MONITORING AND EVALUATION OF INITIATIVES ON VIOLENCE AGAINST WOMENAND GIRLS

January 2011

MONITORING AND EVALUATION KNOWLEDGE ASSET

I. Introduction

What is monitoring and evaluation?

Monitoring is the systematic process of collecting, analyzing and using information to track a programme's progress toward reaching its objectives and to guide management decisions. Monitoring usually focuses on processes, such as when and where activities occur, who delivers them and how many people or entities they reach.

Monitoring is conducted after a programme has begun and continues throughout the programme implementation period. Monitoring is sometimes referred to as *process, performance or formative evaluation.* (Adapted from Gage and Dunn 2009, Frankel and Gage 2007, and PATH Monitoring and Evaluation Initiative)
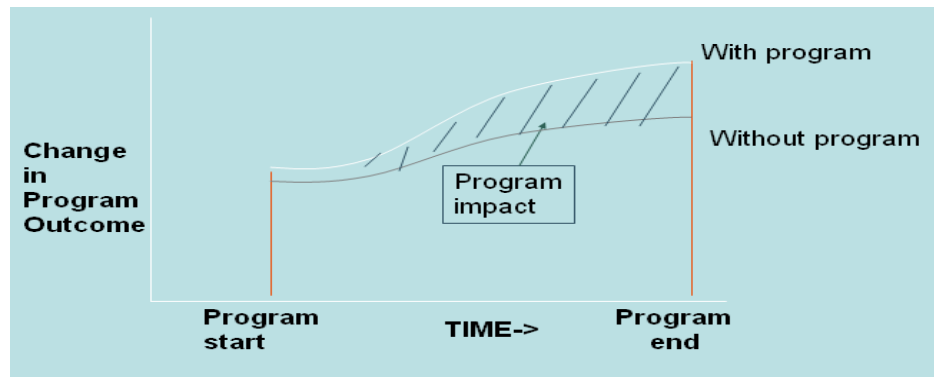
Illustration of Programme Monitoring
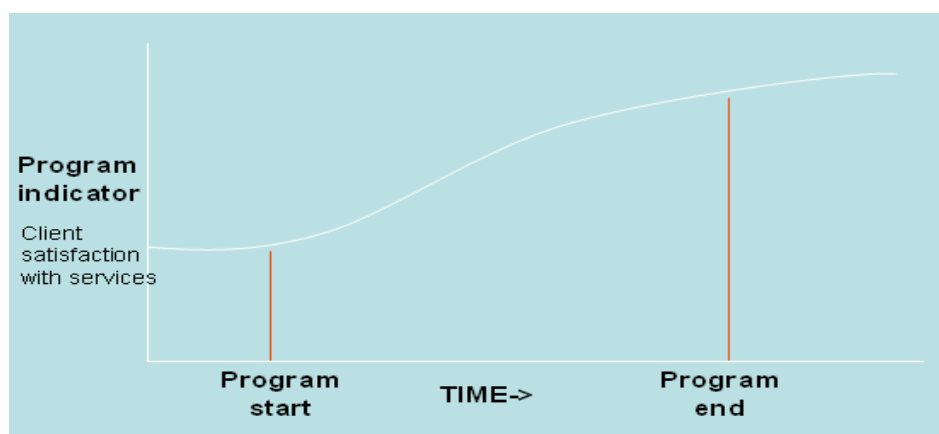
Evaluation is the systematic assessment of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institution's performance. Evaluation focuses on expected and achieved accomplishments, examining the results chain (inputs, activities, outputs, outcomes and impacts), processes, contextual factors and causality, in order to understand achievements or the lack of achievements. Evaluation aims at determining the relevance, impact, effectiveness, efficiency and sustainability of interventions and the contributions of the intervention to the results achieved. (Adapted from Gage and Dunn 2009, Frankel and Gage 2007)

- An evaluation should provide evidence-based information that is credible, reliable and useful. The findings, recommendations and lessons of an evaluation should be used to inform the future decision-making processes regarding the programme.

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Illustration of Programme Impact

Monitoring and evaluation of initiatives on violence against women and girls take place on a number of different levels, depending on the goals and objectives of the programme and the scope of activities and strategies being designed or implemented.

For example, monitoring and evaluation would look different for:
- a school-based prevention programme
- a training programme on the systematic use of screening protocols throughout the health sector
- the implementation of domestic violence legislation
- an awareness-raising campaign aimed at engaging men
- the institutionalization of a coordinated community response

Why is monitoring and evaluation of violence against women interventions important?

- Monitoring and evaluation are critical for building a strong, global evidence base around violence against women and for assessing the wide, diverse range of interventions being implemented to address it. At the global level, it is a tool for identifying and documenting successful programmes and approaches and tracking progress toward common indicators across related projects. Monitoring and evaluation forms the basis of strengthening understanding around the many multi-layered factors underlying violence against women, women's experiences with such violence, and the effectiveness of the response at the service provider, community, national and international level.
- This is critically important because while the global evidence base on the proportion of women having ever experienced various forms of abuse is strong, evidence on what kinds of strategies are effective in preventing such violence and offering adequate support to victims and survivors is still weak. This is especially

relevant in resource poor areas, where difficult decisions need to be made with respect to funding priorities.

- At the programme level, the purpose of monitoring and evaluation is to track implementation and outputs systematically, and measure the effectiveness of programmes. It helps determine exactly when a programme is on track and when changes may be needed. Monitoring and evaluation forms the basis for modification of interventions and assessing the quality of activities being conducted.

- Monitoring and evaluation can be used to demonstrate that programme efforts have had a measurable impact on expected outcomes and have been implemented effectively. It is essential in helping managers, planners, implementers, policy makers and donors acquire the information and understanding they need to make informed decisions about programme operations.

- Monitoring and evaluation helps with identifying the most valuable and efficient use of resources. It is critical for developing objective conclusions regarding the extent to which programmes can be judged a "success". Monitoring and evaluation together provide the necessary data to guide strategic planning, to design and implement programmes and projects, and to allocate, and re-allocate resources in better ways.
(Adapted from Gage and Dunn 2009, Frankel and Gage 2007)

For initiatives addressing violence against women, monitoring and evaluation is more than a costing or cost-effectiveness exercise. It is a way of ensuring women and girls are able to live their lives free from violence and abuse.

What can be learned in general from monitoring and evaluation of initiatives on violence against women?
- What interventions and strategies are effective at preventing and responding to violence against women and girls?
- What puts women at greater risk than others?
- What services are needed to help women and girls recover from violence?
- What could be the role of different sectors in addressing and preventing violence?
- What other factors (social, economic, political, cultural etc.) play a role in perpetuating vulnerability to violence or hindering access to services?
- What kinds of investments produce more promising results/ how much do they cost? (Adapted from Watts 2008)

What can be learned about specific interventions from monitoring?
- Are the proposed activities being carried out in the manner outlined? Why/ why not?
- What services are provided, to whom, when, how often, for how long, in what context?

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- Are services accessible? Is the quality adequate? Is the target population being reached?
- Are women being further harmed or endangered because of the intervention?
- Have there been any unforeseen consequences as a result of the activities?
- Are activities leading to expected results?
- Do the interventions or assumptions need to be amended in any way?

What can be learned about specific interventions from evaluation?
- The outcomes that were observed?
- Whether the intervention is making a difference?
- If yes, what actual difference the intervention is making; how it is making this difference and for whom.
- The extent to which the intervention is responsible for the measured or observed changes.
- The unforeseen consequences, if any, that resulted from the intervention?

What are some important questions that an evaluation can help answer?
- Is the intervention feasible and acceptable?
- Did it have an impact?
    - -Why or why not? How and for whom did it have an impact?
    - -Are the results credible?
- Is it affordable and cost effective?
    - -Can the cost be compared with alternatives to investment?
- Is it replicable to other settings?
    - -Where is it replicable? Where is it not replicable?
    - -Are the results likely to be generalizable?
- Can it be scaled up? That is, can the intervention be adapted, replicated or built on to increase its reach or scope (for a larger population or a different region)?
    - -If yes, how can it be scaled up? What aspects can be scaled up?

(Adapted from Watts 2008)

What are some of the challenges with monitoring and evaluation of violence against women interventions?
- There is a lack of comparable indicators and instruments, especially on the prevalence of forms of violence. It is therefore hard to make comparisons across regions.
- Many studies measure processes and outcomes but not impact. Many also measure change at the individual level but not at the community level.
- Different kinds of interventions (policy and legal reforms, strengthening health, legal, security and support services, community mobilization, awareness raising campaigns), and different contexts require different evaluation tools and methods.

- It is difficult to determine specific contributions of strategies to an observed outcome or impact, especially with complex, multisectoral or integrated interventions.
- It is difficult to define what success means or looks like with specific interventions.
- Rigorous statistical methods are frequently not used.
- Monitoring and evaluation plans often lack clear, appropriate conceptual frameworks.
- Interpreting data is often challenging and requires significant capacity or an expert.
- Sufficient resources are often not allocated towards monitoring and evaluation which may cost as much as 10 to 40 percent of the entire budget depending on the goals and objectives of the programme, scope and type of intervention and activities.
- Certain evaluation methods that are commonly employed to assess impact of interventions may be unethical in the context of violence against women.

(Above from Gage and Dunn 2009, Frankel and Gage 2007, Watts 2008, Heise and Ellsberg 2005)

Ethical conduct: Concern for the protection of human rights and the safety of women and girls should be an absolute priority in all interventions and all efforts to monitor and evaluate the situation regarding violence against women.

The Association of Women in Development's (AWID) action-research initiative to develop principles and tools for conducting monitoring and evaluation of women's rights and gender equality programmes has published a preliminary paper *Capturing Change in Women's Realities: The Challenges of Monitoring and Evaluating Our Work* (2009). For a quick snapshot of the challenges outlined in the paper, see the summary.

Getting Started: Preparing for Monitoring and Evaluation

Monitoring and evaluation is an integral part of programming and should be considered across the cycle (assessment, planning, design, implementation and evaluation). Monitoring and evaluation should not be thought of or conducted in tandem or alongside the programme, but rather should be viewed as part of the programme and should be considered before any intervention takes place.

M&E Across Program Life Cycle

ASSESSMENT
What is the nature of the (health) problem?

1

EVALUATION
Do I know that the strategy is working? How do I judge if the intervention is making a difference?

5

2

STRATEGIC PLANNING
What primary objectives should my program pursue to address this problem?

4

3

IMPLEMENTATION/MONITORING
How do I know the activities are being implemented as designed? How much does implementation vary from site to site? How can be program become more efficient or effective?

DESIGN
What strategy, interventions and approaches should my program use to achieve these priorities

[Caro 2009, Adapted from Measure Evaluation]

To ensure that monitoring and evaluation is part of any programme or intervention, there are important steps to be taken, including:

- conducting a situation analyses/needs assessment before or while the programme/intervention is being planned;
- developing a monitoring and evaluation framework that explains how the programme will work; how it will reach its goal and objectives and how it will be determined whether the programme is reaching those objectives and contributing to the goal;
- developing a monitoring and evaluation plan that lays out the process for how the programme or intervention will be tracked, and how it will be examined or assessed overall; and
- the collection of data at the beginning of the programme (baseline) and at the end of the programme.

Situation analyses/Needs assessments (Formative research)

Formative research, also known as *situation analyses* or *needs assessments*, collect information and data needed to plan programmes and initiatives. They may describe the needs of the community or population, types and extent of violence against women and girls, the factors that put people at risk, the context in which the programme will be operating (political, environmental, social, cultural, economic, institutional), as well as what resources are available, and what interventions are currently being implemented and by whom.

This information is critical to the planning stage and should be collected before or during the development of a programme's monitoring and evaluation framework.

The situation analysis is a comprehensive review of the situation at hand, providing an understanding of many contextual factors, such as the:

- types and extent of violence against women and girls
- needs within the population
- strengths and weaknesses of the services available
- laws, policies and plans that exist to address the issue
- resources available to address the issue
- knowledge, attitudes and practices of key actors within different sectors and within the community
- formal and informal systems of justice, conflict resolution and leadership
- capacity and training opportunities for key officials in the security/police, justice and health sectors(duty-bearers)
- civil society and government actors/stakeholders working on the issue
- existence and functioning of coordinated responses or referrals
- perpetuating factors that contribute to the prevalence and incidents of violence against women and girls
- prevention activities underway

(Adapted from Vann, 2002 and RHCR 2004)

Needs assessments can be used to determine what the gap is between the existing situation and what is desired or what 'ought' to be. For example, a needs assessment of long-term medical and psychosocial care needs and services for women and girl rape survivors in a post-conflict community might be undertaken to determine whether there are adequate services, which will inform the programme planning period on expanding/ enhancing/ installing the support services that are lacking.

Needs assessments can be used to:
- improve the quantity and quality of services available (such as shelters/safe spaces, legal aid facilities, one-stop shops, hotlines and others) by assessing what exists vis-à-vis what should be in place;
- expand access to and use of existing services by survivors (and perpetrators) by assessing what factors affect people's 'choices'/preferences and pose barriers to utilizing those services;
- enhance the knowledge and skills of individuals (for example programmes targeting duty-bears, such as judges, prosecutors, police, health care providers on their responsibilities; or specific community members being targeted within a programme, such adolescents in intimate partner relationships, men who batter or women and girls on their legal rights) by assessing the current knowledge and skill level against what is desired or required;
- align existing (or lacking) national legislation on violence against women with international human rights standards by reviewing existing legal mechanisms against international standards and recommended practice;
- develop, update or expand national policies and plans to address violence against women and girls by assessing the current frameworks vis-à-vis a comprehensive, multi-sectoral response.
- improve the information and data available by surveying existing data collection and analysis systems.
- enhance the capacities of organizations to implement their programmes on violence against women and girls by assessing the knowledge and skills of staff, the protocols and policies that are in place, and the infrastructure needed to carry out the programme.

Much of the information for situation analyses and needs assessments can be collected from existing sources, though primary research can also be conducted. If primary research is undertaken, then it is critically important that **safety** and **ethical standards** are followed.

Safety and ethical guidelines for conducting research on violence against women and girls should address issues, such as (United Nations, 2006):
- guaranteeing the safety of both respondents and interviewers;
- ensuring the privacy and confidentiality of the interview;
- providing special training on gender equality issues and violence against women to interviewers;

- providing a minimal level of information or referrals for respondents in situations of risk; and
- providing emotional and technical support for interviewers.

Additional resources:

> ***Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women*** (WHO, 2001). Available in English, French and Spanish.

> ***Ethical and Safety Recommendations for Interviewing Trafficked Women*** (WHO, 2003). Available in Armenian, Bosnian, Croatian, English. Japanese, Romanian, Russian, Serbian and Spanish.

> ***Researching Violence against Women: A Practical Guide for Researchers and Activists***; Chapter 2: Ethical Considerations for Researching Violence Against Women (Path 2005), Available in English.

> ***WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*** (WHO, 2007). Available in English and French.

> ***Monitoring and Evaluation with Children*** (Plan Togo, 2006). Available in English.

Situation analyses and needs assessments can also be seen as interventions themselves, as they often initiate public discussion on violence against women and girls, raise awareness of the issue and its context, and opens dialogue among actors and within the community. Communities can also be engaged directly, employing methods such as, **participatory learning and action (PLA)** and **participatory action research (PAR).**

Illustrative examples of situational analyses and mappings

> **Reality Check: When Women's NGOs Map Policies and Legislation on Violence against Women in Europe** (European Women's Lobby, 2007). Available in English.

- ➤ **Taking Action: Gender-Based Violence in and around Schools in Swaziland and Zimbabwe** (Mitchell and Mothobi-Tapela/UNICEF, 2004)**.** Available in English.

- ➤ **Map of Gaps: The postcode lottery of Violence Against Women support services in Britain** (Coy, Kelly and Foord/End Violence against WomenEquality and Human Rights Commission, 2009). Available in English.

Illustrative tools to conduct a needs assessment

- ➤ **How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault: Facility Checklist** (The Southern African Gender Based Violence and Health Initiative, 2006). Available in English.

- ➤ **Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages** (International Planned Parenthood Federation, 2009). Though the focus is on Sexual and Reproductive Health and HIV and AIDS, the questions can be tailored specifically for violence against women. Available in Arabic, English, French, Russian and Spanish.

- ➤ **NGO Capacity Analysis: A Toolkit for Assessing and Building Capacities for High Quality Responses to HIV/AIDS** (Frontiers Prevention Project and International HIV/AIDS Alliance, 2004) provides guidance on how to conduct an organizational needs assessment to develop capacities around responding to HIV and AIDS. Though the content is not specific to violence against women, the method/approach can be adapted to different subject areas. Available in English.

- ➤ **Community Assessments on Women's Health Care** (Kidd and Orza, International Community of Women Living with HIV/AIDS/Parliamentarians for Women's Health) is based on a set of participatory exercises adapted by the International Center for Research on Women and the International Community of Women Living with HIV/AIDS project activities in Kenya and Namibia. The toolkit includes guidance on planning and preparing community assessments; facilitating workshops with various stakeholders; community health walks; health facility visits; and joint workshops. Though the focus is on HIV and AIDS, the methodology and approaches can be tailored specifically for violence against women. Available in English.

Monitoring and Evaluation Frameworks

A clear framework is essential to guide monitoring and evaluation. A framework should explain how the programme is supposed to work by laying out the components of the initiative and the order or the steps needed to achieve the desired results. A framework increases understanding of the programme's goals and objectives, defines the

relationships between factors key to implementation, and articulates the internal and external elements that could affect the programme's success.

Why are monitoring and evaluation frameworks important?

A well thought out monitoring and evaluation framework can assist greatly with thinking through programmatic strategies, objectives and planned activities, and whether they are indeed the most appropriate ones to implement.

Monitoring and evaluation frameworks:
- Assist in understanding and analyzing a programme
- Help to develop sound monitoring and evaluation plans and implementation of monitoring and evaluation activities
- Articulate programme goals and measurable short, medium and long-term objectives
- Define relationships among inputs, activities, outputs, outcomes and impacts
- Clarify the relationship between programme activities and external factors.
- Demonstrate how activities will lead to desired outcomes and impacts, especially when resources are not available to conduct rigorous impact evaluations. They often display relationships graphically.

(PATH Monitoring and Evaluation Initiative)

Considerations when developing a monitoring and evaluation framework

- *Asking questions:*
> What are the objectives of the monitoring activities?
> What are the specific questions that need to be asked to gauge the progress of the intervention?
> What information is needed to see if activities are being implemented in the way that was planned, and who can provide that information?
> What are the objectives of the evaluation?
> What are the specific questions that need to be answered to gauge the impact and success of the intervention?
> What information is needed to determine if the expected objectives and outcomes were accomplished and who can provide that information?
- Determining whether the questions being asked are appropriate ones for understanding how "successful" the intervention has been with respect to its expected objectives and outcomes?

- Developing a corresponding monitoring and evaluation plan that acts as a monitoring tool by defining how information from the programme will be tracked.

- Developing the framework and plan before activities are implemented.

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- Determining which framework is best to use. A number of different frameworks are used or requested by organizations and donors. Some donors combine aspects of frameworks in a customized approach. Others do not include explicit guidance for programmes around the selection of a framework. Programmes should select the type of framework that best suits their strategies and activities and responds to institutional requirements.

It is also important to keep in mind that:

- Different kinds of interventions (policy change, awareness raising campaigns, community mobilization, improving service delivery and response) will need different kinds of frameworks, tools and indicators.

- An appropriate framework for monitoring and evaluation of activities can be designed and implemented even when a) programmes do not have significant resources b) programme staff and implementers, service providers and policy makers feel they do not have additional time to devote to monitoring and evaluation.

- Many existing tools can be adapted to specific contexts and monitoring and evaluation needs. If monitoring and evaluation activities and tools are considered and built into programmatic work or service provision from the start, the resource and time burden is minimized.

- It is important to clarify objectives, what information will be most useful in reaching those objectives and what information is already available or easily collected.

All programmes should *at a minimum* conduct monitoring activities that allow them to ensure they are not putting women at greater risk.

- There are creative ways to deal with resource constraints, such as:
    - Including a generous line item for monitoring and evaluation when submitting proposals to donors;
    - Using resources wisely by choosing methods that are feasible, reliable and most likely to yield information to improve the programme.
    - Collecting only enough data than can be realistically analyzed or used.
    - Finding ways to pool resources and collaborate with other organizations. In some settings, university students can offer assistance in return for research experience.
  (Bott, Guedes and Claramunt, 2004)

Steps in Developing Monitoring and Evaluation Frameworks
Programme implementers (often from diverse sectors) should jointly take steps in developing the monitoring and evaluation framework (UNHCR Guidelines, 2003).

1. They should determine the purposes of the monitoring and evaluation mechanisms and assess the information needs of each actor .
2. Ensure prevention and response interventions have clearly defined objectives, outputs and indicators;
3. Establish coordinated and common reporting tools;
4. Determine methods for obtaining information on indicators;
5. Assign responsibilities for information gathering, determine time frame and frequency of data collection, and allocate resources; and
6. Establish mechanisms for sharing information and incorporating results into prevention and response planning.

