiene	21	46.67%
Emergency support	24	53.33%
Mental health (Psycho-social counselling)	23	51.11%
Protection on GBV	31	68.89%
Education support	11	24.44%
Livelihood	10	22.22%
Child protection	3	6.67%
Security & justice (legal services, legal aid support)	9	20.00%
Reconstruction	3	6.67%
Capacity Building to NGOs/GOs & coordination	3	6.67%
Human trafficking/Child trafficking	8	17.78%

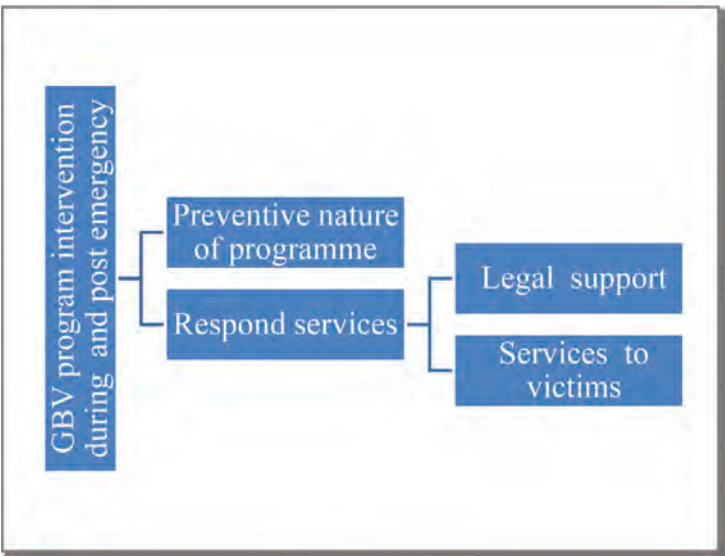
Source: KII

A significant number of respondents stated that they witnessed support for emergency, health, psycho-social counselling and against GBV. Likewise, support for education, livelihood, protection against human/child trafficking and legal services and aid were also brought in. A small number of respondents also said to have witnessed support for child protection, reconstruction support and capacity building to N/GOs and coordination support.

3.2 GBV-SPECIFIC INTERVENTIONS

Participants in FGDs shared that there were many household level conflicts that had been reported. Polygamy, child marriage, cast and gender discrimination were also highly prevalent along with sexual violence, which included rapes as well. In order to address those issues, several national and international organisations, government agencies and local CBOs were engaged to address these GBV issues that emerged during the emergency and the post-emergency period. Those programmes during the emergency can be observed as following: Preventive measures and response measures that include rescue, rehabilitation and reintegration.

The below table depicts the types of measures carried out by respondents at different levels of the government, I/NGOs and CBOs. During the emergency, intervention programmes focused on providing emergency services and response service to GBV survivors/victim by organisations as well as preventive measures to address GBV issues during the emergency.



As evident from the table the programme interventions carried out during the emergency under preventive approach were GBV awareness programmes, orientation to women and children on anti-trafficking and sexual abuse during emergency, establishing check posts at high risk areas, household GBV surveys and women network formation, anti-GBV training and sexual abuse training and capacity development of GBV survivors. Numerous trainings were also provided during the crisis to enable reintegration and skill development. CCTV surveillance cameras were installed in high prone areas to prevent violence with the use of technology. In order to respond and provide services to victims/survivors, two types of service programmes

Received Training on GBV

“After the earthquake, different organisations provided me training on gender based violence. At that time, I was in grade six. I was small and not aware what gender-based violence was. Our school resumed on May 31, 2015 following the earthquake. Different organisations visited our school and oriented us on GBV.

Earlier, some teachers would pull my cheeks and pat on my back. I would take it casually as I thought they were expressing their affection. After being oriented, I have realised that those acts were forms of gender-based violence and have long term impacts as well.”

Sita Bujel. 15 year old girl from Class 10

were designed: legal and curative services.

The programmes related to legal interventions focused on providing legal aid and services to the victims of the crisis on matters pertaining to individual cases. Services such as free of cost documentation and handling, legal counselling and orientation on new legal rights emerging from the crisis and referral services were provided. Referral systems were particularly established to direct cases for optimal resolution. Furthermore, legal support on citizenship issues was also delivered. Alternative dispute resolution processes such as mediation were also incorporated in the emergency situation to provide quick relief to the victims.

With respect to the other response supports provided targeting vulnerable groups/community members as well as GBV victim/survivors, livelihood skill development and education support were specifically focused on. To maintain atmosphere of normalcy for children, educational and sports material and uniform were also distributed. Besides, school rallies and rehabilitation of vulnerable children were also conducted. Dignity kit distribution, hygiene and sanitation kit distribution, psychosocial counselling and support in citizenship and marriage registration were other relief interventions completed. Trauma healing counselling and counselling for foreign employment applicants were performed.

The table below provides the KII respondents responses on the type of intervention measures.

Table No. 2: Types of intervention measures		
Preventive measures	Curative measures	
	Legal support	Other support and response
Legal rights awareness	Case filing	Medical treatment support
Importance of sanitation program	Documentation and handling	Livelihood support
GBV Awareness	Legal counselling and orientation on new legal rights	Education support
Orientation to women and children on anti-trafficking, sexual abuse, violence to children, anti-child marriage and anti-child labour during emergency	Referral of criminal cases and handling civil cases	Trauma healing counseling, recreation, counseling for foreign employment applicants
Street Dramas for awareness of women on women health and education	Support in referral system by Lutheran	Single women skill development and income generation support
Installation of CCTV surveillance camera	Legal support and aid	Human Rights Watch Group formation
Regulation of temporary learning classes (TLC)	Free case investigation	Support in citizenship and marriage registration
Women's rights and gathering program	Judicial Committee formation	Dignity Kit distribution

Establishment of check posts at high risk areas	Facilitating mediation and other legal tools and processes	Income generation support
Coordination with various stakeholders and organisations	Legal help on citizenship issues	Educational material distribution to students
Formation of protection cluster for children		Rehabilitation of vulnerable children
Household GBV surveys and women network formation		Advocacy on passport
Income-Generation training		Transitional support
Anti-human trafficking training		Sports material distribution and training
Anti-child labour training		Uniform distribution
Reconstruction training		Rally of schools
Tailoring training		Capacity development of GBV survivors
Menstruation and sanitary pad making training		Hygiene and sanitation kit distribution
First Aid training		Psychosocial counseling
Anti-GBV and sexual abuse training		Security mapping,
Women empowerment training		Support for shelter
Gender and child friendly house and toilet construction		
Advocacy on health, education and food		
Reproductive health camp		
Gender class to children		
Information sharing		
Distribution of IEC materials		
Cultural programmes		
Lobby on legal rights		
Legal advocacy through consortium		

Source: KII

3.3 IMPACT ASSESSMENT INDICATORS

In regard to the indicators used, most organisations did not use impact assessment indicators, owing to the emergency situation and focusing only on service delivery. Furthermore, they did not have emergency-preparedness plans since such emergency arose after a very long interval. The participants of focus group discussion and participants of consultation meetings also reinforced the above statement.

Very few organisations such as Nepal Red Cross, UN agencies, World Vision, Save the Children, and Oxfam had used specific impact assessment indicators since the organisations possessed their own contingency plans and emergency-preparedness plans. Save the Children also followed a global plan of emergency preparedness wherein it established coordination with the

government on emergency, making it easier to follow the plan rather than making a new one. World Vision also followed international standards of Child Protection in Humanitarian Action before taking its programmes to the earthquake-hit districts. However, we did not get information on the use of these impact assessment indicators in the programmes during the research period.

“During the emergency period many organisations came. Organisations have supported us a lot. They provided food, tunnel for agriculture. One of the organisations made videos of our work, but they did not show us how it looked”.

Bhupendra Kumari Bhandari: 67, Kiul

Table No. 3 Source of need assessment to design the programme

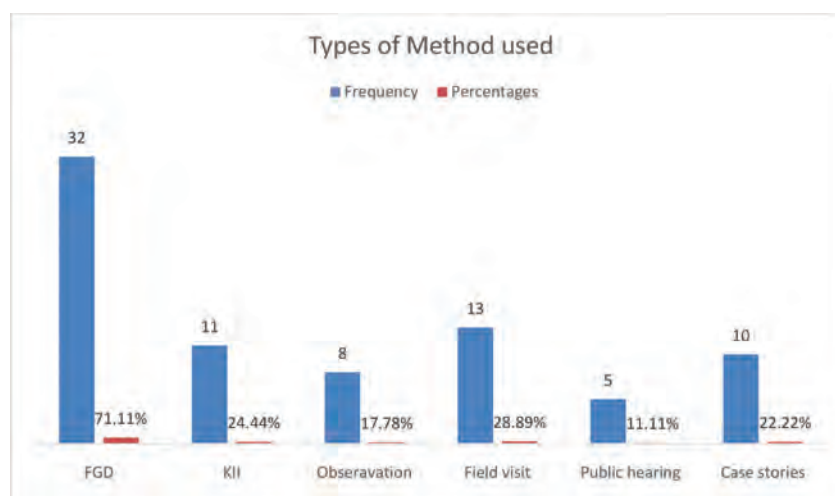
Basis of indicator selected	Frequency	Percent
Statistics report 2011	3	6.67%
Secondary data review	5	11.11%
Situation analysis	3	6.67%
Need assessment	7	15.56%
Media reporting	4	8.89%
Hypothesis	3	6.67%
Gender and emergency guideline	2	4.44%

Most of the organisations shared that they had designed the programme interventions during the earthquake, on the basis of statistics reports, secondary data review, situation analyses, need assessments, media reporting, general hypotheses and gender and emergency guidelines. The programmes decreased stress level in traumatic situations, provided psychosocial support to children and the reported cases were managed. The table above depicts the breakdown of the impact basis of design of programme intervention.

