A COMPREHENSIVE REVIEW OF THE EXISTING PRACTICES USED IN MEASURING THE IMPACT OF GENDER BASED VIOLENCE (GBV) PROGRAMMING.

A Case of Sipepa in Tsholotsho, Zimbabwe

Acronyms

BUSE	Bindura University and Science Education
CCW	Community Childcare Worker
CHHs	Child Headed Households
CPS	Child Protection Society
CPU	Civil Protection Unit
CSO	Civil Society Organization
DA	District Administration
DRR	Disaster Response Recovery
DRR	Disaster Risk Reduction
DSW	Department of Social Welfare
GBV	Gender Based Violence
HIF	Humanitarian Innovation Fund
IDs	Internally Displaced persons
IKS	Indigenous Knowledge Systems
IPV	Intimate Partner Violence
KII	Key Informant Interviews
M and E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability and Learning
MoHCW	Ministry of Health and Child welfare
MoPSE	Ministry of Primary and Secondary Education
MoPSLSW	Ministry of Public Service Labour and Social Welfare
NGO	Non-governmental Organization
SGBV	Sexual Gender Based Violence
UNICEF	United Nations Children Emergency Fund
VFU	Victim Friendly Unit
WADCo	Ward Development Committee
WFP	World Food Program

Definition of Terms

Humanitarian Context - *Protection and Human Rights pertains to civilians, IDPs and refugees in the context of human rights violations, gender-based violence, international humanitarian, criminal and human rights law, including humanitarian access*

Monitoring - *systematic process of collecting, analysing and using information to track a programme's Progress*

Evaluation - *a process to determine (as systematically and objectively as possible) the extent to which programme needs and results have been or are being achieved, and analyse the reasons for any discrepancy.*

Framework - *a basic structure underlying a system*

Executive Summary

Communities the world over are increasingly affected by natural disasters, what with the advent of climate change. This report presents the research findings of the existing practices used in measuring the impact of Gender Based Violence in humanitarian settings taking a case of Sipepa in Matabeleland North, Zimbabwe that was ravaged by flash floods. The report further details the innovative and provides lessons learnt.

The analysis suggests that there were limited intentional and planned GBV programming in the study settings. The findings showed that this was due to the primary focus that developing countries place on basic needs as well as the funding challenges amongst other things. The few stakeholders that tracked and monitored GBV did this during their routine work with limited or no evidence in terms of frameworks and tools to track GBV programming. The existence of a GBV desk in the response tent manned by fewer staff members made it less popular and M and E practices were therefore minimal. The findings further showed that there was no clear M and E framework for GBV response and approved data collection tools at national, Provincial and District level. The findings showed that partners and stakeholders tracked GBV activities at individual levels and did not feel obliged to share the tools and later on the findings of data amongst themselves.

These findings also suggest that many humanitarian organisations that respond to natural disasters had narrow implementation of monitoring and evaluation in emergencies in order to measure its impact. The need for an effective gender sensitive reporting platform and as well as the need for engaging the community in GBV monitoring emerged as some of the lessons learnt from this research study. The need for an integrated GBV response plan and the need for M&E frameworks and data management systems emerged as tangible innovations from this study.

Acknowledgements

Declaration

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1. Context Analysis and Rationale

1.1 Humanitarian context

Gender based violence in emergencies has received considerable attention over the last few years in developed countries. Gender-based violence (GBV), and in particular sexual violence, is a serious, life-threatening protection issue primarily affecting women and girls. It is well documented that GBV is a widespread international public health and human rights issue, and that adequate, appropriate, and comprehensive prevention and response are inadequate in most countries worldwide (The IASC Taskforce on Gender in Humanitarian Assistance 2005). A broad consensus is emerging that Gender-based violence (GBV) in humanitarian emergencies has increasingly become a serious concern and is life-threatening throughout the world and in sub-Saharan Africa and Zimbabwe in particular. There is therefore a need to track and measure its impact when interventions are done. Organizations world over have concentrated much on emergency GBV response and little has been invested in tracking its impact. It is therefore against this background that the research sought to analyse the monitoring and evaluation practices used to measure impact of GBV programming in Tsholotsho Sipepa. The assignment also sought to examine these practices from a local perspective.

1.2 Elrha's Humanitarian Innovation Fund (HIF)

The HIF launched a new GBV innovation challenge to support collective review and analysis of practices used to measure the impact of GBV programs in one specific humanitarian context and identify tangible opportunities for innovation. Childline Zimbabwe, a local NGO/CSO partnered Bindura University of Science Education's Department of Social Work and applied for the innovation grant under the title A Comprehensive Review of the Existing Practices Used in Measuring the Impact of Gender Based Violence (GBV) programming. A Case of Sipepa in Tsholotsho, Zimbabwe. The Ministry of Public Works, Labour and Social Welfare also played a pivotal role in this assignment as it is the custodian of the communities in which the survey was conducted.