(UNHCR Guidelines, 2003)

Though there is no ideal framework and different frameworks are used for different situations, three of the most common are conceptual frameworks, results frameworks and logical frameworks/logic models. (Frankel and Gage, 2007)

Conceptual Frameworks

Conceptual frameworks are diagrams that identify and illustrate relationships among relevant organizational, individual and other factors that may influence a programme and the successful achievement of goals and objectives. They Help determine which factors will influence the programme and outline how each of these factors (underlying, cultural, economic socio-political etc.) might relate to and affect the outcomes. They do not form the basis for monitoring and evaluation activities, but can help explain programme results.

Key issues and questions addressed in conceptual frameworks include:

What is the theory of change framing the intervention?
The theory of change reflects the underlying process and pathways through which the hoped for change (in knowledge, behaviour, attitudes or practices, at the individual, institutional, community or other level) is expected to occur.

<u>**Theory of Change:**</u>

A theory of change defines the pieces and steps necessary to bring about a given long-term goal. A theory of change describes the types of interventions (whether a single programme or a comprehensive community initiative) that bring about the results hoped for. A theory of change includes the assumptions (often supported by research) that stakeholders use to explain the process of change.

A theory of change:
- demonstrates the pathway of how to get from here to there (i.e. what is needed for goals to be achieved)
- requires underlying assumptions to be detailed out in a way that they can be tested and measured
- puts the emphasis first on what the organization wants to achieve rather than on what the organization is doing

Source: Adapted from Theory of Change by ActKnowledge (http://theoryofchange.org)

The ecological model is a broad conceptual framework that can be useful for understanding the interrelated causes of violence against women at the individual, relationship, community and societal level. The model can help determine the different processes and pathways that may need to be considered in planning and designing programmes or interventions to address the issue and provides an understanding of how different contexts, interventions and types of violence might require different methods of evaluation.

An example theory of change, based on the ecological model, from a community mobilization project to prevent domestic violence is presented below. While so much detail may not be necessary when outlining theories of change, monitoring and evaluation frameworks should always involve this kind of analysis. Specific, appropriate activities and indicators can then be developed to monitor key moments of change and evaluate success in effecting it.

Mobilising Communities to Prevent Domestic Violence: A Resource Guide for Organisations in East and Southern Africa, (Raising Voices, 2003)

Theory of Change:
Preventing domestic violence in homes and communities requires individuals to identify the problem of domestic violence, consider its importance, evaluate their own behaviour, and then begin making changes in their lives. Behaviour is a result of our experiences, attitudes, and beliefs, and thus it is deeply linked to the prevailing belief system in the community. The attitudes and actions of neighbours, friends, co-workers, religious leaders, police, health care providers, etc. greatly influence an individual's behavioural choices and collectively create the climate in the community. Although each individual is unique and will come to the issue of domestic violence differently, the process of how individuals change often follows a similar pattern.

Individual Behaviour Change:
The Stages of Change Theory provides a way of understanding the process of how individuals can change their behaviour.

Stage 1 Pre-contemplation: An individual is unaware of the issue and its consequences for her/his life.

Stage 2 Contemplation: An individual begins to wonder if the issue relates to her/his life.

Stage 3 Preparation for Action: An individual gets more information and develops intent to act.

Stage 4 Action: An individual begins to try new and different ways of thinking and behaving.

Stage 5 Maintenance: An individual recognizes the benefits of the behaviour change and maintains it.

Facilitating Social Change: The Resource Guide adapts this theory of individual behaviour change and scales it up to the community level. It proposes that a community also goes through a process of change before any given value system is adopted, and projects that recognize this process and operate in harmony with it are more likely to facilitate an enduring change.

(Michau and Naker, 2003)

What is the range of potential exposures people may have to the intervention?
- First, who is going to be exposed directly to the intervention? For example, who will be receiving services? Who will be receiving training? Who will be receiving materials? Who will be hearing/seeing/participating in the campaign?
- Second, who might be exposed indirectly to the intervention? For example, who will probably be hearing about the campaign even if they are not the intended primary audience? Who will probably learn that services are being provided in a neighboring community? Who will probably be exposed to some of the ideas disseminated in the training even if they did not directly participate?

What is a realistic timeframe for behaviour change to occur?
- Keep in mind that while changes in knowledge may be easy to effect, changes in attitudes and behaviours, especially with community level norms, demand a much longer process.
- Justice sector personnel receiving training about domestic violence legislation or protocols for handling sexual violence cases may be reasonably expected to improve knowledge of the law or the protocol in one session. However, stigmatizing attitudes that serve as barriers to their meaningful implementation cannot be expected to change overnight.

How will this change be measured?
The conceptual framework should identify appropriate measurements for the kind of change that is expected.
Following on the example above, it would be appropriate to assess a change in the knowledge and attitudes of the justice sector participants by comparing them before and after the training. However, to determine whether the changes in knowledge and attitudes translated into changes in practice over time, a different

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method would have to be employed, for example, by reviewing court records or by interviewing complainants on their experiences with the handling of their cases.

Illustrative Example from the the Rural AIDS Development Action Research (RADAR) Programme Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in South Africa

IMAGE seeks to influence factors that predispose individuals to HIV infection and gender-based violence through targeting the environment in which they occur. Individual agency, household well-being, communication and power relations, and the norms, networks, relationships and responses of communities constitute the environment in the IMAGE framework. The framework attempts to conceptualise the complexity of factors and relationships that constitute the environment in which sexual behaviour and gender-based violence occurs. The framework was developed to guide both the intervention and evaluation components of the IMAGE programme.
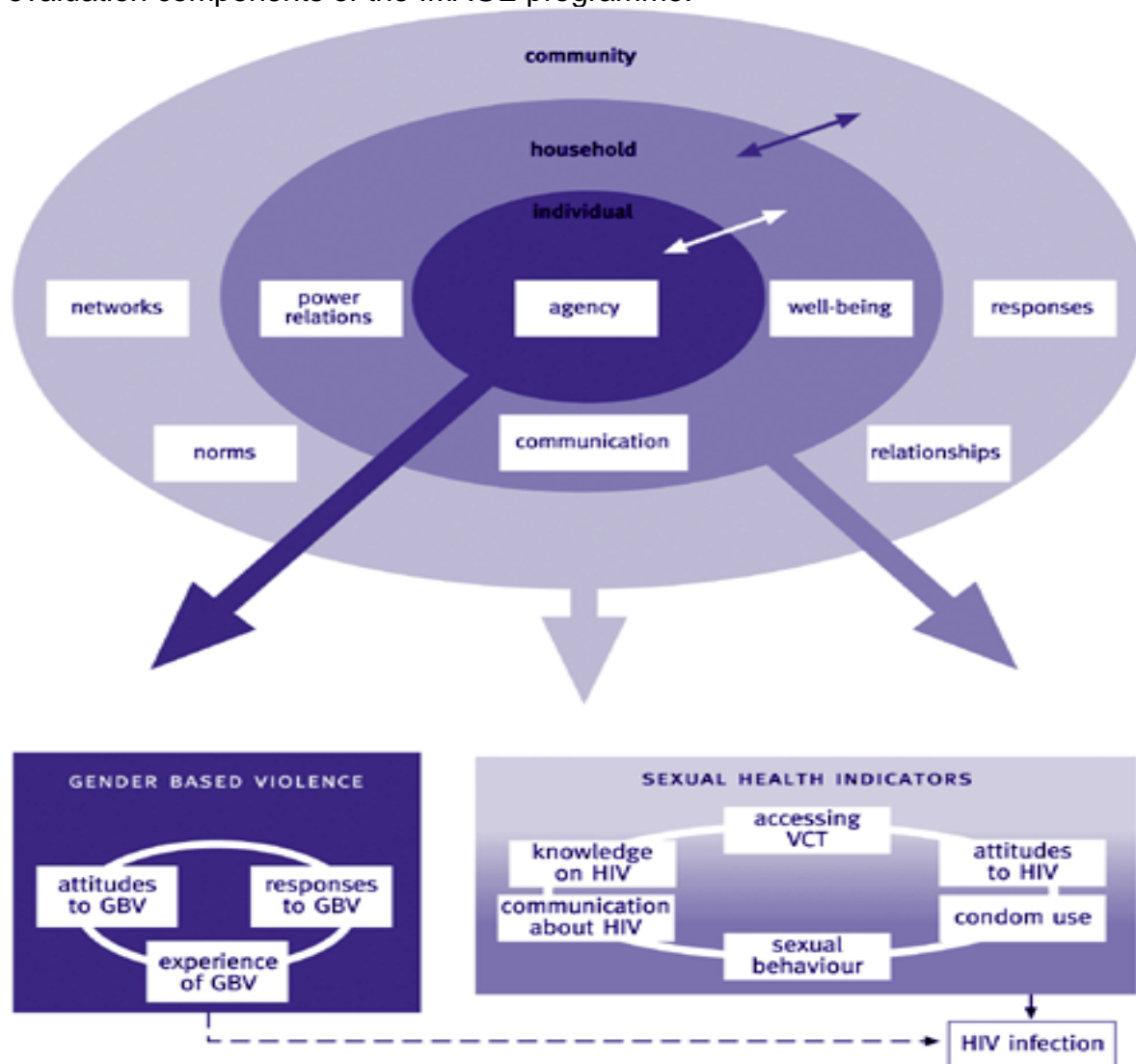
Source: Hargreaves, Atsbeha, Gear, Kim, Mzamani Makhubele, Mashaba, Morison, Motsei, Peters, Porter, Pronyk, Watts. 2002.

Results Frameworks

Results frameworks sometimes called strategic frameworks illustrate the direct relationships between the intermediate results of activities all the way to the overall objectives and goals. They show the causal relationship between programme objectives and outline how each of the intermediate results/ outputs and outcomes relates to and facilitate the achievement of each objective, and how objectives relate to each other and the ultimate goal. Results frameworks do form the basis for monitoring and evaluation activities at the objective level.
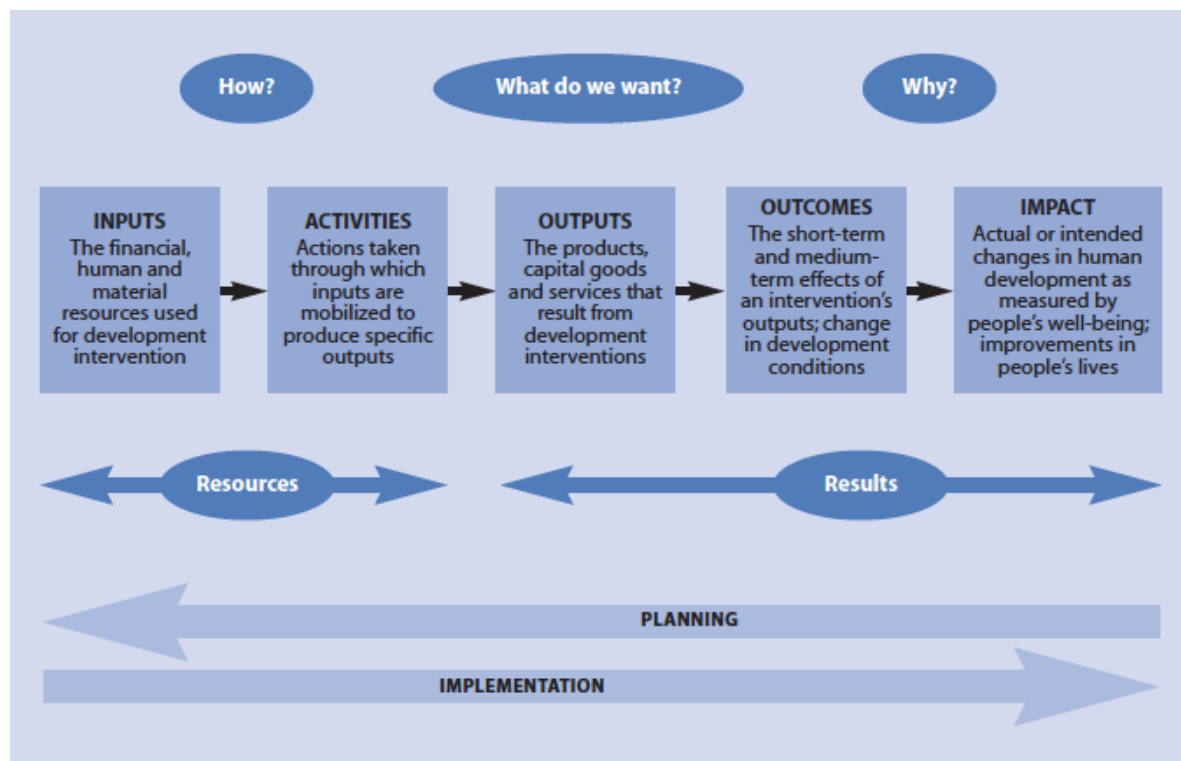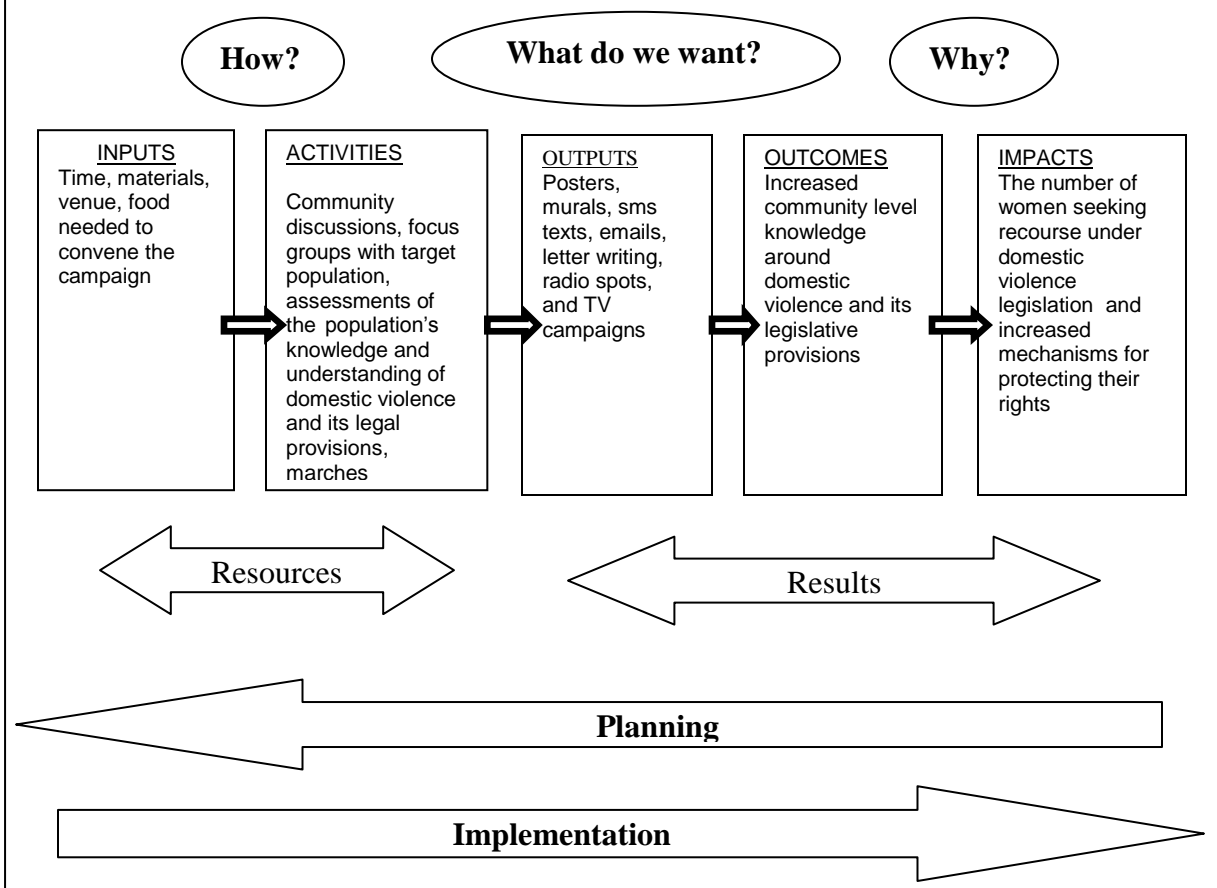

Source: UNDP Handbook on Planning, Monitoring and Evaluation for Development Results (2009, p55)

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Example: A Results Framework for an Awareness-raising Campaign around Domestic Violence Legislation

Goal - Women and girls empowered to claim their rights under law.

Objectives – 1) To increase knowledge of the new domestic violence provisions among community members (men and women) in the town of Risa by 50% in 2 years and 2) To double the number of women and girls in Risa who claim they would report violence perpetrated against them in 3 years.

How? | What do we want? | Why?

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
Time, materials, venue, food needed to convene the campaign	Community discussions, focus groups with target population, assessments of the population's knowledge and understanding of domestic violence and its legal provisions, marches	Posters, murals, sms texts, emails, letter writing, radio spots, and TV campaigns	Increased community level knowledge around domestic violence and its legislative provisions	The number of women seeking recourse under domestic violence legislation and increased mechanisms for protecting their rights

Resources

Results

Planning

Implementation

Logical Frameworks

Logical frameworks or logic models provide a linear, "logical" interpretation of the relationship between inputs, activities, outputs, outcomes and impacts with respect to objectives and goals. They show the causal relationship between inputs, activities, outputs, outcomes and impact vis-à-vis the goals and objectives. Logical frameworks outline the specific inputs needed to carry out the activities/processes to produce specific outputs which will result in specific outcomes and impacts. Logical frameworks do form the basis for monitoring and evaluation activities for all stages of the programme.

Logic models are valuable tools for:

- **Programme Planning and Development**: The logic model structure helps think through your programme strategy—to help clarify where the programme is and where the programme should be.
- **Programme Management:** Because it "connects the dots" between resources, activities, and outcomes, a logic model can be the basis for developing a more detailed management plan. Using data collection and an evaluation plan, the logic model helps track and monitor operations to better manage results. It can serve as the foundation for creating budgets and work plans.
- **Communication**. A well-built logic model is a powerful communications tool. It can show stakeholders at a glance what a programme is doing (activities) and what it is achieving (outcomes), emphasizing the link between the two.

Logical frameworks are presented as diagrams connecting programme inputs to processes, outputs, outcome and impact as they relate to a specific problem or situation. Logic models show what resources the programme will need to accomplish its goals; what the programme will do; and what it hopes to achieve, emphasizing links between these aspects.

A series of "if-then" relationships connect the components of the logic model: if resources are available to the programme, then programme activities can be implemented; if programme activities are implemented successfully, then certain outputs and outcomes can be expected.