3.4 TYPES OF METHODS AND TOOLS

Total 67% (30) respondents in key informant interview shared that they attempted to measure the effectiveness of programme/interventions. Few organisations such as World Education, Plan International, and Oxfam were happy to forward their M & E plan to provide an overview about their M & E process. However, from the consultation meeting only few NGO/INGO mentioned that they had conducted the impact assessment of the programme conducting midline and end-line; among them few conducted GBV specific programme intervention such as Plan Nepal. Despite that, the study found that various methods and tools have been used by national and international organisation in order to measure the impact of the emergency programme during the earthquake in Nepal in 2015. KII respondents shared that they applied various methods to conduct the monitoring and evaluation of impact assessment of the programme interventions

such as FGD⁹, field visit and KII¹⁰ respectively. Case stories¹¹, observation and public hearing¹² were other methods used in the study. Though specific standards were not followed, their efforts in showing the types of impact measurement conducted were visible.



In the above bar diagram, all responses are based on the total KII answered. For example, out of 45 KIIs, 32 forms have mentioned FGD as tools they used. (32 is 71.11% of 45 KIIs.)

Impact measurement tools or strategies	Frequency	Percent
FGD	32	71.11%
KII	11	24.44%
Observation	8	17.78%
Field visit	13	28.89%
Public hearing/audit	5	11.11%
Case /Success stories	10	22.22%

- 9 Focused group discussion is a tool involving group of people from similar background and experiences together to discuss specific topic of interest where they are asked to share their perception, beliefs, ideas and information regarding the specific issue.
- 10 It is a qualitative method of obtaining information from a wide range of people through in-depth interviews. KII is conducted to acquire first hand information from community leaders, professionals, residents who possess first hand knowledge about their community and the issues prevailing in their community. It is a one-on-one conversation between two parties which lets the interviewer explore any issue or subject in depth.
- 11 It is a tool in a form of published report which gives information about a person, group, or situation which has been studied over a period of time. The situation and story of person can be studied to meet certain objectives.
- 12 Public hearing is an open gathering of officials and citizens. It is a participatory tool which aims to strengthen the transparency and accountability of any institution.

SAATHI, in collaboration with UN Women, for instance, through its Multipurpose Women's Centre in Sindhupalchok undertakes 'women's safety audits' in disaster affected communities that look into how public spaces, government policies and plans have impact on the safety of girls and women. Audits were carried out in Sindhupalchok in the post-earthquake period. Women safety audits are relatively standard practice with leading international NGOs; the adoption of this practice in Nepal, however, is encouraging.

SAATHI, Consultation, Kathmandu

DFID used the impact measurement tools such as actor-based change framework, which conducted a mapping of the relevant actors associated with the problem, helping in improving the service delivery of the service provider, capacity building of the service provider and motivation to the beneficiaries. Development trackers were also incorporated. The development trackers are integrated programmes for strengthening security and justice. It also helps to explore international development projects funded by the UK government by country and sector.

Care Nepal used a tool called Snap tool, a DFID-funded programme, which shows how social norms have shifted by taking the story clipping (vignettes) from the children, adults, elderly of the same community.

Vignettes (Story clipping): It is a useful tool for encouraging Research Programme Consortia (RPC) to take a common approach. Structured vignettes and case studies are likely to be useful qualitative methods.

KII with DFID representative, Kathmandu

Regarding tools used the respondents of the FGDs and the consultations mentioned using social audits, Kobo toolbox, and hotline services¹³. They also reported that they used various tools such as monthly tracking activities (It compared the target with the actual results and the quality of programmes implemented) and semi-annual assessments incorporating document review. Additionally, the respondents of the FGDs also mentioned using presentations, questionnaires to measure the impact. The respondents from the consultation meetings also shared the use of data collections and data analysis, organisational monitoring visit and discussion, household meetings and meetings with vulnerable target groups, joint monitoring with stakeholders, public hearings/ social exams, consultation meetings with cluster members, hotline services and self-evaluation of service receivers and community assessment of service providers. The Kathmandu-based consultation meeting witnessed participants providing more input on new impact assessment tools in comparison to other respondents. They shared about tools such as child tracking card,

13 1098 hotline service: CWIN helpline service, also known as Child Helpline emergency toll-free number 1098 (Ten-Nine-Eight) was established in 1998 to control the criminal incidents and social disharmony against children, to protect their basic rights, immediate rescue, emergency support, psychosocial counselling and social and family reintegration.

1145 hotline service: The 24-hour free helpline service 'Dial 1145', launched by National Women Commission in Nepal has been providing hotline service of complaints on violence against women. The service was launched on December 11, 2017.

transect walks¹⁴ and comic paintings. The respondents of interaction meetings also mentioned the use of discussions, taking photographs and videos of the support provided and work done, interviews, observations¹⁵, informal feedback collection, impact evaluation and cross verification of reports and journalist visits.

3.5 EFFECTIVENESS OF THE MEASUREMENT TOOLS/METHODS

While there was no singular tool that was found effective by all, most found FGDs along with in depth interviews and case stories to be effective. The pre-test and post-test done during FGDs and observations were effective to see the changes in the lives of people. They found that homogenous FGDs made participants easy to open up and gather feedback with cross verification since they were more comfortable opening up to sensitive issues like GBV. The focused interviews, when conducted well,

were also found to be useful in understanding the local situation and people better. The case stories helped the team track the timeline and changes in the community within a given timeframe. The transect walks further added evidence to the programmes being implemented. The in depth interviews allowed women to express themselves freely without fear of judgment from others in the community and divulged more information in a one-to-one setting.

Reason for effectiveness of measurement tools/methods	
FGD	<ul style="list-style-type: none"> • Substantial conclusions can be arrived due to direct interaction with beneficiaries. • Detailed information as regards to the number of beneficiaries and the process they face and their level of satisfaction with the services can be derived. • Increased level of comfort for women to put forward sensitive issues while in homogenous groups.

14 The transect walk is a real time journey made by the M & E team following a route along which observations are recorded. It can involve a combination of walking and transport use in respective community. Direct observation and experience of problems and actions are taken and identified. These are recorded and compared to progress recorded by programme tormentors. A right holder's perspective is taken rather than activity progress perspective.

15 This is a well known qualitative research method with roots in anthropology. Its aim is to gain a close and intimate familiarity with a given group of individuals (such as a religious, occupational, sub cultural group, or a particular community) and their practices through an intensive involvement in the actual context. It involves the researcher immersing in the work/life of the group and doing what they do. Usually this extends over long periods of time in order to understand behaviour and practices change over the time.

KII	<ul style="list-style-type: none"> • Analysis can be conducted in detail since it provides large sample of key persons in community who possess in depth knowledge of the community. • Random sampling is also effective in gathering information on specific issues.
Field visit ¹⁶	Timely feedback can be acquired and feedback can be received on the way we work.
Door to door visit	<p>Hidden and unreported cases and problems can be explored.</p> <p>While doing group discussion most of the women don't speak out as in comparison women are more vulnerable than men so door to door visit was found to be more effective.</p>
Programme impact evaluation	Impact and way forward for the programme can be yielded
Survey (Health institute and household survey).	Performing surveys provides informations on services received and shortage of specific services and beneficial goods provided through programmes.
Interaction ¹⁷ with beneficiaries	Post-programme visits to observe the condition of the case
Exit meeting with target groups/public hearing	Feeling of accountability and transparency is created as the detailed programme and budget is shared during the exit meeting.
Knowledge, attitude, practice (KAP) survey	<ul style="list-style-type: none"> • Most of the participants and beneficiaries understand the best practice against GBV and violence. • Gap analysis and support in replanning
Monitoring visit	<ul style="list-style-type: none"> • Enables service provider to assess situation of village and obtain feedback from people during and post programme implementation for reforming future plans and activities

16 A qualitative method of data collection that aims to observe, interact and understand people while they are in a natural environment.

