Response to Disclosures and Support for People Affected by Gender-Based Violence at Post-Secondary Institutions in Canada: Guidelines for an Evaluation Framework

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Land Acknowledgment:

We would like to begin by acknowledging that this work is taking place on and across the traditional territories of many Indigenous nations. We recognize that gender-based violence is one form of violence caused by colonialism that is used to marginalize and dispossess Indigenous peoples from their lands and waters. Our work on campuses and in our communities must centre this truth as we strive to end gender-based violence. We commit to continuing to learn and grow and to take an anti-colonial and inclusive approach to the work we engage with. It is our intention to honour this responsibility.

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We would like to dedicate this tool to all of the people who have come forward to share their stories and knowledge, allowing us to walk with them during such a difficult time. Thank you for your courage in seeking support and demanding better.

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Glossary

Activities:

Actions taken to enable an intervention. For example: meeting preparation; office preparation; creation of evaluation tools; update in list of resources available.

Appropriateness:

Conditions that are considered to be met and are important for an intervention to succeed. For example: There are stakeholders willing to work towards strengthening the institutional response system to disclosures of GBV at the PSIs if they have engagement opportunities; There are student-led centres and local community organizations that are willing to collaborate to provide coordinated support to survivors.

Data Collection Tools:

Instruments employed to collect data for monitoring/evaluation purposes. For example: surveys; stats collection forms.

Data Source:

Where data can be found. In evaluation, it can be the person or department who has the information needed, the place or system where this information is stored, or data collection tools applied to obtain it. For example: statistical collection forms; Student Support Services, surveys, intake forms.

Effectiveness:

Assessment of the value of the intervention or to what extent an intervention or an aspect of it is successful. For example: to what degree the support services offered are considered of value by served survivors.

Efficiency:

Assessment of to what extent the expected outputs are delivered or the intervention progress occurs, considering the resources mobilized. For example: cost-benefit ratio. For this tool, we will focus on measuring to what extent the outputs were delivered with the resources available.

Evaluation Domains:

Areas or criteria of investigation that integrate the evaluation field. For example: Appropriateness; Efficiency; Effectiveness; Impact.

Evaluation Questions:

Questions that provide guidance and focus for an M&E framework. For example: To what extent does the program address, and meaningfully respond to, the needs of people affected by GBV?

Evaluation:

Processes and practices that mobilize research methods to study how and to what extent the intervention achieves its objectives. Evaluation will also yield conclusions and recommendations to inform strategic decision-making.

External Factors:

Any factors that come from outside the intervention but may influence its implementation or outcomes.
For example: Legislation.

Formative Purpose:

Evaluation purpose that aims to improve local processes, programs, and activities.

Goal:

Brief description of the direction taken by the intervention for the purpose of solving the issue mentioned by the Problem Statement. For example: To create learning and work environments that provide care and appropriate support to people affected by GBV.

Indicator:

Measurable information that relates to a specific metric, which is used to assess the progress of the intervention. For example: Number of referrals provided overall, and distribution per type (internal/external) and per service.

Inputs:

Resources needed to enable an intervention. For example: Infrastructure.

Monitoring & Evaluation Framework:

A document that provides guidance for the monitoring and evaluation processes of an intervention.

Monitoring & Evaluation Plan:

A document that summarizes the methods, data sources and timelines for collecting and analyzing data to answer evaluation questions.

Monitoring:

Processes and practices that mobilize research methods to track implementation and progress of an intervention, thereby supporting management decisions and providing accountability to stakeholders.

Outcomes:

Changes that occur due to an intervention (see Short-, Medium- and Long-Term Outcomes for examples).

Outputs:

Tasks undertaken during the course of an intervention. For example: Policy assessed; number of consultations delivered by the central office to people affected by GBV.

Problem Statement:

Brief sentence presenting the issue that the intervention is aimed to address or the problem it was designed to solve. For example: Inappropriate responses to disclosures of GBV and lack of proper support for people affected by GBV are harmful.

Program Logic:

Representation of the strategies adopted to reach the expected changes specified in the Program Theory. It is usually a diagram that connects components such as inputs, activities, outputs, and outcomes.

Program Theory:

Representation of changes expected to occur due to the intervention, which will then be evaluated.

Rationales:

Explanations of how the expected changes occur or the mechanisms involved. For example: excerpts of research proving that comprehensive GBV policies contribute to a better response to GBV in PSIs.

Stakeholders:

People or organizations that affect or are affected by the intervention. For example: survivors of GBV; community-based organizations that address GBV; student-led organizations; organizations that offer support services to survivors.

Summative Purpose:

Evaluation purpose that aims to provide comprehensive conclusions or recommendations, thereby promoting accountability among stakeholders.

Acronyms

CP: Community of Practice

GBV: Gender-Based Violence

M&E: Monitoring and Evaluation

MoA: Memorandum of Agreement

MoU: Memorandum of Understanding

PSI: Post-Secondary Institution

Introduction

We are pleased to present a tool with Guidelines for a Monitoring and Evaluation (M&E) Framework focused on Response to Disclosures and Support for People Affected by Gender-Based Violence at Post-Secondary Institutions in Canada.

We hope this resource can help Frontline GBV Campus Workers adopt an evidence-based approach to inform local program improvement, advocacy initiatives and/or reporting. Collectively developed in 2020 by Ana Iervolino and the Frontline GBV Campus Workers Community of Practice (CP) of the Courage to Act project, the guidelines presented here were built to address concerns and challenges shared by this group of experts working on the ground.

We know that a comprehensive tool to inform the development of evaluation processes may appear complex or overwhelming. That is why in the next sections, we have outlined step by step tips to build an evaluation framework that meets the needs and aligns with the evaluation capacity of your PSI, including how to develop a Program Theory and Program Logic, how to define Evaluation Questions, and how to build an Integrated Monitoring, and Evaluation Plan. You will also find tips for building data collection tools and working with the data collected.

The Courage to Act Project and the Frontline Gender-Based Violence Campus Workers Community of Practice

Courage to Act is a two-year national initiative to address and prevent gender-based violence in post-secondary institutions in Canada from September 2019 to August 2021. It builds on the key recommendations per Possibility Seeds' vital report *Courage to Act: Developing a National Framework to Prevent and Address Gender-Based Violence at Post-Secondary Institutions* (Khan and Rowe, 2019). With a team of experts in the field from across Canada, the project has been developing tools, creating resources, and sharing strategies. Part of this task is performed by ten national communities of practice composed of post-secondary administration staff, faculty, and students involved in addressing and preventing GBV on campus.

The Frontline Gender-Based Violence Campus Workers Community of Practice brought together professionals directly connected to addressing and/or preventing GBV based in PSIs across Canada in positions and professionals from community organizations that support that work.

Background: Frontline GBV Campus Workers in the Canadian context

The creation of frontline positions to address and prevent GBV at PSIs is relatively recent in Canada. “Beginning in 2016, provincial governments, including Ontario, British Columbia, Quebec, and Manitoba, have passed legislation mandating all PSIs (colleges, universities, CEGEP, trade schools) to establish stand-alone sexual violence policies. Since then, other provinces have followed suit” (Khan & Rowe, 2019, p. 7). Along with the creation of stand-alone sexual violence policies, many universities have created positions for frontline GBV Campus Workers and tasked them with overseeing programming and services aimed at preventing and responding to sexual violence.

In general, these positions have leadership or crucial involvement in addressing GBV at PSIs. To describe these areas, we’ve adopted three key dimensions, as suggested in the Courage to Act report: 1) Responding to Disclosures and Providing Support; 2) Prevention Education; and 3) Reporting, Investigations, and Adjudication (Khan & Rowe, 2019).

Initial conversations among members of the Frontline GBV Campus Workers CP made evident that there are differences in the scope and dynamics of the work performed by Frontline GBV Workers from one PSI to another. For example, distinctions occur with regards to the departments to which they report, their processes, focus, autonomy levels, etc. The opportunities to share knowledge and experiences during the periodical CP meetings also indicated that there are similar challenges and concerns that are common to frontline staff, such as dealing with work overload, vicarious trauma[1] and a lack of understanding from others about their tasks or responsibilities.

Many frontline GBV worker positions are fairly new, having been created by PSIs within the last five years. In this time, members of the Frontline GBV Campus Workers CP have often been tasked with building programming and establishing their roles and responsibilities on campus from the ground up. This has involved the development of new tools, strategies, and services for responding to disclosures of sexual violence. Many Frontline GBV Campus Workers have made great strides to accelerate the development of their programs and ensure that necessary supports are in place for people impacted by sexual violence on their respective campuses. At the same time, many frontline workers may not have the opportunity to pause, reflect, and develop an evaluation framework for assessing the success and impact of their work.