1.3 Objectives of the project

The objectives of this project were as follows:

The purpose of the assignment was to collectively review and analyse the practices used to measure the impact of GBV programming in Sipepa following the flood disaster and to take a local perspective in measuring the impact of GBV programmes in emergencies, by reviewing and analysing the practices/evaluation models used by development partners that responded to the emergencies which include Childline and other stakeholders and also to measure impact of GBV services provided to beneficiaries who are survivors of flood that hit Sipepa in Tsholotsho. The project further sought to generate lessons learnt in Sipepa and Chingwizi, identify good practices for learning and opportunities for innovations in measuring impact of GBV in emergencies and to identify the key challenges in GBV programming as well as challenges face in in translating data into improving programming

1.4 Potential impact

The project contributed to the process of transforming practice and addressing gaps in the monitoring of GBV programming in emergencies in the district of Tsholotsho. The project also involved Chingwizi, a similar community that underwent the same type of disaster in 2015. Widening the scope to Chingwizi community was done to potentially assess impact of GBV programs over a longer period than that of Tsholotsho which is below five years

in the aftermath. The potential impact of the innovations suggested to measure the impact of GBV programming and guidelines for evaluation could assist humanitarian stakeholders to build and disseminate an evidence base of effective GBV prevention interventions, programs and strategies. Evaluation of GBV prevention efforts, especially among Sub- Saharan areas like Sipepa and Chingwizi camp populations, must be given higher priority to justify continuation or revision of recommended M and E practices in GBV activities/programs being implemented in diverse humanitarian settings. This will also extent to the evaluation where lessons learnt will be used to bridge in the existing gaps on GBV evaluation that is informed by implementation.

2. Methodology and Planned Activities

2.1 Methodology

A mixed methods approach was employed. This approach was multi-pronged in nature as gender based violence in emergencies was examined in Masvingo and Matabeleland Provinces. Firstly, literature on the flash floods was studied, reviewed and analysed. This included narrative and progress reports from implementing partners and project staff as well as beneficiaries. A household survey, focus group discussions with beneficiaries and closed interviews with implementing partners were done to gather data from respondents. The team conducted interviews with implementing partners and stakeholders such as the Rural District authorities in the implementing areas. A set of closed ended questions were posed to the implementing partner(s) and stakeholders with the aim of gauging: i) the extent of GBV programming in emergencies; ii) the stakeholders that implemented GBV programming and the way they tracked their activities; iii) assessing the extent to which the various stakeholders implemented used M and E practices to measure GBV programming impact; iv) how communities managed to report GBV in emergency set up as a local monitoring aspect. Site visits were conducted to assess the extent to which the aftermath programs conducted included and tracked GBV programming impact. The probability proportional to size sampling concept was used to select sample sizes from participating wards. This method was deemed appropriate when a population is showing heterogeneous characteristics which can be stratified. In essence, children and young people, humanitarian practitioners, men and boys, older people, people with physical disabilities, women and girls took part in the interviews at different levels.

2.2 Sampling and methodology

The methodology used was both qualitative and quantitate in nature for triangulation processes. Data collected included both Chingwizi and Tsholotsho. However, for Chingwizi a few sample was considered as it was not the main area of research operation. The quantitative methods focused on household Survey Tool (This was administered to the people affected/ Internally Displaced (IDs) The target group was as follows; men (20), women (20), boys (20) and girls (20). The sampling criteria used was random sampling and purposive focusing on the disabled and child headed households (CHHs). This target group at community level was meant to provide information on their experiences relating to the M and E practices of the GBV programming that they witnessed to have occurred during the humanitarian crisis. Each target group was treated as a special cohort that would provide valuable information that was representative of the entire population.

The qualitative methods employed were as follows;

1. Key Informant interviews for:

- Government: PA (2), DA (2), Chiefs (2), DSW (4), Min of Education (4), Min of Health (4), Min of Gender and Women Affairs
- Partners: Childline (2), WVI (2), Plan (2), CARE (2), Family Planning Council (2), CPS (2), UNICEF (1), WFP (1) Taking Notes: Voice recorders were used. Transcription was done from vernacular language to English and data analysed

2. Focus Group Discussion target groups as follows;

Boys (2), girls (2), men (2), women (2). Convenience Sampling was used as the survey targeted only survivors of the floods that hit Tsholotsho in Sipepa.

3. Secondary Data Sources - Literature review was conducted where reports especially from Childline Zimbabwe were reviewed. Other sources of information available were reviewed to further strengthen the research activity.

2.3 Data analysis

Data analysis is a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher (Burns & Grove 2003). A data analysis plan was developed in order to inform the analysis process for both quantitative and qualitative data. For the survey data, the plan articulated key research questions and the type of analysis to be conducted for variables contributing to each key question. Consequently, data was collected and analysed using both Vivo for the qualitative data and the Statistical Packages for Social Science (SPSS) for quantitative analysis. Quantitative data was however very little as the research was mainly qualitative in nature. The qualitative analysis largely focused on themes and content of the descriptions that came from the respondents. Analysis of qualitative data was done largely through thematic analysis and interpretation of the data. Data collected from the two districts was transcribed and translated into English and the translated transcripts were read in entirety by the researchers. Significant themes and concepts were identified from this data and summarized for each of the questions on the Focus Group discussion guide. These were subsequently analysed to establish key qualitative conclusions of the analysis.

2.4 Ethical considerations

Ethical considerations affecting GBV data collection during this research included the need to uphold respondents' privacy. Confidentiality of information was also considered given that the different age groups of respondents especially women meant that other women especially daughter in laws and the mother in laws were not free to share their experiences. Respondents were also given an opportunity to withdraw if they did not prefer to continue. The above issue was addressed through grouping the respondents on the basis of the different age groups and also respect of relations amongst participants of the same groups. Considerations on time spent during interviews were done before participants consented to be part of the process.