17 Interaction Meeting is a gathering of two or more parties in order to share information or reach an agreement. It is a verbal meeting, where people exchange their knowledge, information and opinions based on the objective of the meeting. The parties involved in the meeting might or might not have in-depth knowledge regarding the issue or the community.

Public hearing	<ul style="list-style-type: none"> • Effective to present real scenario to government officials
Public audit	<ul style="list-style-type: none"> • Transparency of programme and budget builds trust with community towards program
In-depth interview	<ul style="list-style-type: none"> • Enables to capture feelings and thoughts of women better
Case study and success stories	<ul style="list-style-type: none"> • Effective ways to measure impact through comparison of pre and post programme.
Community score card	<ul style="list-style-type: none"> • Effective to collect public grievances, satisfaction from the programme and their recommendation to improve programme intervention • Self -evaluation from the service providers, • Give scope for service providers to develop plan of action and its implementation

Hence, activity tracking tables, FGDs and consultation¹⁸ with community were found to be effective tools to measure the impact of GBV programmes in emergencies. The respondents of interaction programmes listed interactions, consultations and video clippings of success stories to be effective tools. The respondents of KII found homogenous FGDs, interactions, regular meetings, joint monitoring, case/success stories/story clipping, KII/in depth interviews, baseline/end line surveys/rapid assessments, public audits/hearings/mass gatherings, transect walk/observation/field visits, social/body mapping, desk review/secondary data analysis, to be effective tools for measuring the impact of GBV programmes in emergencies. Below is the table breakdown of the responses followed by a table of the reasoning for finding those methods effective.

The respondents of consultation meetings found in-depth interviews and KIIs, case stories, homogenous FGDs, child tracking cards, monitoring, follow ups, mid-line and end-line surveys, public hearings, observations, comic painting, public feedback, survey and report analyses to

Some of the Voices Regarding M & E

Yesodha Bhandari, 32 years, female, Gender focal person teacher from Badegau: "They haven't come once the programme got over. No follow-up has happened subsequent to the program. Monitoring of the programme happened only during the program, not after".

Sharmila Shrestha said that the organisations should do the follow-ups on regular basis to see the programme inputs.

Sanu Tamang said that she has no idea how organisations do the follow-up because no one has approached her ever to get her opinions on programmes.

¹⁸ Consultation aims to obtain information from professional or an expert. It is a formal discussion with a specific objective. In consultation meeting, knowledge and opinions are exchanged or advice is prescribed by the experts. Discussion takes place with a focused and well prepared agenda relevant to the issue.

be effective tools to measure impact of GBV programmes in emergency.

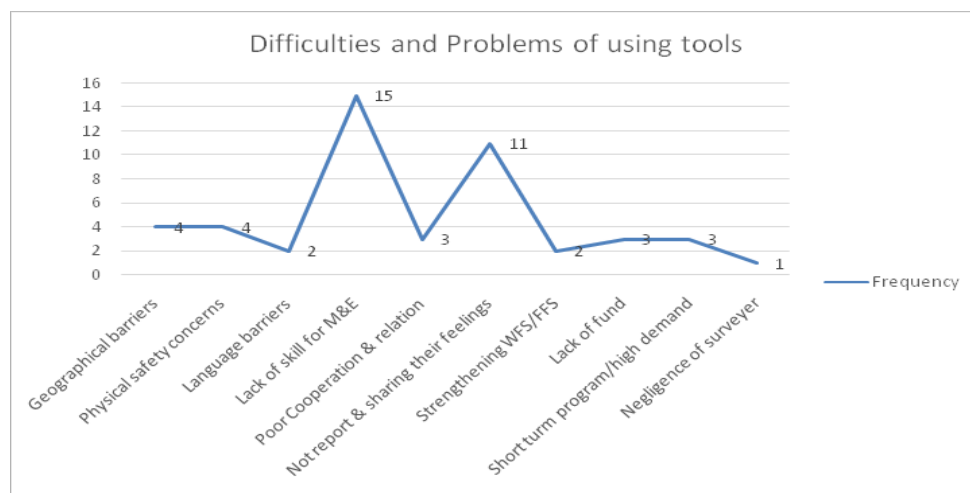
The respondents of FGDs also mentioned that detailed interaction, presentation through projector, questionnaires, practical and interviews were effective tools to measure the impact of GBV programmes. The respondents of consultation meetings found KIIs, in-depth interviews, child tracking cards, comic paintings, checklists, reports and surveys, community scorecards, meeting vulnerable households and information

collection and data analysis techniques to be effective to measure impact of GBV programmes. While some of the interaction meeting participants did not find the impact measurement tools effective, others found interviews, questionnaires, FGDs in homogenous groups and interaction programmes to be effective tools.

Child tracking card system adopted by Child Nepal is a manual registration system of children in a card through which a child's vulnerability can be measured and tracked. With the help of this card, children of the community can be continuously monitored, and information received from this card helps in providing required service to the children. Besides many other benefits, this system also helps to prevent the illegal transportation of children especially orphans and children who lost their parents/guardians in emergency situations.

3.6 DIFFICULTIES AND PROBLEMS OF USING M & E TOOLS

The majority of the KII respondents stated that they had faced difficulties and challenges while using the M & E Tools to assess the effectiveness of the M & E tools used by various agencies for measuring the GBV programme interventions. They stated that due to the emergency, more focus was on service delivery. The indicators were poorly identified and found that majority of the agencies had not even thought about evaluation of such emergency programme which led to the gap of M & E system to measure the impact of GBV programmes. The lack of skilled human resources to measure the impact was another challenge. A total of 80% (36) KII respondents stated that they faced some challenges while using impact measurement tools for GBV in emergencies. As stated by those 80% of the respondents, geographical barriers, physical safety concerns, language barriers, lack of skill for M & E, poor cooperation and relation, no reporting system, being personal, strengthening WFS/FFS, lack of fund, short term program/high demand and negligence of surveyor were the forms of challenges faced. Below is the breakdown of the KII responses.



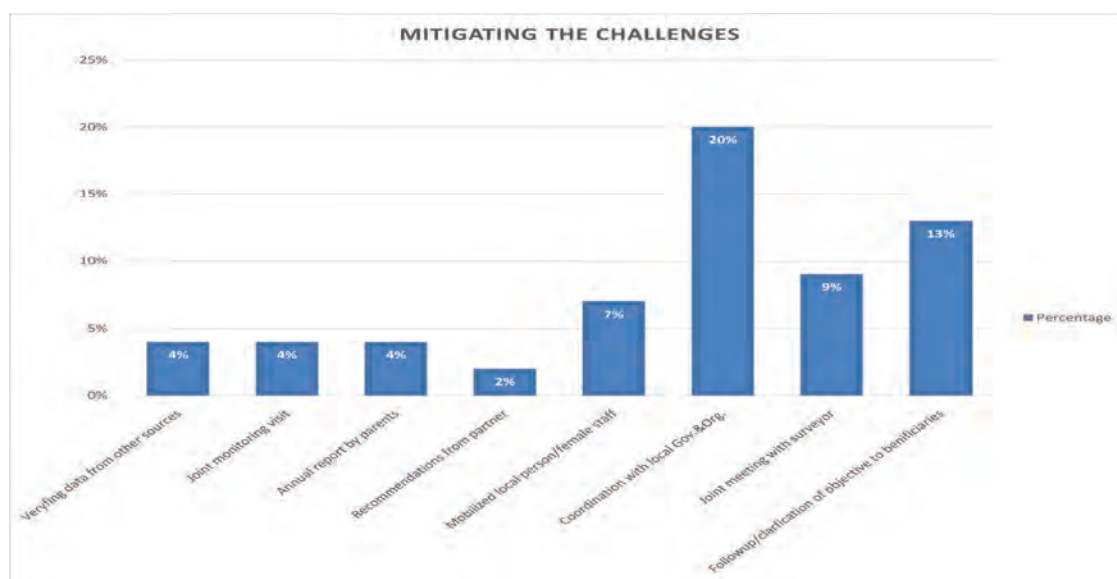
The respondents from the consultation meetings stated they faced following challenges: issue sensitivity, difficulty of sharing GBV problems by victims, apprehensible threat and risk to victim if issues made public, time and resource constraint in emergency situation, low outreach of impact measurement tools, high expectation from community, inadequate skilled human resources and low participation in impact measurement programmes due to additional risk of pain. Overall, the research respondents could not mention the challenges of using every method and tools they used. They were just able to give general scenario of challenges they had faced during the impact assessment of the programme during emergency.

