

UNITED NATIONS CHILDREN'S FUND & UNITED NATIONS POPULATION FUND

GUIDANCE FOR THIRD PARTY MONITORING ENTITIES AND DONORS ON HANDLING EXTERNAL M&E AND VERIFICATION PROCESSES FOR GBV & CHILD PROTECTION PROGRAMMES

APRIL 2020



WHOLE OF SYRIA GBV
AREA OF RESPONSIBILITY



WHOLE OF SYRIA CHILD PROTECTION
AREA OF RESPONSIBILITY

When you are a donor (and an implementer of GBV or Child Protection programming) contracting third-party monitoring entities to provide M&E/verification services for your own or other organizations' GBV or Child Protection programme:

THINGS TO DO

- At the selection phase, prioritize entities with proven track-record of providing TPM services for GBV, Child Protection or Protection programmes, and that are able to demonstrate, tangibly, how they have successfully incorporated safety and ethical considerations into their work.
 - TPM entities should have clear child protection or safeguarding policy and a code of conduct in place, as well as policies for the Prevention for Sexual Exploitation and Abuse (PSEA). TPM staff should be given training in these policies.
 - As feasible, include safety and ethical compliance requirements into TORs and contracting agreements. For example, entities may be requested to have a Protection specialist on staff; screen enumerators for attitudes towards GBV/gender/survivors/children during recruitment processes; make specific efforts to hire and deploy female enumerators.
 - TPM entities may not be used to applying a Protection/GBV/Child Protection lens to their work. If your organization is also an implementer of GBV or Child Protection programmes, appoint a focal point (or a group of qualified individuals) within the GBV or Child Protection team to oversee the work and ensure that the TPM entity remains attentive to the realities and requirements of GBV programming.
 - Be clear on the scope of TPM activities from the onset, highlight the types of interventions that can and cannot be monitored by the TPM entity.
 - Offer a list of suggestive low and medium sensitivity interventions that could be subject to external M&E/verification processes. The focus of TPM activities should be on non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions.
 - Support the capacity building of TPM staff on specific GBV or Child Protection related topics and monitoring tools through directly facilitating training, sharing relevant materials, etc. All field enumerators should at least have practical training on basic GBV or Child Protection concepts and safe referrals; The GBV Sub Cluster/Sector Coordination or Child Protection teams can be reached for support, as needed/relevant.
- Jointly agree on locations to be targeted by TPM activities, request the TPM entity to submit an implementation plan and calendar for approval.
 - Share with the TPM entity the set of tools that they may use for monitoring and evaluating these programme interventions¹, and collaborate with them on refining these, as needed. Request that all final versions are shared with your organization's GBV or Child Protection team for approval. If your organization is not an implementer of GBV or Child Protection programmes, ensure that these are validated by a GBV, Child Protection or Protection specialist and that TPM entities observe the corresponding ethical and safety protocols, particularly when administering tools with a medium sensitivity level.
 - Whenever programme beneficiaries are to be engaged in TPM activities (e.g. to assess satisfaction level with the services or activities, etc.), obtain participants' informed consent prior to sharing their names and contact details with the TPM entity. Children (under 18) should not be directly engaged by TPM staff.
 - If your organization is also an implementer of GBV or Child Protection programmes, ensure that programme staff working in the areas targeted by TPM processes (e.g. Women and Girls Safe Spaces) are informed about the purpose, scope, time and locations of the activities, and duly briefed on the ethical and safety boundaries to be respected by field enumerators who will be visiting the site(s). TPM should always be complemented with acceptance-building measures, as well as transparent communication with communities.
 - Request programme staff to report back to senior management in case they witness any breach of protocols by the TPM field staff if they happen to be on site during the implementation of TPM activities.
 - Whenever possible, triangulate data received from the TPM exercise with other sources of information.
 - If TPM entities request access to data related to GBV Response services or Child Protection specialised services in order to be able to report on trends (e.g.: analysis reports or number of GBV cases in a given period), only share data in aggregate form.

THINGS TO AVOID

- Do not assume that TPM entities have prior exposure to GBV or Child Protection programming and are familiar with GBV or Child Protection guiding principles and standards. Refrain from contracting TPM services if your organization is not ready to dedicate time and effort to supervising and overseeing the work.
- Never engage TPMs in the monitoring & evaluation of GBV Response interventions (e.g. case management, PSS) or Child Protection specialised services (e.g. case management, interim care), request or recommend that they use tools with high sensitivity level. Any attempt to breach these standards should be reported promptly to the GBV or Child Protection SC/SS coordination team, as relevant.
- If your organization is also an implementer of GBV or Child Protection programmes, never share names, codes or other (potential) identifying information of survivors receiving GBV Response or Child Protection specialised services with TPM entities. Similarly, never share names of individuals benefitting from wider GBV or Child Protection programme interventions without first obtaining their consent to participating in TPM activities.