The logical framework does not try to account for all of the factors that may influence a programme's operation and results like a conceptual framework. Instead, the logic framework focuses on the programme's inputs, activities, and results. This narrow focus assists programme managers and monitoring and evaluation planners as they clarify the direct relationships among elements of particular interest within a specific programme. (Adapted from Gage and Dunn, 2009 and PATH M&E Initiative)

Example Logical Framework for a Health Provider Training Programme

This logical framework presents a straightforward view of a project designed to improve health providers' knowledge, attitudes and practices and to increase providers' awareness of violence against women as a public health problem and a violation of human rights.
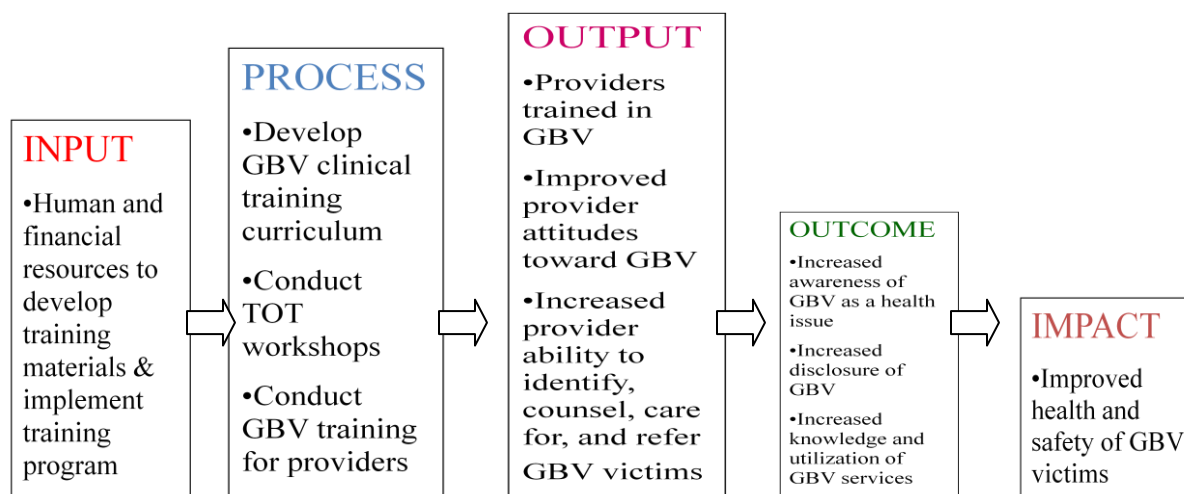
[Gage and Dunn, 2009]

Example logical framework framework for understanding the impact of communication, advocacy and training activities on violence against women and HIV (PATH, 2007)

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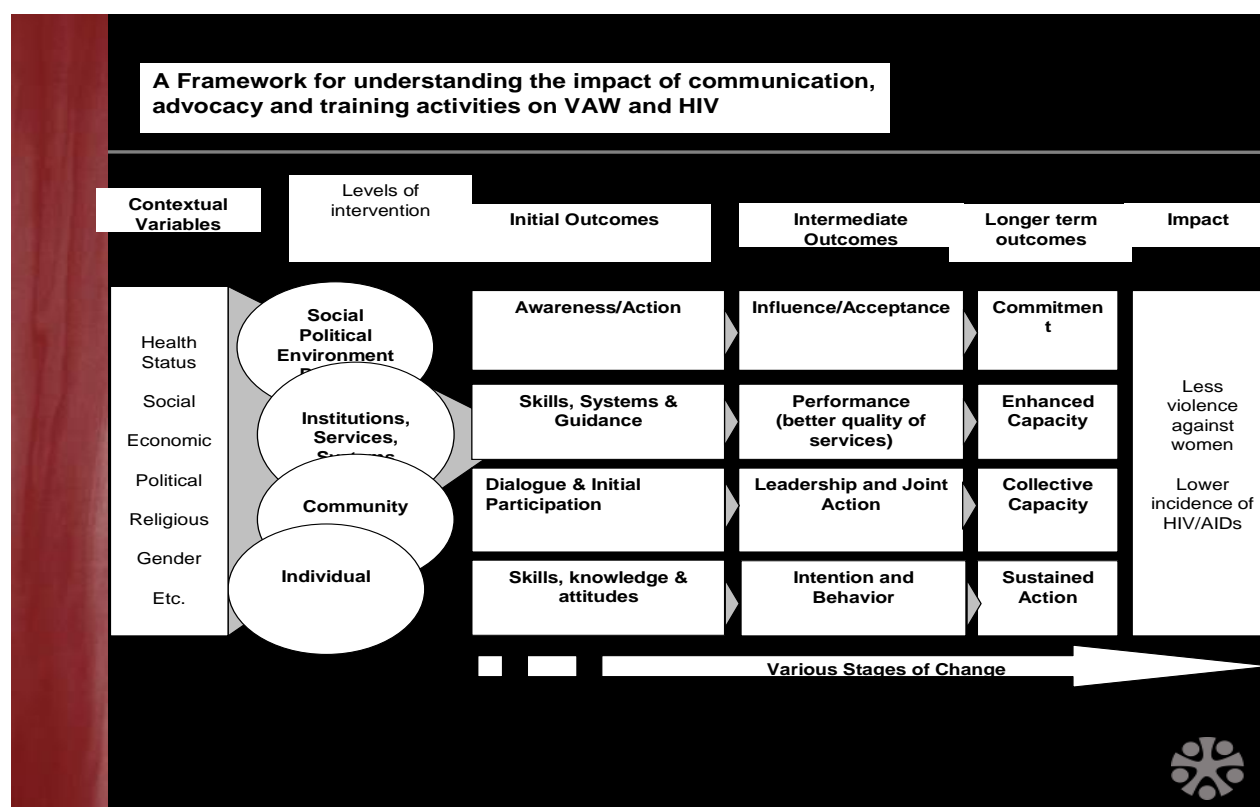
Indicators

Once the conceptual framework is finalized, the next step in completing the monitoring and evaluation framework is selecting indicators. Indicators are signs of progress – they are used to determine whether the programme/intervention is on its way to achieving its [objectives and goal](#).

What are indicators?
- An indicator is a specific, observable and measurable characteristic that can be used to show changes or progress a programme is making toward achieving a specific outcome.
- There should be at least one indicator for each outcome. The indicator should be focused, clear and specific. The change measured by the indicator should represent progress that the programme hopes to make.
- An indicator should be defined in precise, unambiguous terms that describe clearly and exactly what is being measured. Where practical, the indicator should give a relatively good idea of the data required and the population among whom the indicator is measured.
- Indicators do not specify a particular level of achievement -- the words "improved", "increased", or "decreased" do not belong in an indicator.

Characteristics of good indicators
- **Valid:** accurate measure of a behaviour, practice, task that is the expected output or outcome of the intervention
- **Reliable:** consistently measurable over time, in the same way by different observers
- **Precise:** operationally defined in clear terms
- **Measurable**: quantifiable using available tools and methods
- **Timely:** provides a measurement at time intervals relevant and appropriate in terms of programme goals and activities
- **Programmatically important**: linked to the programme or to achieving the programme objectives (Gage and Dunn, 2009)

Challenges and considerations when selecting indicators
- In an ideal world, indicators judged to be the highest quality and most useful would be the ones selected and used to monitor and evaluate programme activities.
- However, in the real world many other factors may intervene. Links to programme activities, as outlined in monitoring and evaluation frameworks are important, as are the needs of the programme for decision-making.
- Many indicators in common use are not well-defined in clear terms, or at least include terminology that could be improved to add greater precision. For instance, "knowledge of dating violence", "attitude towards violence against women", "support-seeking behaviour" of victims of violence, or "quality of services" can all mean and imply different things in different circumstances.

- The more defined an indicator, the less room there will be for later confusion or complications. For example, "percentage of women accessing health services at X facility from TIME A to TIME B who state that they received appropriate care and assistance" or "percentage of men who state that it is not acceptable to hit, slap, punch their wives with hands or other objects under any circumstances."
- Ideal indicators may not be practical; the feasibility of using certain indicators can be constrained by the availability of data and financial and human resources. The requirements and needs of donors, the government, organization headquarters and others may need to be given priority.

Some examples of these considerations are:
- **Availability of data**: Some data may be considered 'privileged' information by agencies, projects, or government officials.
- Data may be available only on aggregated levels or already calculated into indicators that may not be the ideal indicators for your programme or activities.
- **Resources**: Ideal indicators might require collecting data to calculate an unknown denominator, or national data to compare with project area data, or tracking lifetime statistics for an affected and/or control population, etc.
- The cost of collecting appropriate data for ideal indicators is prohibitive.
- Human resources and technical skills may be a constraint as well.
- **Programmatic and external requirements**: Indicators may be imposed from above by those not trained in monitoring and evaluation techniques.
- Reporting schedules may not be synchronized (e.g. fiscal vs. reporting year).
- Different stakeholders' priorities may diverge.
- Standardized indicators should be used if available.
- **In general, programmes should stay away from indicators that activities cannot affect, that are too vague, that do not currently exist and cannot realistically be collected, or that do not accurately represent the desired outcome.** (Gage and Dunn, 2009)
- **When quantitative indicators of success cannot be identified, qualitative methods offer a valuable alternative.** When it is difficult or not possible to measure "benefits" or "risks" in simple, quantitative terms, it is almost always possible to gather qualitative data, such as information on the perspectives of health care providers and women who come for services. In many cases, qualitative indicators provide more relevant information with respect to the success and effectiveness of the intervention. (Bott, Guedes and Claramunt, 2004) See the qualitative approaches section.
- **Information on the perspectives of women and girls (rights-holders) and service providers (governmental duty-bearers or NGOs) is essential.** Evaluation efforts and indicators should include the perspectives of both clients and providers. Information from women accessing or attempting to access services is critical for assessing the effectiveness of an intervention.
- **Select a set of indicators that pertain to the identified objectives for the programme.** If the intervention focuses on training providers, select indicators related for example to providers' knowledge, attitudes and practices, ability to provide care, ability to make referrals, or others depending on the specific objective.

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How many indicators are enough?
Some guidelines to follow when selecting indicators:
- At least one or two indicators per result (ideally, from different sources)
- At least one indicator for every core activity (e.g. training, airing of TV spot)
- No more than 8-10 indicators per area of significant programme focus
- Use a mix of data collection strategies and sources

(Gage and Dunn, 2009)

Process versus result/impact indicators: It is important to remember the difference between process and results indicators.

- **Process Indicators** are used to monitor the number and types of activities carried out.
  Examples include:
  - o The number and types of services provided
  - o The number of people trained
  - o The number and type of materials produced and disseminated
  - o The number and percentage of female clients screened

- **Results Indicators** are used to evaluate whether or not the activity achieved the intended objectives or results. Examples include:
  - A. Selected indicators of knowledge, attitudes and practices as measured by a survey
  - B. The perceptions of survivors about the quality and benefits of services provided by an organization or institution as measured by individual interviews

  (Bott, Guedes and Claramunt, 2004)

Results indicators can be developed at the output, outcome and impact levels.

Output indicators illustrate the change related directly to the activities undertaken within the programme (e.g. percentage of traditional leaders in community x who completed the training on international human rights standards related to violence against women and girls whose knowledge improved.)

Outcome indicators relate to change that is demonstrated as a result of the programme interventions in the medium-to-longer term (e.g. the number of decisions in the informal justice system of community x related to violence against women that reflect a human rights-based approach.)

Impact indicators measure the long-term affect of programme interventions (e.g. the prevalence of violence against women and girls in community x.)

An important issue that needs to be resolved in order to monitor project progress is how to define success. Commonly, organizations are able to track how many events they

have held, and how many people have participated (outputs), but not how people have changed their attitudes or behaviours as a result (outcomes), especially over time.

The main indicator of **impact** should be a **reduction in the prevalence** and **incidence** of violence, but that takes years to achieve and to measure. So more indicators are needed to gauge whether programmes are moving in the right direction.

Monitoring and evaluation frameworks and plans should incorporate both process and results indicators.

Illustrative Logical Framework with Indicators
from
Monitoring and Evaluating Gender-based Violence Prevention and Mitigation Programs
(USAID, MEASURE Evaluation and the Inter-agency Gender Working Group)

Goal: To improve the national response to violence against women

Objective	Activities	Indicators	Means of Verification	Assumptions
To improve access to justice for survivors of rape in conflict settings	• Facilitate access to legal aid networks; • Foster reconciliation and confidence building through improved linkages between local stakeholders • Raise awareness of rule of law, and human rights, including GBV among CBOs and civil society organizations • Align customary law with international standards	• Percentage of staff of the Legal Aid Department of the National Ministry of Justice trained on rule of law and human rights principles, including GBV • Number of workshops conducted aimed at improving linkages between health providers, legal aid networks, and lawyers' associations • Number of GBV awareness raising sessions conducted by CBOs • Percent increase in GBV cases reported, registered and resolved by official law enforcement and judiciary authorities.	• Annual reports • Programme training records • Program records • Crime statistics	Stable political situation, sustained political commitment, and adequate financing

Source: Frankel and Gage 2007

January 2011

Illustrative Indicators at the National and Programmatic Level

➢ **Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators** (MEASURE Evaluation/USAID, 2008). Available in English.

➢ **Measures for the Assessment of Dimensions of Violence against Women: A Compendium** (Flood, 2008). Available in English.

➢ **Towards a Common European Framework to Monitor Progress in Combating Violence against Women** (European Women's Lobby, 2001). Available in English and Spanish.

➢ **Women, Peace & Security – Report of the Secretary General** on UN Security Council Resolution 1325 Indicators for Monitoring Resolution Implementation (United Nations Security Council, 2010). Available in English.

➢ **Proposal of New Indicators to Measure the Effects of Gender** Violence (Gender Violence Effects Indicators, 2009). Available in English and Spanish.

➢ **Handbook on Performance Indicators for Counter-Trafficking Projects** (IOM, 2009). Available in English.

➢ **Guidelines for the Collection of Data on Trafficking in Human Beings Including Comparable Indicators** (International Organization for Migration (IOM) and Federal Ministry of the Interior of Austria, 2009). Available in English.

➢ **Indicadores sobre violencia contra las mujeres: Sistematización y evaluación crítica** (Instituto Interamericano de Derechos Humanos, 2008). Available in Spanish.

➢ **CEDAW Indicators for South Asia: An Initiative** (CENWOR/UNIFEM, 2004). Available in English.

See also the illustrative indicators for specific areas of work:

Health

Justice

Community Mobilization

Conflict/post-Conflict/Emergency

Internationally comparable indicators on violence against women and girls
Indicators can be developed to track a specific programme or intervention; to track national progress across sectors; and to track progress across countries globally.

In this regard, policy makers and activists have called for a comprehensive set of international indicators on violence against women to monitor States' progress in addressing such violence.

The United Nations General Assembly requested the Statistical Commission to develop and propose, in consultation with the Commission on the Status of Women, a set of possible indicators on violence against women in order to assist States in assessing the scope, prevalence and incidence of violence against women.

In response to the General Assembly, the Statistical Commission, formed the Friends of the Chair group to build on the previous work undertaken by the United Nations Statistical Division, Regional Statistical Commissions and the Division for the Advancement of Women (2007), and the Special Rapporteur on violence against women, its causes and consequences, to establish a proposed set of indicators.

An interim set of six indicators was initially proposed and adopted at the Statistical Commission's 40th session (2009) and expanded by the Friends of the Chair to nine indicators in December 2009. The current nine interim indicators, which were accepted by the Statistical Commission in February 2011, are as follows:

- Total and age specific rate of women subject to physical violence in the last 12 months by severity of violence, relationship to perpetrator and frequency.

- Total and age specific rate of women subject to physical violence during lifetime by severity of violence, relationship to perpetrator and frequency.

- Total and age specific rate of women subject to sexual violence in the last 12 months by severity of violence, relationship to perpetrator and frequency.

- Total and age specific rate of women subject to sexual violence during lifetime by severity of violence, relationship to perpetrator and frequency.

- Total and age specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the last 12 months by frequency

- Total and age specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner during lifetime by frequency

- Total and age specific rate of women subjected to psychological violence in the past 12 months by the intimate partner

- Total and age specific rate of women subjected to economic violence in the past 12 months by the intimate partner

- Total and age specific rate of women subjected to female genital mutilation

For more information on the process of developing the indicators, see
Indicators to measure Violence against Women: In the context of efforts by the Friends of the Chair group on Statistical Indicators on Violence against Women and by the United Nations Economic Commission for Europe (Jansen, H., 2010)

An Expert Group Meeting was convened by the United Nations Economic Commission for Europe Conference of European Statisticians in September 2009 to discuss the development and testing of a survey module and methodology to measure the interim set of violence against women indicators. The report is available in English and the updates, along with the survey module and complimentary tools are available from the UNECE website.

c. Monitoring and evaluation plans
(Frankel and Gage/USAID, Measure Evaluation, 2007)

Monitoring and evaluation plans should be created after the planning phase and before the design phase of a programe or intervention. The plan should include information on how the programme or intervention will be examined and assessed. Generally, the plan should outline:
- the underlying assumptions on which the achievement of programme goals depend;
- the anticipated relationships between activities, outputs, and outcomes (the framework);
- well-defined conceptual measures and definitions, along with baseline data;
- the monitoring schedule;
- a list of data sources to be used;
- cost estimates for the monitoring and evaluation activities;
- a list of the partnerships and collaborations that will help achieve the desired results; and
- a plan for the dissemination and utilization of the information gained.

What does a monitoring and evaluation plan include?
- The stated theory of change
- A monitoring and evaluation framework
- Evaluation questions and tools
- Baseline tools and indicators
- A description of the monitoring activities and key moments
- A timeline
- A budget and explanation of the needed resources – money and personnel, capacity development, infrastructure, etc.

What are important considerations for a monitoring and evaluation plan?

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- Resources: how much money and time will be needed to conduct the activities?
- Capacity: Does the programme/project have internal capacity to carry out the proposed monitoring and evaluation activities, including analysis of data collected, or will outside expertise be needed?
- Feasibility: Are the proposed activities realistic? Can they be implemented?
- Timeline: Is the proposed timeline realistic for conducting the proposed activities?
- Ethics: What are the ethical considerations and challenges involved with implementing the proposed activities, and is there a plan in place for addressing those considerations? Has a protocol been submitted for review by a research ethics committee?

When should monitoring and evaluation be undertaken?
- Monitoring and evaluation is an integral part of programmatic and strategic planning.
- It should be incorporated into all aspects of planning from the project's inception.

When should monitoring activities be carried out?
- Monitoring activities should be conducted at key moments during the intervention that will facilitate an assessment of progress towards the objectives and goal.
- Programmes ideally involve continuous monitoring – or routine collection of data and information that will allow them to gauge if activities are being implemented according to expectations, and if barriers or challenges need to be addressed.
- With a series of trainings for example, key monitoring moments should be set after a certain number of trainings.
- With an awareness-raising campaign, key monitoring moments should be set after each aspect of planning and implementing the campaign (e.g. determining exposure to information disseminated through the media after key periods).

When should evaluations be conducted?
- Evaluations should be conducted at the beginning and end of an intervention process. They should include collection of baseline data for comparison purposes.
- Evaluations are usually conducted to answer key questions on the programme's performance and carried out when the staff or the donor wants to make key decisions around the programme – such as how to improve the programme, which activities to continue or discontinue and whether or not to scale up the programme.

Can monitoring and evaluation plans be amended?
- Yes, monitoring and evaluation plans can always be amended and additional indicators or information can always be added. However, information that has already been collected cannot be changed.

Additional Resource:

- See an example monitoring and evaluation plan on page 46 of **Putting the IPPF Monitoring and Evaluation Policy into Practice: A Handbook on Collecting,**

Analyzing and Utilizing Data for Improved Performance (International Planned Parenthood, 2009).

Conducting Monitoring and Evaluation

Evaluation Questions
Evaluation questions articulate the main issues that will be explored by the assessment. They are usually developed after the goals and objectives of a programme have been decided and the activities to support those objectives have been determined. Evaluation questions are useful to:
- Focus and provide structure to an evaluation;
- Guide the evaluation planning process, including data gathering and the methods to be used to obtain the information that is important to the programme implementers, the beneficiaries, donors and other stakeholders; and
- Inform how the results will be incorporated back into planning and implementation to improve the programme.

Steps to Developing Evaluation Questions
The most useful evaluation questions reflect a diversity of stakeholder perspectives, key components of the programme; the most important information needs, and resources available to answer those questions. Steps include the following:

1. Gather relevant stakeholders. Engage some or all of the stakeholders that were involved in the strategic planning phase to help develop evaluation questions or to share the questions that have already been developed to get their inputs and feedback.
2. Review supporting materials such as the strategic plan, programme monitoring and evaluation framework, the work plan, and any other available resources that are relevant to the programme.
3. Brainstorm evaluation questions about the overall programme or a specific programme activity. Focus on the goals, strategies and objectives in the strategic plan and workplan – the inputs, activities, and outputs to generate process evaluation questions. Many questions may be identified that can later be reduced, fine-tuned and prioritized.
4. Sort evaluation questions from the brainstorming session into categories or groups that are relevant to the programme and stakeholders. This process will help determine what resources exist to aid in answering the evaluation questions that are a priority and most important.
5. Decide which evaluation questions to answer. Evaluation questions should be prioritized that:
    - Are important to programme staff and stakeholders
    - Address important programme needs
    - Reflect five-year programme goals, strategies, and objectives of your programme.
    - Can be answered with available resources, including funds and personnel expertise.
    - Can be answered within the available timeframe.
    - Provide information to make programme improvements
    - Will be supported by partners of the programme

6. Verify that the questions are linked to the programme. Once the questions are determined, they can be checked/verified against the programme strategic plan, monitoring and evaluation framework and work plan to make sure they fit and will accomplish what they are setting out to do.

7. Determine who, what, and how to collect the data that will be required for answering the evaluation questions. Determine who will be responsible for collecting the information and analyzing it to answer the evaluation questions. Possible data sources may include persons (e.g. survivors of violence that are engaged with criminal proceedings), documents, or records.

Source: Adapted from Department of Health and Human Services, Centers for Disease Control and Prevention.2009.*Evaluation Briefs,* No. 4. Available in [English](#).

Illustrative evaluation questions from the United Nations Trust Fund to End Violence against Women and Girls cohort on violence against women and HIV

A) For interventions aimed at strengthening capacity of service providers:
  1. Has a multisectoral network been built to improve access to services for women living with violence?
  2. Are women accessing and using quality services more effectively and efficiently?
  3. Did the capacity development activities strengthen understanding of the links between violence against women and HIV and build capacity among service providers for addressing those links?
B) For interventions aimed at raising awareness and transforming norms around violence against women and HIV
  1. Did the twin media and education strategies increase knowledge around violence against women women and HIV?
  2. Did the mobilization activities change the attitudes and beliefs of community members?
  3. Do the peer to peer networks increase women's use of services?

Baseline Assessments

What is baseline data and how is such data collected?
- Baseline data are critical reference points for assessing changes.
- Baseline data is used as a starting point for gauging progress towards the goal and objectives and measuring the level and direction of change. It establishes a basis for comparing the situation before and after an intervention and making inferences as to the effectiveness of the project.
- Baseline data should include the kind of information that would be appropriate for measuring changes in accordance with the objectives of the programme or intervention.
  - For a programme to train service providers, data on providers' knowledge, attitudes and practices might be collected from a KAP survey, and information about the experiences of women seeking services might be collected from interviews.