[1] According to the American Counseling Association (n.d.), “The term vicarious trauma (Perlman & Saakvitne, 1995), sometimes also called compassion fatigue, is the latest term that describes the phenomenon generally associated with the ‘cost of caring’ for others” (Figley, 1982).”

This tool is meant to ensure that the support frontline GBV campus workers provide to survivors, and their work to strengthen a campus-wide response to sexual violence, is effective and impactful.

Notes on the Scope of this Tool

This resource focuses on the first dimension of addressing GBV mentioned by the Courage to Act report (Khan & Rowe, 2019), responding to disclosures and providing support to people affected by GBV. More specifically, “Response refers to having a campus-wide commitment to addressing disclosures of GBV. Support refers to providing specific services, programming, and accommodations for those affected by GBV” (ibid).

As emphasized in the Courage to Act Report, “[t]here is an unprecedented conversation in North America on gender-based violence on post-secondary campuses. Survivors, administrators, student advocates, parents, faculty, and gender-based violence organizations are pushing for transformative change” (ibid). However, as the report also highlights, “[t]here are no short term solutions, this is long term work” (ibid).

GBV can severely impact the physical and mental health of those harmed.[2] “Institutional betrayal,”[3] inappropriate responses to disclosures, and lack of proper support can exacerbate trauma among survivors, as depicted in the conclusions of the study developed by Smith & Freyd (2013). Members of the CP reported that GBV Frontline Workers are, indeed, aware of such risks. However, the provision of best care solutions to survivors is often challenged by current PSI policy limitations. CP members also shared their discomfort regarding the low efficacy of the methods their PSIs currently deploy. Moreover, they mentioned a lack of guidance when it comes to assessing and evaluating parameters such as efficiency, effectiveness, appropriateness, and impacts.

The guidelines in this proposed evaluation framework are specifically for the assessment of institutional responses to disclosures and support for survivors. We decided not to include an assessment of GBV prevention and education since these domains require discrete evaluation frameworks. The purpose of this evaluation framework is to improve existing

[2] For a literature review about the impacts of sexual violence, see Sander (2019, pp. 11-12).

[3] “Institutional betrayal refers to wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or to respond supportively to wrongdoings by individuals (e.g. sexual assault) committed within the context of the institution” (Freyd & Smidt, 2019, pp. 490-491).

response and support services at PSIs. Frontline campus workers, along with other stakeholders tasked with overseeing aspects of a campus-wide response to sexual violence, may use this framework as a guide and a starting point for their own evaluation strategy.

The part of the framework focused on evaluating support for people affected by GBV intentionally focuses on survivors. However, we acknowledge that respondents and people who have caused harm must also be granted access to support services, as emphasized in the Courage to Act Report (Khan & Rowe, 2019). This toolkit gives thought to data collection on services offered to these populations. We also adopt a feminist approach, acknowledging that GBV disproportionately impacts women, particularly Black, Indigenous, and Women of Colour, people with disabilities, and the 2SLGBTQ+ community.

Moreover, we acknowledge that while this work dedicates some attention to support for staff and faculty, the evaluation framework intentionally focuses on students for a few reasons. First, students are the largest population served by GBV Frontline Workers– and many frontline staff work exclusively with this demographic. This may be due in part to the reality that staff and faculty can rely on other channels to access support, such as Human Resources Departments or their unions. Second, due to power relations at PSIs and other factors such as age, students are overrepresented in GBV statistics (e.g., reports of sexual assault, dating violence) (Khan & Rowe, 2019). According to Sanders (2019), “The hierarchical social structure present in post-secondary institutions, along with the considerable autonomy and authority faculty have in their work, can leave students vulnerable to sexual violence perpetrated by higher status individuals” (i.e., faculty, staff, or administrators) (Benya et al., 2018; Cantalupo & Kidder, 2018).

More information about adopting a survivor-centric and an intersectional approach, along with other concepts that underlie this work, will be discussed in the next sections.

These guidelines were developed to help Frontline GBV Campus Workers and their teams to create an M&E Framework at their PSIs with the following purposes:

- To understand the efforts and deliverables attached to institutional response to disclosures and support services at the PSI by assessing outputs;
- To study the direct effects and impacts of the program on the response system and the services offered to survivors at the PSI by assessing outcomes;

- To understand what GBV survivors found challenging or helpful when accessing support services related to GBV at the PSI; and
- To provide recommendations for future directions.

Intersectionality is a key concept behind our evaluation guidelines. Privilege and disadvantage resulting from multi-dimensional social identities (a) play an important role in shaping how people experience GBV and (b) affect their experiences and likelihood of encountering barriers while accessing services and resources (Western Education, 2015). Equity-based institutional responses and support services are more likely to be effective and helpful to people affected by GBV. Again, since intersectional factors affect the manner in which people experience barriers and outcomes when trying to access services (Status of Women Canada, 2018), actions must be tailored according to local contexts considering three main dimensions: Trauma- and Violence-Informed Care; Cultural Safety; and Harm Reduction (EQUIP Health Care, 2017).

Some Assumptions

It is crucial to create systems that address trauma exposure, leave no one behind, and are grounded in principles of dignity, informed consent, and continuity of care (Khan & Rowe, 2019, p. 38). As emphasized by the Association of Alberta Sexual Assault Services (n.d.), “Survivors who receive safe and supportive responses to disclosures of sexual violence are more likely to reach out for help from medical and counselling services and/ or report to police.”

The provision of services depends to a large extent on professionals who are not only specialists but also committed to standing and advocating for people affected by GBV. As acknowledged by the Department of Statistics of the Department of Justice, “Victim advocates play a crucial role in assisting and protecting victim-witnesses as they navigate a system that was not designed with their interests or needs in mind” (2019). For example, if we focus on rape incidents, “[t]hroughout all aspects of their work, rape victim advocates are trying to prevent 'the second rape'—insensitive, victim-blaming treatment from community system personnel… The job of rape victim advocates, therefore, is not only to provide direct services to survivors but also to prevent secondary victimization” (Campbell & Martin, 2001, as cited in Department of Statistics of the Department of Justice, 2019).

Based on experiences on the ground working to address GBV, the members of our Community of Practice believe that appropriate institutional response and support must be trauma-informed, affirming, accessible, survivor-centric, transparent, transformative, and accountable.

A trauma-informed approach recognizes that violence, trauma, and negative health outcomes are often connected (Khan & Rowe, 2019). In an institutional context, a trauma-informed approach means that “policies, programming, [and] protocols ... recognize the impacts of trauma (intergenerational, historical, complex, acute, chronic, community-based) on the PSI community and integrate this into response” (ibid). Response to GBV disclosures and support must assume that those who disclose an incident may have experienced trauma in different ways and work to minimize further harm and re-traumatization (Tello, 2018).

To be affirming means that “support services should invest in each person’s ability to transform, grow, and heal.” (Khan & Rowe, 2019, p. 38).

Making response and support accessible involves considering that:

> “Any protocols, procedures, outreach, and support spaces should be accessible to all PSI community members including but not limited to people with visible disabilities, deafness or being hard of hearing, intellectual or developmental learning and mental health disabilities. Accessibility can include but is not limited to providing support workers and ensuring sign language interpretation, brail, and audio or visual representation. The GBV policy must align with the PSIs access and accommodations policy” (Khan and Rowe, 2019, p. 38).

A survivor-centric approach requires “placing the control and decision-making back into the harmed person’s hands” (ibid).

In a system that is transparent, “PSI community members should be able to easily access resources, policies, and protocols, both online and in-person” (ibid).

By advocating for a system that is transformative, what we have in mind is that “the policy and protocols must recognize that people who cause harm may have their own histories of trauma and violence and that they too have a right to heal” (ibid).

In an approach that is accountable, “policy and protocols should have accountability mechanisms such as evaluation and reviews to ensure that they meet the needs of those that have been affected by gender-based violence” (ibid).

To address trauma exposure, “PSIs must have programming in place for staff providing support to ensure workplace wellbeing” (ibid).

Leaving no one behind is among our main concerns.

> “Policies, protocols, programming, and support must take into consideration intersecting identities and experiences. Social location based on intersecting identities and experiences impacts someone’s access to support, if they are believed, and how they are treated in their community. Social location will impact their experiences with institutions such as the medical, legal, and educational system” (ibid).

By saying that the approach must be grounded in the principle of dignity, we assume that “response to disclosures and support for those affected by gender-based violence should affirm the dignity and humanity of the complainants and respondents, recognizing how a person can both experience and perpetuate harm” (ibid).