When you are a third-party monitoring entity contracted by donors to perform M&E or external verification of GBV or Child Protection programmes:

THINGS TO DO

- Ensure that you are clear on the scope of TPM activities from the onset, especially regarding the types of interventions that your entity can and cannot monitor. The focus of TPM activities should be on non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions and not on GBV Response services or Child Protection specialised services.
- Ensure your child protection safeguarding policy and code of conduct is up-to-date and that all staff are trained in these policies.
- Agree with your contracting organization on the set of low and medium sensitivity interventions that will be subject to M&E/external verification processes supported by your entity.
- Use the tools provided by organizations implementing GBV or Child Protection programmes and GBV, Child Protection or Protection specialists as a base for developing the tools that your entity will use for monitoring and evaluating GBV interventions. Ensure that all instruments and protocols are validated by a GBV, Child Protection or Protection specialist before they are put to use.
- Whenever programme beneficiaries are to be engaged in TPM activities (e.g. to assess satisfaction level with the services or activities, etc.), always obtain informed consent prior to engaging them in the M&E activity. Children (under 18) should not be directly engaged by TPM staff.
- Adhere to any restrictions proposed by the organization subject to M&E/external evaluation if justified by a need to ensure the safety, security, confidentiality and/or dignity of beneficiaries.
- Observe the recommended ethical and safety protocols all throughout the M&E process cycle, particularly when administering tools with medium sensitivity level. These include, primarily: the recruitment and deployment of female enumerators, and training of enumerators in GBV core principles as well as on how to practice safe referrals.
- Share an activity workplan and ensure that all organizations being targeted by M&E/external verification processes are aware of your entities' activities, including purpose, the types of data that will be collected, time/location of enumerators' visits, etc.

THINGS TO AVOID

- Never engage in the monitoring and evaluation of GBV response interventions (e.g. case management, PSS) or Child Protection specialised services (e.g. case management, interim care)
- Do not utilize high-sensitivity M&E tools or utilize tools without observing recommended safety ethical standards.
- Do not request access to physical documentation or files pertaining to GBV response services or Child Protection specialised services.
- Never ask beneficiaries about experiences of violence or that they provide specific details about the types of GBV or Child Protection services received (e.g. cash-based assistance, case management, etc.). Rely on more general terminology that does not expose potential survivors, such as, for instance, by framing GBV response services under broad-based protection assistance.

When you are a donor requesting GBV or Child Protection programme data from a GBV SC or Child Protection AOR member organization

THINGS TO DO

- Be mindful of the sensitivities associated with GBV and Child Protection and the types of data that GBV and Child Protection programme implementers can provide. Data related to non-sensitive interventions pertaining to Prevention, Empowerment, Capacity Building interventions can be shared, as required. Data related to GBV Response interventions or Child Protection specialised services can only be shared in aggregate form.
- If you have any concerns regarding the accuracy or reliability of data reported for Response-related interventions or specialised services, request that the organization explains the methodology employed to arrive at those numbers. Response interventions normally draw on primary data sources that contain highly sensitive information (e.g. forms containing survivor codes, information about the incident, etc.). Although these data sources can be normally accessed by GBV or Child Protection programme staff, they cannot be shared with external audiences due to the need to uphold GBV guiding principles and Child Protection minimum standards. For sensitive interventions, such as case management and PSS, "Means of Verification" outlined in proposals and log-frames, are for your reference only. Response-related data can only be provided in aggregate form.

THINGS TO AVOID

- Never request names, codes or other (potential) identifying information of survivors receiving GBV Response services or Child Protection, when funding for case management interventions. Similarly, do not expect to be granted access to physical documentation or files containing information about Response services (e.g.: case management files, forms filled by survivors, log-books, etc.). Data can only be provided to you in aggregate form.

¹ Turkey Cross Border GBV SC developed a full M&E Toolkit, with relevant tools to be used for this purpose.

SUGGESTED INDICATORS

In line with the GBV programming options currently implemented in the Whole of Syria operations, the table below provides a list of potential indicators that can be adopted and customized by GBV Sub-Cluster/ Sub-Sector member organizations for donor accountability, programme performance monitoring and learning purposes.