2.5 Planned activities

An inception meeting was held with the identified stakeholders namely; Ministry of Public Works, Labour and social Welfare and Childline project participants. Bindura University of Science Education project participants were also part of the processes. A rapid assessment was done to get a clear understanding of the problem under investigation. A fully fledged research was eventually undertaken in which in-depth interviews and focus group discussions were held with the affected communities and stakeholders that intervened during the disaster. Furthermore, consultative meetings with the communities and stakeholders were done to then take a local perspective on the innovative ways that could be employed to deal with measuring the impact of gender based violence in disasters during and post disaster period.

3. Findings

3.1 Practices used to measure the impact of GBV programming in Sipepa

To understand the practices used to measure the impact of GBV programming in the study sites, the research first sought to establish if GBV programming was done in the respective sites as presented. This study revealed that there was minimal intentional and planned GBV programming in both study settings. The findings showed that this was due to the focus that both Civil Society Organizations and the Government prioritized and responded to basic needs in responding to the humanitarian crisis. The Ministry of Women's Affairs in carrying out their routine work was said to have programmed gender based violence but no evidence in terms of frameworks and tools could be availed. The ministry did place a GBV desk in the response in holding camps. However, the desk was manned by fewer staff members making it less popular and M and E practices being minimal. The coordination of the different ministries and stakeholders was weak and this affected the way such activities were tracked by implementing partners. There was no clear M and E framework for GBV response and approved data collection tools at national, provincial and district levels. The findings showed that partners and stakeholders tracked GBV activities at individual levels and did not feel obliged to share the tools and later on the findings of data amongst themselves. There were no shared of consolidated M and E practices used and no data sharing was evident amongst stakeholders and partners was evident. It was also not clear and easy to tell which partners were responding closely to GBV and also tracking programme impact as there was no clear mandates for such from most partners. In most instances respondents noted that GBV was not programmed as a stand-alone issue as it was mainly employed as a cross cutting issue. Therefore, there was no clear M and E framework designed to measure GBV in the humanitarian response.

Childline Zimbabwe was reckoned to be one of the main organisations that worked with the government to respond to issues of GBV amongst children and adults as well as the disabled and elderly populations. On the adults and elderly populations, Childline is said to have carried out positive parenting sessions focusing on GBV in emergencies. In tracking the impact of such activities, respondents noted that Childline used the feedback sessions to track impact of its GBV activities. Secondary data analysis showed that Childline also used client evaluation forms to track and assess the impact of their programming. Participants noted that additional activities would also follow after these assessments by Childline staff. However, communities were not privy if the follow up activities were influenced by Childline monitoring and evaluation activities. It was further discussed however that there were notable improvements in the quality of service in GBV programming done by Childline especially after feedback sessions and client evaluation activities.

Focus group discussions revealed that competition amongst programmers and duplication of efforts posed more gaps and challenges in impact measurement of GBV programmes. This is because even dissemination and feedback platforms at stakeholder level for information collected were not created. The only feedback platforms came from Childline but these mainly focused on community level and the target groups responded to mainly by the organisation. It was agreed that partners and stakeholders were not happy to share reports for fear of competition. The government argued that probably partners and other organisations used their results and impact to solicit for funding with donors rather than learning for improved programming. Respondents at stakeholder level further highlighted that currently in Zimbabwe there is no one central data base for GBV statistics which can be considered or used to measure impact of GBV services in emergency situation. They argued that each partner

uses and implements according to their donor specific guidelines which they think is a common problem in then having combined effort to develop tools and strategies to measure impact of GBV programmes in emergency situations both is Zimbabwe and Africa as a whole.

3.2 Tools used to measure Impact of GBV

GBV programming was reportedly implemented, no tools were subsequently availed during the assessment in both research settings.   What was evident was individual organization's tools were not shared further beyond organizations. No consolidated M and E manuals and frameworks used to track GBV programming were in place despite claims in some quarters of GBV programming that there were multi sectorial approaches. Implementing partners highlighted that to the best of their knowledge, collectively GBV data exclusively was not tracked and if data was tracked it could have possibly been shared with funding partners mainly and not consolidated by all partners to measure the overall impact of GBV response. This is a clear indication that if at all GBV programming was indeed done, it was largely unplanned and minimal direct attempt was done to track I thoroughly. Therefore, it will appear there was no planned and designed way to track and measure its impact in humanitarian context. This project reviewed the evaluation models used by stakeholders, GBV programmers, and communities to measure impact of GBV services in Sipepa. The key challenge attained to date has been a lack of documentation on the work done by implementing partners relating to gender based violence during and after flooding. Despite the implementing partners and stakeholders noting that they programmed on GBV issues, very little has been shown by way of reports that indeed the work was done. Where reports as a monitoring practice were found, there was no evidence of data and information sharing. One weakness highlighted by partners interviewed that produced reports was that data was lost along the way by merely not having back up mechanisms in place. This therefore caused the little data available to be lost along the way. Furthermore, results from the objective 1 have been considered by stakeholders to mean that their areas of weakness reflect a non-adherence to basic steps in disaster mitigation which reflects negatively on impact tracking and measurement