Working based on informed consent must ensure that “people affected by gender-based violence are consulted and informed on the options available so that they can make informed decisions about their healing and accessing justice” (ibid).

Finally, “with informed consent, there is continuous communications between offices and individuals supporting PSI community members affected by GBV; offices and individuals are knowledgeable about the network of systems in place to offer support” (ibid). This is what is addressed by the expression continuity of care.

Methodological Notes

We conducted a literature review of both evaluation frameworks centred on recent academic papers (mostly published within the last 10-15 years), and of evaluation program reports and guides pertaining to GBV at PSIs. Generally speaking, few guidelines on how to evaluate institutional response to disclosures and support have been found, and those guidelines we did find were relatively unclear.[4] Similarly, Sander (2019) reaches the conclusion that research on how to best support victims or survivors of sexual violence and how to assess that support is scarce.[5] While there are resources related to the evaluation of initiatives focused on GBV prevention education, these are not particularly relevant to the scope of our work.

Given the scarcity of guidance specifically connected to the scope of our tool, efforts were made to find resources with a theoretical background and a framework model that could tangentially relate to our context. The recommendations and tips that you will see in this tool are strongly based on *Developing Monitoring and Evaluation Frameworks* (Markiewicz & Patrick, 2016), a book that provides general guidelines for a wide range of organizations and programs. We hope to provide helpful orientation on how to create an M&E Framework, understood as “both a planning process and a written product designed to provide guidance to the conduct of monitoring and evaluation functions” (Markiewicz & Patrick, 2016).

Due to time constraints, we needed to make a choice: to immerse ourselves in theoretical debates on effective evaluation, or to develop a tool with depth on the subject of our scope. Accordingly, we concluded that the latter was more sensible. Moreover, we concluded that the book written by Markiewicz & Patrick (2016) would assist with making our tool as accessible as possible to our main audience: Frontline GBV Frontline Workers, who are not necessarily specialists in program evaluation.

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[4] See Ontario Women’s Directorate (2013). The brief section dedicated to monitoring and evaluation emphasizes the importance of evaluating initiatives but does not tell exactly how to do that. Our literature review was able to identify a larger amount of texts focused on assessing impacts of prevention educational activities, especially for students. Using tools such as pre- and post-training tests and climate surveys, the research methodologies presented or discussed are generally attempts to measure increase in knowledge/awareness of GBV and/or capacity to intervene. See Gibbons & Evans (2013), Gibbons (2010), Coker et al. (2011), Dills et al. (2016),and MCASA (2018).

[5] With the objective of providing information to improve support services, the thesis developed by this author addressed part of this gap, studying experiences of victims or survivors reporting sexual violence (Sander, 2019).

As indicated by Bhawra (2019) in a text published by the Canadian Journal of Program Evaluation (Canadian Evaluation Society), “Overall, this book is a good introduction to M&E that can be used by many disciplines—include[s] performance measurement, strategic planning, and policy development in a number of fields — and user types, whether students, program planners, policymakers, or seasoned evaluators.”

This book aligns with and addresses some core concerns expressed in our community of practice, as you will see in the next sections. Some of them are also highlighted by BetterEvaluation, an organization that describes itself as a “not-for-profit organization and registered charity that operates globally” (n.d.a.), with the comment: “[t]he approach it presents is both theory and practice-led, and is designed to provide clear and practical advice in a participatory, logical, systematic, and integrated way” (n.d.b.).

Other references and resources were also consulted and are included throughout the text.

STEP 1: Initial Choices

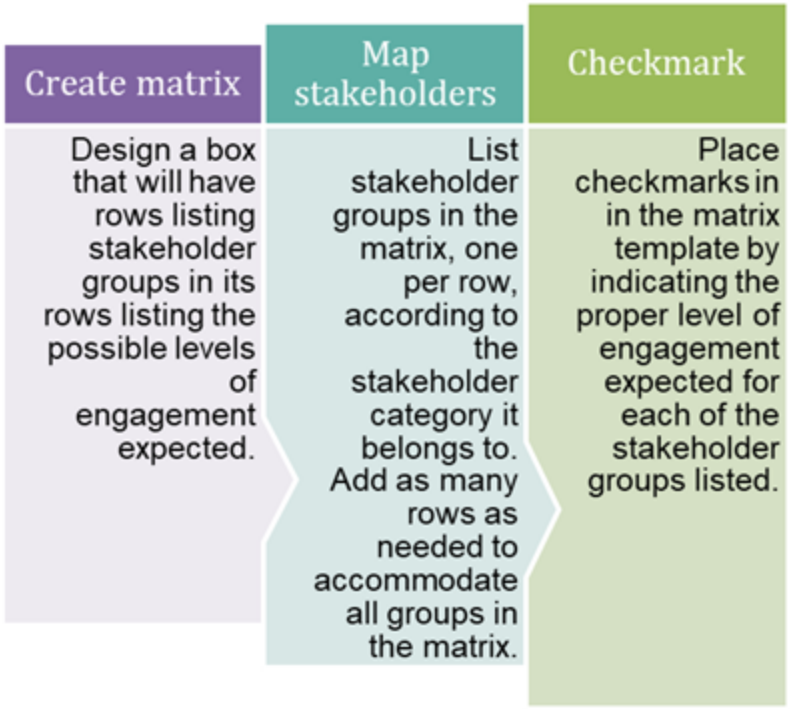
The first step in creating a Monitoring and Evaluation Framework is finding a balance between the requirements or expectations concerning M&E and the local capacity or available resources to perform M&E in your context. On the one hand, many stakeholders are likely interested in the results of M&E of Response to Disclosures and Support for People Affected at your PSI. On the other hand, Frontline GBV Campus Workers have to contend with work overload while also being expected to perform M&E of their work.

This chapter will help you make informed choices on the following:

- Key stakeholders and the extent to which they will be engaged
- Data collection capabilities
- Framework purposes, scope, and timeframe
- Time frames for the development and implementation of the Framework

1. Identification of key stakeholders and their expected levels of engagement

A box called Stakeholder Mapping Matrix is often adopted in the process of identifying stakeholders and expected levels of engagement in the M&E Framework. Below, we offer some tips for this process, organized into three tasks.



The Stakeholder Mapping Matrix can be as simple as a table that has stakeholder groups listed in its rows and a set of columns specifying the possible levels of engagement. Creating the matrix involves a reflection on what categories of stakeholders exist and what the possible levels of engagement are. Below, you will find suggestions adapted from the model recommended by Markiewicz & Patrick (2016).

Suggestions of stakeholder categories:

A) Program funders, policymakers, and senior managers
B) Program managers, program delivery personnel and program partners
C) Program beneficiaries, beneficiary representatives.

Suggestions for possible levels of engagement:

- Input to Focus and Scope: stakeholders engaged provide input about the drafted purposes, focus and scope of the framework, considering the resources available and capacity for data collection and analysis (see section STEP 1).
- Input to Key Constructs: stakeholders engaged provide input for the Program Theory, Program Logic and Evaluation Questions (see sections STEP 2 and STEP 3).
- Input to Integrated M&E Plan: stakeholders engaged provide input for the Integrated M&E Plan (see section STEP 4).
- Endorse Final Framework: stakeholders engaged provide input over the overall drafted Framework.
- Implement Framework: stakeholders engaged have roles in the implementation of the Framework on the operational level. For example, in some PSIs, it may be appropriate that some stakeholders have roles in data collection.
- Audience for M&E Products: stakeholders engaged are interested somehow in the findings, analysis or learnings resulting from M&E efforts. Therefore, their interests must be considered during the identification of knowledge or information needs that will be met by reports and other products.

While mapping stakeholders, try to identify stakeholder groups interested in the M&E Framework. Ideally, the matrix should be neither too general nor too specific. This means, for example, that all governmental bodies should not be put together under a group named “government,” all community partners should not be under a general group named “community partners,” or all PSI departments should not be placed under “PSI.” At the same time, this means that the idea is not to create new groups for individuals involved. Instead, create a group for each governmental body, each community partner (e.g., “Community Health Clinic A,” “Police”), or each PSI department or team (e.g., “Security,” “Counselling Services”).

Based on the suggestions of categories already mentioned, we listed some examples of stakeholders to help in the categorization piece of the task:

- Category A (program funders, policymakers, and senior managers): Federal, Provincial and/or local government bodies or departments that provide or can potentially provide funding or other types of support to the work under the scope of the M&E Framework; any other funders that contribute to this work; PSI directors who are related and need to be involved somehow in the M&E Framework.
- Category B (program managers, program delivery personnel and program partners): Managers of programs related to GBV, PSI teams or departments responsible for the delivery of services related to GBV at the PSI and community partners.