- For an awareness raising campaign, the target population's current level of awareness might be measured using questionnaires.
- Baseline data can be quantitative or qualitative or a combination of both.

Though the situation analysis and needs assessment can provide some information that can serve as a baseline, they are not the same thing.

Needs assessment	Baseline study
• a tool for project designing and planning • conducted before the project logical framework is finalized • to identify the needs of target community, and the programme strategies and activities that are best suited to meet the needs	• a tool for project monitoring and evaluation • conducted after the project logical framework is finalized but before implementation of activities begin • to provide data against which progress can be monitored and assessed

Source: International Planned Parenthood. 2009. *Putting the IPPF Monitoring and Evaluation Policy into Practice: A handbook on Collecting, Analyzing and Utilizing Data for Improved Performance*.

Questions to ask about a baseline plan
- Does the baseline data describe the situation prior to the intervention?
- Was it collected (will it be collected) within a timeframe close enough to the intervention so that meaningful conclusions can be reached regarding changes measured? There is no standard, recommended timeframe for meaningful, baseline data. The value of data for gauging possible change depends greatly on the context and environment. In a community that has witnessed rapid demographic change, data even a year old may not be useful as a baseline for measuring change.
- Does the information describe the situation and measure factors (knowledge, attitudes, demographics, practices, skills) that the objectives address?
- Does the data accurately reflect the situation for the target population? If taken from a sample, can meaningful inferences be made about the target population?

What kind of baseline data is *necessary, useful, and practical* to collect?
- Keep in mind that baseline data should be appropriate for measuring changes with respect to the objectives and goals of the intervention. The collection of baseline data should be carefully targeted to facilitate this measurement, not to address every issue.
- Programmes should aim to collect baseline data relevant to assessing their projects and interventions, and not overwhelm themselves with additional information.
- Examples of types of baseline data that could be collected include:
  - Incidence and prevalence of various forms of violence against women and girls
  - Knowledge, attitudes and practices (KAP) around gender and violence against women (using knowledge attitudes and practices surveys or focus group discussions) to asses individual and community level norms.

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- Perceptions regarding accessibility and quality of services (women and providers)
- Laws and policies addressing various forms of violence against women
- Community level awareness around the existence and implementation of laws and policies, and the human rights framework
- Infrastructure, commodities and protocols in place (e.g. at police stations and health care facilities) for addressing cases of violence against women
- Number of women survivors accessing health care and other (e.g. social, legal, economic) services
- Number of women accessing police services for domestic violence or sexual assault; number of reports filed; number of cases brought to trial; percentage of cases resulting in a conviction

(Bott, Guedes and Claramunt, 2004)

It is not always necessary or feasible for organizations to conduct extensive baseline studies. Keep in mind that baseline data can also be collated from existing sources.

Prevalence data on various forms of violence against women for example have been collected by government, non-governmental, advocacy, service and research entities at the national and local levels.

If such baseline data is important for the project's monitoring and evaluation framework, a first step should be identifying existing and available information sources, including surveys and service data.

Illustrative Baseline Surveys:

➤ **Southern African Development Community Gender Protocol Barometer Baseline Studies.** These baseline studies have been conducted for Botswana, Lesotho, Madagascar, Mauritius, Seychelles, South Africa, Swaziland, Zambia and Zimbabwe, and include a chapter on gender-based violence. They are available in English from Genderlinks.

➤ **United Nations Inter-agency Task force on Violence against Women** (coordinated by UNFPA and DAW). Ten country pilot baseline assessments for Burkina Faso, Fiji, Jordan, Kyrgyzstan, Paraguay and Rwanda. Available in English from the Inter-agency Network on women and Gender Equality.

➤ **Young Men Initiative for Prevention of Gender-Based Violence Baseline Research Technical Briefs** (CARE and ICRW, 2009). Available in English for Bosnia-Herzegovina, Croatia and Serbia from the Virtual Knowledge Center site.

a) Quantitative

Quantitative (or numerical) data provide comparable data on "who" and "how much."

Quantitative methods are ideal for comparing across similar interventions, across different regions, or before and after an intervention is carried out. They also form the basis for statistical analysis.

Methods for collecting quantitative data (United Nations, 2006):
- **Surveys**: Population-based or household surveys that ask women about their experiences of violence are considered the most reliable method for obtaining information on violence against women in a general population. Population-based surveys use randomly selected samples and their results are therefore representative of the larger population. Because they include the experiences of women regardless of whether they have reported the violence, such surveys are likely to give a more accurate picture than administrative records. This makes them useful for measuring the extent of violence against women, monitoring trends over time, building awareness and developing policy. When studies in different countries use similar methods to measure violence, it is also possible to compare the risk of violence that women face and understand the similarities and differences between settings.

- **Service provider records (health, justice, social service records):** Information collected routinely through agencies that come into contact with women who have suffered violence is known as service based data. It includes records from health centres, police stations and courts, public services and other support services for survivors of violence. Service-based data can be used to monitor the number of women seeking assistance from various agencies and can identify how many women in specific populations have sought support due to violence. This can facilitate estimates of the need for such services and their costs. It can also quantify the need for training among service providers and contribute to evaluating the response of agencies to which women turn for help.

- **Demographic data**
  (United Nations Secretariat, Department of Economic and Social Affairs, 2006) Demographic data refer to the characteristics of a population commonly used in government policies and planning, including for example, sex, age, income, disabilities, mobility, marital status, number of children, education, home ownership, employment status, and location (e.g. urban/rural), among others. Race or ethnicity and religious background information may also be collected, though these characteristics of identity are often controversial for political and social reasons. This type of disaggregated data, together with surveys on violence against women, can help deepen understanding of which women and girls face the greatest risks of or experience different forms of violence, in addition to, which men face the greatest risks of or perpetrate violence.

  The most comprehensive source of demographic data in most countries is the **population and housing census**. A population census is defined as the total process of collecting, compiling, evaluating, analyzing and publishing or otherwise

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disseminating demographic, economic and social data pertaining, at a specific time, to all persons in a country or in a well-delimited part of a country. A population census collects data on basic demographic and social characteristics of the population such as age, sex, marital status, place of birth and place of usual residence. It may also include questions on literacy, school attendance, educational attainment, economic activity status, occupation and number of children ever born, among others. It is, therefore, a rich source of data for examining differences between women and men and for studying specific population subgroups such as elderly women and men or those living in rural areas. A population census also provides the basis for a sampling frame, so that when smaller-scale surveys are conducted, the findings can be extrapolated to the greater population.

The Demographic and Health Survey (and appended Domestic Violence Module) is one example of this method.

Demographic data has also been used by the World Bank in conjunction with its Living Standards Measurement Survey, providing some data on prevalence of domestic violence and female genital mutilation/cutting across wealth quintiles and urban/rural residence. See, *Socio-economic Differences in Health, Nutrition, and Population within Developing Countries: An Overview*.

Administrative records are another important source of information for studying differences between women and men on a broad range of topics. Statistics on employment and unemployment, education, health, criminal justice, vital statistics and other data are periodically produced from administrative records. One of the most widely used administrative record systems is the civil registration system. Although the primary purpose of civil registration is to meet legal and civil requirements, it is an important source of sex-disaggregated information on births, deaths and marriages. When functioning properly, civil registration systems allow countries to produce periodic reports on vital statistics, such as number of live births by sex; number of deaths by sex and age; number of deaths by cause; marriages by characteristics of each spouse and many more.

For many countries developing the capacity to produce basic demographic statistics on a regular and timely basis (every five or ten years) remains a challenge. At the minimum, this would require the implementation of a population and housing census and the setting up and maintenance of a well-functioning civil registration system. Both require significant resources, technically trained civil service staff and long-term commitment from the highest levels of government. [United Nations Secretariat, Department of Economic and Social Affairs, 2006]

- **Pre/post intervention tests**
 (Adapted from Fisher and Foreit, 2002.)
  True experiments are different from other designs because all participants are randomly assigned from a single population to either experimental or control groups. Random assignment of individuals (such as service providers or clients) or

other study units (for example, clinics, villages, or districts) in experiments is different from random sampling in surveys. Random sampling ensures that the individuals in the study are truly representative of the population from which they are drawn. The purpose of random assignment is to ensure that the experimental and control groups are truly comparable to each other. Different techniques can be used to randomly assign study units, ranging from tossing a coin or rolling dice to using a table of random numbers or a computer-generated process. Although random assignment is the preferred technique, it is not always possible for ethical, programmatic, or other reasons.

In the **pretest-posttest control group** design, participants in both the experimental and control groups receive a pre-test: an initial measurement or observation of the knowledge, attitudes, behaviors or practices – most commonly done with a questionnaire, survey or actual test. The experimental group then receives or participates in the programme intervention, while the control group does not receive or participate in the intervention. After the intervention period is completed, both groups receive a post test - a second set of measurements or observations involving the exact same survey, questionnaire or test. Since the experimental group received or participated in the intervention, the hypothesis is that the post-test would reveal changes (in knowledge, attitudes etc) in the direction hoped for. Also, since both the experimental and control cases were randomly assigned, you would expect that the "scores" on the pre-tests would be equivalent for both groups. Because both groups were equivalent at the beginning of the experiment, you can feel confident in attributing any differences between the experimental and the posttest to the effect of the intervention.

The diagram below represents a true experimental design called the **pretest-posttest control group design.**

Time

Experimental Group   Pre-test   Intervention   Post-test

Random Assignment

Control Group   Pre-test   Post-test
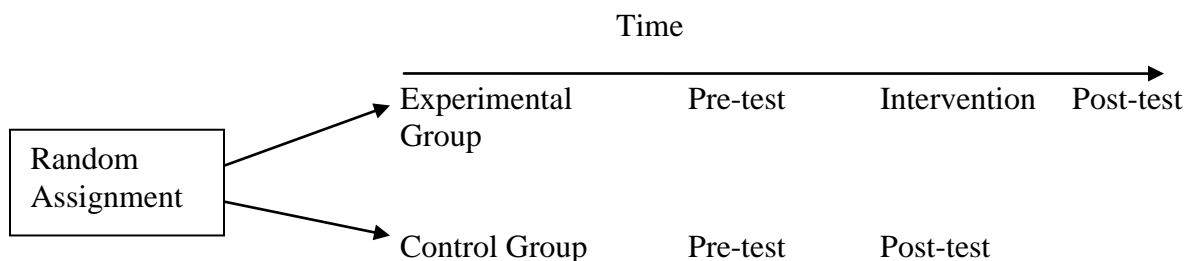
Challenges and limitations of quantitative methods (United Nations, 2006)
- The development of surveys that can lead to comparable, meaningful data requires specific expertise. More work is needed to ensure greater uniformity and comparability in the collection and reporting of data on violence against women. Many of the estimates for intimate partner violence are not comparable because of differences in how violence is defined and measured. There are gaps in geographic coverage, populations addressed and types of violence measured.

- Service provider records are often not systematically collected, difficult to access, not disaggregated by sex, incomplete or inaccurate, or inconsistent. While this type of data may be useful for gauging changes in delivery of services, it cannot be used as an accurate account of how many women/girls are suffering abuse, since many do not report it or seek any service (health, police or legal). Service-based data cannot be used to measure the prevalence of violence since in most societies very few abused women report violence to the police or support services, and those who do tend to be the most seriously injured.
- Pre/post intervention tests need to be conducted with the target population receiving the intervention, as well as a sample control group with similar characteristics. It is often challenging to define and identify this group. There are also ethical considerations around involving women who may be experiencing violence in a control group that does not have access to services.
- Proper analysis of data also requires specific expertise. Errors in analysis often lead to improper conclusions and findings.

Sources of quantitative information:

➢ The **World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence against Women** presents initial results based on interviews with 24,000 women in 15 sites and 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and the United Republic of Tanzania.

The study was implemented by WHO, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), PATH, USA, research institutions and women's organizations in the participating countries.

Findings document the prevalence of intimate partner violence and its association with women's physical, mental, sexual and reproductive health. Data is included on non-partner violence, sexual abuse during childhood and forced first sexual experience. Information is also provided on women's responses: Whom do women turn to and whom do they tell about the violence in their lives? Do they leave or fight back? Which services do they use and what response do they get?
View the Study and Fact Sheets
View the Survey Instrument starting on page 4.

➢ **Demographic and Health Surveys** (Macro International) are nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition.

Standard Demographic and Health Surveys have large sample sizes (usually between 5,000 and 30,000 households) and typically are conducted every 5 years, to allow comparisons over time.

Data is available for 83 countries. In the late 1990s, a standardized **Domestic Violence Module** was included as an option for governments to collect information on the following indicators:

- Experience of any violence ever and in the past 12 months
- Frequency of violence
- Consequences of violence
- Violence during pregnancy
- When spousal violence was first initiated
- Violence by women against their spouse/partner
- Whether and from whom help was sought
- Whether the respondent's mother experienced spousal violence
  Over 25 countries have implemented this module.

View the country reports.
View the survey instrument.

➢ The Demographic and Health Surveys also include an optional module on Female Genital Mutilation/Cutting that provides data on:

- Knowledge of female genital cutting
- Prevalence of female genital cutting
- Percentage of women with at least one living daughter
- Type of female genital cutting
- Person who performed the female genital cutting
- Median age at female genital cutting
- Attitudes towards female genital cutting

View the country reports.
View the survey instrument.

➢ **International Violence against Women Survey** (European Institute for Crime Prevention and Control with inputs from the United Nations Office on Drugs and Crime, United Nations Interregional Crime and Justice Research Institute and Statistics Canada) is an international, comparative survey on violence against women based on the methodology of the International Crime Victim Survey. The survey was initially implemented in eleven countries (Australia, China (Hong Kong), Costa Rica, the Czech Republic, Denmark, Greece, Italy, Mozambique, Poland, Philippines and Switzerland), interviewing over 23,000 women.

The survey covers the following areas:

- Prevalence and severity of violence
- Risk factors and correlates
- Physical and psychological consequences

- Percentage of violent incidents reported to police and other agencies
- Criminal justice system response and women's assessment of these

The book and survey instrument are available for purchase from Springer.

➢ **International Men and Gender Equality Survey** (International Centre for Research on Women and Promundo) is one of the most comprehensive survey instruments developed to understand men's behaviours and attitudes related to gender equality (including violence against women) – and changes in those attitudes and behaviours over time. The survey is also implemented with women to compare attitudes and behaviours between the two. The men's and women's questionnaires are available in English and Portuguese on the Virtual Knowledge Centre site.

➢ **Elaboración de las Líneas de base Sobre Tolerancia Social y Tolerancia Institucional de la Violencia Basada en el Género en Colombia** [Baseline surveys on Social and Institutional Tolerance of Gender-based Violence in Colombia] (Integrated Gender-Based Violence Programme in Colombia of the Spanish Government Millennium Development Goal Fund). These baseline survey instruments were developed under the auspices of the multisectoral programme in Colombia, incorporating elements that will allow comparability with some of the aspects of both the WHO Multi-country Study and the International Men and Gender Equality Survey. The public institutions survey instrument is available in Spanish. The household survey instrument is available in Spanish. The results of the baseline are available in Spanish.

➢ **[add Morocco]**

Additional Resources:

➢ **Guia para el Desarrollo de los Estudios Nacionales sobre Violencia Contra las Mujeres y VIH en Belice, Honduras Y Nicaragua** (PAHO, 2006). Available in Spanish.

➢ The United Nations **Secretary-General's Database on Violence against Women** includes information from Member States on what mechanisms have been implemented to address violence against women surveys that have been conducted. The database is updated on an ongoing basis. Search the database by country.

ii. Qualitative

Qualitative approaches provide contextual, in-depth information on the "why" and "how." Qualitative information complements and provides greater insight into quantitative data. It is extremely useful for understanding community level norms and attitudes underlying violence against women, the non-quantifiable factors that affect service providers' responses to cases of violence, including stigma and discrimination, and the barriers and challenges faced by women in accessing services and support.

Challenges and limitations of qualitative methods
- Qualitative participatory methods require more time and resources
- Qualitative data is harder to analyze and compare
- Qualitative data is sometimes less "credible" to policy makers and donors who prefer numbers

Interventions aimed at addressing attitudes and beliefs in particular should balance quantitative data with qualitative approaches in their monitoring and evaluation plans. For example, quantitative data might reveal the number of cases of violence against women reported to the police. Qualitative methods and participatory discussions with women and front-line police officers can provide critical insight into factors impacting the number of reports or lack thereof.

They might highlight for example, a lack of familiarity with rights and obligations set forth in law, the perception that police are unresponsive to survivors' needs, the fear that if a woman brings a case to trial, she will be stigmatized in her community, thrown out of her house, or subjected to further violence, or discomfort with having to recount experiences with violence in a public setting or to officials that are insensitive.

**Case Study: Strengths and Challenges Found in Participatory Research
In Melanesia and East Timor**

Participatory processes used to study the violence against women situation in Melanesia and East Timor proved to be effective for gaining understanding of ongoing efforts to address the issue in the region and to stimulate dialogue and critical reflection among diverse sectors of the population. In particular, some of the benefits of this approach included:

- Diversity. Through the use of participatory methods, comparable views from diverse stakeholders (i.e. Supreme Court Justices and Ministers of Women's Affairs to women's rights activists and local NGOs, community men and women, and traditional leaders) could be obtained. The use of similar methods across the groups enabled the researchers to identify points of commonality as well as divergent views.

- Triangulation. The use of a variety of data collection methods (document review, individual interviews and focus group discussions), informants (diversity of ethnicity, education, profession, gender, etc.) and researchers allowed for triangulation of the data to corroborate and validate the findings.

- Participation. Engaging key stakeholders in each country from the very beginning of the process was critical for gaining access to a broad range of informants. Including these stakeholders in the interpretation of findings and the development of recommendations created a sense of local ownership of the results. The resulting regional report had much more legitimacy as a blueprint for action than it would have, if it had been viewed simply as the work of external consultants, or a donor agency.

- Dialogue. The participatory process provided a neutral ground for dialogue among some sectors that rarely interacted, and in the consensus-building process around the recommendations, some compromises were reached that might not have been achieved in other circumstances. Most importantly, it allowed for the voices of less powerful groups, particularly women survivors of violence, to be heard throughout the process.

The main challenges found in using a participatory approach, included:

- More time and resources than a traditional evaluation were needed
- Comparison and synthesis of a large amount of complex data from five different countries
- Building consensus around the results among participants from wildly different backgrounds and perspectives

In the end, most participants agreed that the value of the final report lay, not in the recommendations, but in the process leading up to them – a demonstration of social change through research.

Source: Ellsberg, Bradley, Egan and Haddad. 2008 Using Participatory Methods for Researching Violence against Women: An Experience from Melanesia and East Timor

Methods for collecting qualitative data include
- Pre/post intervention focus group discussions with target populations
- Pre/post intervention interviews with target populations and key informants
- Participatory methods such as, participatory learning and action and participatory action research

Participatory Learning and Action (PLA) and Participatory Action Research (PAR)
Participatory Learning and Action and Participatory Action Research include a range of methods that emphasize the full participation of local communities as a way of learning about specific needs, challenges and opportunities, and identifying appropriate action for addressing concerns. These techniques use community members' knowledge and experience as a point of reference, engaging in participatory discussion to stimulate group reflection and motivate participants to act collectively. Individual and collective empowerment of participants and community level social transformation are explicit goals of participatory learning and action and participatory action research and the techniques are particularly useful if the main objectives are social change or the transfer of skills. If accuracy of data is critical, a more traditional approach to research may be more appropriate.

Participation as a strategy to achieve a goal	Participation as a benefit in its own right
▲ Helps us identify entry points into the community	▲ It is everyone's human right to be involved in decisions about their lives and to be healthy
▲ Enables us to explain the benefits of our work to the community	▲ Able to influence change in unhelpful policies, the introduction of new policies and the implementation of good existing policies
▲ Allows for a respectful and inclusive approach to SRH	
▲ Builds trust and better communication	▲ A strong civil society has an important role to play in a country's development, alongside government and the private sector. When the three work cooperatively towards a development goal, this is called 'good governance'
▲ Identifies with the community and involves them in identifying the problems and their causes and the barriers to solving them together	
▲ Identify the various stakeholders and resources in the community	▲ Leads to the empowerment of young people and women and the fairer distribution of knowledge and resources, e.g. young people are more able to control their sexual lives
▲ Identify and reach the most vulnerable people and areas	
▲ Identify beliefs and practices and how they may affect health with community members	▲ Communities gain new skills, knowledge, leadership and resources, which they use to address other problems
▲ Designing strategies for more appropriate, effective and focused work	
▲ Communities and groups who work well together have lower HIV rates and higher levels of condom use	▲ Communities and groups develop more trust and cooperation to work well together to improve their lives. This can lead to effective collective action and changes in harmful norms and practices
▲ Data collection to improve planning, monitoring and evaluation	
▲ Mobilises resources from inside and outside the community	▲ Community capacity and systems strengthened so that they are better able to address all causes of vulnerability
▲ Increases demand and access to good services if community members demand this and contribute to services and activities	▲ Communities are able to collaborate and co-ordinate activities with different organisations to bring about change
▲ Allows for greater community ownership, involvement and sustainability	

Source: International HIV/AIDS Alliance. 2008.