The table below presents in tabular form participants responses to Objective 1

3.3 Key findings

Target group	Data collection methods used	M and E practices used that were identified	Gaps and challenges in measuring impact that were Identified	Key challenges to translating data that were identified and discussed	Lessons learnt on practices used that are successful/ recommen- dations as discussed	Data that informed innovation design
Government stakeholders Min of Youth, Min of Women Affairs, Min of Health, Min of Public service and Social Welfare, Provincial, and District administrators	Key Informant Interviews (KII)	• Participant activity registers to track frequency of meetings done.	• No tool designed to measure impact of GBV services. • Coordination by the Government ministries on the M and E practices to use and data sharing was not evident. • Each ministry has its own way of conducting monitoring activities and practices when they do M and E within their programs • M and E practices limited to monitoring visits that were also not properly documented to influence and measure impact of the GBV programs done • No clear M and E framework designed to measure GBV impact. • GBV Logbook/ Log sheet/ Register was not fully utilized	• Late delivery of reports due to fewer resources • Registers remained in hard copies and data filed and reported from hard copy sources • No adequate and experienced staff to analyses data within relevant ministries. • No resources to carry out comprehensive M and E practices and implement M and E frameworks to measure GBV impact • Multi-sectoral approach used to respond to emergency by stakeholders did not outline M and E practices and GBV measuring tools. • programing response capacities of stakeholders.	• There were no proper M and E measuring practices successfully used in measuring GBV impact by the government • The lessons learnt was the need to have M and e structures in place in every government ministry. •there was also identified need for capacity within M and E by the government for effective M and E activities to run in emergencies.	Multi-sectoral approach used to respond to emergency by stakeholders (Government) did not outline M and E practices and GBV response measuring tool.

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GBV programmers (mainly NGOs, Churches, Private sectors)	Key Informant Interviews	• Monitoring and program reports that showed progress on indicators and outcome measurement of activities done • Monitoring visit reports that showed impact of GBV programs generation of stories of success, case studies, lessons learn documentation	• Conflict of interest by internal evaluators as some deliberately focused and elevated positive impact as opposed to negative impact. • Clear roles and responsibility on GBV response in terms of who does what and when was not available to programmers. This was the same for activities that measured impact of GBV services. • There was no control by government as to the roles and responsibility. Each programmer brought in what they had but it was not guided by the needs of the survivors and the government. Thus in terms of M and E practices that could be designed and used to measure GBV impact there was competition by GBV programmers who conducted same GBV activities. This caused activities to be magnified and stirred up competition to the extent that no M and E tools to measure impact of GBV were shared. • Weekly updates conducted was a platform that could have been used for such sessions. • Duplication of efforts on better ways to measure GBV programming impact. coordinated efforts would bring out more for less resources. • M and E Practices focused more on outputs rather than outcomes and impacts of activities conducted. • No or little data analysis occurred beyond monthly reports • Respondents argued that guidelines for GBV impact evaluation not used due to resources and funding as they needed thorough roll out. • No clear measurable M and E indicators were in place to track GBV activities • In some instances GBV indicators were not stand alone for easier tracking, reporting and analysis.	• Since there was no coordinated effort in measuring GBV impact, participants exposed that it was not clear cut that internal evaluators sat together and shared findings for improved programing • It was also not clear and easy to tell which partners were responding closely to GBV programming and also tracking its impact as there was no clear mandate for such from most partners. • It appears from data collected that over the years, impact of GBV programming was not fully measured in a coordinated way as each partner did their own activities in isolation to meet their donor specific requirements. • The competition in Programmers and duplication of efforts posed more gaps and challenges in GBV impact measurement. This is because even dissemination and feedback platforms were not shared. communities at one time acknowledged many similar programs instead of concerted efforts. • Bureaucracy is very high when it comes to data sharing and gathering	• Monitoring and program reports were generated but only limited to a certain group of recipients • lessons learnt from reports mainly designed for donor to be shared widely even with communities • Feedback from donor to be also escalated and shared by all partners for improved programming and measuring of GBV services.	• There is need for GBV response tracking for effective measurement of impact • GBV response M and E Framework with clear indication of measurement.

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Childline Zimbabwe	Knowledge tests, Feedback sessions in FGDs,	• Client evaluation tools looked at how client perceived GBV services offered at an individual level. • Data analysis was done mainly for reports and donor feedback. • Feedback sessions conducted at group level to measure impact of Childline GBV services • Monitoring visit reports that showed changes in survivor well being • Monitoring and program reports that showed progress on indicators tracked, target group reached with GBV programs • Program reporting templates used gave some opportunities for measuring and reporting for reporting outcomes of GBV activities.	• Few beneficiaries were engaged due to lack of resources • Due to inadequate funding, the Client evaluation forms on GBV services received was administered by programs staff as M and E staff had no resources to constantly do so. • The forms had guiding questions that needed continuous revision based on context of the society in case of GBV services. • Same tools to track GBV services had been used prior to respond to Chingwizi Floods and these were not specific to the GBV services in Sipepa • Also the few resources availed did accommodate a small sample. In some cases, GBV survivors were not willing to be part of the sample due to societal norms that made them shy away to be part of GBV programs evaluation models.	• Data collected from GBV activities was shared with funding partners mainly • Tools used tracked impact but challenge remained of M and E resources dedicated to wider analysis and dissemination of the outcomes of GBV programing • Tools tracked all services and activities in general not tailor made for specific services due to funding gaps to carry out proper M and E practices that are clearly time bound and indicator specific. • Data was shared with stakeholders within child protection reporting clusters	Lessons learnt that Childline reporting platforms can serve as an effective reporting and feedback mechanism for GBV data that is useful in measuring impact of programming Lessons learnt that monitoring visit reports are useful in serving as secondary data analysis. Thus key outcomes can be pulled out regularly and analysed every quarter. An impact measurement template designed can be a very strong tool.	There is need to have a consolidated GBV services tracker