- Category C (program beneficiaries, beneficiary representatives): PSI community members who disclosed GBV and/or accessed support services, formal or informal organizations that represent people affected by GBV in the PSI where you work.

Now that you have categorized stakeholders, you are ready to place checkmarks in the Stakeholder Mapping Matrix in a way that reflects levels of engagement expected from each stakeholder. It may be necessary to have conversations with different stakeholders to understand if and to what extent they are interested in actively contributing toward building or implementing the M&E Framework.

Adapted from Markiewicz & Patrick (2016), the template below presents an example of what a Stakeholder Mapping Matrix could look like, with checkmarks (✔) placed according to their recommendations of roles that each category of stakeholders can potentially take on.

Category	Group	Input to Purposes, Focus and Scope	Input to Key Constructs	Input to Integrated M&E Plan	Endorse Final Framework	Implement Framework	Audience for M&E Products
A – Program funders, Policymakers, Senior managers	*1*	✔	✔		✔		✔
	2	✔	✔		✔		✔
	3	✔	✔		✔		✔
B – Program managers, Program delivery personnel,	*1*	✔	✔	✔	✔	✔	✔
	2	✔	✔	✔	✔	✔	✔
	3	✔	✔	✔	✔	✔	✔

Program partners							
C – Program beneficiaries, Beneficiaries representatives	*1*		✔			✔	✔
	2		✔			✔	✔
	3		✔			✔	✔

Quick tip: There is no need to stick to what this template suggests! The idea is to find stakeholder engagement levels for each group according to what makes sense at each PSI.

2. Creation of an evaluation capacity-building strategy

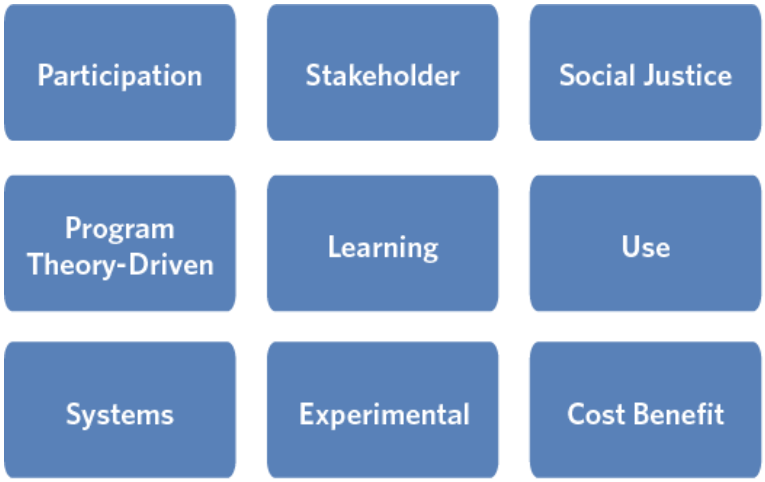
After building the Stakeholder Mapping Matrix, it is necessary to consider to what extent stakeholder groups have the resources and capacity needed to contribute. Depending on where checkmarks are placed, it may be necessary to support some or all stakeholder groups to prepare to perform their duties. This can be done in different ways, such as offering training activities, distributing handouts, presenting context information about M&E orally during meetings and discussions, and/or recommending readings (this resource can be among them!).

Quick tip: Several PSIs have specialists in the field of evaluation – it may be possible to partner with other departments that have the capacity to support frontline workers with this capacity-building piece!

3. Definition of the evaluation approach to be adopted

Once stakeholder groups have been mapped and have had their levels of engagement specified, it is time to take a moment to reflect on the evaluation approach that will be adopted.

According to the broad definition provided by the Canadian Evaluation Society, evaluation is “the systematic assessment of the design, implementation or results of an initiative for the purposes of learning or decision-making” (CES, 2015). The ways monitoring and evaluation processes work depend on the evaluation approach that is selected. The diagram below shows some examples of the several possible different approaches and concepts that can be mobilized. There are overlaps between some concepts, but they all have their specificities.

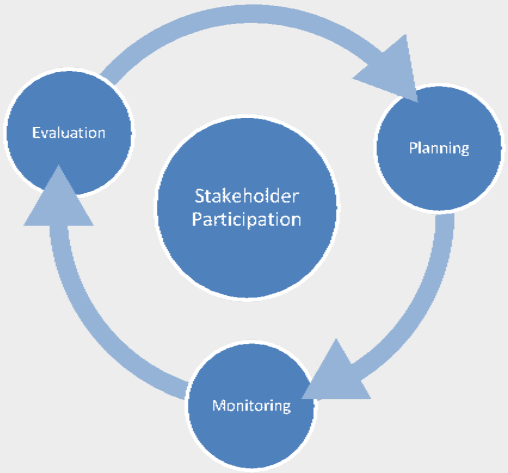


Evaluation Approaches
Diagram based on Markiewicz & Patrick (2016)

Finding an evaluation approach that is suitable to any M&E Framework often requires studying different theoretical currents. This work may be unfeasible given how busy Frontline GBV Campus Workers are with their regular duties. The present document and guidelines, designed to help with this process, are based on the five foundational concepts developed by Markiewicz & Patrick (2016). These concepts are briefly explained below within the context of our tool.

First, we believe that it is crucial that the M&E Framework to evaluate response to disclosures and support for people affected by GBV have multiple purposes. The emphasis on having multiple purposes helps avoid models that end up exclusively focusing on the accountability piece, which is an approach that is often criticized for not bringing meaningful contributions to the program evaluated, the organization or sector in question and, in our case, to the agenda of addressing GBV. The “Step 1” section provides some tips on how to define the purposes of an evaluation framework by considering where PSIs are at.

Second, we are inspired by the results-based management (RBM) approach, which assumes that planning, monitoring and evaluation activities are interconnected (see the diagram below).



RBM life-cycle approach - adapted from United Nations Development Group (2011)

We also acknowledge the benefits of using teachings from RBM for the assessment of program outputs and results. However, we are not restricted to this approach. We believe that there is value in developing frameworks that specifically support PSIs. Models based on RBM may be limited by its focus on the achievement of concrete results, while our

guidelines are equally concerned with other potential contributions that can result from monitoring and evaluation processes.

Third, this document takes a theory-based approach which involves creating a theory of change. With that, we suggest that a program theory not only provides the space to define key components of the monitoring and evaluation framework, but that the monitoring and evaluation processes also provide evidence for the continuous assessment and adjustment of the theory proposed. Without a theory-based approach, the decision of what to be monitored and evaluated will come just from brainstorming possible evaluation questions or measurements. As a result, the efforts made towards data collection and analysis may not always provide information that is meaningful or useful. This is why we recommend that evaluation frameworks depart from a program theory and a program logic (see “Step 2” section) that originate in evaluation questions (see “Step 3” section) to be answered using an integrated monitoring and evaluation plan (see “Step 4” section).

Fourth, our guidelines assume that the monitoring and evaluation processes should, ideally, be managed through an evaluation-led approach. This contrasts with traditional approaches, in which monitoring and evaluation processes are focused on monitoring inputs, activities and outputs, and are designed to meet traditional requirements from funders and/or managers by emphasizing motivation over accountability. By placing our focus on evaluation, we spot the purposes of learning and informing program improvement in central positions. In evaluating responses to disclosures and support for people affected by GBV at PSIs, the production of evidence that allows comparability and aggregability from different programs developed at different PSIs across Canada is particularly valuable.

Also, exchanging lessons learned with other GBV Frontline Workers can help with the collective learning process and the development of better practices. Evidence-based advocacy initiatives can help improve local and national contexts when it comes to addressing GBV in PSIs. In our attempt to adopt an evaluation-led and holistic approach, we acknowledge the importance of structured monitoring processes. According to our guidelines, requirements and concerns from multiple key stakeholders should inform the evaluation frameworks to be created. Funders and managers are undoubtedly included among them, and we acknowledge that their data collection and analysis requirements need to be met. However, we suggest that the evaluation questions flowing from the program theory and program logic inform both monitoring and evaluation processes instead of monitoring requirements.

Finally, we highlight the benefits of adopting a participatory orientation, and therefore, recommend that key stakeholders be involved as much as possible in the design of evaluation frameworks at each PSI (see Cousins & Earl, 1992). Different issues can arise if this approach is not adopted, such as having in place M&E Frameworks that leave aside input that should be considered, that do not meet the needs of the community, or that are simply not effective.