Table No. Mitigation measures to address the challenges while using tools

Mitigation measures	Frequency	Percent
Verifying data from other sources	2	4.44%
Joint monitoring visit	2	4.4
Annual report by parents	2	4.4
Recommendation from partner	1	2.2
Mobilised local person/female staff	3	6.7
Coordination with local Gov.&Org.	9	20
Joint meeting with survivor	4	8.9
Follow up/clarification of objective to beneficiaries	6	13.3

3.7 MITIGATION MEASURES TO ADDRESS THE CHALLENGES WHILE USING TOOLS

To mitigate the challenges, KII respondents mainly referred that they followed the multiple mitigation measures. Specifically, KII respondents used the following measures to mitigate the challenges: verifying data provided by autonomous organisations that conducted M & E for organisations, joint monitoring visits, annual report by partners, recommendations from partner, mobilisation of local persons/female staff, address the causes of the legal approach, coordination with local government and organisations, joint meeting with survivors and follow-up/clarification of objectives to beneficiaries.



3.8 INNOVATIVE PRACTICES

Owing to the urgency in emergency situations, the organisations did not focus much on devising innovations; they rather concentrated on immediate service delivery. Prioritisation of evaluation and impact assessment was not done during the crisis. A few organisations participated in consultations in Kathmandu claimed to have implemented fresh innovations as M & E tools to monitor the effectiveness of the programmes including GBV-specific interventions. These tools were child tracking cards, transect walks and comic paintings for children. Some organisations further stated that though they used traditional tools like FGDs, they used innovative processes to conduct them incorporating methods like comic painting for children. Community based scorecards were also used. Gender components were included in every cluster such as livelihood and WASH. Participants of the consultation meetings mentioned safety maps, safety committees, community based scoreboard (Samudayik Ankapatra), homogenous FGDs, child tracking card, comic painting, photo voice¹⁹ and magic boxes as innovative interventions from their organisations.

Some of the Voices Regarding M & E

Community-based scoreboard is a well tested tool for improving social accountability. It enables right holders to make duty bearers accountable in the justice system. Through this process, police, community mediators and community members collectively identify indicators to assess service delivery and performance; rate indicators; and identify six monthly targets as well as actions required to achieve the targets. The indicators are reviewed and monitored every six months. This serves as a motivation to improve performance as well as for evidence-based advocacy.

From KII, Care Nepal

Child tracking card is a tool that monitors children prone to violence, abuse and harm during an emergency. The card is divided into three colour categories based on the level of vulnerability, i.e., most vulnerable (red), vulnerable (yellow) and safe (green). Project activities are based on this categorisation. Once the data is collected, tracking of the child is done periodically. The tool is useful during the evaluation process to provide the database of vulnerable children in a community.

From KII, Child Nepal

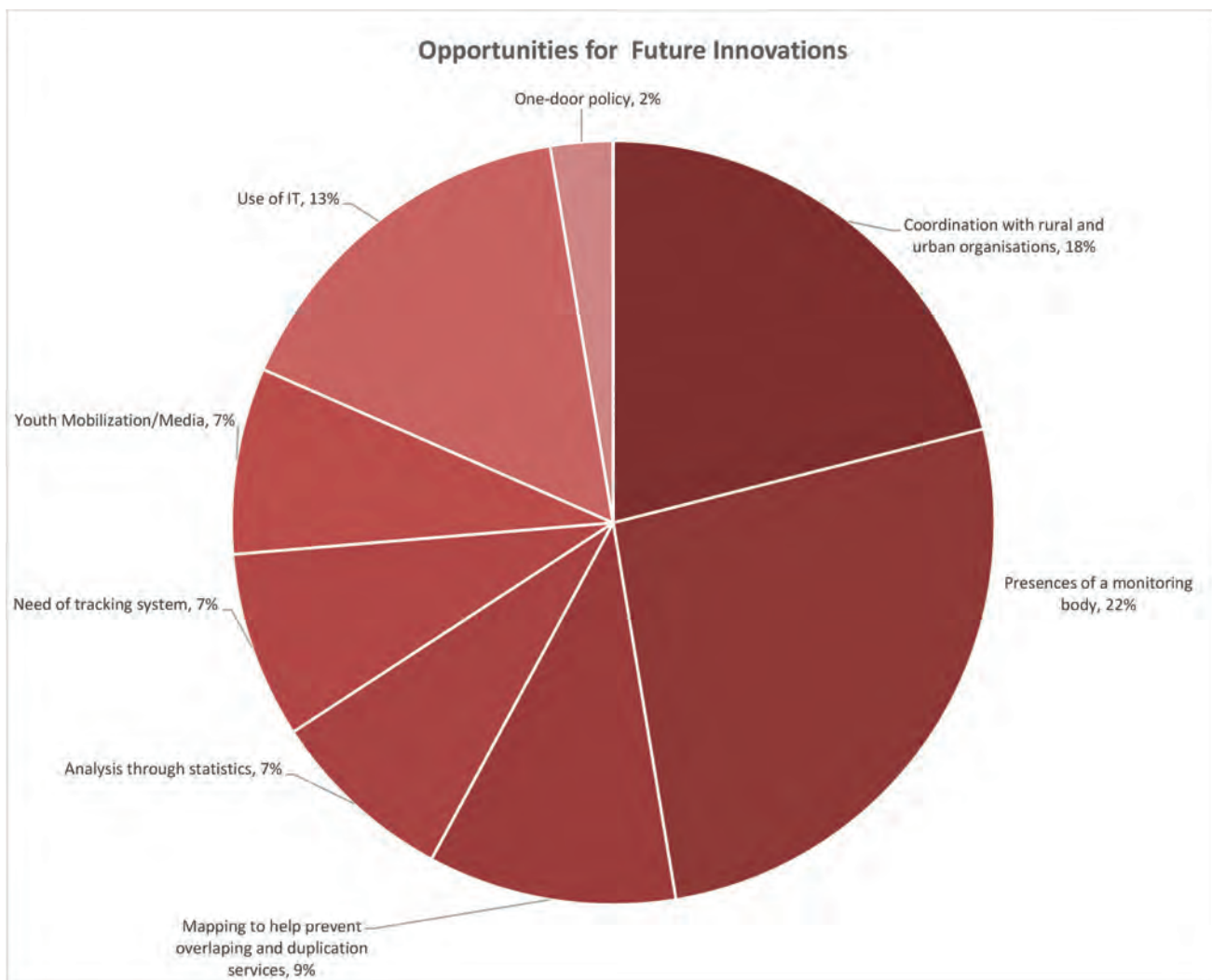
¹⁹ The process monitoring involves taking photos of progress, obstacles and setbacks to progress, changes (positive and negative) and illustrative photo stories. These will be an important and integral component of the process monitoring. As a basic rule, think of the pictures as ‘telling a story’. They need to ‘tell the story’ without the use of much narrative. The composition of the photo should therefore be considered from this perspective.

3.9 RECOMMENDATIONS FOR INNOVATIVE PRACTICES

Though the respondents did not recommend any innovation, they provided recommendations on how to improve programme interventions through innovations.

According to the respondents, organisations/agencies can take help of technology, such as digitising their systems which saves both time and cost. The KII respondents also expressed that technology and online applications could play an important role in measuring the impact of programmes in emergencies, for example, starting with the registration process of survivors and service delivery. They also felt that humanitarian organisations in coordination with the government could develop defined tools in the Nepali context for the emergency settings. Furthermore, monitoring or control mechanisms could be established to avoid duplication of services to the survivors so that the services can reach a maximum number of needy people and not just one community. In this light, they suggested that the government provide a uniform chip card to monitor the status of provided services and services that can be further provided. Even the GBV service mapping was found to be poor by the KII respondents. They stated that people did not even know where to get support for services like rehabilitation and counselling in the time of emergencies, unless the organisation reached them. Resultantly, proper service mapping in the GBV was recommended stating that it could be very beneficial in every situation, especially during emergencies. The local government should be the primary responsible body to conduct the initial registration of the survivors and can further refer humanitarian organisations on a need basis. If a proper channel of help is established, the service delivery can flow in a coordinated manner. Respondents of the interaction programmes expressed the need of household surveys so that they can involve as many service recipients in the impact measurement process. Likewise, they pointed at the need of discussions in groups outreaching all tolls, training, monitoring as per the programmes, immediate impact measurement tools after service delivery, regular interaction with the local authorities and victims, reporting and feedback providing mechanism through SMS or toll-free numbers, distribution of relief materials to the focal persons, distribution of resources on an equal basis as per the data and ensuring effective distribution among target groups.

Respondents of the consultation meetings recommended the following innovative interventions for measuring the impact of GBV programmes in emergencies in the future: letter writing, success story writing, establishing GBV information centre at municipality and rural municipality (software and application), continuous monitoring, beneficiaries satisfaction survey, issue based FGDs (after developing checklist) and in-depth interviews, involving project participants in every step like selecting the target group and research and evaluation, ensuring effective inter-cluster coordination, following one-door systems, using information and communication technology (ICT) in monitoring, ensuring sustainability of the tools (time and resource allocation in monitoring and evaluation), using new technology such as management information system (MIS) to get information, effective recording and networking and mobilisation of skilled human resources for impact measurement of programmes in an emergency.