Target group	Data collection methods used	M and E practices used that were identified	Gaps and challenges in measuring impact that were identified	Key challenges to translating data that were identified and discussed	Lessons learnt on practices used that are successful/ recommen-dations as discussed	Data that informed innovation design
Adult males	Beneficiary assessments through focus group discussion (FGDs	There were no evaluation activities that the community was made to understand. Activities may have been done but not clear to community	• Reporting platforms were a challenge so some cases went unreported thereby compromising data collection and eventually analysis for GBV impact measurement and tracking. • Most GBV survivors also worried about confidentiality of data collected about them on GBV. Participants shared that some of the information they shared was for the sake of just reporting. They were not sure of the use of such information beyond measuring impact of GBV programming.	• NGOs duplicated response efforts and at times it was so vivid. • M and E practices are regarded too technical by programmers. This therefore limits their efforts to cascade such practices to the communities especially when there are no direct resources for M and E to implement their activities in an effort to measure impact	Local leaders collected GBV incidences and compiled minutes for community hearing. In some instances, GBV programmers worked together with local leadership and the country's security staff like ZRP and community para-police who also received GBV cases.	Knowledge assessment of communities and local leadership to measure impact of GBV services
Adult females	Beneficiary assessments through FGDs	• Police collecting GBV data through dockets • GBV reports at local leaders, chiefs etc.	• The few available M and E tools were not user-friendly to key populations like the disabled populations could not report GBV thereby short-changing M and E processes including data. • Consent issues in data collection made it hard to collect data for M and E purposes at times where there was no informed consent. • Data collected at local level by chiefs and the police was in some cases not documented therefore making it difficult for any M & E tools to be used for analysis.	• Police, Chiefs had no expertise in analysing data beyond reporting numbers	Police recording GBV data in dockets. Such documents are useful in measuring impact of their services as well. However, government regulations on accessibility of such data in measuring success of projects is not friendly.	Tools to track community's response, perception to GBV services
Female children	Feedback sessions through FGDs	There were no evaluation activities that the community was made to understand. Activities may have been done but not clear to community	• Patriarchy and societal norms played a role in negatively affecting effective data and information gathering by implementers. • Women and girls do not easily report GBV issues • While program aimed at bridging the gaps, some individuals would not report such abuses	• Lack of equal opportunities to access and report GBV services. Measurement of GBV impact services to female children also posed as a challenge. Where boys were easily available to share information, girls were inaccessible owing to household gender dynamics. This then at times meant some potential clients missed out on narrating potential GBV impact.	Lessons learnt that female children need to be treated as an important subset of GBV data collection to effectively measure impact. Societal dynamics and social norms need to be considered in GBV implementation and measurement.	Enhanced GBV Reporting platforms aligned to M and E frameworks for GBV reporting and analysis.

Target group	Data collection methods used	M and E practices used that were identified	Gaps and challenges in measuring impact that were identified	Key challenges to translating data that were identified and discussed	Lessons learnt on practices used that are successful/ recommen-dations as discussed	Data that informed innovation design
Male children	Feedback sessions through FGDs	No evidence of practices made known to community	• Loss of national registration documents • Sensitivity of information affected information sharing by GBV survivors	Incomplete data sets always a challenge in measuring impact of programs	Lessons learn show that boys also play a pivotal role in GBV information gatherings. They are mainly classified under perpetrators of gender based violence. Boys often also see violence happening but are not good respondent to GBV data.	There is need for specific GBV tools meant for children that are effective in measuring impact of GBV services. M and E tools also need to capture males as survivors and not just perpetrator of GBV

3.4 M and E practices used in emergencies for GBV programme interventions

Reporting of GBV Issues

Respondents were asked if at community level they also had practices that were local in nature to help track and measure GBV activities and issues. Participants noted that there were a few cases reported to the authorities posing a challenge in the actual data for impact measurement. Ministry of Women Affairs' GBV desks as indicated by women in Sipepa showed that there was a GBV desk in the camp available for reporting their concerns but there were no efforts in designing tools that can measure impact of GBV services. The challenge was highlighted as information was collected for implementers and not beneficial to communities citing that donors and implementing partners rarely come back to feed on impact of services received.

From the focus group discussions and in-depth interviews conducted, reporting of GBV occurred but however SGBV cases rarely got reported. Respondents noted that SGBV was not only underreported in both settings but often downplayed. The communities noted that they too needed to be educated and appraised on how they can play a part in GBV reporting to influence GBV impact analysis future interventions properly.

