

This resource for **all staff** implementing **development** programs. It accompanies CARE's [GBV Guidance for Development Programs](#).

GBV integration resource:

Sample indicators for GBV integration

All projects should incorporate appropriate indicators to monitor and understand how the project is affecting risk and how project outcomes are affected by addressing GBV.

This resource includes potential indicators from CARE's global indicators and additional potential indicators adapted from the Interagency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, commonly known as the [GBV Guidelines](#).

CARE's global indicators

In an effort to measure CARE's collective progress in relation to its commitments and to explain how it will contribute to lasting change, a common set of guiding indicators have been developed. These are applicable to all CARE projects and initiatives worldwide. These should be reported through CARE's monitoring and evaluation system, Program Information and Impact Reporting System (PIIRS), enabling the collection and consolidation of coherent and comparable outcome and impact data.

CARE's [global indicators](#) include the following indicators which are *directly* focused on GBV:

| | |
|----------------------|--|
| Indicator #2 | % of people of all genders who reject intimate partner violence View guidance for Indicator #2 |
| Indicator #3 | % of women and girls aged 15 years and older subjected to gender-based violence in the last 12 months by form of violence and age View guidance for Indicator #3 |
| Indicator #4 | and % women and girls who access GBV response services View guidance for Indicator #4 |
| Indicator #13 | % of people supported through/by CARE who report on the Gender-Equitable Men (GEM) scale a score of at least 24 (only for programs that are specifically seeking to shift gender attitudes and behaviors) View guidance for Indicator #13 |
| Indicator #16 | and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE View guidance for Indicator #16 |
| Indicator #20 | # people who obtained access to life saving GBV prevention and response services supported by CARE and partners pursuant to relevant standards assistance View guidance for Indicator #20 |

CARE’s [global indicators](#) include the following indicators *indirectly* focused on GBV, which could, if appropriate be used by a GBV program:

| | |
|----------------------|---|
| Indicator #1 | <p>% of women and girls who report confidence in their own negotiation and communication skills</p> <p>View guidance for Indicator #1</p> |
| Indicator #14 | <p># and % of women and girls who have actively participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces</p> <p>View guidance for Indicator #14</p> |
| Indicator #17 | <p># of new, amended, or better implemented policies, legislation, multilateral agreements, programs, and/or budgets influenced by the voices of—or actions taken by— women and girls</p> <p>View guidance for Indicator #14</p> |



In line with the Sustainable Development Goals, CARE adopts the overarching principle that “all indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability, and geographic location, or other characteristics.” However, it is worth noting that that PIIRS only collects disaggregates data by sex and not by age. Projects should strive to collect age-disaggregated data where possible.

Additional indicators for GBV integration

Beyond PIIRS, the following matrix—adapted from the [GBV Guidelines](#)—includes additional indicators for GBV integration. Depending on the project’s budget, MEAL and GBV capacity, and resources, they may be suitable for non-GBV specialists and GBV-specialists alike. They can be adapted for specific sectors, for example the first indicator below could replace “project activities” with “learning environments” for education projects.

GBV Indicators across all Sectors

| Indicator | Indicator Definition | Possible Data Sources | Target | Stage of Program |
|--|--|---|-----------------|-------------------------------|
| <p>Consultations with the affected population on GBV risk factors in project activities</p> <p><i>Disaggregate consultations by sex and age</i></p> | <p>Quantitative: # of project activities conducting consultations with the affected population to discuss GBV risk factors in accessing the service</p> <p>Qualitative: What types of GBV-related risk factors affect persons experience in accessing project activities, spaces, and/or services?</p> | Organizational records, focus group discussion (FGD), key informant interview (KII) | 100% | Baseline and Endline (output) |
| <p>Training of project staff on GBV risk mitigation and management</p> | <p># of project staff who participated in a training on the IASC GBV Guidelines or other GBV integration-specific training</p> <p># of project staff who receive CARE GED trainings especially modules 3-5.</p> | Training attendance, meeting minutes, survey (at agency or sector level) | 100% 60% | Baseline and Outcome |