The main principles of participatory research are that:

- **It involves a flexible, interactive process** of exploration that stimulates creativity, flexibility and improvisation in the use of methods to facilitate learning.
- **Community members direct the process**, in the sense that knowledge is produced on the basis of their own experiences. Community members also define the priorities of the research, as well as the collection, analysis, and interpretation of data.
- **The role of outsiders is to facilitate rather than direct** the learning process and the production of knowledge.
- **Participants, not just the researchers or external agents, own the methods and the results.** The socialization of knowledge and techniques in participatory research is greatly encouraged.
- **Diversity is enhanced rather than averaged out.** Participatory research attempts to reveal differences between situations, attitudes, and practices according to social class, gender, and ethnicity and tries to learn from cases that apparently do not conform to the expected.
- **Triangulation is used to validate results.** This refers to the use of different methods for studying the same phenomena, or using the same method with groups that represent diversity, for instance by gender and class, to see whether results are valid for each group.
- **The entire process, not just the results**, is designed to enhance empowerment of individuals and communities, thereby stimulating social change. Emphasis is placed on assessing the quality and understanding the impact of participation, rather than just promoting participation

Examples of Selected Participatory Methodologies

There are a number of qualitative, participatory methods including: focus group discussions, open-ended stories, Venn diagrams, timelines, photovoice/digital stories, body mapping, census mapping, social mapping, problem and solution trees, community stakeholder mapping, role-plays, case studies, brainstorming sessions, ranking of priorities, force field analysis and so many more. Below are examples of some of these methodologies. Additional descriptions can be found in the resources section.

Open ended stories
(Ellsberg and Heise, 2005)
Open-ended stories are useful for exploring people's beliefs and opinions, and for identifying problems or solutions while developing a programme. The method is especially appropriate for use with people with less formal education, and helps stimulate participation in discussions.

In an open-ended story, the beginning, middle, or ending of a relevant story is purposely left out. The audience discusses what might happen in the part of the story that is missing. Usually, the beginning tells a story about a problem, the middle tells a story about a solution, and the end tells a story of an outcome.

To use this technique, consider the following:

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- It is important to design the whole story in advance, so that the part that is left out "fits" the complete story. A storyteller with good communication skills will be needed. Depending on the amount of group discussion, telling the story and filling in the missing part may take as long as two hours.
- The storyteller must be able to tell the story, listen, and respond to the community analysis. Using two facilitators can help—one to tell the story and one to help the community fill in the "gaps." The story and the response need to be captured. Tape recording can be helpful in this instance.

Example of Open-ended Stories: Forced Sex among Adolescents in Ghana

In Ghana, investigators used a version of the open-ended story technique to discover ways in which adolescents say "no" to sex if they do not want to participate and what would happen if the adolescents tried to use condoms.

By learning how young people react in such situations, the team hoped to refine its health promotion materials to better support healthy sexual behaviour. In this adaptation, investigators used a storyline approach in which participants role play a story based on a scene described by the facilitator. At appropriate moments, the facilitator cut into the story to elicit discussion and to introduce a new element or "twist" that might change people's reactions.

The storyline technique created a relaxed and entertaining atmosphere for young people to act out and discuss issues of sexuality and abuse in a nonthreatening atmosphere. The stories allowed participants to discuss an issue without necessarily implicating themselves in the situation. To help animate the characters in the minds of participants, the facilitators solicited input from the group about the names, traits, and personality of the characters. Following is an example of one of the stories used to discuss forced early marriage:

Alhaji married Kande with her parents' blessing. Kande (meaning the only girl among three boys) is 14 years old and Alhaji is 50 years old. Alhaji has three wives already but none of them gave birth to a son. So one day he calls Kande and discusses his problem and his wish of getting a son from her. He also tells her that since she is a virgin, she will by all means give birth to a boy. Kande gets frightened and tells him that she is too young to give birth now. She also assures him that if he can wait for two more years, she will give him a son. Alhaji replies, "I married you. You can't tell me what to do. Whether you like it or not, you are sleeping with me tonight." After the drama sketch was played out, the facilitator asked the group if they thought the story was realistic and if similar situations happened in their area. After analyzing their data, the authors noted, "These stories seemed to show that, at least among these participants, coercion, trickery, deceit, force, and financial need are well known and all too common elements of sexuality for youth in Ghana."

Source: Tweedie I. Content and context of condim and abstinence negotiation among youth in Ghana. In: *Third Annual Meeting of the International Research Network on Violence against Women*. Takoma Park, Maryland: Center for Health and Gender Equity; 1998. P. 21-26. As cited in Ellsberg and Heise, PATH 2005.

Example of open-ended story:
Rosita's story, Mexico

Mexican researchers used a similar approach to explore community attitudes toward women living with abusive partners. As part of a research and demonstration project in Ixtacalco, Mexico, they conducted a series of focus group sessions during which they presented participants with a series of questions based on the lives of a fictional couple, Victor and Rosita. In this case, the facilitator read the scenario. Then researchers handed each subgroup of participants a card with a question on it to spur discussion.

Rosita lives with her husband Victor and her two children, a three-year-old son and a five year old daughter. She finished fifth grade and is a housewife, but for some time now she has wanted to leave Victor. He does not give her enough housekeeping money, and does not let her work because he gets jealous. When he comes home drunk, he insults her and sometimes he forces her to have sex even though she doesn't want to. Rosita has tried talking to him, but it's like talking to a wall. She has put up with this situation for the last four years and hasn't told anybody. She doesn't know what to do… The facilitator divides the group into four subgroups, and gives a different card to each. Each card describes an alternative that Rosita has and contains a series of questions that the participants are asked to answer to complete the story.

Cards for Rosita's story

Group One: **Rosita decides to ask for help**:
1. Where does she go to ask for help? 2. What do they say to her? 3. What does she decide to do?
Group Two: Rosita asks someone to talk to Victor:
1. Who would Victor listen to? What should this person say? 2. What would Victor's reaction be if other people try to intervene? 3. What reasons does Victor give for treating Rosita this way?
Group Three: Rosita decides to leave Victor:
1. What is going to be the most difficult challenge for her? 2. How will it affect her children? 3. What does Rosita need to succeed on her own?
Group Four: Rosita decides to leave Victor but two weeks later returns to him:
1. What makes Rosita return to Victor? 2. How do her family/friends react? 3. Do you think this is best for her and her children?
(Ellsberg and Heise, 2005)

> **Example of adapting an open-ended story:**
> **Rosita goes to the health clinic**
>
> In the Pan American Health Organization (PAHO) review of gender-based violence services in Central America, the story of Rosita was adapted to talk to health workers about how women living with violence are treated in the health center. The story ends when Rosita goes to the health center for a routine visit and the nurse asks her whether she has ever been mistreated by her husband. The group is asked to imagine how the story ends through a discussion of the following questions:
> - What will Rosita tell the nurse when she asks about violence?
> - How will Rosita feel when she is asked about violence?
> - How does the nurse feel about asking Rosita about her family life?
> - What will happen to Rosita if she admits what is happening to her at home?
> - What type of help would be most useful to her?
> - Do you think she will receive this help at the health center?
> - Is Rosita's situation common for women in this community?
> - What happens when women come to this health center asking for help with domestic violence situations?
>
> These questions were used to introduce a more focused discussion on the type of services offered to women in Rosita's situation in the participants' health center. The story stimulated a very rich discussion of how providers detected violence in their clients, and how they treated them.
>
> Examples of providers' comments follow:
> > *"I used to treat women with muscle spasms all the time and I never asked them any questions. Then I started to realize that many of these cases were due to violence. Women are waiting for someone to knock on their door; some of them have been waiting for many years…They are grateful for the opportunity to unload their burden."*
> >
> > *"Sometimes taking a Pap smear, I'll see older women with injuries, dryness and bruises from forced sex."*
>
> *Source:* Velzeboer M, Ellsberg M, Clavel C, Garcia-Moreno C. Violence against Women: The Health Sector Responds. Washington, DC: Pan American Health Organization, PATH; 2003.

Open ended stories were also used in the assessment of interventions in Melanesia and East Timor to get a sense of women's experiences with violence and with the accessibility and quality of services for survivors/victims. Through two stories of fictional women—one beaten by her husband, and another involving her younger sister who was raped by a schoolmate—this study explored the types of support to which women might have access in Melanesia and East Timor. The stories were presented during focus groups discussions and participants were asked where these women would go for help, what kinds of barriers they would encounter, and what would be the likely outcomes of their efforts.

Example of responses to open-ended stories used in Melanesia and East Timor
Women overwhelmingly seek the support of informal networks first. Formal services, such as women's centres or the police, are used only as a last resort, for various reasons. When responding to the story of Laila, the battered wife, participants said she might turn to her friends or family for immediate shelter; however, neither would be able to help for long. Laila's friends might fear becoming involved, including because she may fear reprisals from her own husband. The family might feel the husband had a right to beat Laila, particularly if a bride-price had been paid. They might worry about being forced to return the bride-price to the husband's family. Also, given that customary law in several countries gives custody of children to the husband's family, the wife might lose her children if she separates. "*When this happens, the father would tell the children that their mother ran away because she did not like them. Children suffer when their mother is not there*" (local court clerk, Vanuatu).

Because domestic violence is seen as a private matter, participants said other community members or relatives would be unlikely to intervene to protect Laila from her husband. *Mi no wantem save* ('I don't want to know' in Bislama) and *Ino bisnis blo mi* ('It's not my business' in Bislama) are phrases commonly used by those who witness violence but do not intervene to stop it.

Laila might also seek the support of the local chief or church pastor. The pastor would remind Laila that she vowed to stay in her marriage 'till death do us part', and would encourage her to 'forgive and forget' and return to her husband. "*If the case is in the rural area, then [the] Fiji Women's Crisis Centre is too far and so pastors are usually the first stop. In some villages, the pastors can continue to visit them and counsel them based on biblical principles….*" (Social worker, Social Welfare Department, Labasa, Fiji).

The chief, on the other hand, might set up a *kastom* court meeting, in which the husband or both the husband and Laila would pay a fine before the chief sent Laila back to her husband. Most women come to realize, as a result, they can do very little about the violence. "*She cannot speak out because of bride-price is one [reason] and secondly she is under threat…. Part of the reason is she has no place to go back, like her father and mother they do not want her, which happens to some women. And some they have a lot of children and they can't go back. So they have their own reasons* (Women's focus group discussion in Kup Papua New Guinea).
(Australian Agency for International Development, 2008)

Community mapping
(Ellsberg and Heise, 2005)

A community map is an excellent tool for collecting qualitative data, especially in cultures that have a strong visual tradition. As with many other participatory techniques, maps can be created on paper with colored pens or constructed in the dirt, using natural materials such as sticks and pebbles. Mapping can be used to identify or highlight many aspects of a community, including geographic, demographic, historic, cultural and economic. With

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respect to violence against women and girls, community mapping can be used to identify for example, the number, locations and quality of various services (medical, legal, shelters and others) available to survivors; or the high-risk areas where abuse, sexual harassment and assaults are likely to occur on the way to-and-from work, school or in other public spaces.

How-to approach community mapping (CARE International, 1998):
1. The community was visited and community members were invited to participate:
2. The purpose of the visit was introduced and people's interest and availability to participate was assessed.
3. Participants were requested that someone draw a map of the desired area.
4. Some people will naturally reach for a stick and begin drawing on the ground. Others will look around for paper and pencils. Have materials ready to offer, if it is appropriate.
5. As the map is beginning to take shape, other community members will become involved. Give people plenty of time and space. Do not hurry the process.
6. Wait until people are completely finished before you start asking questions. Then interview the visual output. Phrase questions so that they are open-ended and nonjudgmental. Probe often, show interest, let people talk.
7. If there is additional information that would be useful, you may ask focused questions once conversation about the map has finished.
8. Record any visual output, whether it was drawn on the ground or sketched on paper. Be accurate and include identifying information (place, date, and participant's names if possible).

Case Study: Community Mapping of Sexual Violence from the Dadaab Refugee Camp in Kenya

CARE, an international non-profit organization, used community mapping as part of its rapid assessment of sexual violence in the Dadaab refugee camps on the border between Kenya and Somalia. Participants were asked to make a map of the camp community and to identify areas of heightened risk for women. The women identified several key areas where they did not feel safe:
(1) The bushes around the community well, where attackers lie in wait for women;
(2) The camp's western border, where bandits can easily enter through weakened sections of the live thorn fences; and
(3) The hospital, where women line up before dawn to collect coupons guaranteeing them access to the health center later in the day.

This exercise allowed NGO organizers to identify ways to improve women's safety.

Source: Igras S, Monahan B, Syphrines O. Issues and Responses to Sexual Violence: Assessment Report of the Dadaab Refugee Camps; Kenya. Nairobi, Kenya: Care International; 1998. As cited in Ellsberg and Heise, 2005.

Community Mapping of Sexual Violence in Schools in South Africa

Researchers in Cape Town, South Africa, asked high school girls to draw a map of places where they felt unsafe. The map showed that the girls considered the most unsafe places to be:
(1) The gates of the school, where former students would come to sell drugs and harass students;
(2) The toilets, which in addition to being filthy were places where girls could be harassed by gangs; and
(3) The male teachers' staff room, where teachers would collude to send girls for errands so that other teachers could sexually harass or rape them during their free hours.

The girls were so afraid to go near the staff room that they arranged always to do errands in pairs so as to be able to protect each other.
Source: Abrahams N. School-based Sexual Violence: Understanding the Risks of Using School Toilets Among School-going Girls. Cape Town, South Africa: South African Medical Research Council; 2003. As cited in Ellsberg and Heise, 2005]

School Map

(Ellsberg and Heise, 2005)

Community mapping is also an excellent tool for getting perspective on the kinds of services that are available in a particular community, where they are located, and what challenges women may face in accessing them. Maps can be used to pinpoint the location of police stations, shelters and safe houses, clinics, counseling and testing centers, and other services, and serve as a framework for understanding any barriers and obstacles preventing women from utilizing them. These might include for example, the

fact that a clinic or testing center is located in a visible, public location (and therefore lacking adequate anonymity to ensure privacy and safety; police stations and courthouses are located miles away from a woman's house and from other services, and are not accessible by public transportation; or shelters are located right next to where the perpetrator lives or works.

In the United Kingdom, the Equality and Human Rights Commission and the End Violence against Women Coalition have developed an online mapping of survivor services available across Britain. The *Map of Gaps* highlights the disparities in availability of services in order to advocate for women survivors' equal access to the services they may need in situations of abuse.   The services mapped, include: general violence against women services, domestic violence services, women's refuges (safe spaces/ shelters), services for ethnic minority women, perpetrator programmes, specialist domestic violence courts, sexual violence services, rape crisis centres, sexual assault referral centres and prostitution, trafficking and sexual exploitation services. View the maps.

Venn diagrams
(Igras, Monahan and Syphrines, 1998)
Venn diagrams, also known as circular or "chapati" diagrams, are useful for analyzing social distance, organizational structures, or institutional relationships. The facilitator draws circles of different sizes to represent individuals or organizations that are linked to the problem or community under study. The size of the circles indicates the person, organization or service delivery point's importance. The item's location on the sheet represents how accessible the item is for the person or community. The colors can be used to highlight positive or negative perceptions or relations with the given entity. The technique may be used in small or large groups.

Another method is to make two diagrams per group—one that indicates the real situation and another that represents the ideal situation. Through these diagrams, one can compare how different groups perceive a subject.

Using a Venn Diagram to Obtain Opinions of Nicaraguan Women on Services for Survivors of Domestic Violence

Rural Nicaraguan women in a participatory study carried out by the Nicaraguan Network of Women against Violence produced a Venn diagram to assess the public's view of the proposed domestic violence law. The diagram indicates the individuals or institutions that might be able to help "Maria," a woman whose husband beats her. The circles indicate by size and proximity to Maria how helpful and accessible each individual or institution is perceived to be to her. The text accompanying the circles illustrates the views expressed by women in the group.

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FIGURE 9.7 OPINIONS OF RURAL NICARAGUAN WOMEN ON SERVICES FOR BATTERED WOMEN USING A VENN DIAGRAM
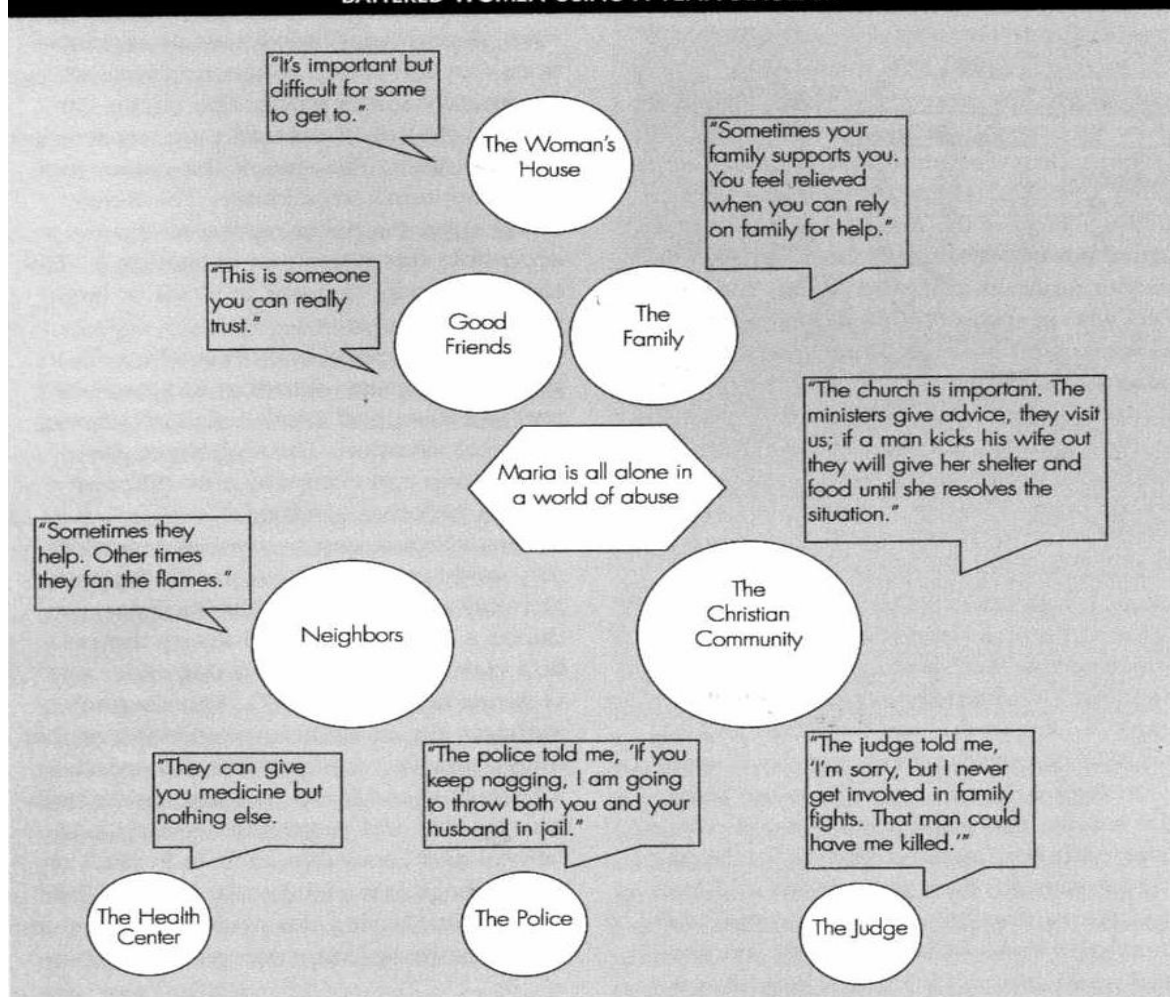
(Ellsberg and Heise, 2005)

Venn diagrams of people and services women might turn to for assistance from an assessment of interventions in Melanesia and East Timor

Different qualitative methods can be used together. The Venn diagram below in conjunction with Leila's open-ended story presented earlier provide a more complete understanding of her experience and the support mechanisms available to her.

Photo Voice and Digital Stories
(Ellsberg and Heise, 2005)

The photo voice and digital stories techniques, also known as shoot back, are an excellent method for participatory research. These techniques provide recorded documentation of first-person accounts on a particular topic. They are created by community members using text, voice-over, photographs, video, drawings and music.

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These approaches are used worldwide on a variety of topics, including domestic violence, rape, other sexual assaults and harassment.