Research respondents highlighted that they did not generally report the incidents for many reasons, including personal safety, self-blame, stigmatization, fear of reprisals, mistrust of authorities, and fear of re-victimization. Respondents also highlighted that women and girls do not easily report GBV issues as perpetrators are usually breadwinners. At least 67% of the respondents further noted that lack of confidence in reporting platforms availed impacted heavily on reporting of GBV cases. To them, the GBV tent was pitched where many will see and it had a lot of stigma if one is seen entering there. Respondents argued that whilst the tent was a noble idea to have, a lot needs to be worked on in terms of safety and confidentiality of the services. One of the characteristics of GBV, and in particular sexual violence, is under-reporting. Survivors/victims generally do not speak of the incident for many reasons, including self-blame, fear of reprisals, mistrust of authorities, and risk/fear of re-victimization. Acts of GBV evoke shaming and blaming, social stigma, and often rejection by the survivor/victim's family and community. Stigma and rejection can be especially severe when the survivor/ victim speak about or report the incident. Respondents said that sensitivity of information on GBV affected information sharing by GBV survivors especially in a group set up. When communities fail to report GBV incidences, the programing and measurement practices are crippled. When inappropriate data collection and impact measurement platforms are not in place, it is difficult to measure and track impact. This therefore must have compromised data collected for outcomes and impact measurement.

3.5 Tangible solutions to measure impact of GBV programming

An innovations design workshop was carried out in order to brainstorm solutions to the M and E gaps identified in programming GBV in humanitarian context. Participants were asked to get into four groups and discuss each gap that was identified and come up with practical solutions that could further be interrogated for M and E practices innovations. The following M and E gaps were identified by the first group:

a. The need for GBV user friendly reporting platforms/ accessibility
Multi sectoral GBV help desk up to school level. This can be mobile GBV desk. These will be used in temporary schools and permanent ones and will enable reporting of GBV at school level. Knowledge levels can be assessed to measure impact of the activities. GBV safeguarding policy to all organizations and stakeholders responding to emergencies

b. The need for an integrated GBV response plan
Localized, making use of Indigenous Knowledge System (IKS), community engagement, women and children participation, coordination, early warning information). Local leadership to be involved from the planning stages and infuse it on the agenda of the local leadership. the plan will also cater for Indigenous localized resource mobilization efforts done by the communities. This will also enable communities to track and measure GBV programming in their own local ways giving the scope a local perspective as they will have sense of ownership in GBV response plan, implementation and monitoring.

c. The need for M and E frameworks and data management systems
It was agreed by participants to have a combined system and framework to track GBV impact in humanitarian context. This will be supported by a centralized database system to capture all GBV related outputs from all partners. the database will be populated with data coming from communities when they start to use information accommodative channels that are effective on time

d. The need to have stakeholder training on GBV response and tracking in humanitarian context

Participants identified lack of knowledge about GBV programming and M and E practices that can be used to measure its outcomes and impact. They suggested interventions on knowledge capacities and track effectiveness of interventions through knowledge assessments to measure and track impact. Stakeholders need to be trained on GBV responses in humanitarian settings. This will include using information accommodative channels that are effective and on time. Women, children and the disabled participate need to be part of the stakeholders trained. Local leadership to be involved from the planning stages and infuse GBV programming and monitoring on their agenda. Indigenous localized resource mobilization efforts should be done by the communities as this will also enable communities to track and measure GBV programming in their own local ways giving the scope a local perspective. There is also need for Scientific Early Warning System (EWS) to be married with Indigenous Knowledge System (IKS).

From the discussions, new ideas emerged and they were grouped and classified as follows;

Opportunity 1; The GBV response progression tracker can be used to track changes in Behaviour modification programs, and other GBV program that are implemented in humanitarian response. The GBV response progression tracker measures overall impact of GBV activities, stakeholder responses as well as partner's response to GBV. The tracker will show how stakeholders, NGOs, Private sector perform in responding to GBV over time. The design of the GBV response tracker could learn from/be closely aligned to the already existing GBVIMS+ (Primero).

Opportunity 2 - GBV safeguarding policy utilization tracker- this will track the utilisation and implementation of GBV safeguarding policy as suggested in schools and community institutions.

Opportunity 3 - GBV assessment scale where it would be ideal to check how many service providers responded to GBV programming and what impact this had on the programming. The development of the GBV assessment scale can explore whether the IRC`s Gender-Based Case Management Outcome Monitoring Toolkit meets the needs of this opportunity area.

Opportunity 4 - Suggestion boxes/ anonymous feedback, GBV- accountability systems within M and E. These accountability practices assist in measuring effectiveness of programs and also considers feedback from clients thereby measuring impact and effectiveness of GBV programs.

Opportunity 5 - Complaints and grievance handling system as an accountability system within M and E ensures community service providers stick to the mandate of their programming activities. These systems act as a reporting and feedback mechanisms on effectiveness and impact of programing. Tracking these will also contribute to impact measurement and learning for improved programming.

Opportunity 6 - GBV bulk texts can be used to track reach of GBV programming messages. Knowledge tests could follow as a practice to measure impact of the messaging and other activities around reporting platforms

Opportunity 7 - Integrated GBV response and monitoring plan. The integrated GBV response and monitoring plan would proffer the mainstreaming GBV in DRR plans. Indigenous Knowledge Systems within communities would feed into feed into CPU information incorporated at DRR plan level. The Scientific EWS will also to be married with IKS. It is critical that GBV be mainstreamed in DRR plans. A GBV sub-committee headed by the Ministry of Women Affairs and also community members should be part of it. Furthermore, the Indigenous Knowledge Systems should be fed into CPU information for monitoring and dissemination.