This requires the consideration of two additional concepts. M&E Frameworks that do not have a participatory orientation may increase the risk of reinforcing exclusion and power dynamics. This is especially problematic if we consider that our approach to evaluation incorporates another element that is particularly important from the perspective of those working towards social change: the theoretical standpoint of transformative evaluation, which is "focused on supporting changes that challenge an oppressive status quo" (Mertens, 2017).

Quick tip: If you feel that these principles do not sufficiently address the main concerns and interests of key stakeholders, there are several guides and books available that can provide insights into other approaches that may be appropriate!

Discussions about evaluation approaches naturally raise questions about the research methodology to be adopted. Discussions among our Community of Practice suggested that Mixed Methods were the most appropriate methodological paradigm for an M&E Framework focused on Response to Disclosures and Support for People Affected by Gender-Based Violence at PSIs. The expectations regarding an M&E Framework raised by the Frontline GBV Campus Workers is that neither could be sufficiently addressed with the adoption of the positivist paradigm – focused on measuring program effectiveness using quantitative analysis – nor the constructivist paradigm – focused on interpreting multiple perspectives using qualitative analysis. As you will see in the template of the Integrated Monitoring and Evaluation Plan (see section Step 4), quantitative and qualitative aspects were included.

4. Identification of resource constraints

During the development of the next steps, especially the Integrated Monitoring and Evaluation Plan (see section Step 4), there will be an iterative process with lots of back and forth until a balance between what is desirable and what is feasible is reached.

To inform this iterative process, it is important in its preliminary stages to create a list of resources that can be mobilized towards M&E. For example, it can be effective to establish the number of hours per month or per week that can be allocated to it. It may be helpful to consider different scenarios (e.g., partnership with Department *A* vs. partnerships with Department *A* and *B* vs. no partnerships).

5. Definition of scope, purposes and parameters

As mentioned above, in the introduction of this document, our guidelines focus on one of the pieces of the work addressing GBV at PSIs: Response to Disclosures and Support for People Affected by Gender-Based Violence (see diagram below).

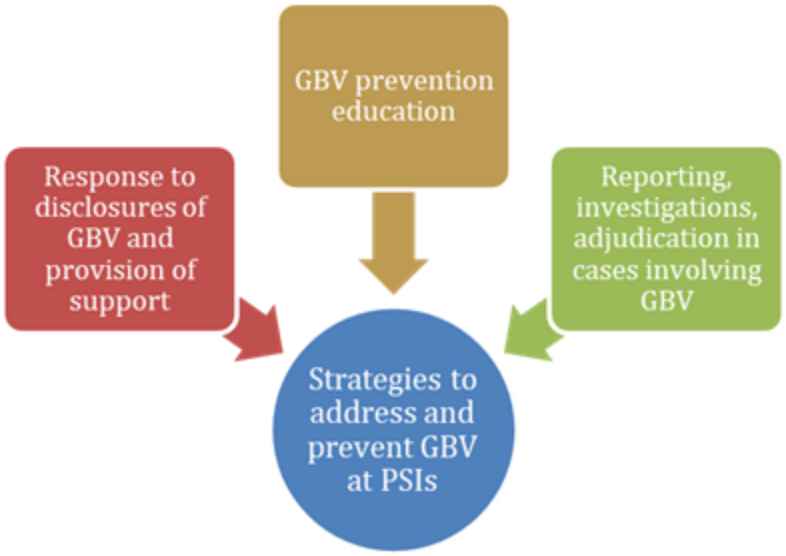


Diagram adapted from the Courage to Act Report (Khan and Rowe, 2019)

However, the guidelines presented in this chapter can also be applied to other dimensions of this work if it is convenient to have a more comprehensive M&E Framework in place at your PSI.

Our guidelines cover three evaluation purposes:

- Improving local processes, programs, and activities (formative piece);
- Being accountable to stakeholders (summative piece);
- Contributing to knowledge-sharing processes involving other PSIs (learning piece).

It is possible that not all PSIs will be able to have in place a framework that contemplates all three of these purposes at all times.

STEP 2: Building the Foundations

As mentioned before, our guidelines are based on a theory-driven approach. As a consequence, two tools provide the foundations of our model of M&E Framework: the Program Theory and the Program Logic Model.

1. Stakeholder engagement

If the time to start building the foundations of the M&E Framework has arrived, it is a good idea to look at the Stakeholder Mapping Matrix. Some questions to ask are:

- Who are the stakeholders that will be involved in this step?
- What are the strategies that will be adopted for the engagement?

It is helpful to present a drafted Program Theory and a drafted Program Logic to start the discussion, as well as some explanations about these tools. The next sections will provide some guidance.

2. Scope alignment

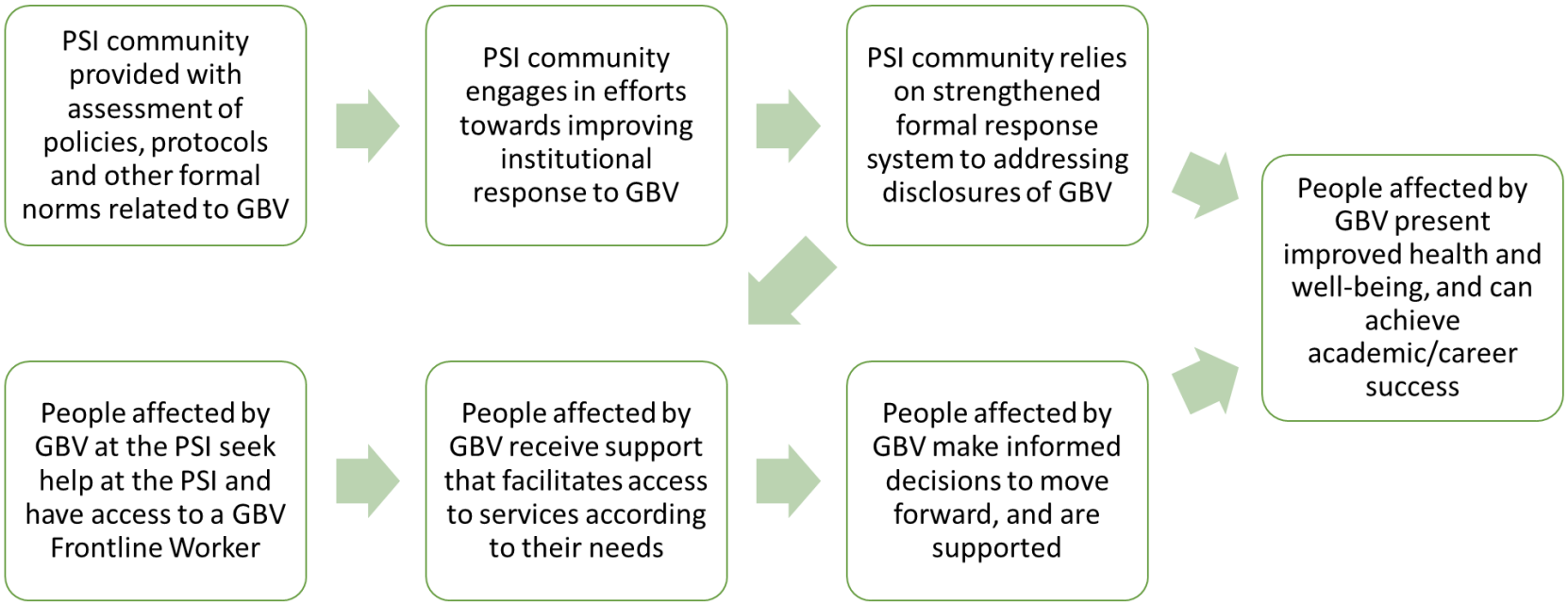
This resource provides guidelines for the development of an M&E Framework focused on one piece of the work addressing GBV at PSIs: Response to Disclosures and Support for People Affected by GBV. Any other components can be added to the Program Theory and the Program Logic, such as prevention education, or adjudication, reporting, and investigation. In this case, these other components can and should be added. It is important to go back to the M&E Framework scope that you and your team have already defined.

Due to limited resources or other reasons, the scope of the M&E Framework may be less comprehensive than the scope of our guidelines. Therefore, part of the Program Theory and/or Program Logic that we are suggesting would not make sense. It is ok to adjust, cut, and edit parts to make the tools more specific to the context of the PSI where you work.

3. Program Theory

Program Theory is a representation of how we believe change will occur with the program that will be evaluated. In the context of our guidelines, a Program Theory would be a representation of how we believe change can occur if the PSI community undertakes efforts towards improving institutional response to GBV disclosures and support services for survivors.

The diagram below presents a tentative visual Program Theory based on discussions that happened among members of our Community of Practice. It has two clear components: one for the institutional response to GBV, and one for the support provided to community members affected by GBV.