3.10 HACKATHON FOR EXPLORING INNOVATIVE TOOLS USING TECHNOLOGY

A hackathon was conducted with participants from both IT and social background. Seven local engineers and six participants from civil society organisations participated in the programme. The participants were divided into two teams.

Team A worked on breaking the culture of silence with the help of technology. Following a brainstorming session, the team came up with two possible solutions; establishing a booth so that the GBV survivors can visit the booth and share respective views; and developing a simple tool so that responses from the GBV survivors would be collected using the technology during FGDs or KIs.

The proposed solution to the first barrier from Team A was developing an impact measurement tool with which the question will be moderated by the facilitators during FGDs, KI or any other existing method. With this tool, the questionnaire will be developed in an online/offline form, the facilitator will facilitate the sessions and questions will be displayed from the projector. The event will have a unique code. It will be shared amongst the respondents and questionnaires will be linked with respective respondent on their phones. Each question will be moderated by the facilitators and responses will be recorded digitally. The responses will be anonymous and confidentiality will be maintained. It is believed that the respondents will be willing to use this

technology as facilitators can moderate questions and no identification will be marked. The collective responses will be displayed with the projector and instantly the results can be shared.

As the GBV programmes are implemented in remote areas of the country where the internet access might not be available, the proposed solution will be available offline on both Windows and smartphone platforms. One time investment for the development of the tool is required and improvisation of the tool will be done with its usage, requirement of the programme and user experience. The proposed solution is believed to contribute to measuring impact of all programmes including the GBV-specific ones.

Team B discovered innovations to improve complaint collection and impact measurement process for 1098 Child Helpline and 1145 Women Commission-run line. Though the team did not have access to the 1145 database, they were able to focus their efforts on 1098 helpline users. First, the team identified barriers that currently exist in the follow-up process of impact measurement; which were: service users changing their phone number or the phone number no longer being active, relocation of beneficiaries making them difficult to locate or follow-up, and reluctance to cooperate with helpline for a follow-up. The team learned the process of the helpline and how frequently follow-up calls were made as well as the subjectivity of field visits.

The team wanted to try and innovate something that could help regular monitoring of past beneficiaries to help prevent the loss of accurate contact details as well as find an easy way to measure impact of services with little efforts from the beneficiary. The team came up with the idea to use USSD (unstructured supplementary service data) and IVR (interactive voice response) to enable beneficiaries to give feedback on the services and their wellbeing more easily at no cost. The USSD system functions on data collection skip logic survey that is already being used by telecom providers like Ncell and NTC. The idea behind the USSD feedback collection is to have the beneficiaries text a four digit number (*1414# for instance) and a series of questions will automatically pop on the screen. Based on the entry of the beneficiary (i.e. Yes=1 and No=2), the questions would adjust. For example, if the question asks, 'Do you feel safe in your home currently?' and the beneficiary answers '2' for 'No', the next set of questions would aim to find out if violence has re-occurred at home, when, from whom, and if the beneficiary wishes to seek help. However, if the beneficiary answers '1' for 'Yes', the next questions will be asked to measure impact of the beneficiary since the intervention of the helpline.

This innovation is cost-effective, and the technology already exists; thus no extra costs are needed to create something new. It is easy to use and most Nepali people are familiar with this system as they use it to top up their phone balance, and the implementation can be done with an agreement with NTC and Ncell. However, this system cannot be guaranteed to be free of charge; the collection of feedback may not directly target impact measurement; if it is a child beneficiary, the use of a phone may be challenging if the phone belongs to a parent or the perpetrator; and the innovation does not address the challenge caused by changing phone numbers. Additionally, the team created the questions and came up with the idea so that women who were GBV survivors could use it, thus further adjustment would be needed to make if children were to use this.

The programme saw the participants from each team come up with solutions using technology or otherwise, for providing the survivors with an easier access to services. The solutions offered were cost-effective and easy to access.

SECTION 4: CONCLUSION

During the emergency, the majority of the programme interventions were focused on relief. The respondents also stated that while many organisations conducted interventions during the earthquake, only a few organisations visited them for the purpose of evaluation. However, immediately after the earthquake, the programme designs captured some broader areas which included GBV intervention programmes too. The majority of the respondents stated that they designed GBV programme interventions as a crosscutting intervention. Various awareness programmes, both legal and pertaining to health, education and GBV, were conducted during the crisis. GBV interventions were carried out in the form of orientation to women and children on anti-trafficking and sexual abuse during emergency, establishing check posts and CCTV surveillance cameras at high risk areas, household GBV surveys and women network formation, anti-GBV training and sexual abuse training and capacity development of GBV survivors.

Most of the agencies had not given due priority to proper M & E plan; hence, they did not have impact indicators to measure the effectiveness of the programmes. Despite that, the following method had been used to measure the effectiveness of the programmes: mapping, FGDs, in-depth interviews and KIs (one-on-one interviews) among others. Likewise, they also used story clippings, mobilisation of volunteers, monitoring and field visits, public hearing and audits, case stories and door-to-door visit as tools. The respondents also mentioned that they did not measure the impact of the programmes on GBV prevention specifically, but rather did a wholesome evaluation of the interventions conducted. A few, however, stated they did GBV programme impact assessment.

The respondents found homogenous FGDs to be one of the most effective impact measurement tools as it assured a sense of comfort and enabled participants to open up easily and gather feedback. The FGDs were process-oriented, participatory, facilitative and provided an opportunity for the cross verification of data and opinions gathered from specific groups. In-depth interviews, KIs and one-on-one interviews were also found to be effective to understand the local situation of the people and they facilitated women to provide information without feeling held back and without repercussions while maintaining confidentiality. They provided reliable information including expert opinions and practices. Case stories and transect walks were also found to be effective tools in gathering data in an efficient manner.

Questioned about the type of innovative tools used and to recommend the use of innovative tools, participants mentioned traditional tools as innovative ones and only a small percentage of the respondents wholly responded to the question. This small section stated the use of new innovative tools such as child tracking cards, comic paintings for children, transect walks, photo voice and story clippings to track the progress.

The respondents recommended devising impact measurement methods that measure the impact on the spot after carrying out methods such as FGDs, KIs and transect walks/observations. They also suggested conducting regular interactions with local authorities and victims, for example in the form of public hearings. Reporting and feedback providing mechanism through SMS or toll-free numbers was another recommendation for using innovative tools as provided by the respondents.

Lastly, the hackathon conducted was fruitful as it enabled conceptualisation of the solution to tackle the barriers with the use of technology for strengthening M & E mechanism during emergency programme intervention. The hackathon worked as an innovative way to identify impact measurement tools of social problems from a technological perspective.

The scope and diversity of GBV programming in emergencies is steadily on the rise. However, the evaluation of GBV interventions mainly focuses on outputs, with little information is available about the quality or impact of these services. Evaluating impact is challenging; practitioners are constrained by time, funding, skills, and the sector lacks a clear overarching framework for measuring the impact of humanitarian response to GBV. Having better data on the impact of GBV interventions can provide a stronger evidence base for 'what works' within GBV programming and support replication of effective services at scale. Additionally, socio-cultural aspects to addressing the GBV issues such as the culture of silence, power dynamics, social norms, and confidentiality/privacy need to be considered when conducting programme evaluations. Specialised skills, capacity and knowledge building of service providers in this regard must be built. While knowing whether a GBV programme was successful is valuable, the development of real time evaluations is also needed to give programme coordinators the ability to adapt and improve their services while still active on the ground.

SECTION 5 RECOMMENDATIONS

Despite increased efforts and improved understanding, creating a stronger evidence base remains a key priority for national and international humanitarian organisations including the UN agencies working in Nepal. Evidence is essential for effective humanitarian programming and achieving improved outcomes for crisis-affected populations. In a resource-poor sector like GBV, better evidence has the potential to unlock funding and act as a powerful advocacy tool.

It is evident from the literature review and data gathered that monitoring and evaluation tools were not given much priority during the emergency owing to various reasons. But, many humanitarian organisations have felt that emergency-specific monitoring evaluation tools or plans would help them improve monitoring and evaluation of GBV programmes in an emergency. Majority of the participants in the research realised the need of a 'monitoring body' to effectively measure impacts of GBV programmes during and beyond the emergencies. The 'monitoring body' should be responsible for the systematic distribution of services during an emergency so that there is no duplication of services and every survivor is treated equally. For monitoring and evaluation of the programmes in an emergency, many suggested that government bodies or the protection clusters be made responsible to help improve monitoring and evaluation in the future. Very few respondents said that technology could be used to evaluate impacts of the programmes.