Opportunity 8 - GBV database set up in Real Time
Computerized GBV forms at district level ensures data to move in a fast, efficient manner and easy to track. Data is collected at local level, analysed and information used at that level for improved programming, learning circles to show impact of the activities carried out. This will improve documentation and learning from the GBV subcommittee, partners and stakeholders taking part in GBV programming. GBV best practices documented from the committees and other stakeholders responding to GBV programming. The practices and response could also be tracked over a period of time so that the impact of programs using the GBV response progression tracker. Lessons learnt, performance of stakeholder in responding to GBV in humanitarian response, NGOs and the private sector data collected over the period of activity implementation. The GBV response tracker looks at quite a number of parameters addressed in GBV responses and also questions alignment of such activities to international standards. Analysis of data shows either positive or negative impact of GBV programs.

Opportunity 9 - GBV Log Book for Accountability

There is need for a GBV log book to track GBV reports and responses and enhance accountability. This data will be used over time to also check output level indicators and will assist in outcome level reporting when it talks of response efforts.

3.6 Potential M and E solutions to measure GBV impact in emergencies

In listing gaps and solutions, new ideas from a local perspective emerged among the communities and stakeholders. There was therefore need to narrow down the new ideas peculiar to the local perspective to the tangible solutions that have the potential for future implementation. The following are the ideas developed relating to the practices used to measure impact of GBV programming in Zimbabwe following a consultative meeting with the stakeholders and communities in Tsholotsho and Chingwizi.

3.6.1 GBV response analysis tool

The tool tracks availability of the Multi-Sectorial Services offered by different players responding to GBV programming. It considers GBV services impact on social, economic and livelihoods status during the disaster response. The GBV log book for reports and responses is part of the response analysis tool. The tool is used at GBV tent and Help desks including those housed at Child friendly spaces used in emergencies. The tool can also be used at community level. It also tracks invention 1 and 2 on GBV safeguarding policy tracking and GBV services assessment scale

3.6.2 The GBV response progression tracker

To effectively administer and use the GBV response progression tracker, GBV Behaviour modification programs need to be planned and prescribed in order to then measure impact of the programming using the tracker. These activities include Psycho-social support (PSS), awareness campaigns and therapeutic support groups (TSG)s. Fundamentally, Mobile GBV clinical services put in place could also be tracked under this tracker.

The communities upon engagement agreed that practices that can be deployed to make M and E processes applicable and easy are as follows; it is important to separate tents for children and adults. In holding camps-tent settlement by village of origin, household size, sex should be considered as variables that are useful in measuring impact. Clear data on these in settlements will assist in measuring potential impact. It would become easy to come up with innovative M and E practices to track GBV as clear settlement are laid out.

The GBV response progression tracker was identified to be used to track changes in GBV programs including behaviour modification programs, and other GBV program that are implemented in humanitarian response. The GBV response progression tracker measures overall impact of GBV activities, stakeholder responses as well as partner's response to GBV. The tracker will show how communities, stakeholders, NGOs, Private sector perform in responding to GBV over time. The GBV response tracker is a tool that can be used by all partners. The tracker gathers information from all GBV implementers, clearly lays down GBV parameters to be tracked matching global standards. The tracker will show progress of how districts and countries respond to GBV according to set parameters. The tracker measures response progression over a period of disasters that would have happened over a decade. The tracker will communicate the progress in percentages and using that tracker, the performance of each individual stakeholder can be tracked as well as that of the government. The government leads the disaster risk activities and the tracker should therefore focus on consolidated performances of stakeholders involved. by using this tracker, we should be able to tell whether districts or countries are improving or deteriorating in terms of offering GBV services and programs.

3.6.3 Tendai Flash tool and GBV wellbeing Scale

Knowledge and Services are tracked that have been offered to the target groups. The well-being status of target groups and clients assessed using the same tool. The tool tracks attitude of adults and children including their perceptions after GBV programs are implemented. The tool will magnify and further strengthen feedback platforms for clients on their perceptions of GBV programs in emergencies. This is also as a form of GBV service tracker which intercepts, redirect and informs programming to be GBV sensitive. The Tendai Flash tool is for children below the age of 18 and GBV well-being scale for adults. For children the Tendai Flash Tool will use flash cards in different colour form to communicate deeper in terms of changes experienced over time after receiving GBV programming services. This is a child friendly way of collecting essential GBV impact measurement data from children themselves.

3.6.4 Assessing key challenges in translating M and E data into better programming

- Use of modern technology still a challenge in humanitarian response
- Assuming communities do not know about technology then use modern technology to track and measure impact of GBV programs.
- Lack of resources to conduct detailed M and E activities in humanitarian responses?
- Lack of coordinated response efforts from central government to the grassroots levels.
- Operationalisation of 2 way structures for M and E on GBV issues that enables feedback from beneficiaries to program designers need to be addressed.
- Availability of Online GBV information systems that track regular impact of GBV activities and be able to report such in terms of negative or positive impact still a challenge
- Lack of resources for computerization of GBV forms at district level so that data is collected at grassroots levels so that impact can be tracked at the end of programming using clear sources as evidence for data collected during humanitarian response.