Tentative Program Theory

Are there components that need to be in there? Are there aspects that should not be there? Feel free to adjust it! This decision can be based on research, experience, or both.

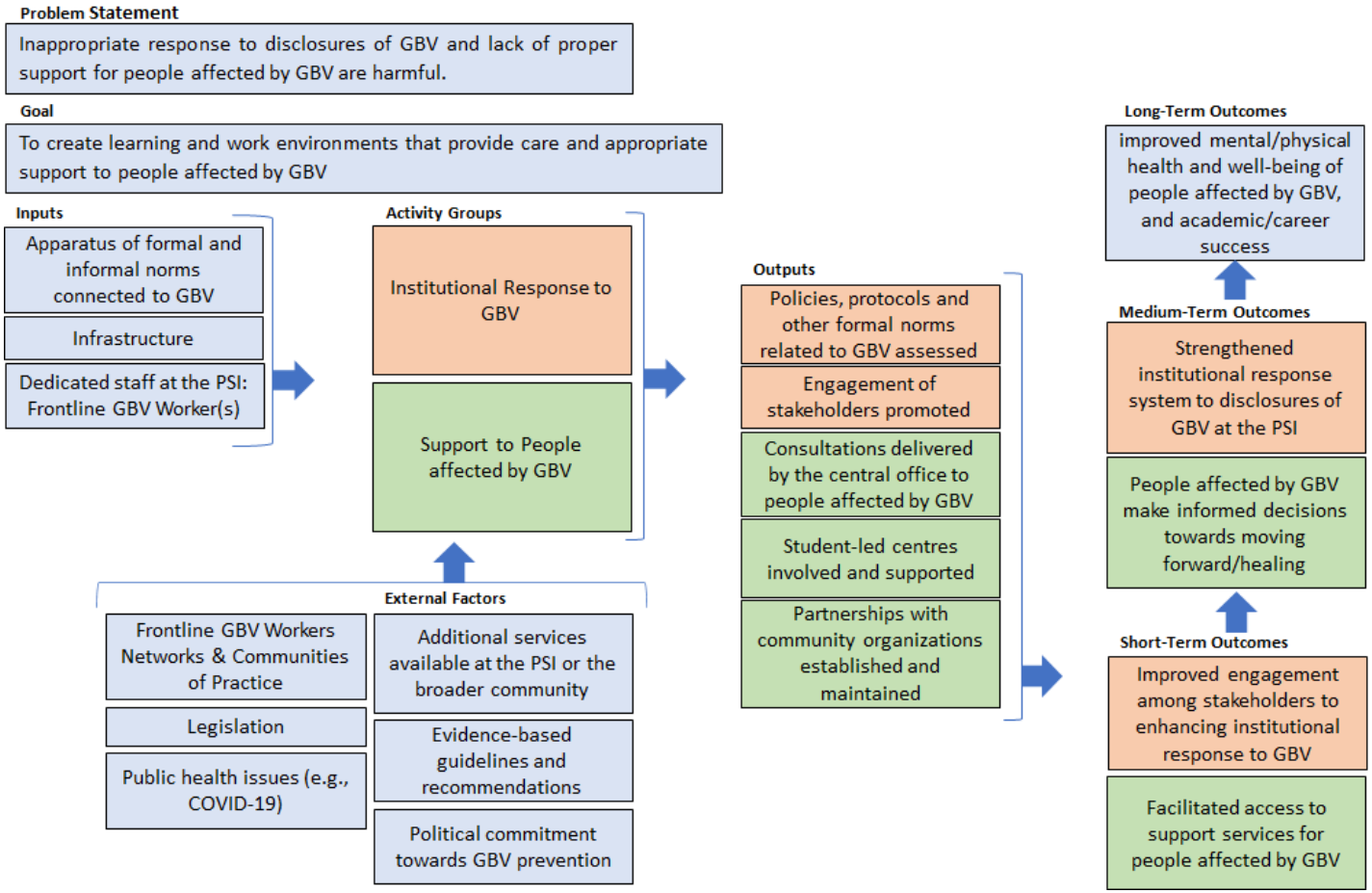
The more information you have about the mechanisms that will operate to affect the intended change, the better your Program Theory will be. It is great if you have text explaining these mechanisms to combine with the diagram.

Quick tip: It is important to mention that a Program Theory need not be a diagram. If it “makes explicit the reasoning as to how and why it is believed that program actions will produce the intended results” (Markiewicz & Patrick, 2016), you are doing it the right way!

4. Program Logic

A Program Logic should summarize the strategies adopted to reach the expected changes specified in the Program Theory. It visually shows causal relationships between blocks of information to help any stakeholders involved with an intervention understand *how* it operates.

The example below was completed with information obtained from the Courage to Act Report (Khan & Rowe, 2019) and from multiple conversations among members of the GBV Frontline Workers Community of Practice.



Tentative Program Logic

There are several different templates and electronic – both online and offline – computer applications that can be adopted to build a Program Logic. The example that you see above was made with the template provided by the Innovation Network, Inc. (n.d.). We hope that Campus GBV Frontline Workers can use it to start discussions in their organizations and adjust it according to their needs and contexts.

Like the Tentative Program Theory, the Tentative Program Logic has two clear components connected to the short-term outcomes presented in the diagram above. The first is to improve the engagement of key stakeholders towards enhancing institutional response to GBV. The second is to improve access to support services for people affected by GBV. There is a dearth of evidence about the effectiveness of coordinated and meaningful support services in helping GBV survivors to move forward and to heal – which is the other expected medium-term outcome of the program.

We have, however, come across evidence of the opposite situation:

> "When sexual violence work is siloed, 'rather than reaching out for help once, to an interconnected web of community responders,' the few survivors who do seek help 'must identify all resources and seek out help multiple times from each system individually' leading to fatigue and to people giving up on the system completely (Greeson & Campbell, 2012)" (Mikita et al., 2019)

In the long-term, we believe the GBV survivors assisted by appropriate institutional response and support services will be more likely to present improved health and wellbeing, and academic/career success. This expectation is based on the high rates of evasion of post-secondary programs by GBV survivors:

> "Detriments to academic performance may be the result of struggles with mental health, disengagement from classes, or distractions such as having to move from a campus residence or seeing the perpetrator in shared classes or around campus (Huerta et al., 2006; Quinlan et al., 2016; Tremblay et al., 2008). Furthermore, Mengo and Black (2016) found that dropout rates were higher for students who had been victim to sexual assault (34.1%) compared to overall university dropout rates (29.8%). In conclusion, being victim to sexual violence can adversely impact academic success" (Sander, 2019).

Having said that, the Tentative Program Logic should be adjusted according to the best fit for each PSI and to the scope of the M&E Framework. Here is a brief description of the different blocks included in our draft, and some tips:

Program Logic Component	Quick Tips
External Factors: Any factors that come from outside the intervention but may have interference in its implementation or outcomes.	
Problem Statement: Brief sentence presenting the issue that the intervention is aimed to address or the problem it was designed to solve.	The problem statement should make clear why the intervention is needed.
Goal: Brief sentence presenting the direction in which the intervention points to solving the issue mentioned by the Problem Statement.	Goals are sentences that set out broadly what the initiative wants to achieve, often not measurable!
Inputs: Resources needed to enable an intervention.	Ideally, the list of inputs should present information that is more detailed. Examples: Mentioning the number of dedicated full-time positions or equivalency instead of the general item “dedicated staff at the PSI.”
Activities: Actions taken to enable an intervention.	Activities can be grouped in Activity Groups, as you can see in the Tentative Program Logic. In this case, all activities must be detailed in an attachment or other document (e.g., work plan).
Outputs: Deliverables of an intervention.	Outputs should be as concrete as possible. E.g., it is a good idea to replace “Student-led centres involved and supported” with specific deliverables in this sense. What does this mean at the PSI where you work? Meetings? Capacity-building activities? Focus groups? Collaboration on the costs of specific programs? Also: if there are targets, it is a good idea to specify the numbers that the intervention aims to reach.
Short-Term-Outcomes: Changes expected to occur during or by the end of the delivery of an output, measurable right after it.	

Medium-Term Outcomes (or Intermediate Outcomes): Changes expected to occur due to an intervention, measurable after some time.	There are no clear universal guidelines regarding what an ideal timeline for the measurement of Medium- and Long-Term Outcomes looks like. In the evaluation field, these timelines vary a lot, depending on how each intervention is designed and the possibilities and choices made regarding data collection. You will find more information about our guidelines in the section STEP 4.
Long-Term Outcomes (or Impacts): Changes expected from an intervention that are deeper than Medium-Term Outcomes, measurable after a longer period of time.	