A set of indicators is presented for each type of programme intervention.¹ The proposed indicators respond to the M&E objectives of assessing programme quality and capturing results stemming from programme- supported interventions. Indicators related to Response interventions are formulated in a way that requires organizations to obtain only aggregate data for reporting.

There is deliberate emphasis on quality, output and outcome indicators given that impact level results require concerted efforts from multiple stakeholders (in a range of domains) and can hardly be correlated with the effects of one single intervention.

TYPE OF INTERVENTION	INDICATOR	TYPE	DIMENSION CAPTURED
Information Sessions	% increase in knowledge of key gender/GBV issues among participants of information sessions.	Quantitative	Result (output)
Women and Girls Safe Spaces	Perceptions of quality and adequacy of WGSS activities among beneficiaries visiting the space.	Qualitative	Quality
	Perceptions of life changes stemming from participation in activities implemented in the WGSS among beneficiaries visiting the space.	Qualitative	Result (Outcome)
Awareness Raising	% of participants who rate the quality of the activity as good or excellent	Quantitative	Quality
	% of participants who have shared or intend to share content of awareness raising activities with others in their community	Quantitative	Quality (Outreach)
	% increase in knowledge of GBV among women and girls who complete a GBV awareness raising programme	Quantitative	Result (Output)
	% increase attitudes towards women's empowerment among women and girls who complete a GBV awareness raising programme	Quantitative	Result (Output)
	% increase in positive messages about how to prevent and respond to GBV articulated by women and girls who complete a GBV awareness raising programme	Quantitative	Result (Output)
	% increase in willingness to take positive action to prevent GBV by participants who complete a GBV awareness raising programme	Quantitative	Result (Outcome)
	% increase in attitudes towards women's empowerment among men and boys who complete a GBV awareness raising programme	Quantitative	Result (Output)
	% increase in knowledge of GBV among men and boys who complete a GBV awareness raising programme	Quantitative	Result (Outcome)
	% increase in positive messages about how to prevent and respond to GBV articulated by men and boys who complete a GBV awareness raising programme	Quantitative	Result (Output)
	% increase in willingness to take positive action to prevent GBV by men and boys who complete a GBV awareness raising programme	Quantitative	Result (Outcome)
Safety Audits	Decrease in site related GBV risks, physical and as perceived by community members	Qualitative	Impact
Case Management	% of beneficiaries who report case management services have helped them with their problem	Quantitative	Outcome
	% of beneficiaries who report to feel better after receiving case management services	Quantitative	Result (Outcome)
Focused PSS Sessions	% of survivors who improve their wellbeing after receiving focused PSS sessions	Quantitative	Result (Outcome)
	% of active cases closed based on thorough assessment of survivor progress and wellbeing	Quantitative	Result (Outcome)
Cash-based Assistance	% of beneficiaries who report that the cash-based assistance was sufficient, adequate and timely	Quantitative	Quality
	% of beneficiaries who report that the cash-based assistance allowed them to access necessary services for them (or their child) to recover from the incident of violence you disclosed	Quantitative	Outcome
	% of beneficiaries who report that the cash-based assistance allowed them to access necessary services for them (or their child) to recover from the incident of violence you disclosed	Quantitative	Result (Outcome)
Dignity Kit Distribution	% of beneficiaries who were very satisfied or satisfied with the items received	Qualitative	Quality
	% of beneficiaries who rate the quality of the distribution process as excellent or good	Quantitative	Quality
	% of beneficiaries who utilized at least %70 of items received	Quantitative	Result (Output)
	Perceptions of quality and appropriateness of the distribution process	Quantitative	Quality (Output)
Life Skills Sessions	Perceptions of change in wellbeing and ability to perform tasks after receiving the kit	Quantitative	Quality
	% of beneficiaries rate the session as excellent or good	Quantitative	Quality
	% of beneficiaries who state that their participation in the session has, somewhat or considerably, increased their personal development	Quantitative	Result (Output)
	% of beneficiaries who state that their ability to address challenging issues that they face in their life has, somewhat or considerably, increased after attending the session	Quantitative	Result (Output)
Vocational Skills Training	% of participants who have shared or intend to share content of life skills sessions with others in their community	Quantitative	Quality (Outreach)
	% of beneficiaries who rate the training as excellent or good	Quantitative	Quality
	Perception of trainees on usefulness and applicability of skills/trade learned	Qualitative	Result (Outputs)
Recreational Activities	Perceptions of life changes stemming from participation in vocational skills training	Qualitative	Result (Outcomes)
	% of beneficiaries who rate the activity as excellent or good	Quantitative	Quality
Training of Case Management Staff	Perception of trainees on life changes stemming from their participation in the activity	Qualitative	Result (Outcomes)
	% of caseworkers who meet the core case management requirements to work independently with survivors	Quantitative	Result (Outputs)
	% of GBV case workers who hold survivor-friendly (positive beliefs and values) attitudes and perceptions.	Quantitative	Quality Result (Output)
Training of GBV Programme Staff	% of supervisors who meet the core case management requirements to supervise caseworkers	Quantitative	Quality Result (Output)
	% increase in GBV knowledge and skills among training participants	Result (Outcomes)	Result (Outcomes)
Training of Non-GBV Actors	% increase in positive attitudes and perceptions around GBV among training participants	Result (Outcomes)	Result (Outcomes)
	% change in knowledge of core GBV concepts among non-GBV actors trained	Quantitative	Result (Output)
	% of trainees who rate the training as excellent or good	Quantitative	Quality
	% of trainees who state that the training has helped to increase, significantly or somewhat, their knowledge of key GBV concepts	Quantitative	Quality Result (Output)