The primary reasons for lack of proper M & E plans in emergency were found to be the urgency of the situation, lack of emergency preparedness plans, lack of human resources owing to the colossal scale of the disaster, substantial interval in natural hazards and singular focus on service delivery. As explained in the literature review, the importance of monitoring and evaluation is crucial in tackling any crisis. Programme interventions without M & E plans are incomplete with regard to the optimal employment of resources and services delivered. Diligent monitoring enables strategies to transform over time to enhance effectiveness and to support learning for future programmes.

Monitoring and evaluation tools must be mandatorily included in every programme intervention to assess the requirements and responses of survivors and victims to the interventions and adjust and alter the programme interventions as per the needs and responses of the target. In this light, GBV-responsive monitoring and evaluation methods and tools must be explored and developed according to geographical, socioeconomic and language barriers of Nepal. The tools devised must take all these barriers/factors into consideration to ensure efficient collection of feedback and response of the programme interventions conducted during the times of crisis. Tools like the MIRA and UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies must be used as standards to comply with while formulating tools for impact assessment during the emergencies.

With regard to the data for the assessment of GBV programme interventions as well, there were no specific tools devised to collect data. Moreover, the GBV aspect was not specifically taken into consideration even in cases where monitoring and evaluation were carried out. The feedback of victims/survivors is crucial in an emergency setting, where programmes are intervened; to understand the level of impact the programme has had on the target groups. Without a proper M & E system, programme interventions cannot be assessed with a level of clarity and understanding. Moreover, GBV programmes are primarily focused on implanting concepts and ideas that are new

to the target groups and monitoring and evaluation in this regard serves as a crucial tool to assess the level of understanding that the target groups have attained from the programme. Hence, monitoring and evaluation tools specifically developed to gather information and feedback from the target groups of GBV programme interventions must be devised to suit the socio-cultural setting of Nepal. These tools must be effective in covering the social barriers that women face in their community and enabling a sense of comfort and protection.

While it was found that majority of the organisations did not implement new and innovative tools during the emergency to improve efficacy, a few organisations implemented tools such as the child tracking cards, comic paintings, story clippings, photo voice and transect walks to gather feedback and data. The hackathon conducted by CWIN during the research process also conceptualised innovative ideas to enable easier access to GBV survivors during an emergency to access services and provide feedback by maintaining confidentiality. It helped conceptualise innovative ways to break the culture of silence and measure the impact of services provided with the help of existing technology, which was never thought of before. The programme also generated ideas on monitoring and evaluation tools that can be used for collecting feedback in more cost-effective manner with the help of technology. More exploration must be done with regard to the technological systems that can be used to reach out to a broader spectrum of GBV survivors while ensuring easy-to-use systems that can be accessed by basic technology and maintaining confidentiality at the same time. Technological innovations are relatively unexplored territories that hold great advantages in data collection and impact assessment, and the ways to unfold this technology for creation of innovative impact assessment tools must be explored extensively.

References

- Crawford P & Bryce P. (2003): Project monitoring and evaluation: A method of enhancing the efficiency and effectiveness of aid project implementation. International Journal of Project Management, 21(5): 363-373, Elsevier Science Ltd and IPMA.
- Estrella, Marisol (ed) (2000) Learning From Change. Issues and Experiences in Participatory Monitoring and Evaluation. Intermediate Technology Publications & International Development Research Centre, London and Ottawa.
- Government of Pakistan Ministry of Climate Change National Disaster Management Authority, Guidelines for Multi-Sector Initial Rapid Assessment (MIRA), 2017, United Nations Office for the Coordination of Humanitarian Affairs.
- Inter-Agency Standing Committee, Revision July 2015, Humanitarian Programme Cycle, 'Multi-Sector Initial Rapid Assessment Guidance'.
- RHRC Consortium. Gender-based Violence Tools Manual. http://reliefweb.int/sites/reliefweb.int/files/resources/FC881A31BD55D2B3C1256F4F00461838-Gender_based_violence_rhrc_Feb_2004.pdf
- Small Arms Survey. (2016) 'Gender Based Violence Interventions: Opportunities for Innovation'. Humanitarian Innovation Fund Gap Analysis. Elrha: Cardiff.
- UNFPA. Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. November, 2015.

ANNEXES

ANNEX 1

Guiding questions for KII of humanitarian organisations (network/alliance, I/NGOs, UN) and government organisations working in GBV

1. What kinds of responses were provided from your organisation during the emergency (earthquake)? For example, health and hygiene, emergency support, mental health (psycho-social counselling and trauma counselling), protection from GBV, education support?
2. What kinds of programmes were intervened to address GBV issues?

From the government:

- a. Federal level

Preventive measures	Curative measures	
	Legal help	Services

District level

Preventive measures	Curative measures	
	Paralegal help	Services

Local level

Preventive measures	Curative measures	
	Paralegal help	Services

Organisations

Preventive measures	Curative measures	
	Paralegal help	Service oriented

Community organisations and local clubs

Preventive measures	Curative measures	
	Paralegal help	Services

Were your programmes for a short term or a mid term? What were the reasons for phasing them out?

3. What were the major indicators of intervened programmes? On what basis were the indicators selected? Did the programmes have their intended effects/impact? Please

give some evidence/examples.

4. What kinds of impact measurement tools or strategies were used in order to measure and evaluate the impacts of the mentioned programmes?
5. How effective do you think were the tools to measure the impact of the GBV programmes?
 - a. If effective, on what basis?
 - b. If ineffective, on what basis?
6. Could you share some examples of effective tools/practices from your organisation that can also be replicated in the upcoming days? (Verify it with reasons and examples.)
7. Were there any challenges in using the impact measurement methods/tools for measuring the impact of the GBV programmes in the emergency?
 - a. If yes, what were the challenges faced by your organisation?
8. What measures were implemented by your organisation to mitigate the challenges?
9. Can you share with us three effective practices/methods to measure the impact of GBV programmes in emergencies?
 - a. Why do you think those methods were effective. Explain briefly,
.....
.....
10. Were there any innovative tools from your organisations to measure the impact of GBV interventions? Please give us examples.
11. What do you think could be innovative opportunities to measure the impact of GBV programmes in emergencies so that it will be helpful for other organisations to work on it more effectively in the future?

ANNEX 2

GUIDING QUESTIONS FOR INTERACTION MEETINGS

1. What kinds of responses did different organisations make in your community during the emergency (earthquake)? For example, health and hygiene, emergency support, mental health (psycho-social counselling and trauma counselling), protection from GBV, education support?
2. What kinds of programmes were intervened to address GBV issues?
3. Did you receive any services related to GBV issues during the emergency (earthquake)?
4. If yes, what kinds of services did you receive?
5. Did the organisations come back to you to see the effectiveness of the service that was provided in your community?
6. If yes, what kinds of tools were used to measure the effectiveness of the programmes?
7. Were you involved in the impact measurement process?
8. How was your participation safeguarded?
9. Do you have any opinion on the methods applied for your participation?
10. Which methods did you find effective in the process of impact measurement? Please specify with reasons?

ANNEX 3

GUIDING QUESTIONS FOR CONSULTATION

1. What kinds of impact measurement tools or strategies were used in order to measure and evaluate the impact of mentioned programmes?
2. How effective do you think were the tools used to measure the impact of the GBV programmes?
 - a. If effective, on what basis?
 - b. If ineffective, on what basis?
3. Were there any challenges to use the impact measurement methods/tools for measuring the impact of the GBV programmes in emergencies?
 - a. If yes, what were the challenges faced by your organisation?
4. Can you share with us three effective practices/methods to measure the impact of GBV programmes in emergencies?
5. Why do you think those methods were effective?
6. Were there any innovative tools from your organisations to measure the impact of GBV intervention? Please give us examples.
7. What do you think could be innovative opportunities to measure the impact of GBV programmes in emergencies so that it will be helpful for other organisations to work on it more effectively in the future?

ANNEX 4

FGD QUESTIONS

महिला आत्म निर्भरता केन्द्र

GBV रिसर्च परियोजना

लक्षित समूह छलफल

ठेगाना:

मिति:.....

समय: सुरु:.....अन्त

मध्यस्थ व्यक्तिको नाम.....

नोट लिने व्यक्तिको नाम.....

सहभागी सङ्ख्या : महिला....., पुरुष:.....

उमेर समूह:.....