To be more complete, a Program Logic can also include:

- Rationales: explanations on how the expected changes occur; or the mechanisms involved.
- Assumptions: conditions that are met and are important for an intervention to succeed.

STEP 3: Choosing Evaluation Questions

Our evaluation questions are distributed in different evaluation domains[6]:

Appropriateness:

1. To what extent is the program appropriate to the needs of people affected by GBV?
   1.1. What can PSIs learn about their specific context from GBV disclosures?
   1.2. To what extent are current support services appropriate to survivors' needs?

Efficiency:

2. To what extent were the intended outputs delivered?
3. To what extent were the available resources sufficient for the program?

Effectiveness:

4. To what degree was the program considered as being of value by its key stakeholders?

Impact:

5. To what degree did the program achieve its intended objectives?
   5.1. To what extent did the program improve engagement among stakeholders to enhance institutional response to GBV?
   5.2. To what extent did the program facilitate access to support services for GBV survivors?
6. To what extent were the intended changes achieved by the program?
   6.1. To what extent did the program contribute to a strengthened formal institutional response system to GBV disclosures at the PSI?
   6.2. To what extent did the program help people affected by GBV to move forward and/or heal?
   6.3. To what extent did the program contribute to improving the overall health and wellbeing of GBV survivors, and academic/career success?

[6] See Markiewicz & Patrick (2016).

STEP 4: Creating the Integrated Monitoring and Evaluation Plan

An Integrated Monitoring and Evaluation Plan is presented in the next pages. It is organized according to the evaluation domains and questions already mentioned, specified in the first two columns. Monitoring indicators are suggested to provide data about the program, while possible evaluation methods are indicated to provide deep analysis and conclusions.

The next five columns summarize information connected to monitoring efforts. The indicators are grouped according to the proposed monitoring focuses. We recommend that GBV Frontline Workers decide the focuses of their monitoring and evaluation efforts in collaboration with key stakeholders at each PSI. Some aspects to be considered:

- Governmental guidelines for reporting
- What stakeholders feel is necessary to report to the government and/or the community
- Priorities to inform programming
- Priorities to inform (local, provincial, and/or national) advocacy actions

While discussing evaluation with key stakeholders, it is important to keep track of the reasons why a focus area or indicator will be explored. This will assist GBV Frontline Workers to use evaluation findings accordingly.

In the column dedicated to targets, some cells are blank, and others are shaded. Key stakeholders should be encouraged to participate in identifying targets that can be meaningful and appropriate to each PSI context so the blank cells can be completed accordingly. Shaded cells, by their turn, indicate that the correspondent indicators should not have targets. For example: a higher number of GBV disclosures in comparison to the previous year can have occurred for different reasons. On the one hand, it could be a consequence of an undesirable increase of GBV incidents at the PSI, to be addressed by other programs focused on prevention and education. On the other hand, people demonstrating augmented willingness to seek support could indicate advances of the program.

The remaining four columns summarize what is expected from the evaluation piece. Key program stakeholders can build on the data collected for monitoring purposes to answer the evaluation questions according to specific focuses. Information on methods and method implementation is also provided.

Both the monitoring and the evaluation area of the table have columns to assign the responsible agent for each action, also indicating the moment or frequency when it should occur. These columns are intentionally left blank, so key stakeholders can decide who will be involved an

which timeline is most appropriate within the context of each PSI.

Appropriateness (Part 1 of 2)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
1.1) How can GBV disclosures teach the PSI about its specific context?	Characteristics of the disclosures received *(Objective 2)*	1a) Total number of disclosures		Intake forms		GBV disclosures at the PSI, possible reasons, and possible needs for programming adjustments	Community meeting with key stakeholders	One community meeting per year	
		1b) Distribution of disclosures according to the situation of the person disclosing		Intake Forms, Recommended Question 1					
		1c) Distribution of disclosures, per form of GBV		Intake Forms, Recommended Question 2					
		1d) Distribution of disclosures received, per location where GBV occurred		Intake forms, Recommended Question 3					
		1e) Distribution of disclosures received, by time interval between GBV occurrence and disclosure		Intake forms, Recommended Question 4					
		1f) Distribution of disclosures, per position or status of the person(s) who have caused harm		Intake forms, Recommended Question 11					

		1g) Percentage of disclosures mentioning GBV caused by people under effect of substance(s)		Intake forms, Recommended Question 12					
		1h) Percentage of disclosures that had already had a complaint or report filed with the university		Intake forms, Recommended Question 13					
		1i) Percentage of disclosures received, by type of contact (in person, by phone, by email, via online form)		Program stats, Recommended Questions 2 and 3					

Appropriateness (Part 2 of 2)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
1.2) To what extent are current support services appropriate to survivors' needs?	Extent to which support met survivors' needs	1j) Weighted average of answers received by surveyed survivors indicating to what extent they agree information, services and/or referrals were relevant to their needs		Follow-up survey, Recommended Question 1		Fields of program improvement or worsening compared to previous years, and actions for improvement	Community meeting with key stakeholders	One community meeting per year	
		1k) Number of suggestions received by surveyed survivors to make services more appropriate to their needs, by suggestion group		Follow-up survey, Recommended Question 14					

Efficiency (Part 1 of 2)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
2) To what extent were the intended outputs delivered?	Assessments of formal documents	2a) Number of assessments performed		Completed Assessment Tools		Reasons for variations in relation to what was planned, priorities for future assessments, strategies for engagement	Focus group with sample of participants of engagement activities	One focus group per year	
	Delivery of engagement actions to enhance formal norms	2b) Number of engagement activities conducted		Completed Assessment Tools, Recommended Question 29					
		2c) Number of contacts in engagement activities conducted		Completed Assessment Tools, Recommended Question 29					
	Delivery of consultations to people affected by GBV	2d) Average number of contacts per disclosure		Stats collection tool; Intake forms		Comparison with data from previous years and similar programs, and possible reasons for differences, if existent	Conversation with other GBV Frontline Workers from other PSIs	One conversation per year	
		2e) Number of disclosures per 1000 students registered		Intake forms; PSI stats					
	Delivery of actions to involve and support student-led initiatives	2f) Percentage of commitments made to student-led initiatives that have been fulfilled		Program documents		Requirements met/unmet, needs and priorities	Focus group with students from student-led initiatives	One focus group per year	
	Partnership establishment and maintained for coordinated support services	2g) Number of ongoing partnerships formalized with an MoU or MoA		Project documents					
		2h) Number of ongoing partnerships not formalized with an MoU or MoA		Project documents					
		2i) Number of new MoU or MoA with community partners		Project documents					

Efficiency (Part 2 of 2)

		MONITORING					EVALUATION			
	Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
	3) To what extent were the available resources sufficient for the program?	Availability of human resources and infrastructure	3a) Number of dedicated full-time positions or equivalency available for the GBV prevention and response team		Program staff		Comparison between resources available and minimum standards	Conversation with other GBV Frontline Workers from other PSIs		
			3b) Structure level of a GBV Central Office		Program staff					

Effectiveness (Part 1 of 3)

4) To what degree was the program considered as being of value by its key stakeholders?	Application of culturally appropriate and trauma-infor med approach	4a) Weighted average of answers received by surveyed survivors indicating to what extent they agree that they felt they could trust the Frontline GBV Worker who supported them		Follow-up survey, Recommended Question 2			Changes in comparison to other PSIs, and to previous years, and possible reasons	Community meeting with key stakeholders	
		4b) Weighted average of answers received by surveyed survivors indicating to what extent they agree that they felt that the Frontline GBV Worker allowed them to share things on their own terms and pace		Follow-up survey, Recommended Question 3					
		4c) Weighted average of answers received by surveyed survivors		Follow-up survey,					

		indicating to what extent they agree that they felt the GBV Frontline Worker who supported them respected their ethnocultural background		Recommended Question 4
		4d) Weighted average of answers received by surveyed survivors indicating to what extent they agree that the Frontline GBV Worker who supported them respected their gender identity	3.41	Follow-up survey, Recommended Question 5