4. Potential M AND E Solutions Developed Using Innovation Design Thinking

Potential M and E solutions developed using innovative design thinking	Gap/Challenges	M&E Activities or practices	GBV Programing activities
GBV response analysis tool • The tool tracks availability of the Multi-Sectorial Services offered by different players responding to GBV programming • Considers GBV services impact on social, economic and livelihoods status during the disaster response • GBV log book for reports and responses is part of the response analysis tool • The tool is used at GBV tent and Help desks including those housed at Child friendly spaces used in emergencies	No Tools to measure impact of GBV Service uptake (low)	Register of Attendance	GBV tent/Help Desk by Min of Women Affairs
Tendai Flash tool and GBV wellbeing Scale • Knowledge and Services are tracked that have been offered to the target groups • The well-being status of target groups and clients assessed using the same tool • The tool tracks attitude of adults and children including their perceptions after GBV programs are implemented • The tool will magnify and further strengthen feedback platforms for clients on their perceptions of GBV programs in emergencies (This is also as a form of GBV service tracker which intercepts, redirect and informs programming to be GBV sensitive) The Tendai Flash tool is for children below the age of 18 and GBV well-being scale for adults. For children the Tendai Flash Tool will use flash cards in different colour form to communicate deeper in terms of changes experienced over time after receiving GBV programming services. This is a child friendly way of collecting essential GBV impact measurement data from children themselves.	No M and E data Sharing	• Client Feedback Sessions • Client evaluation Monitoring reports	• Therapeutic Support Group for Sexual Abuse Survivors • PSS to GBV Survivors (CFS) • Awareness campaigns on GBV • Utilization of the reporting platforms

Potential M and E solutions developed using innovative design thinking	Gap/Challenges	M&E Activities or practices	GBV Programing activities

GBV response Progression Tracker

• How stakeholders have responded to global GBV parameters matching the international standards in responding to GBV (UNFPA). The innovation measures the impact from the Service Provider point of view and how this global tracker will measure impact of GBV services from one disaster to the other progressively. This can be over a period of disasters that occurred over a decade. This looks at all GBV programming in all the emergencies over time and checks if countries and communities are improving or worsening in terms of GBV response. The tool can also be used to plan for GBV programs in future as it also shows the level of GBV response at community and country level.

• Tracker can also capture and bring international standard and home grown / Indigenous Knowledge systems together in measuring impact of GBV services.

• This innovation will have a facility to also do percentage calculation of impact measurement and show progression of GBV response from one disaster to the other. It can also predict how a community or country is likely to perform in GBV response in future disasters and highlights what they need to pay particular attention on to improve their GBV response.

• The tool tracks all facets of GBV response in WASH, Livelihoods, rapid assessments, shelter, early warning interventions, resettlement activities and plan, rescue operations, disaster preparedness, recovery mode, food distribution gender roles and responsibilities in emergencies.

• This is an electronically designed tool whose interface is shown using a chart.

5. Lessons learnt, conclusions and recommendations

5.1 Lessons learnt

Lessons learnt show that incorporating stakeholders and the survivors in the process of gathering data makes the results acceptable to the people thereby taking a local perspective. A sense of ownership develops and communities appreciate the role of M and E processes and start to build on them for future programming. Additionally, the project has incorporated the different stakeholders in the process of gathering data by way of having them as key respondents to the process. this is effective as they also evaluate their own processes and lean from them.

5.2. Recommendations for GBV programming in emergencies

Based on the above findings, the following recommendations are given that:

- Mainstream GBV response plan into the DRR plans in the two districts as a priority.
- Strengthen GBV programming and impact measurement in the two districts as post-emergency interventions.
- Develop robust tools to measure and track GBV issues at different stages of emergencies.
- There is need to have a consolidated GBV services tracker internally at national level which can then feed into the National M & E systems
- Develop robust tools to map assets before, during and after emergencies with a view to measure and track livelihoods diversification.

5.3 Conclusions

In recent years Zimbabwe has experienced an increase in hazardous events, including disease outbreaks, floods, droughts and storms. These hazards, which are of both natural and human-induced origins, often trigger food, nutrition and health insecurity, and environmental degradation as well as gender based violence. Gender based violence in emergencies is a reality in most developing countries, Zimbabwe included and the issue is largely unreported and unmeasured. Women bear the brunt of SGBV which takes the form of sexual violence, physical violence, emotional and psychological violence. There is general poor SGBV incidence reporting and complaints during disasters in Zimbabwe. There is no significant data available to quantify the extent of SGBV in Zimbabwe during emergencies. It is critical that Zimbabwe draws a commitment to learn from her experience of the two disasters and embrace a learning approach from the local environment. Furthermore, interventions aimed at enhancing community appreciation on measuring the outcomes of GBV activities should be tailored to the specific characteristics of the local context.

Furthermore, Zimbabwe should develop an integrated approach to disaster risk management measurement through consolidated M and E frameworks. Currently disaster management in Zimbabwe is sector based, and with each ministry or department focusing on their own particular mandate. significant measurement of impact tends to be overlooked.

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A Case of Sipepa in Tsholotsho, Zimbabwe