The steps in the process include:
(Wang, 1999 as cited in Ellsberg and Heise, 2005)
- Conceptualize the problem.
- Define broader goals and objectives.
- Recruit policy makers as the audience for photo voice findings.
- Train the trainers.
- Conduct photo voice training.
- Devise the initial theme/s for taking pictures.
- Take pictures.
- Facilitate group discussion.
- Allow for critical reflection and dialogue.
- Select photographs for discussion.
- Contextualize and storytell.
- Codify issues, themes, and theories.
- Document the stories.
- Conduct the [formative evaluation](#).
- Reach policymakers, donors, media, researchers, and others mobilized to create change.
- Conduct participatory evaluation of policy and programme implementation.

Similar to any and all research techniques where individuals are directly involved, the participant's well-being is the primary and central concern in the process of making digital stories. Sensitivity, clarity and accountability for facilitator, narrator and viewer are important and can be achieved by:

- Recruiting participants on a voluntary basis who understand the process and implications of participation. Narrators can be recruited from partner agencies or organizations responding to a specific need, and can include, for example, women or girl survivors accessing services, educators and advocates.
- Ensuring informed consent and the option for participants to opt-out of the process at any time.
- Ensuring the product emerges out of a participatory media production workshop in which:
  - Participants work closely with a team of trainers on content, image and other aspects of the final video
  - Participants are empowered through hands-on assistance with editing, computers, etc. to produce their own products.

In addition, it is good practice to accompany the videos with a detailed discussion guide for facilitators that addresses the videos in an ethical, human-rights based and gender-sensitive manner. These guides can include various components, such as:

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- Guidance on a wide variety of topics, ranging from self-examination to choosing a discussion method;
- Story summaries and transcripts;
- Key points to address;
- Discussion questions, both general and story-specific;
- A story-subject index; and
- Websites and information about organizations that provide assistance related to the topic.

Photovoice and digital stories have been used to study sexual violence against girls in school; to better understand service provider and community attitudes related to HIV positive women who have experienced violence; to document alternative masculinities; to share the experiences of advocates who are spreading messages of zero tolerance; and for so many other initiatives.

Additional Resources:

➢ **Digitial stories on gender, human rights and violence against women** (Sonke Gender Justice). Available in English with accompanying discussion guides.

➢ **Digital stories of youth experiences in Brazil** (Promundo and Silence Speaks). Available in Portuguese with English subtitles.

➢ **Digital stories on domestic and intimate partner violence** (Close to Home). Available in English.

➢ **Video for Change: online training video** (WITNESS). Available in English, French and Spanish with an accompanying manual in English, French, Russian and Spanish.

Timelines
Timelines or seasonal calendars are useful for exploring trends over time, and important events leading up to certain changes. They can be used to measure experiences at a national level (for example, the events leading up to specific changes in domestic violence legislation). They are also useful for diagramming change in a community (e.g., when social violence became a serious problem) or personal experiences in the life of an individual (for example, when a woman first started being abused by her husband, and what actions she subsequently took to overcome the violence). (Ellsberg and Heise, 2005)

In a timeline, events or trends are charted according to years, months, or days. Events may be plotted along a line, or a line may be plotted along a vertical axis to indicate increases in the frequency or severity of a specific problem. A common method in participatory research is to have community members diagram or "draw" the timeline or calendar on the ground using sticks and other natural items (such as leaves, rocks, or
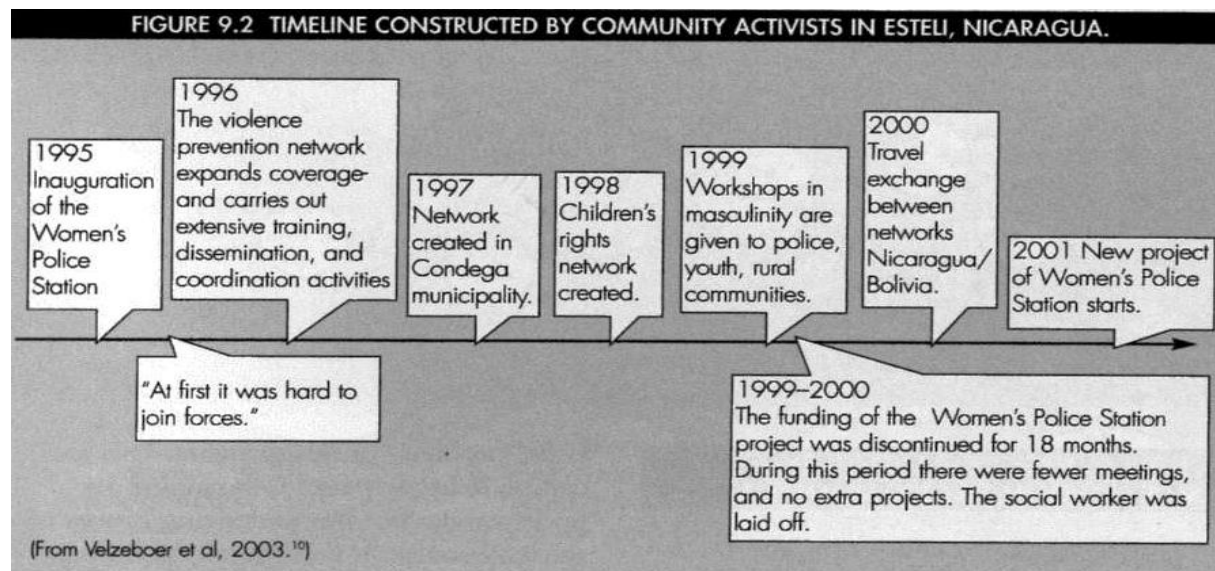
flowers) to mark key events. It is often helpful to involve multiple stakeholders (e.g. staff and volunteers from a women's shelter, women activists, and members of the police who work with survivors of violence), who can collectively recollect the history and sequence of events related to the issue being explored.

"The Road Traveled"
Gender-based Violence Programmes in Nicaragua and Vanuatu

In the participatory review of gender-based violence programmes in Central America, researchers used an exercise called "The Road Traveled." The facilitator gave the following introduction:
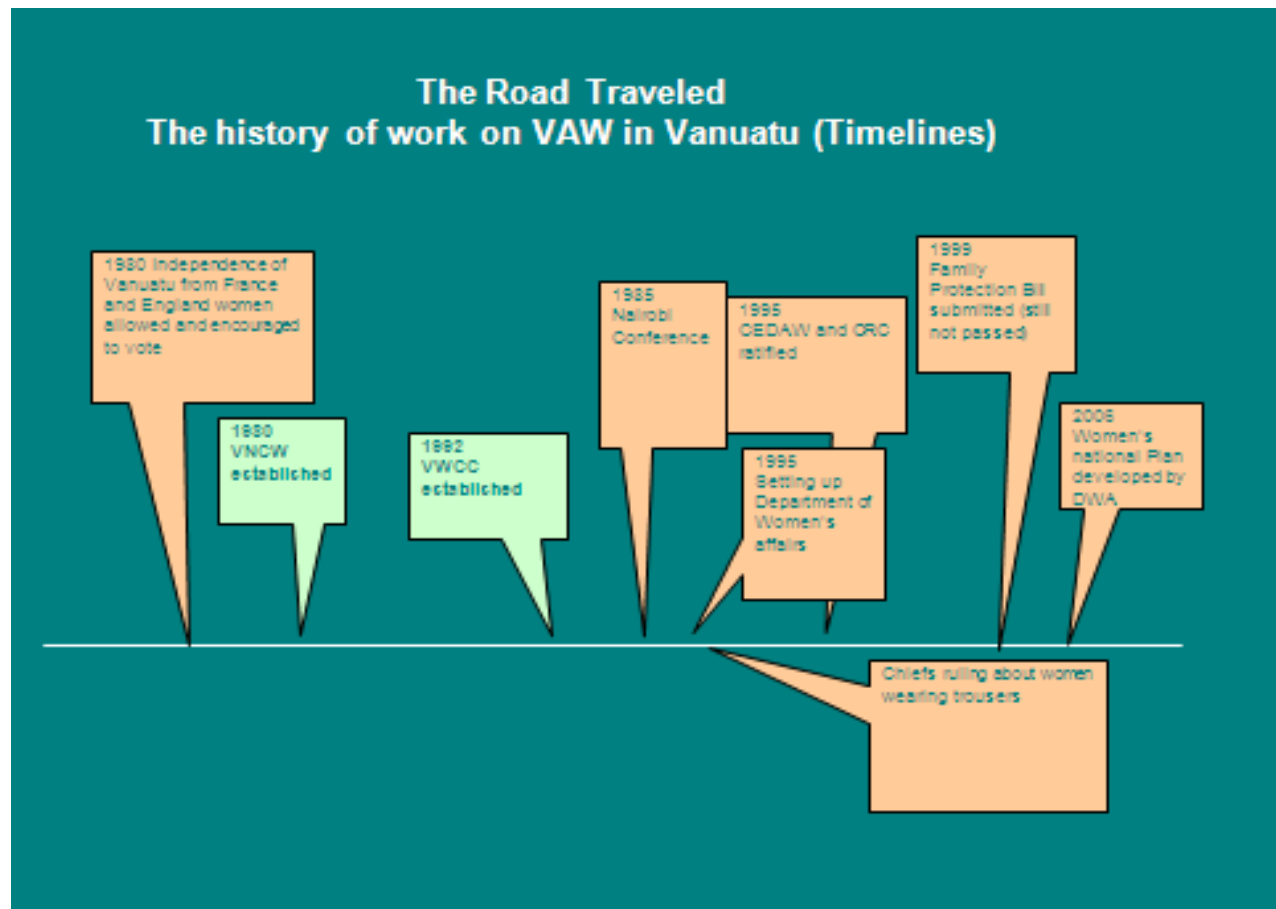
If we imagine that every process of change is a road that we follow from one place to another, we can see that the road is not usually a straight line. Sometimes there are curves and bumps. Sometimes there are streams to cross and stones to climb over. Sometimes we end up someplace far away from where we imagined we would be, and sometimes we take a long journey and end up practically at home again. Sometimes, however, we manage to cross long distances, and find many beautiful things along the way— flowers, and trees to give us fruits and shade. Let's imagine that the work of your group is like a journey. At one end is the place where you started and the other end is where we are now. Let's recreate the steps we took along the way to get to where we are. When (what year) and how did the journey begin for this group? What were the major steps that helped you grow, or challenged you?

Important dates and descriptions were then placed along the timeline. Above the line, events that were positive were noted (with a symbol, such as a flower) and below the line, events or circumstances that were negative were noted (with a symbol, such as a stone).

FIGURE 9.2 TIMELINE CONSTRUCTED BY COMMUNITY ACTIVISTS IN ESTELI, NICARAGUA.

(From Velzeboer et al, 2003.[10])

(Velzeboer et al, 2003)

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Timelines were also used in the assessment of interventions in Melanesia and East Timor to get perspective of stakeholders on key historical moments related to addressing violence against women, both positive and negative. The example from Vanuatu below for example, highlights the establishment of women's organizations, key conferences and enactment of legislation, as well as a discriminatory ruling prohibiting women from wearing trousers.

The Road Traveled
The history of work on VAW in Vanuatu (Timelines)

1980 Independence of Vanuatu from France and England women allowed and encouraged to vote

1980 VNCW established

1982 VWCC established

1985 Nairobi Conference

1995 CEDAW and CRC ratified

1995 Setting up Department of Women's affairs

1999 Family Protection Bill submitted (still not passed)

2006 Women's national Plan developed by DWA

Chiefs ruling about women wearing trousers

Source: Diagram of a timeline used during the process conducted for the AusAid Assessment of Violence against Women in Melanesia and East Timor, See AusAid 2008 and Ellsberg, Bradley, Egan and Haddad 2008)

Focus Group Discussions
(Ellsberg and Heise, 2005)

Focus group discussions are a powerful method for collecting information relatively quickly. They are better suited for exploring norms, beliefs and practices than for seeking information on actual behaviours or details of individual lives. The **focus group** is a special type of group in terms of its purpose, size, composition, and procedures. A focus group is usually composed of six to ten individuals who have been selected because they

share certain characteristics that are relevant to the topic to be discussed. In some cases, the participants are selected specifically so that they do not know each other, but in many cases that is not possible, particularly when participants belong to the same community or organization. The discussion is carefully planned, and is designed to obtain information on participants' beliefs about and perceptions of a defined area of interest.

Focus groups differ in several important ways from informal discussion groups:
- Specific, predetermined criteria are used for recruiting focus group participants.
- The topics to be discussed are decided beforehand, and the moderator usually uses a predetermined list of open-ended questions that are arranged in a natural and logical sequence.
- Focus group discussions may also be carried out using participatory techniques such as ranking, story completion, or Venn diagrams. This may be particularly useful when working with groups with little formal education or when talking about very sensitive issues. (In the Nicaraguan study on a new domestic violence law, described in the following pages, however, participatory techniques were used successfully in focus group discussions with judges and mental health professionals as well as with rural men and women.)
- Unlike individual interviews, focus group discussions rely on the interactions among participants about the topics presented. Group members may influence each other by responding to ideas and comments that arise during the discussion, but there is no pressure on the moderator to have the group reach consensus.
- Focus groups have been used successfully to assess needs, develop interventions, test new ideas or programmes, improve existing programmes, and generate a range of ideas on a particular subject as background information for constructing more structured questionnaires. However, they are not easy to conduct. They require thorough planning and training of group moderators.

When planning a focus group, consider the following **recommendations**:
- Focus groups require **trained moderators**. Three types of people will be needed: **recruiters**, who locate and invite participants; **moderators**, who conduct the group discussions; and **note-takers**, who list topics discussed, record reactions of the group participants, and tape-record the entire discussion (if all participants give consent). Note-takers also help transcribe the taped discussions.
- Focus groups are usually composed of homogeneous members of the target population. It is often a good idea to **form groups of respondents that are similar** in terms of social class, age, level of knowledge, cultural/ethnic characteristics, and sex. This will help to create an environment in which participants are comfortable with each other and feel free to express their opinions. It also helps to distinguish opinions that might be attributed to these different characteristics among groups.
- If possible, experienced focus group leaders suggest conducting at least two groups for each "type" of respondent to be interviewed.
- The **optimal size group** consists of six to ten respondents. This helps ensure that all individuals participate and that each participant has enough time to speak. However, sometimes, it is not possible to regulate the size of a group, and

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successful focus group discussions have been carried out with many more participants.

- **Analyze the data by group**. Data analysis consists of several steps. First, write summaries for each group discussion. Next, write a summary for each "type" of group (e.g., a summary of all discussions conducted with young mothers). Finally, **compare results from different "types" of groups** (e.g., results from groups of young versus older mothers).
- The discussions may be taped for transcription later, but this substantially increases the time and cost of analysis. One alternative is to **take careful notes** during the discussion and to refer to the audiotapes for specific areas where there are doubts.
- **Focus groups give information about groups of people** rather than individuals.
- They do not provide any information about the frequency or the distribution of beliefs or behaviour in the population. When interpreting the data, it is important to remember that focus groups are designed to gather information that reflects what is considered normative in that culture. In other words, if wife abuse is culturally accepted, then it should not be difficult to get participants to speak frankly about it. However, some topics are very sensitive because they imply actions or orientations that are either culturally taboo or stigmatizing. For the same reason, focus group **respondents should not** be asked to **reveal the details of their individual, personal lives** in a focus group setting, especially when the subject matter of the focus group deals with sensitive issues such as domestic violence and sexual abuse. If a researcher wants information on women's individual experiences, then that should be done in private individual interviews. In many cases, facilitators ask respondents to think about the perspectives and behaviour of their peers, for example, which allows them to draw on their experiences in general terms but does not ask them to reveal the details of their own behaviour or experiences in a group setting.

Focus Group Discussion:
Advocating for a New Domestic Violence Law in Nicaragua

The Nicaraguan Network of Women against Violence used focus group discussions in the consultation process for a new domestic violence law that was presented before the National Assembly. Because the new law was controversial (it criminalized inflicting emotional injuries, and established restraining orders for abusive husbands), the purpose of the study was to assess both the political and technical viability of the new law.

The research team conducted 19 focus groups with over 150 individuals representing different sectors of the population, such as urban and rural men and women, youth, police officers, survivors of violence, judges, mental health experts, and medical examiners. The main questions asked by the study were:

- What kinds of acts were considered violent?
- What kinds of legal measures were considered to be most effective for preventing violence?

The researchers used ranking, Venn diagrams, and free listing exercises to initiate discussions. A team of men and women from member groups of the Network were trained as focus group moderators, and two team members led each group. Focus groups sessions were audio-taped and researchers presented typed notes and diagrams from each session. The team did the analysis as a group, and participants' responses were organized according to themes.

The study revealed a broad consensus on several issues, the most significant of which were the gravity of psychological injury and the importance of protective measures for battered women. It was widely agreed that the psychological consequences of abuse were often much more serious and long-lasting than physical injuries and that the legal definition of injury should take this into account. One rural woman noted that harsh and demeaning words can make one "feel like an old shoe." A judge noted that "bruises and cuts will heal eventually but psychological damage lasts forever." The results of the study were presented in testimony to the Justice Commission of the National Assembly, which subsequently ruled unanimously in favor of the law.
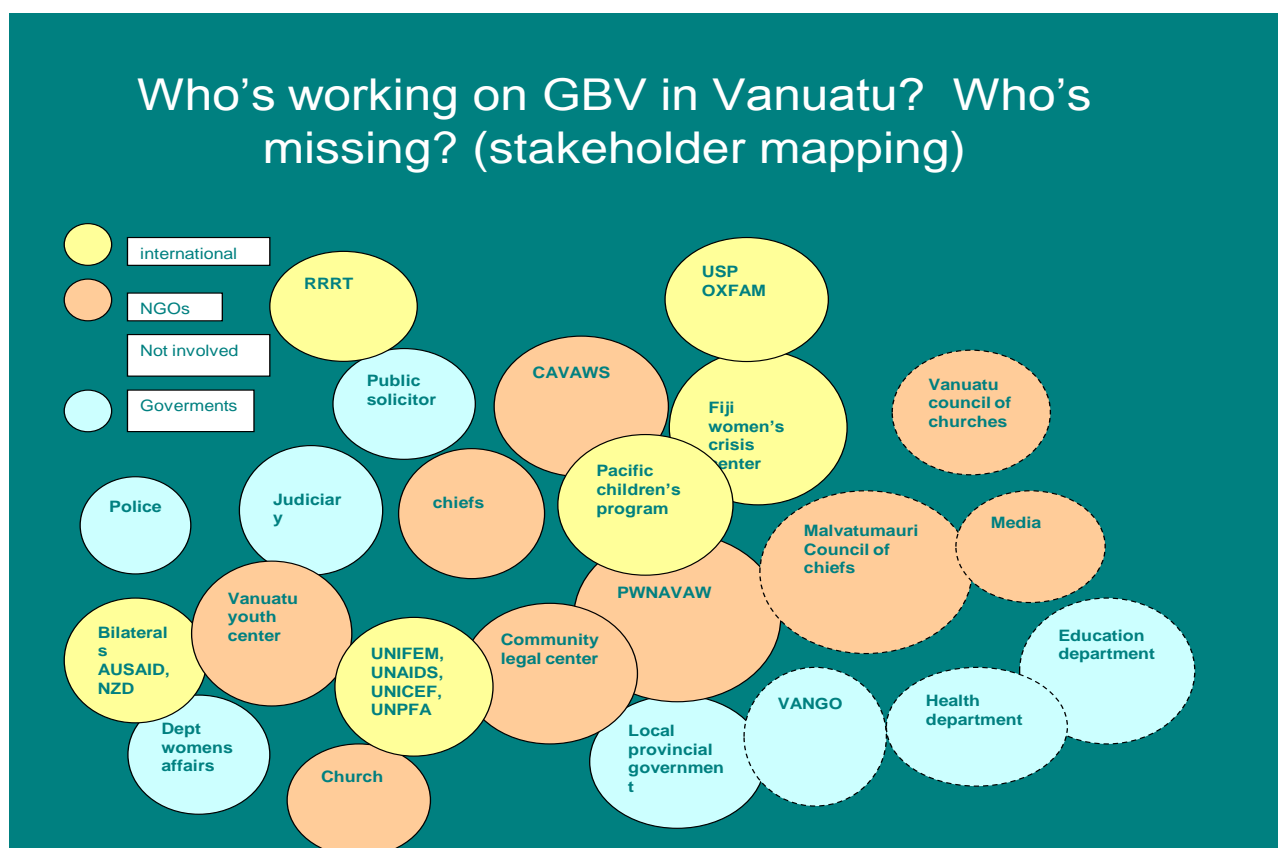
Stakeholder Mapping

Similar to community mapping and venn diagrams, stakeholder mapping is a useful participatory tool for visualizing, from the perspective of the community, the range of actors that are involved or should ideally be involved in addressing violence against women. Stakeholders might include safe houses, community-based groups that provide legal, psycho-social, economic or other forms of support for survivors of violence, support networks for women living with violence, NGOs engaged in advocacy, legal and health care services, government entities responsible for developing and implementing meaningful policies and laws and international organizations that may provide support or technical assistance.