| Indicator | Indicator Definition | Possible Data Sources | Target | Stage of Program |
|---|---|---|------------------------|--------------------------------|
|  | % of staff who score 60% or above on the GBV Knowledge, Attitudes and Practices test | Test score | | |
| Staff knowledge of referral pathway for GBV survivors  | # of staff who, in response to a prompted question, correctly say the referral pathway for GBV survivors | Survey | 100% | Baseline and Endline (Outcome) |
| Staff knowledge of referral pathway for GBV survivors | # and % of staff trained on responding to a GBV disclosure and providing appropriate referrals | Survey | 100% | Baseline and Endline (Outcome) |
| Risk factors of GBV in programs (e.g., commodity- or cash-based interventions; distribution sites and service delivery points, etc.) | <p>Quantitative: # of affected persons who report concerns about experiencing GBV when asked about participating in programs</p> <p>Qualitative: What types of safety concerns does the affected population describe in these programs?</p> | Survey, FGD, KII, participatory community mapping | 0% | Baseline and Endline (Outcome) |
| Staff knowledge of standards for confidential sharing of GBV reports | # of staff who, in response to a prompted question, correctly say that information shared on GBV reports should not reveal the identity of survivors | Survey (at agency or program level) | 100% | |
| Inclusion of GBV integration strategies in policies, guidelines or standards | # of policies, guidelines or standards that include GBV risk mitigation and integration strategies | Desk review (at agency, sector, national or global level) | Determine in the field | Baseline and Output |
| Inclusion of GBV referral information in community outreach activities | # of community outreach activities programs that include information on where to report risk and access care for GBV survivors | Desk review, KII, survey (at agency or sector level) | Determine in the field | Baseline and Output |
| Coordination of GBV risk-reduction activities with other sectors | # of sectors consulted with to address GBV risk-reduction activities | KII, meeting minutes (at agency or sector level) | Determine in the field | Baseline and Endline (Outcome) |

Sector-Specific Indicators

EDUCATION

| Indicator | Indicator Definition | Possible Data Sources | Target | Stage of Program |
|--|--|------------------------|--------|----------------------|
| Risk factors of GBV for females to attend learning environments | Quantitative: # of females who report concerns about experiencing GBV when asked about attending learning environments Qualitative: What types of safety concerns do females describe in attending learning environments? | Survey, FGD | 0% | Baseline and Outcome |
| Active-duty education staff who have signed a code of conduct | # of active-duty education staff who have signed a code of conduct | Organizational records | 100% | Baseline and Outcome |

HEALTH

| Indicator | Indicator Definition | Possible Data Sources | Target | Stage of Program |
|---|---|----------------------------|--------|---------------------|
| Existence of a standard referral pathway for GBV survivors | # of health sites with a standard referral pathway for GBV survivors | KII Document review | 100% | Baseline and Output |
| Existence of a GBV standard operating procedure (SOP)* | # of health sites with a standard operating procedure for GBV survivors | KII Document review | 100% | Baseline and Output |



*For guidance on developing an SOP, see WHO. [Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers](#). 2017.

WASH

| Indicator | Indicator Definition | Possible Data Sources | Target | Stage of Program |
|--|---|----------------------------------|------------------------|------------------|
| Female participation prior to WASH facility siting and design | Quantitative: # of affected persons consulted prior to WASH facility siting and design who are female | Organizational records, FGD, KII | Determine in the field | Output |

Conflict sensitivity indicators

Conflict sensitivity indicators enable a project to monitor and measure the interaction between it and the location/context in which it is implemented.

Context indicators provide information and measure change in the broader context at the level (e.g. national and subnational) relevant to the project. These dynamics may not directly impact the project or vice versa but they have the potential to indirectly influence the immediate environment in which the project operates.

Interaction indicators provide information and measure change in the two-way interaction between the project and its immediate target area. These interactions may either positively or negatively affect individuals, communities, organizations, institutions or the environment (and vice versa) a project is implemented in. Not only is such interaction a two-way process, it is also dynamic and fluid as the context or situation changes. Depending on the type of interaction (positive or negative) appropriate action needs to be taken, such as adapting program activities or revising risk mitigation strategies.

The above indicators will be determined following a conflict sensitive/do no harm analysis. Further information on conflict sensitivity analysis can be found in the [How To Guide to Conflict Sensitivity](#) from the Conflict Sensitivity Consortium and this [Thematic Study Report on Conflict Sensitivity](#) from UNDP Myanmar and International Alert.

Further resources to support GBV MEAL

- CARE's [PIIRS](#) dashboards on CARE Shares
- CARE's [Global MEAL Hub](#) on CARE Shares
- CARE's [Gender MEL Toolkit](#)
- CARE's [GBV resource on research ethics](#)
- USAID: [Toolkit for Monitoring and Evaluating Gender-based Violence Interventions along the Humanitarian – Development Continuum](#) (2014).
- World Health Organization: [Ethical and safety recommendations for intervention research on violence against women](#) (2016).
- [MEASURE Evaluation: Compendium of Violence Against Women Indicators](#) (2008).
- UNFPA: [Beyond Numbers - Improving the gathering of GBV data to inform humanitarian responses](#) (2021).
- [Sustainable Development Goals – Targets and Indicators](#)
- Conflict Sensitivity Consortium: [How To Guide to Conflict Sensitivity](#) (2017).