Effectiveness (Part 2 of 3)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
(cont.)	Application of affirmative/transformative / leaving no one behind concept	4e) Distribution of survivors served per position at the PSI		Intake forms, Recommended Question 5					
		4f) Distribution of survivors served per gender identity		Intake forms, Recommended Question 6		Populations that may have been facing barriers to access support services, identification of possible barriers and possible ways to address them	Community meeting with key stakeholders (preferentially involving organizations led by and providing services for Indigenous, other ethnocultural groups, 2STLGBQ+,		
		4g) Distribution of survivors served per sexual orientation		Intake forms, Recommended Question 7					
		4h) Percentage of survivors served who identify themselves as members of groups marginalized by systemic oppression		Intake forms, Recommended Question 8					
		4i) Percentage of survivors served who		Intake forms, Recommended Question 9					

		identify themselves as international students					people with disabilities and other groups)		
		4j) Percentage of surveyed survivors who report barriers or challenges faced, by type of barriers or challenges		Follow-up survey, Recommended Question 13					
	Application of approach focused on accessibility	4k) Percentage of disclosures in which survivors had visible disabilities, deafness, limited hearing, intellectual or developmental learning and/or mental health disabilities		Intake forms, Recommended Question 10					
	Application of survivor-centric approach, grounded on the principle of informed consent	4l) Weighted average of answers received by surveyed survivors indicating to what extent they agree that they felt that the GBV Frontline Worker who supported them respected their decisions whether to access services or not		Follow-up survey, Recommended Question 6		Changes in comparison to other PSIs, and to previous years, and possible reasons	Community meeting with key stakeholders		

Effectiveness (Part 3 of 3)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
(cont.)	(cont.)	4m) Weighted average of answers received by surveyed survivors indicating to what extent they agree that they did not feel pressured to make a formal report or complaint		Follow-up survey, Recommended Question 7		(cont.)	(cont.)		
		4n) Weighted average of answers received by surveyed survivors indicating to what extent they agree that they were treated with respect, dignity, and compassion		Follow-up survey, Recommended Question 8					
	Application of principle of transparency	4o) Number of page views (or downloads) of resources, by resource available online		Website statistics					
	Application of approach that addresses trauma exposure	4p) Priorities to addressing trauma exposure experienced by Frontline GBV Workers		Priority identification tool for Frontline GBV Workers		Analysis comparing with other PSIs	Conversation with other Frontline GBV Workers to identify common priorities and local/provincial/national advocacy strategies		
	Inclusion of key stakeholders in the	4q) Number of members of the Standing Committee / Advisory Committee		Program documents					

	Standing Committee / Advisory Committee	4r) Number of members who belong to student community		Program documents					
		4s) Number of members who belong to management staff		Program documents					
		4t) Number of members who belong to teaching staff		Program documents					
(cont.)		4u) Number of members who belong to community organizations		Program documents					
		4v) Number of members who belong to other staff groups		Program documents					
		4w) Number of seats reserved for survivors		Program documents					
		4x) Number of seats reserved for members of groups historically target by systemic oppression, and groups represented		Program documents					
		4z) Number of members who receive compensation		Program documents					
5.1) To what extent did the program improve engagement among stakeholders to enhance institutional response to GBV?	Short-term outcome	5a) Number of stakeholders who endorsed/supported, actions to improve formal institutional response to GBV, per action		Completed assessment tools, Recommended Question 31					

Impact (Part 1 of 2)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
5.2) To what extent did the program facilitate access to support services for GBV survivors?	Short-term outcome	5b) Number of referrals provided overall, and distribution per type (internal/external) and per service		Stats collection tool, Recommended Questions 7 and 8		Barriers that may exist to facilitate access to support services	Community meeting with key stakeholders		
		5c) Number of occasions in which survivors were accompanied by the Campus GBV Frontline Worker to access service		Stats collection tool, Recommended Question 6					
		5d) Number of contacts made by the GBV Frontline Worker to support survivors/third parties, by contact method		Stats collection tool, Recommended Question 3					
		5e) Percentage of survivors supported who were provided with housing options		Stats collection tool, Recommended Question 6					
		5f) Percentage of survivor students supported who were provided with academic considerations		Stats collection tool, Recommended Question 6					
		5g) Percentage of survivor workers supported who were provided with workplace accommodations		Stats collection tool, Recommended Question 6					

Impact (Part 2 of 2)

	MONITORING					EVALUATION			
Evaluation Questions	**Focus**	**Indicators**	**Targets**	**Data Sources**	**Who, and When**	**Focus**	**Methods**	**Method Implementation**	**Who, and When**
6.1) To what extent did the program contribute to a strengthened formal institutional response system to GBV disclosures at the PSI?	Medium-term outcome	6a) Number of documents assessed and improved aligning to at least one priority identified		Assessments performed		Identification of areas improved, possible contribution of the program considering other aspects that might have influenced the changes, and priorities for the next year.	Community meeting with key stakeholders		
6.2) To what extent did the program help people affected by GBV to move forward and/or heal?	Medium-term outcome	6b) Weighted average of answers received by surveyed survivors indicating to what extent they agree that accessing services, information and/or referrals was helpful to move forward and/or heal		Follow-up survey, Recommended Questions 9, 10 & 11		Identification of areas improved and areas for improvement	Community meeting with key stakeholders analyzing the results for each of the questions		
		6c) Percentage of surveyed survivors who indicate what was most helpful in the service, by service aspect		Follow-up survey, Recommended Question 12					
6.3) To what extent did the program contribute to improving the overall health and wellbeing of GBV	Long-term outcome	6d) Percentage of survivors of GBV who accessed services and stayed enrolled or have graduated		PSI data system		Comparison with previous years, and identification of possible contribution of the program considering	Community meeting with key stakeholders		

survivors, and academic/career success?						other aspects that might have influenced the changes.			

STEP 5: Collecting and Working with Data

During the discussions that informed these guidelines for Frontline GBV Campus Workers, we talked about the importance of having data that is comparable between different organizations. As indicated by Bhawra (2019), the book written by Markiewcz and Patrick (2016) has information on data collection and data analysis.

In order to emphasize the importance of the above, we created two additional resources:

- Indicator Information Boxes: this tool describes each of the indicators listed in our tentative Integrated Monitoring and Evaluation Plan in more detail, also expanding upon how to measure them. They are organized according to the four evaluation domains that were covered: Appropriateness, Efficiency, Effectiveness, and Impact.
- Compendium of Data Collection Tools: this tool presents suggestions of questions to be incorporated in tools that may be already in place in several PSIs. All of these questions are properly linked to the indicators listed in our tentative Integrated Monitoring and Evaluation Plan. There are questions for Intake Forms, Assessment of GBV Policies Template, Follow-up Forms, Stats Collection Tool. There is also a Priority Identification Tool for Frontline GBV Workers.

It is important to emphasize that our ambitions with these tools do not go far beyond providing a starting point.

STEP 6: Sharing your Findings

Reporting Format

A suggested report structure is presented below.

1. **Program Overview**
   - Context and Background of the Program
   - Approach to Monitoring and Evaluation
2. **Foundations**
   - Program Theory
   - Program Logic
   - Evaluation Questions
3. **Key Results**
   - Program Context (Appropriateness)
   - Program Value (Effectiveness)
   - Program Implementation and Resourcing (Efficiency)
   - Program Outcomes (Impact)
4. **Recommendations**
5. **Lessons Learned**
6. **Appendices**
   - Data Collection Tools and Approaches
   - Performance Indicators and Targets, and Evaluation Rubrics.

Source: Markiewicz & Patrick (2016) – minor adjustments were made

1 Further Research Needed

When it comes to further research needed, we have identified some potential topics:

1. It is widely known that “gender-based violence is one of the most underreported experiences in police statistics and in surveys” (Khan & Rowe, 2019, p. 16). Little is known about the relationship between the number of disclosures and the number of reports in PSIs.

2. It is important to conduct more research on GBV among certain specific populations (e.g., non-binary and transgender people, as already mentioned). Local data may reveal GBV trends occurring and/or being particularly pronounced against or within a certain specific group. Further research may either confirm shared trends at the national level or, conversely, may point towards the existence of localized patterns.

3. The national discussion on how to properly address GBV and related issues changes under the current circumstances of COVID-19 or other unusual situations. In this sense, another potential topic for further research relates to assessing adaptive strategies to address GBV in such differentiated environments.

4. Our tool is focused on monitoring and evaluating services offered at the PSIs. Not much is known about how GBV impacts one’s ability to enter PSIs or stay in them.

5. There is no data available that measures the impact of GBV supports accessed at PSIs in one’s future success.

2 Promising Practices

- To have a structured stakeholder engagement strategy, understood as a stable, transparent, and continuous strategy of involving and allowing meaningful participation of interested parties (especially students), thereby drawing “on their prior knowledge and understandings of the program, how it is intended to operate, and its expected results” (Markiewicz & Patrick, 2016).
- To use these participatory instances as mechanisms of capacity and trust-building.
- To have an institutional commitment to peer-led evaluation, where students can lead part of the process, so that the evaluation approach is truly community-based, noting when perceptions, conclusions or remarks differ from institutional evaluation norms.

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