Community maps can also highlight relationships, collaboration and coordination between organizations and sectors, as well as gaps and weaknesses in this area. Community mapping is ideal during formative assessments and as a tool for monitoring progress with respect to strengthening the role and capacity of stakeholders in addressing violence against women and empowering women to claim their rights and maneuver the often complex network of organizations involved in responding to violence against women.

Melanesia Stakeholder Mapping on Violence Prevention

The stakeholder mapping was done with groups whose members represented more than one sector (e.g. multisectoral commissions on violence prevention). The participants mapped out all the stakeholders who were involved in some way with violence prevention. Different colors were used to indicate whether the groups were governmental agencies, NGOs, civil society organizations or international agencies. The size of the circle that included the name of the group varied based on the importance of their participation (i.e. the bigger the circle, the more important the group). Then, participants were asked to name groups or individuals who were not involved in violence prevention, but should be. These stakeholders were encircled with dotted lines

Source: Diagram of stakeholder mapping used during the process conducted for the AusAid Assessment of Violence against Women in Melanesia and East Timor, See AusAid 2008 and Ellsberg, Bradley, Egan and Haddad 2008

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Additional Resources:

- **The Communications Initiative website,** Planning Models section**.** Available in [English](#).

- **The Most Significant Change Technique: A Guide to Its Use**, Rick Davies and Jess Dart. Available in [English](#).

- **The International Institute of Education and Development's website**, Participatory Learning and Action section. Available in [English](#).

- **The Resource Centers Participatory Learning and Action website**. Available in [English](#).

- ***Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*** (Care International Zambia, 1999) This guide provides descriptions, lessons learned and explanations of how to employ different participatory methodologies. Though developed for the purposes of sexual and reproductive health programming with young people, the methodologies can be adapted for use with various population groups and on violence-related programming. Available in [English](#).

- ***Monitoring and Evaluation with Children*** (Plan Togo, 2006) This guide was designed to help those monitoring and evaluating projects with children. It aims to help involve children in the process of evaluation and what needs to change or be taken into account when working with them. Available in [English](#).

Evaluation Types: Monitoring, Outcome and Impact

Monitoring (Process, Formative, Mid-term Evaluation)
Monitoring is a form of evaluation or assessment, though unlike outcome or impact evaluation, it takes place shortly after an intervention has begun (formative evaluation), throughout the course of an intervention (process evaluation) or midway through the intervention (mid-term evaluation).

Monitoring is not an end in itself. Monitoring allows programmes to determine what is and is not working well, so that adjustments can be made along the way. It allows programmes to assess what is actually happening versus what was planned.

Monitoring allows programmes to:
- Implement remedial measures to get programmes back on track and remain accountable to the expected results the programme is aiming to achieve.
- Determine how funds should be distributed across the programme activities.
- Collect information that can be used in the evaluation process.

When monitoring activities are not carried out directly by the decision-makers of the programme it is crucial that the findings from those monitoring activities are coordinated and fed back to them.

Information from monitoring activities can also be disseminated to different groups outside of the organization which helps promote transparency and provides an opportunity to obtain feedback from key stakeholders.

There are no standard monitoring tools and methods. These will vary according to the type of intervention and objectives outlined in the programme. Examples of monitoring methods include:
- Activity monitoring reports
- Record reviews from service provision (e.g. police reports, case records, health intake forms and records, others)
- Exit interviews with clients (survivors)
- Qualitative techniques to measure attitudes, knowledge, skills, behavior and the experiences of survivors, service providers, perpetrators and others that might be targeted in the intervention.
- Statistical reviews from administrative databases (i.e. in the health, justice, interior sectors, shelters, social welfare offices and others)
- Other quantitative techniques.

Outcome Evaluation

Outcome evaluations measure programme results or outcomes. These can be both short and long-term outcomes.

- For example, in a programme to strengthen health sector response to cases of violence against women, a short-term outcome may be the use of standardized protocols and procedures by practitioners in a health facility.
- A long-term outcome may be the sector and system-wide integration of those policies.
- It is important to be very clear from the beginning of a project or intervention, what the expected objectives and outcomes will be, and to identify what specific changes are expected for what specific population.

Impact Evaluation

Impact evaluation measures the difference between what happened with the programme and what would have happened without it. It answers the question, "How much (if any) of the change observed in the target population occurred because of the programme or intervention?"

Rigorous research designs are needed for this level of evaluation. It is the most complex and intensive type of evaluation, incorporating methods such as random selection, control and comparison groups. These methods serve to:
- Establish causal links or relationships between the activities carried out and the desired outcomes.
- Identify and isolate any external factors that may influence the desired outcomes.

For example, an impact evaluation of an initiative aimed at preventing sexual assaults on women and girls in town **x** through infrastructural improvements (lighting, more visible walkways, etc.) might also look at data from a comparison community (town **y**) to assess whether reductions in the number of assaults seen at the end of the programme could be attributed to those improvements. The aim is to isolate other factors that might have influenced the reduction in assaults, such as training for police or new legislation.

While impact evaluations may be considered the "gold standard" for monitoring and evaluation, they are challenging and may not be feasible for many reasons, including:
- They require a significant amount of resources and time, which many organizations may not have.
- To be done properly, they also require the collection of data following specific statistical methodology, over a period of time, from a range of control and intervention groups, which may be difficult for some groups.

Impact evaluations may not always be called for, or even appropriate for the needs of most programmes and interventions looking to monitor and evaluate their activities.

- To measure programme impact, an evaluation is typically conducted at the start (known as a baseline) and again at the end (known as an endline) of a programme. Measurements are also collected from a control group with similar characteristics to the target population, but that is not receiving the intervention so that the two can be compared.

- Attributing changes in outcomes to a particular intervention requires one to rule out all other possible explanations and control for all external or confounding factors that may account for the results. An evaluation of the *impact of a campaign* to raise awareness around the provisions of a recently enacted law on violence against women for example would need to incorporate:
    o Baseline data on awareness of the law's provisions prior to the campaign for the intervention group
    o Endline data on awareness of the law's provisions after the campaign for the intervention group
    o Baseline data on awareness of the law's provisions prior to the campaign for a closely matched control group not exposed to the campaign
    o Endline data on awareness of the law's provisions after the campaign for a closely matched control group not exposed to the campaign – in particular to see if there were external/ additional factors that might influence their level of awareness.

- If the study design does not involve a randomly-assigned control group, it is not possible to make a definitive statement regarding any differences in outcome between areas with the programme and areas without the programme.

- However, if statistically rigorous baseline studies with randomly assigned control groups cannot be conducted, very useful and valid baseline information and endline information can still be collected.

Evaluation requires technical expertise and training. If the programme does not maintain the capacity in-house, external evaluators should be hired to assist.

> **Guidance Note on Developing Terms of Reference (ToR) for Evaluations** (UNIFEM, 2009). Available in English on the Virtual Knowledge Centre site.

Once an evaluation is completed, a comprehensive report should be drafted to document the programme intervention's results and findings.

> **Guidance: Quality Criteria for Evaluation Reports** (UNIFEM, 2009). Available in English on the Virtual Knowledge Centre site.

The evaluation report (or a summary of the report where appropriate) should be disseminated to staff, donors and other stakeholders.

> **Guidance Note on Developing an Evaluation Dissemination Strategy** (UNIFEM, 2009). Available in English on the Virtual Knowledge Centre site.

Illustrative monitoring and evaluation reports:

- ➢ **A Reality Check on European Services for Women and Children Victims of Violence** (Women against Violence Europe, 2009). Available in English.

- ➢ **Protecting against Violence: Analytical study on the effective implementation of Recommendation Rec(2002)5 on the protection of women against violence in Council of Europe member States** (Council of Europe, 2007). Available in English and French.

- ➢ **Combating Violence against Women: Stocktaking Study on the Measures and Actions Taken in Council of Europe Member States** (Council of Europe, 2006). Available in English and French.

For additional monitoring and evaluation reports by sector, see:

Health
Justice
Community Mobilization
Conflict/post-Conflict/Emergency

Additional Resources:

- ➢ *M&E Fundamentals: A Self-Guided Minicourse* (Frankel and Gage/MEASURE Evaluation, 2007). Available in English.

- ➢ *Monitoring and Evaluating Gender-based Violence Prevention and Mitigation Programs* (USAID, MEASURE Evaluation and Inter-agency Gender Working Group). The power point, facilitators guide, handout and answer sheet are available in English on the Virtual Knowledge Centre site.

- ➢ *Monitoring and Evaluating Gender-Based Violence: A Technical Seminar Recognizing the 2008 '16 Days of Activism'* (Inter-agency Gender Working Group/USAID, 2008). Presentations available in English.

- ➢ *Sexual and Intimate Partner Violence Prevention Programmes Evaluation Guide* (Centers for Disease Control and Prevention). The guide presents information for planning and conducting evaluations; information on linking programme goals, objectives, activities, outcomes, and evaluation strategies; sources and techniques for data gathering; and tips on analyzing and interpreting the data collected and sharing the results. It is available for purchase in English.

- ➢ *A Practical Guide to Evaluating Domestic Violence Coordinating Councils* (Allen and Hagen/National Resource Center on Domestic Violence, 2003). Available in English.

- ***Building Data Systems for Monitoring and Responding to Violence Against Women*** (Centers for Disease Control and Prevention, 2000). Available in English.

- ***Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*** (Centers for Disease Control and Prevention, 2002). Available in English.

- ***Using Mystery Clients: A Guide to Using Mystery Clients for Evaluation Input*** (Pathfinder, 2006). Available in English.

- ***A Place to Start: A Resource Kit for Preventing Sexual Violence*** (Sexual Violence Prevention Programme of the Minnesota Department of Health). Evaluation tools available: Community Assessment Planning Tool; Evaluation Planning Tool; Opinions About Sexual Assault; Client Satisfaction Survey; Participant Feedback Form; Teacher/Staff Evaluation of School Presentation; Program Dropout Form

- ***National Online Resource Center on Violence Against Women*** Evaluation page.

- ***Gender Equality and Human Rights Responsive Evaluation*** (UN Women, 2010). Available in English. See also the UN Women online guide to gender equality and human rights responsive evaluation in English, French and Spanish

- ***Putting the IPPF Monitoring and Evaluation Policy into Practice: A Handbook on Collecting, Analyzing and Utilizing Data for Improved Performance*** (International Planned Parenthood, 2009). Available in English.

HEALTH SECTOR

Overview of the importance of monitoring and evaluation of health sector initiatives

- The evidence base around the effectiveness of different strategies and interventions in the health sector, while growing, is still weak in many areas. This poses challenges on a number of levels. Where thorough assessments are not available, decisions regarding how resources should be spent and what programmes should be supported may be made on the basis of incomplete information or findings from evaluations that are inappropriate for the specific contexts. In the worst cases, without proper evaluation programmes may also be doing more harm than good for survivors.

- Evaluations provide a framework for identifying promising interventions, targeting specific aspects of those interventions that contribute to their success, and drawbacks and gaps with each strategy. Without this information, critical resources might be wasted on programmes that will not lead to desired outcomes or may even worsen the situation for women.

- Ideally, a health programme should be able to measure progress toward its objectives and evaluate whether an intervention has been beneficial or has created additional risks. However, many health programmes carry out activities without clarifying what results they are trying to achieve or determining whether or not they did in fact achieve those results. (Guedes 2004, Bott, Guedes and Claramunt 2004)

- Health programmes that address violence have a particularly great responsibility to invest in monitoring and evaluation given the possibility that a poorly-planned intervention can put women at additional risk or inflict unintended harm. For example, a training session may fail to change misperceptions and prejudices that can harm victims of violence, or may even reinforce them. Or a routine screening policy may be implemented in ways that actually increase women's risk of violence or emotional harm.

- Monitoring and evaluation offer invaluable information about the best way for health programmes to protect the health, rights and safety of women who experience violence.

- Health services provide a unique window of opportunity to address the needs of abused women and are essential in the prevention and response to violence against women and girls, since most women come into contact with the health system at some point in their lives. The health sector is frequently the first point of contact with any formal system for women experiencing abuse, whether they disclose or not. Every clinic visit presents an opportunity to ameliorate the effects of violence as well as help prevent future incidents. Monitoring and evaluating these service in the health sector is crucial to the broader response to violence against women and girls. (Heise, Ellsberg and Gottomoeller, 1999)

- Monitoring and evaluation should look at all elements of the system-wide approach to health, including the policies, protocols, infrastructure, supplies, staff capacity to deliver quality medical and psychosocial support, staff training and other professional development opportunities, case documentation and data systems, the functioning of referral networks, safety and danger assessments, among other items that are relevant to specific contexts and programmes. (See Heise, Ellsberg and Gottomoeller, 1999, Velzeboer et al 2003, Bott, Guedes and Claramunt 2004)

Conducting an evaluation of health sector interventions
Keep in mind that evaluations should be based on operational and theoretical frameworks and that they should be incorporated in a programme's planning stages. Baseline and situation analyses are critical to monitoring and evaluation efforts, but rarely conducted. Please refer to the introductory section for additional information on developing an appropriate framework and collecting baseline data.
(Bott, Guedes and Claramunt, 2004)

- **Define a clear programmatic goal for the intervention**
  A goal reflects the basic, very broad, conceptual aim of the project and the desired long-term outcome. Examples of possible goals include:
    o To improve the quality of care that survivors of gender-based violence receive in health care settings.
    o To strengthen the ability of the health care sector to prevent gender-based violence.

- **Keeping this overall goal in mind, identify clear objectives and expected results**.

- **Remember to keep in mind the difference between proposed activities, outputs and outcomes**, between what will be undertaken, what will be produced and what is expected will happen as a result. For example:
  o Activities might include conducting training for health service providers or developing standardized protocols for responding to cases of sexual violence.
  o Outputs might include the number or percentage of health service providers in a target area who have been trained or the number of health care facilities that have adopted standardized protocols for responding to cases of sexual violence.
  o Outcomes might include strengthened capacity on the part of health service providers to respond to violence against women in a meaningful, appropriate manner or an integrated response on the part of the health care facility following standardized protocols.

- **Develop indicators for measuring each of the objectives**

- **Remember to distinguish between process and results indicators**. Health programmes usually collect data on processes rather than on results or outcomes and may not focus on whether their activities were beneficial or effective. This does not mean however, that monitoring and evaluation frameworks should exclude process indicators.

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- o **Process Indicators** are used to monitor the number and types of activities carried out, such as the number and types of services provided, number of people trained, number of materials produced and disseminated or number and percentage of clients screened.

- o **Results Indicators** are used to evaluate whether or not the activity achieved the intended objectives. Examples include indicators of providers' or community level knowledge, attitudes and practices as measured by a survey, women's perceptions about the quality and benefits of services provided by an organization or institution as measured by individual interviews, women's experiences with health care, and the appropriateness or readiness of health unit capacity and infrastructure. (Bott, Guedes and Claramunt, 2004)

Examples of strategies, objectives and indicators for monitoring and evaluation of health sector initiatives

Strategy/ intervention	Examples of possible objectives	Example indicators
1) Dissemination of materials/ information	• Raising health care providers' awareness and understanding of gender-based violence, in particular: a) GBV as a critical human rights and public health issue b) barriers women living with violence or survivors of violence face when accessing services c) links between GBV and HIV and AIDS d) laws addressing GBV and providers' responsibilities	• proportion of providers who identify GBV as a critical human rights and public health issue • proportion of providers who can identify and discuss (# of) barriers women face • proportion of providers who are able to identify (# of) links between GBV and HIV/AIDS • proportion of providers who correctly outline legal obligations with regard to gender-based violence
2) Training of service providers	• Strengthening health care providers' ability to respond to cases of gender-based violence [in particular…] a) following appropriate routine screening protocols b) responding to cases of rape and sexual violence c) addressing GBV and HIV/AIDS links holistically d) establishing and using community-based referral networks of care providers and social services e) improving medico-legal documentation of cases f) changing stigmatizing norms and attitudes g) providing emergency and crisis care • Strengthening health care providers' ability to prevent possible gender-based violence through: a) changing stigmatizing norms and attitudes b) strengthening capacity to screen for possible	• proportion of providers who understand and use appropriate screening protocols • proportion of providers who can provide appropriate care for survivors of rape and sexual violence • proportion of providers who address links between GBV and HIV in care • proportion of providers who are trained to identify, refer and care for survivors • proportion of providers who have made referrals for survivors • proportion of providers who feel comfortable asking about violence • proportion of providers who demonstrate appropriate practices and attitudes with respect to gender-based violence • proportion of women accessing services who indicate they received appropriate, comprehensive care

	violence, provide appropriate care and referrals as necessary	• proportion of rape/ sexual violence survivors who indicate they received appropriate, comprehensive care • proportion of rape/ sexual violence survivors who indicate they received appropriate, comprehensive care • proportion of GBV survivors who indicate they received appropriate, comprehensive care
3) Development of protocols and norms for managing GBV cases	• Establishing system-wide protocols and norms • Improving implementation of system wide protocols, policies and norms for managing GBV cases • Improving clinic infrastructure to provide safe, confidential spaces for consultations • Strengthening multisectoral collaboration with other community-based services as part of routine protocols	• proportion of health units that have documented and adopted a protocol for the clinical management of GBV • proportion of health units that have done a readiness assessment for the delivery of GBV services • proportion of health units that have commodities for the clinical management of VAW • proportion of health units with at least one provider trained to care for and refer GBV cases
4) Routine screening	• Increasing levels of screening, detection and referrals • Making it easier for women who have experienced or live with violence to share their experiences • Strengthening the ability of health care providers to accurately diagnose and care for their patients • Improving and ensuring quality of care during screening	• proportion of women who report physical and/or sexual violence • proportion of women who were asked about physical and/or sexual violence during a visit to a health unit • proportion of women screened and referred in accordance with clinic policies • percentage of women who report that the screening was done in private – not during the clinical exam – and in a sensitive and respectful manner

		• proportion of providers who are able to demonstrate the ability to screen and respond to disclosure adequately during a role play • percentage of women who would feel comfortable disclosing and discussing violence in their lives with the provider
5) Campaigns to empower women	• Increasing women's knowledge about possible sources of help for gender-based violence • Increase women's sense of empowerment with respect to receiving appropriate care for gender-based violence	• percentage of women who could identify organizations and resources for care and assistance for gender-based violence • percentage of women who articulate that gender-based violence is a health and human rights issue that health care providers should be addressing

Source: PATH, 2010.

Examples of different approaches to monitoring and evaluation for health sector

Approach	Examples of methods used
Formal evaluations by external consultants at baseline, midterm and follow-up	Surveys using structured questionnaires Discussion groups with providers and clients Random record reviews Clinic observations In-depth interviews with key informants
Small-scale case studies to evaluate new policies or tools	Routine service statistics Focus groups with staff Focus groups with clients
Information systems to collect systematic service data	Routine service statistics on key indicators
Regular meetings with staff to discuss new policies and tools	Informal discussions and dialogue among frontline staff and managers
Individual efforts of managers to track the progress of needed reforms in the organization	Checklists Strategic plans Personal observation
Individual efforts of managers to monitor the morale and performance of staff	Routine service statistics Informal reviews of medical records Informal discussions with staff members
Pre- and post-tests of providers' knowledge and skills before and after training	Questionnaires Role-plays Informal group discussions

Source: Bott, Guedes and Claramunt, 2004.

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Case Study: International Planned Parenthood Western Hemisphere Region Evaluation to Improve the Health Sector Response to Gender-Based Violence

The evaluation included **four main components**:

1. A **baseline evaluation** study including:

   a. A knowledge, attitudes and practices survey of providers using face to face interviews. IPPF/WHR designed a survey questionnaire to gather information on health care providers' knowledge, attitudes, and practices related to gender-based violence. The questionnaire contains approximately 80 questions. Although the questionnaire includes a few open-ended questions, most of the questions are closed-ended so that the results can be tabulated and analyzed more easily. The questionnaire covers a range of topics, including: whether, how often and when providers have discussed violence with clients; what providers think are the barriers to screening; what providers do when they discover that a client has experienced violence; attitudes toward women who experience violence; knowledge about the consequences of gender-based violence; and what types of training providers have received in the past. This questionnaire can also be adapted to evaluate a single training. One possibility is to use all or part of the questionnaire before the workshop begins and use only part of the questionnaire after the workshop is over. If the questionnaire is used immediately "before and after" a single training, the organization may be able to measure changes in knowledge, but changes in attitudes and practices usually take time.

   b. A clinic observation/ interview guide The Clinic Observation/Interview Guide gathers information on the human, physical, and written resources available in a clinic. The first half of the guide consists of an interview with a small group of staff members (for example, the clinic director, a doctor, and a counselor). This section includes questions about the clinic's human resources; written protocols related to gender-based violence screening, care, and referral systems; and other resources, such as whether or not the clinic offers emergency contraception. Whenever possible, the guide instructs the interviewer to ask to see a copy or example of the item in order to confirm that the material exists and is available at the clinic. The second part of this guide involves an observation of the physical infrastructure and operations of the clinic, including privacy in consultation areas (for example, whether clients can be seen or heard from outside), as well as the availability of informational materials on issues related to gender-based violence.