उद्देश्य :

प्रश्नावली :

१. समुदायमा भूकम्पपछि आकस्मिक अवस्था भएका बेला लैङ्गिक हिंसा सम्बोधनका निमित्त भएका कार्यक्रम सञ्चालन गर्न पूर्व आवश्यकता पहिचान गरिएको थियो कि थिएन ?
२. आवश्यकता पहिचान गर्दा तपाईंहरूको सहभागिता रहेको थियो कि थिएन ?
३. तपाईंहरूलाई कसरी सहभागी गराइएको थियो ?
४. तपाईंको समुदायमा भूकम्पपछि कस्ता खालका लैङ्गिक हिंसाका घटना बढी भएका थिए र को बढी प्रभावित भएका थिए?
५. तपाईंको समुदायमा लैङ्गिक हिंसा सम्बोधनका निमित्त कुनकुन सरकारी तथा गैरसरकारी निकायहरू (संस्थाहरू) कार्यरत थिए ?
६. तपाईंको समुदायमा भूकम्पपछि लैङ्गिक हिंसाबाट पीडितहरूले केकस्तो सेवा प्राप्त गरेका थिए ?
७. कार्यक्रम सकिएपछि ती कार्यक्रमले प्रदान गरेका सेवाहरू प्रभावकारी भए वा भएनन् भन्ने सम्बन्धमा तपाईंहरूसित बुझ्न सरकारी तथा गैरसरकारी निकायहरू आए कि आएनन् ?
८. कार्यक्रम प्रभाव मूल्याङ्कन गर्दा तपाईंहरू सहभागी हुनुहुन्थ्यो ? हुनुहुन्थ्यो भने कुन रूपमा कसरी तपाईंहरूलाई सहभागी गराइएको थियो ?
९. त्यसरी सहभागी गराउँदा केकस्ता विधिहरू अपनाइएको थियो ? उल्लेख गर्नुहोस् ।
१०. ती विधिहरू कतिको प्रभावकारी भए वा भएनन् ? भयो भने किन ? भएन भने किन ?
११. लैङ्गिक हिंसा विरुद्धका कार्यक्रमको प्रभाव मूल्याङ्कन/मापन गर्न आगामी दिनमा केकस्ता विधिहरू अपनाउँदा राम्रो हुन्छ जस्तो लाग्छ ? तपाईंका सुझावहरू दिनुहोस् ।

ANNEX 5

DATA VALIDATION EVENT: PARTICIPANTS' LIST

SN	First name	Last name	Organisation	Designation	Sex
1	Surakshya	Dhungel	Rural Health Education		F
2	Aagya	Khanal	CREHPA	FO	F
3	Sunita	Bhukhaju	MANK	RC	F
4	Tika	B.K	MANK	RA	M
5	Remela	Gurung	OXFAM	Head, CST	F
6	Gayatri	KC	Nepal GoodWeave Foundation	Programme Manager	F
7	Shisir	Darshandhari	CZOP	Event Reporter	M
8	Bhawisha	Koirala	AATWIN	PO	F
9	Sabin	Budhathoki	Yuwalaya	Programme Coordinator	M
10	Pratibha	Rijal	UNFPA	GB Project Coordinator	F
11	Saraswati	Neupane	NRCS	Sr. PGL	F
12	Sumitra	Chudhary	Women Cell Lalitpur		M
13	Sanjita	Khana		Reporter	F
14	Anuj	Pradhan	Kirtipur Municipality	Social Dev. Officer	M
15	Bikram	Khanal	Dream Merchants	Videographer	M
16	Kaustuv	Pokhrel	Dream Merchants	Videographer	M
17	Sarita	K.C	Mitini Nepal	ED	F
18	Aruna		LOOM	SPO	F
19	Usha Kiran	Maghi	NHRC	HR Officer	F
20	Amrit	Shakya	CWIN	PM	M
21	Sony	Piya	CWIN	PM	F
22	Jharana	Adhikari	CFLG		M
23	Punam	Thakuri	JMMS	Member	F
24	Kamala Kumari	Shahi	Sangharsh	Member	F
25	Ganesh	Singh	CWIN	Cameraperson	M
26	Anil	Upadhayay	NFN	Prog. Coordinator	M
27	Saroj	KC	Save the children	CRG Coordinator	M
28	Bhula	Bhandari	Dept. of Women and Children	CWDO	F
29	Ranjana	Adhikari	KMC Disaster MD	Engineer	F
30	Rama	Khadka	Ujyaalo Radio	Program Producer	F
31	Haseena	Shrestha	JCYCN	Program Off.	F
32	Geeta	Regmi	Vision Nepal	Associate	F
33	Uma	Tamang	Maiti Nepal	Legal officer	F

34	Montessori		Ujyaalo		F
35	Garima	Rai	SASANE		F
36	Kamala	Sapkota	Biswas Nepal	Project Coordinator	F
37	Bharat	Adhikari	CWIN	PM	M
38	Neeta	Shrestha	CWIN	PM	F
39	Kriti	Bhattarai	VOC	PC	F
40	Rusha	Adhikari	VOC	PO	F
41	Chiree Kaji	Dangol	LooNiva	SPO	M
42	Nirijana	Bhatta	CWIN Nepal	PC	F
43	Gaurav	KC	Consortium Nepal	PC	M
44	Deependra	Kafle	Secretary	NWC	M
45	Sabita	Lamsal	SAN	P.O	F
46	Urmila	Panthi	JMMS	Secretary	F
47	Sabin	Maharjan	Yuwlaya	VP	M
48	Summima	Tuladhar	CWIN Nepal	Executive Director	F
49	Bindu	Sharma	Raksha	Programme	F
50	Babu Raja	Maharjan	LMC	S.o	M
51	Sarita	Maharjan	LMC	S.O	F
52	Dudi Maya	Lama	PHQ.WCSD	Inspector	F
53	Nirmala	Ojha	WCSC Kalimati	A.S.i	F
54	Dilli prasad	Dotel	Good Neighbors Nepal	ED	M

SN	First name	Last name	Institution/Organisation	Designation	Sex
1	Hira Maya	Yosin	Sahakari	Member	Female
2	Sita	Bhujel	Helambu	Student	Female
3	Kalpna	Chalise	MANK	Deputy CP	Female
4	Bhagbati	Nepal	Melamchi Municipality	Deputy Mayor	Female
5	Laxman	Lamichanne	Helambu	Student	Male
6	Sanu	Giri	Melamchi		Female
7	Goma	Danuwar	MANK	Board Member	Female
8	Kaplana	Khati	MANK	Board Member	Female
9	Nirmaya	Nepali	Jugal		Female
10	Sanu	Nepali	Melmilap Kendra, Selang	Member	Female
11	Kumari	Rokka	MANK	Board Member	Female
12	Archana	Acharya	Janasudhar Sahakari, Indrawati	Member	Female
13	Bhawani	Shrestha	MANK	HR Coordinator	Female
14	Geeta	Khadka	Melamchi		Female

15	Rupa	Bhandari	Janasudhar Sahakari, Indrawati	Staff	Female
16	Yoshada	Bhandari	Janasudhar School, Indrawati	Gender focal teacher	Female
17	Dil Keshari	Shrestha	MANK	General member	Female
18	Asta Laxmi	Shrestha	MANK	General member	Female
19	Sangita	Khadka	MANK	Life member	Female
20	Dhana Kumari	Khanal	MANK	Deputy Secretary	Female
21	Sarita	Gajurel	Janasudhar Sahakari, Indrawati	Member	Female
22	Jeet Bdr	Rana	Illaka Police, Melamchi	Inspector	Male
23	Boj Bdr	Khatrri	Illaka Police, Melamchi	Hawaldaar	Male
24	Sunita	Thapa magar	Sayapatri CDC	Chair Person	Female
25	Susmita	Thapa magar	Sayapatri CDC		Female
26	Chandra Kumari	Thapa magar	Sayapatri CDC		Female
27	Kumar	Thapa	CSRC	PC	Male
28	Rita	Bhattra	Helambu		Female
29	Bal Krishna	Nepal	TUKI	Field officer	Male
30	Bhawana	Shakya	Golma Devi School	Gender focal teacher	Female
31	Keshab	Paudel	Shakti Samuha	DO	Male
32	Govinda Psd	Sapkota	NGO Federation	Chairperson	Male
33	Pandap	Adhikari	CDECF	Field Officer	Male
34	Indira	Nepal	Melmilap Kendra, Indrawati	Member	Female
35	Sanu	Tamang	Indrawati		Female
36	Sun maya	Tamang	Indrawati		Female
37	Kamala	Bhandari	MANK	Secretary	Female
38	Nirmala	Sharma	Samakon TV program	Programme Presenter	Female
39	Laxmi	Basnet	Samakon TV program	Researcher	Female
40	Basanti	Bastola	Samakon TV program	Researcher	Female
41	Suprava	Giri	MANK safe justice	Field staff	Female
42	Rupa	Shrestha	Melmilap Kendra, Baskharka	Member	Female
43	Sita	Shrestha	Baskharka	CJRP	Female
44	Sun maya	Tamang	Talamarang		Female

45	Toya nath	Tiwari	Child nepal	PC	Female
46	Rosani	Lama	Mahila Sanjal, Helambu	CP	Female
47	Ganga	Aryal	MANK	HR member	Female
48	Suntali	Lama	MANK	Tresurer	Female
49	Anka maya	Tamang	MANK	Board Member	Female
50	Ruku	Bhandari	Kiul		Female
51	Ajita	Gajural	Helambu	Mahila Sanjal	Female
52	Goma	Karki	Helambu	Mahila Sanjal	Female
53	Sarita	Dulal	MANK	Procurement committee	Female
54	Suni maya	Tamang	Jugal		Female
55	Sagar	Khadka	Radio melamchi	Presenter	Male