Type of Intervention	Indicator	Type	Suitability for Third Party Monitoring
Awareness raising and community engagement on child protection concerns	# of individuals benefiting from awareness raising and community events to prevent and respond to child protection issues (HRP 2020)	Quantitative	Yes, by following guidance outlined in this document including refraining from direct contact with children
	% of surveyed population in target locations that demonstrate an increase in knowledge of a specific child protection issue as a result of awareness-raising campaigns and messaging (CPMS Standard 3)	Quantitative	
	% of community members who report increased confidence in their ability to prevent and respond to child protection risks. (CPMS Standard 17)	Quantitative	
Child Protection Committees	# of adults and children groups/committees supported to ensure the community's active participation to prevent and respond to child protection issues	Quantitative	Yes, by following guidance outlined in this document
Structured group-based child protection programmes, including psychosocial support	# girls and boys engaging in structured and sustained child protection programmes, including psychosocial support (HRP 2020)	Quantitative	Yes, by following guidance outlined in this document including refraining from direct contact with children
	% of target locations where culturally, gender, age-sensitive group activities are accessible to all children (CPMS Standard 15)	Quantitative	
	% of children and their caregivers who report improvement in their mental health and psychosocial well-being following programme completion. (CPMS Standard 10)	Quantitative	
Parenting programmes	# of caregivers engaging in structured parenting programmes (HRP 2020)	Quantitative	Yes, by following guidance outlined in this document, including refraining from direct contact with children
	% of targeted caregivers who report increased knowledge of caring and protective behaviours towards children under their care following their participation in a family strengthening programme. (CPMS Standard 16)	Quantitative	
	% of targeted caregivers who report enhanced skills to fulfil their responsibilities towards their children following their participation in a family strengthening programme (CPMS Standard 16)	Quantitative	
	% of children aged 8–17 who report a positive change in their interactions with their caregivers following their caregivers' participation in a family strengthening programme. (CPMS Standard 16)	Quantitative	
Case management	# of girls and boys who are receiving specialized child protection services through case management (2020 HRP)	Quantitative	No, strong advise against TPM entities monitoring specialised CP services
	% of children and caregivers who report satisfaction with direct services received and the response actions taken through the CM process. (CPMS Standard 18)	Quantitative	
	% of children and caregivers who report an increase to their well-being as a result of their urgent child protection needs/risks being addressed through the CM process (CPMS Standard 18)	Quantitative	
Identification and referral of children	% of targeted communities with a functioning community-level referral system for children affected by protection concerns (adapted from CPMS Standard 7)	Quantitative	No, strong advise against TPM entities monitoring specialised CP services
	# and % of children identified in need of response services for CP concerns who report receiving them (adapted from CPMS Standard 8)	Quantitative	
	% of children and/or their caregivers who have received response services for CP concerns who report satisfaction with the service provision. (adapted from CPMS Standard 9).	Quantitative	
Capacity building	# of men and women trained on protection in line with child protection minimum standards (2020 HRP)	Quantitative	Yes, by following guidance outlined in this document
	% increase in child protection knowledge and skills among training participants	Quantitative	
	% of caseworkers trained and supervised in case management who demonstrate improvement in knowledge and competence in applying the CM process (CPMS Standard 18)	Quantitative	