KII PARTICIPANTS AT THE NATIONAL LEVEL

SN	First Name	Last name	Organisation	Designation	Sex
1	Bharat	Adhikari	CWIN	Program Manager	Male
2	Rajan	Wagle	OXFAM	Program Quality Coordinator	Male
3	Kirti	Thapa	Former in Save the Children	Senior programme Manager, Child Protection & Child Rights Governance (CRP&CG)	Female
	Kalyan	Lama	Save the Children	Senior programme Coordinator	Male
4	Dilip Raj	Giri	World Vision	Program Manager, Protection	Male
5	Uma	Tamang	Maiti Nepal	Advocate	Female
6	Rekha	Shrestha	Care Nepal	GBV and GESI specialist	Female
7	Abhi Ram	Roy	WOREC	Program Director	Male
	Gardika	Bajracharya	WOREC	Lobby and Advocacy officer	Female
8	Kapil	Aryal	CELLRD	Chair Person	Male
9	Santosh	Maharjan	Yuwalaya	Vice Chair	Male
10	Mohan	Dangal	Child Nepal	Executive Director	Male
11	Parwati	Shrestha	TPO Nepal	Project Coordinator, Emergency	Female
12	Manita	Dharel	CWISH	Psycho-social Counsellor	Female
13	Benu Maya	Magar	AATWIN	Executive Director	Female
14	Dilli Prasad	Dotel	Good Neighbors Nepal	Executive Director	Male
15	Santosh	Pokharel	SAATHI	Program Coordinator	Male
16	Indira	Thapa	Plan International	Gender Specialist	Female
17	Radha	Gurung	UNICEF	Project officer	Female
18	Minesh	Gurung	Action Aid	Program Officer	Female
19	Sudha	Panta	UNFPA	Program Officer	Female
20	Karuna	Onta	DFID	Social Development Advisor	Female
21	Binda	Magar	UNDP	GESI Advisor	Female
22	Sama	Shrestha	UN Women	Program Specialist, Peace Security and Humanitarian action	Female
23	Jyoti	Rana Magar	World Education	Program Coordinator	Female
24	Pooja	Koirala	Nepal Red Cross	ADM Director	Female
25	Saraswati	Neupane	Nepal Red Cross		

KII AT MELAMCHI

SN	First Name	Last Name	Institution/Organisation	Designation	Sex
1	Toya Nath	Tiwari	Child Nepal	PM	Male
2	Kumar	Thapa	CSRC	PC	Male
3	Alija	Bhandari	CSRC	PC	Female
4	Bhagbati	Nepal	Melamchi Municipality	Deputy Mayor	Female
5	Nani maiya	Karki	Melamchi Municipality	WCO representative	Female
6	Kalpana	Chalise	Melmilap Kendra Melamchi	Melmilap karta	Female
7	Kesab	Paudel	Shakti Samuha	DO	Male
8	Boj Bdr	Khatri	Ilaka Police office	Police Haldar	Male
9	Krishna	Gurung	MANK	PM	Male

KII AT CHAUTARA SANGACHOKGADI

SN	First Name	Last Name	Institution/Organisation	Designation	Sex
1	Yam Bdr	Pun	CDECF	PC	Male
2	Raj Kumar	Lamshal	Red cross	PC	Male
3	Kamal Charan	Kakshapati	Red cross	Mantri	Male
4	Nati Babu	Dhital	INSEC	DR	Male
5	Chandra Kumar	Basnet	LACC	DR	Male
6	Soniya	Thapaliya	JGSS	MEAL Officer	Female
7	Ganendra Psd	Paudel	TUKI	ED	Male
8	Mira	Thapa	TUKI	PC	Female
9	Krishna Psd	Nepal	TUKI	PC	Male
10	Govinda Psd	Sapkota	CDECF	ED	Male
11	Pandap	Adhikari	CDECF	Supervisor	Male
12	Sunita	Tamang	Free legal aids	DR	Female
13	Apsara	Bhujel	LACC	Para legal	Female
14	Vesh Ram	Dhakal	Nepal bar association	Advocate	Male
15	Sasi nath	Acharya	Nepal baar association	Advocate	Male

KII: INSTITUTIONAL STAKEHOLDERS KII

SN	First Name	Last Name	Institution/Organisation	Designation	Sex
1	Yam Bdr	Pun	CDECF	PC	Male
2	Toya Nath	Tiwari	Child Nepal	PM	Male
3	Kumar	Thapa	CSRC	PC	Male
4	Alija	Bhandari	CSRC	PC	Female
5	Roshani	Lama	Mahila Sanjal	CP	Female
6	Pasang Dorje	Hylmo	Melmilap Kendra Helambu	Melmilap karta	Male
7	Sange	Sherpa	Melmilap Kendra Helambu	Melmilap karta	Male
8	Raj Kumar	Lamshal	Red cross	PC	Male
9	Kamal Charan	Kakshapati	Red cross	Mantri	Male
10	Nati Babu	Dhital	INSEC	DR	Male
11	Chandra Kumar	Basnet	LACC	DR	Male
12	Sonika	Thapaliya	JGSS	MEAL Officer	Female
13	Ganendra Psd	Paudel	TUKI	ED	Male
14	Mira	Thapa	TUKI	PC	Female
15	Krishna Psd	Nepal	TUKI	PC	Male
16	Govinda Psd	Sapkota	CDECF	ED	Male
17	Pandap	Adhikari	CDECF	Supervisor	Male
18	Sunita	Tamang	Free legal aids	DR	Female
19	Apsara	Bhujel	LACC	Para legal	Female
20	Srijana	Tamang	Jugal RM	Deputy CP	Female
21	Nani maya	Thapa	GMSP	ED	Female
22	Bhagbati	Nepal	Melamchi Municipality	Deputy Mayor	Female
23	Nani maiya	Karki	Melamchi Municipality	WCO representative	Female
24	Vesh Ram	Dhakal	Nepal baar association	Advocate	Male
25	Sasi nath	Acharya	Nepal baar association	Advocate	Male
26	Kalpana	Chalise	Melmilap Kendra Melamchi	Melmilap karta	Female
27	Kopila	Pandit	Helambu RM	Deputy CP	Female
28	Kesab	Paudel	Shakti Samuha	DO	Male
29	Boj Bdr	Khatri	Ilaka Police office	Police Haldar	Male
30	Krishna Bdr	Gurung	MANK	PM	Male
31	Nani maya	Thapa	GMSP	ED	Female
32	Srijana	Tamang	Jugal RM	Deputy CP	Female

KII AT HELAMBU

SN	First Name	Last Name	Institution/Organisation	Designation	Sex
1	Roshani	Lama	Mahila Sanjal	CP	Female
2	Pasang Dorje	Hylmo	Melmilap Kendra Helambu	Melmilap karta	Male
3	Sange	Sherpa	Melmilap Kendra Helambu	Melmilap karta	Male
4	Kopila	Pandit	Helambu RM	Deputy CP	Female

HACKATHON PARTICIPANTS

SN	First Name	Last Name	Institution/Organisation	Designation	Sex
1	Hope	Makara	CWIN	student	Female
2	Neeta	Shrestha	CWIN	PM	Female
3	Amrit.R.	Shakya	CWIN	PM	Male
4	Mahim	Singh	NEHUB	PM	Male
5	Arju	BK	CWIN	S.M	Female
6	Rekha	Shrestha	CARE NEPAL	GBV specialist	Female
7	Sajan	Dhakal	MBM	student	Male
8	Sushil sundar	Bajracharya	MBM	student	Male
9	Mukesh	Mahara	MBM	student	Male
10	Suraj	Yogi	MBA	student	Male
11	AABishkar	Shrestha	MBA	student	Male
12	Mero Raja	Pradhan	Roosterlogic	Techlead	Male
13	Rina	BK	Shakti samuna	Safe home coordinator	Female
14	Bipana	Dhimel	OX FAM	Program coordinator	Female
15	Bharat	Adhikari	CWIN	PM	Male
16	Renuka	Gurung	OX FAM	Head ,GSJ	Female
17	Bikram	Khanal	Videographer	Dream merchants	Male
18	Binit	Shrestha	Videographer	student	Male
19	Parash	Gurung	MBM	student	Male
20	Bijendra Raj	Joshi	NEHUB/RL		Female
21	Kaustuv	Pokhrel	Dream Merchants	video grapher	Male
22	Dilli Prasad	Dotel	GNN	ED	Male

NOTE:

[illegible]



Community women discussing issues of gender based violence in the community discussion centre supported by Oxfam.

Credit: Suneeta Bhukhaju/MANK

OXFAM

Oxfam is an international confederation of 19 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from injustice of poverty.



elrha