2. **Service statistics** on detection rates and services provided using standardized screening questions and indicators

Sample tables for gathering screening data. To ensure that all three participating associations could collect comparable screening data, IPPF/WHR developed a series of model tables, which each association completed every six months. These tables may or may not be useful for other health programmes, as this depends on whether or not the health programme decides to implement routine screening, what kind of policy it adopts, what kind of questions it asks, and what kind of information system it has. Nevertheless, these tables illustrate the types of data that can be collected and analyzed on a routine basis.

3. A midterm, primarily qualitative, evaluation including:

   a. **Focus group discussions and in-depth interviews** with providers, survivors and external stakeholders/key informants: A summary protocol for collecting qualitative data describes these methods, including in-depth interviews and group discussions; and also provides an idea of what types of providers, clients and other stakeholders were asked to participate.
   b. **Client satisfaction surveys:** The Client Exit Survey Questionnaire is a standard survey instrument for gathering information about clients' opinions of the services they have received. This survey is primarily designed for health services that have implemented a routine screening policy. It is important to note that exit surveys tend to have a significant limitation: many clients do not want to share negative views of the services, especially when the interview is conducted at the health center. IPPF/WHR was not able to interview clients offsite, but it did arrange for all the interviewers to be from outside the organization, so that they could reassure the women who participated that they were not going to breach their confidentiality. This questionnaire contains mostly closed-ended questions about the services. It asks women whether they were asked about gender-based violence and about how they felt answering those questions; however, the questionnaire does not ask women to disclose whether or not they have experienced violence themselves.
   c. **Case studies** of pilot strategies to address various aspects of gender-based violence.

4. A **final evaluation** serving as a follow up to the baseline including:

   a. KAP survey of providers using face to face interviews
   b. A clinic observation/ interview guide
   c. Random records reviews and development of a protocol:
      Throughout the course of the IPPF/WHR regional initiative, the participating associations gathered routine service statistics about clients, including the numbers and percentages of clients who said yes to screening questions. However, the quality of these service statistics depends on the reliability of the information systems and the willingness of health care providers to comply with clinic policies—both of which may vary from clinic to clinic. IPPF/WHR therefore designed a protocol to measure screening levels and

documentation using a random record review approach. This manual contains a brief description of the protocol as well as a tabulation sheet.

Download the main publications related to this initiative:
> **Basta! The Health Sector Addresses Gender-Based Violence.** Available in English and Spanish.
> **Improving the Health Sector Response to Gender-Based Violence.** . Available in English and Spanish.

Source: Bott, Guedes and Claramunt 2004)

Indicators

MEASURE Evaluation, at the request of The United States Agency for International Development and in collaboration with the Inter-agency Gender Working Group, compiled a set of indicators for the health sector. The indicators have been designed to measure programme performance and achievement at the community, regional and national levels using quantitative methods. Note, that while many of the indicators have been used in the field, they have not necessarily been tested in multiple settings. To review the indicators comprehensively, including their definitions; the tool that should be used and instructions on how to go about it, see the publication **Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators**.

The compiled indicators for the health sector are:

- **Proportion of health units that have documented & adopted a protocol for the clinical management of women/girls (VAW/G) survivors of violence**
  What It Measures: This indicator to measures whether or not a health unit has a standard protocol to guide the identification, service provision and referral mechanism for VAW/G survivors. The protocol should describe the elements of care that should be provided, and the way in which it should take place. The protocol should be displayed or be otherwise accessible to health facility staff.

- **Proportion of health units that have done a readiness assessment for the delivery of VAW/G services**
  What It Measures: This measures a health unit's efforts to provide a basic level of service that can be expected to be delivered to VAW/G survivors. If there is a low proportion of facilities who have done such an assessment, it would indicate that the services being provided may be of variable quality. Once a readiness assessment is completed, health units will be in a position to look at their strengths and rectify the gaps in VAW/G service provision.

- **Proportion of health units that have commodities for the clinical management of VAW/G**
  What It Measures: This is a measure of readiness for health units to provide VAW/G services. If the necessary commodities are not present in the health unit, presumably, VAW/G services cannot be provided at an acceptable level. The indicator does not measure the service quality with which these commodities are delivered.

- **Proportion of health units with at least one service provider trained to care for and refer VAW/G survivors**
  What It Measures: This is an indicator of readiness for health units to provide VAW/G services. If staff have undergone no specific training, the provision of such services could be done in an inappropriate or detrimental manner. This indicator reflects training, but not the quality of the training, or how well the staff member integrated what they learned into practice.

- **Number of service providers trained to identify, refer, and care for VAW/G survivors**
  What It Measures: This indicator is an output measure for a program designed to provide training to health service providers in VAW/G service provision. This will provide a measure of coverage of trained personnel per geographic area of interest, and will help monitor whether or not a program is attaining its target number of providers trained.

- **Number of health providers trained in FGC/M management and counseling**
  What It Measures: This indicator is an output measure for a program designed to provide training to health service providers in the management of complications, both physical and psychosocial, resulting from FGC/M procedures. This will provide a measure of coverage of trained personnel per geographic area of interest, and will help monitor whether or not a program is attaining its target number of providers trained.

- **Proportion of women who were asked about physical and sexual violence during a visit to a health unit**
  What It Measures: The number of women presenting for any type of care at health units who are asked about experiencing any physical or sexual violence that may have occurred, ever. The count can be determined per health unit, or per area of interest.

- **Proportion of women who reported physical and/or sexual violence**
  What It Measures: This output indicator provides a measure of service utilization by VAW/G survivors who disclose their experience to health providers.

- **Proportion of VAW/G survivors who received appropriate care**
  *What It Measures***:** This output indicator provides a measure of adequate service delivery to VAW/G survivors who disclose their experience to health providers. This does not assess the quality of service delivery.

- **Proportion of rape survivors who received comprehensive care**
  What It Measures: This output indicator provides a measure of adequate service delivery to rape survivors who present at health units. This does not assess the quality of service delivered.

Baseline (and endline) assessment methods

Four general areas for baseline data include:
- Assessing providers knowledge, attitudes and practices
- Assessing appropriateness and readiness of health unit infrastructure and capacity
- Assessing women's experiences with health care
- Assessing compliance with policies and protocols

Assessing providers' level of knowledge, attitudes and practices (KAP) related to violence against women and girls

Information on providers' knowledge, attitudes and practices can help managers understand what their staff knows and believes about violence, what issues need to be addressed during training, and what resources are lacking in the clinics or health centers. Moreover, this information can be used to document a baseline so that health programmes can measure changes in providers' knowledge, attitudes, and practices over time.

A couple of ways to collect information on providers' knowledge, attitudes, and practices, include surveys and gathering qualitative data through group discussions or other participatory methods with providers. Qualitative data can provide an in-depth understanding of providers' perspectives. Quantitative data makes it easier to measure change over time.

Knowledge attitude and practices surveys of health care providers are useful because they:
- offer information about whether, how often and when providers have discussed violence with clients; what providers think are the barriers to screening; what providers do when they discover that a client has experienced violence; providers' discriminatory or stigmatizing attitudes; attitudes toward women who experience violence; knowledge about the consequences of gender-based violence; and what types of training providers have received in the past; and
- can be used as a convenient pre and post intervention measure.

It is best to use or adapt already designed and validated instruments and questions, including the:

> **World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women** (WHO). The survey includes questions to gauge attitudes towards violence against women. Available in English.

> **Gender-Equitable Men (GEM) Scale** (Horizons and Promundo). The scale measures attitudes toward "gender-equitable" norms, provide information about prevailing norms in a community and the effectiveness of programmes hoping to influence them. Available in English, Spanish and Portuguese on the Virtual Knowledge Centre site.

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➢ **National Community Attitudes towards Violence against Women Survey 2009** (The Victorian Health Promotion Foundation) has subsections focusing on attitudes towards domestic violence and sexual violence using a scale of agreement or disagreement. Available in English.

➢ **The Attitudes Towards Rape Victims Scale** (The Arizona Rape Prevention and Education Project). These scales are self administered instruments designed to assess individuals' attitudes towards rape victims rather than towards rape in general. Available in English

➢ **The Sexual Violence Research Initiative** compiled a comprehensive package of programme evaluation tools and methods for assessing service delivery, knowledge, attitudes, practices and behaviours in sexual violence projects and services. By making such materials available to service providers, managers, researchers, policy makers and activists, among others, the hope was that evaluation could be more easily incorporated into project and programme plans. The assessment instruments are drawn from articles in peer-reviewed journals that report findings from evaluations of health care-based services and interventions for women victims/survivors of sexual violence, written in English or Spanish, published between January 1990 and June 2005. The instruments are available from the evaluation section of sexual violence research initiative website.

Semi-structured interviews with health care providers are useful because they**:**
- offer insight into providers' knowledge, attitudes and practices; and
- offer the potential for digging deeper into any challenges, barriers, concerns that may affect ability to provide care.

➢ **International Planned Parenthood Federation, Western Hemisphere Region's (IPPF/WHR's) Survey of Provider Knowledge, Attitudes and Practices** (KAP): This face-to-face interview is designed for administration to women's health care providers. It focuses on providers' knowledge, attitudes and practices concerning violence in the lives of their patients. There are approximately 80 questions (most close-ended), that cover a range of topics, including: whether, how often and when providers have discussed violence with clients; what providers perceive of as barriers to screening; what providers do when they identify a client who has experienced violence; attitudes toward women who experience violence; knowledge about the consequences of gender-based violence; and the types of training providers have received in the past. Available in English and Spanish.

Forensic and Medical Care Following Sexual Assault Service Education Programme Evaluation Questionnaire: This questionnaire is designed to assess medical personnel's knowledge and satisfaction concerning their abilities to treat sexual assault patients, and includes questions such as "How would you rate your ability in forensic evidence collection?". It can be self-administered or used as an interview guide.

Qualitative, participatory methods with clinic/ health unit staff including focus group discussions, open-ended stories, mapping, role plays, Venn diagrams and others can be useful, because they:

- offer insight into provider's knowledge, attitudes and practices; and
- offer insight into institutional practices and norms, as well as group dynamics and work flow.

See the section on qualitative methods for ideas and examples of what can be used.

Assessing appropriateness of clinic/ health unit infrastructure and capacity
Improving the health sector response to gender-based violence has implications for many aspects of the way a clinic functions. For example, ensuring adequate care for women who experience violence may require private consultation spaces, written policies and protocols for handling cases of violence, client flow that facilitates meaningful care, access to emergency contraception, and a directory of resources in the community. One way to assess what resources exist in a clinic is to have an independent observer visit the clinic and assess the situation through firsthand observation. Another way to do this is for a group of staff to complete a checklist or self administered questionnaire that includes resources that are important for providing quality care to survivors of violence.

Methods that can be used include:

- **Clinic observations**
- **Confidential interviews** with clinic staff are an excellent source of information about the infrastructure, protocols and capacity of the health care facility. However, they require time and confidentiality assurances, and staff may not want to get involved in critical evaluations of the facility that employs them.
- **Questionnaires/ management checklist** are an easy, resource friendly monitoring mechanism. A management checklist can be used for monitoring what measures an institution has taken to ensure an adequate response for women experiencing gender-based violence.
- **Review of protocols *a*nd policies**

Example Monitoring Checklist of Minimum Key Elements of Quality Health Care for Women Victims/Survivors of Gender-Based Violence

All health organizations have an ethical obligation to assess the quality of care that they provide to all women, whether through full evaluations and/or ongoing, routine monitoring activities. An assessment could also look at the minimum elements required to protect women's safety and provide quality care in light of widespread gender-based violence, as listed below:

1. **Institutional values and commitment:** Has the institution made a commitment to addressing violence against women, incorporating a "system's approach"? Are senior managers aware of gender-based violence against women as a public health problem and a human rights violation, and have they voiced their support for efforts to improve the health service response to violence?
2. **Alliances and referral networks:** Has the institution developed a referral network of services in the community, including to women's groups and other supports? Is this information accessible to all health care providers?
3. **Privacy and confidentiality:** Does the institution have a separate, private, safe space for women to meet with health care providers? Are there protocols for safeguarding women's privacy, confidentiality and safety, including confidentiality of records? Do providers and all who come into contact with the women or have access to records understand the protocols?
4. **Understanding of and compliance with local and national legislation:** Are all providers familiar with local and national laws about gender-based violence, including what constitutes a crime, how to preserve forensic evidence, what rights women have with regard to bringing charges against a perpetrator and protecting themselves from future violence, and what steps women need to take in order to separate from a violent spouse? Do health care providers understand their obligations under the law, including legal reporting requirements (for example, in cases of sexual abuse) as well as regulations governing who has access to medical records (for example, whether parents have the right to access the medical records of adolescents)? Does the institution facilitate and support full compliance with obligations?
5. **Ongoing provider sensitization and training:** Does the institution provide or collaborate with organizations to provide ongoing training for staff around gender-based violence, harmful norms and practices, legal obligations and proper medical management of cases?
6. **Protocols for caring for cases of gender-based violence:** Does the institution have clear, readily available protocols for screening, care and referral of cases of gender-based violence? Were these protocols developed in a participatory manner, incorporating feedback from staff at all levels as well as clients? Are all staff aware of and able to implement the protocols?
7. **Post-exposure prophylaxis, Emergency contraception and other supplies:** Does the institution have supplies readily available, and arestaff properly trained on their dissemination and use?
8. **Informational and educational materials:** Is information about violence against women visible and available, including on women's rights and local services women can turn to for help?
9. **Medical records and information systems:** Are systems in place for documenting information about violence against women as well as collating standardized data and service statistics on the number of victims of violence? Are records kept in a safe, secure manner?
10. **Monitoring and evaluation:** Does the institution integrate mechanisms for ongoing monitoring and evaluation of their work, including receiving feedback from all staff as well as from women seeking services? Are there regular opportunities for providers and managers to exchange feedback? Is there a mechanism for clients to provide feedback regarding care?

Source: adapted from Bott, Guedes and Claramunt 2004

Illustrative tools:

➤ **How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault** (South African Gender-based Violence and Health Initiative and Medical Research Council of South Africa). This guide provides tools and outlines steps for conducting a situation analysis of the quality of health services for victims/survivors of sexual assault. It includes a *facilities checklist* for collecting information on the infrastructure of the facilities where survivors are managed and where medico-legal/forensic examinations take place, including medication, equipment and tests available at the facility. It also includes a *standardized health care provider questionnaire* designed to be used in face to face interviews with health care providers who manage the care of survivors. Note that, the tool does not address stigma and discrimination, the time a patient waits to be seen by a provider, or what happens after the provider has completed the examination. Available in English.

➤ **Clinic Interview and Observation Guide (**International Planned Parenthood Federation/Western Hemisphere Region). This assessment tool gathers information on the human, physical, and written resources available in a clinic. The first half of the guide consists of an interview with a small group of staff members (for example, the clinic director, a doctor, and a counselor). This section includes mostly closed-ended questions about services, including: the clinic's human resources; written protocols related to gender-based violence screening, care, and referral systems; and other resources, such as whether or not the clinic offers emergency contraception. The second part of the guide involves an observation of the physical infrastructure and operations of the clinic, such as privacy in consultation areas, as well as the availability of informational materials on sexual violence. Available in English and Spanish.

➤ **STI/HIV Self-Assessment Module** (International Planned Parenthood Federation/Western Hemisphere Region). This self-assessment module contains a questionnaire designed to assess whether an organization has the necessary capacity, including management systems, to ensure high quality sexual and reproductive health services. The questionnaire allows staff from different levels of an organization to assess the extent to which their organization has addressed a multitude of issues relevant to gender-based violence, including sexual violence. Available in English and Spanish.

➤ **Management of Rape Victims Questionnaire** (Azikiwe, Wright, Cheng & D'Angelo). This self-administered questionnaire was designed for programme directors of pediatric and adult hospital emergency departments to report on their department's management of care for rape survivors. The 22 questions gather information concerning the department's volume of rape cases, screening for STDs, emergency contraception policies, medications offered or prescribed for emergency contraception, non-occupational HIV postexposure prophylaxis policies, medications offered or prescribed for HIV postexposure prophylaxis, and patient follow-up. Available for purchase in English from Elsevier.

- ➢ **Standardized Interview Questionnaires and Facilities Checklist** (Christofides, Jewkes, Webster, Penn-Kekana, Abrahams & Martin). This face-to-face interview questionnaire was designed to gather information from health care providers who care for rape survivors. The questionnaire contains 5 sections that collect information on: the demographic characteristics of providers; the types of services available for rape survivors; whether care protocols for rape survivors are available at the facility; whether the practitioner had undergone training in how to care for rape survivors; and practitioner's attitudes towards rape and women who have been raped. Responses to particular items are used to develop a scale that measures the quality of clinical care. In addition, the assessment tool includes a checklist that the fieldworkers complete at each health care center noting the presence or absence of equipment and medicines and the structural quality of the facilities. Available in English.

- ➢ **Quality of Care Composite Score (**Christofides, Jewkes, Webster, Penn-Kekana, Abrahams & Martin). The Quality of Care Composite Score is a self-reported measure used at the individual practitioner level to assess the clinical care provided by doctors and nurses who care for rape victims in terms of indicators of preventive strategies for sexually transmitted infections and prevention of pregnancy, counseling, and the quality of forensic examinations. It consists of 11 items such as treatment of sexually transmitted infections and clothing or underpants ever sent for forensic testing. Available in English.

Assessing women's experiences with health care
Strengthening the response of the health sector to gender-based violence requires an understanding of women's experiences accessing or attempting to access health services. This includes measures taken to understand and address the barriers and challenges women experiencing violence face when seeking care. This is most feasible through interviews with women as they are leaving the health care institution. It may be difficult for women to feel comfortable saying something critical about the services they have received while they are on the premises. If possible, additional interviews and focus group discussions with women identified through other social services outside of the health care setting might be used to assess access to health service and quality of care.

Methods that can be used include:

- Qualitative, participatory methods with women accessing or attempting to access health services including focus group discussions, role plays, open-ended stories, mapping, Venn diagrams [link to descriptions of these methods]
- Client exit interviews; and
- Interviews with women unable to access health services to determine the barriers these women face and to provide a non-health care setting for women to speak more freely about their experience

Illustrative tools:

➤ **In Her Shoes methodology** ([Washington Coalition on Domestic Violence](#)). This methodology was developed by and adapted for Latin America to train and sensitize service providers on the barriers women living with violence face. It has also been adapted for Latin America in [Spanish](#) by the InterCambios Alliance.

➤ **Client Exit Survey Questionnaire** (International Planned Parenthood Federation/ Western Hemisphere Region). This is a standard survey instrument for gathering information about clients' opinions of the services they have received and is primarily designed for health services that have implemented a routine screening policy. This questionnaire contains mostly closed-ended questions about the services. It asks women whether they were asked about gender-based violence and about how they felt answering those questions; it does not ask women to disclose whether or not they have experienced violence. Available in [English](#) and [Spanish](#).

➤ **Using Mystery Clients: A Guide to Using Mystery Clients for Evaluation Input** (Pathfinder, 2006). Available in [English](#).

➤ **Positive Women Monitoring Change: A Monitoring Tool on Access to Care, Treatment and Support, Sexual and Reproductive Health and Rights and Violence against Women Created by and for HIV Positive Women** (International Community of Women Living with HIV/AIDS, 2008). Available in [English](#).

<u>Assessing compliance with policies and protocols</u>
Routine service statistics about clients, including the numbers and percentages of clients who said yes to screening questions, are an important way to gauge an institution's response to gender-based violence.

However, the quality of these service statistics depends on the reliability of the information systems and the willingness of health care providers to comply with clinic policies—both of which may vary from clinic to clinic. The availability and quality of statistics also depend on whether or not the health programme decides to implement routine screening, what kind of policy it adopts, what kind of questions it asks, what kind of information system it has, and the capacity of staff to collect data.

Random record reviews are a way to evaluate the completeness of record keeping with regard to screening for gender-based violence and how well providers understand and use screening policies and protocols.

Methods that can be used include:

- **Review of screening data**
- **Review of routine service statistics**
- **Review of protocols and procedures** by:
  -Asking for documentation of all available protocols and procedures, including screening protocols
  -Determining whether there are protocols and procedures for the management of gender-based violence, including sexual violence
  -Determining whether the protocols are clear, unambiguous and easily accessible to all staff.

Illustrative tools:

- ➢ **Sample tables for gathering screening data** (International Planned Parenthood Federation/ Western Hemisphere Region)*.* This series of model tables were developed to collect comparable screening data across facilities. These tables illustrate the types of data that can be collected and analyzed on a routine basis. Their use of these tables depends on whether or not the health programme decides to implement routine screening, what kind of policy it adopts, what kind of questions it asks, and what kind of information system it has. Available in English and Spanish.

- ➢ **Random record review protocol** (International Planned Parenthood Federation/ Western Hemisphere Region)*.* The quality of routine service statistics such as the numbers and percentages of clients who said yes to screening questions depends on the reliability of the information systems and the willingness of health care providers to comply with clinic policies—both of which may vary from clinic to clinic. Available in English and Spanish.

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Steps after Evaluation

These recommendations are extracted from International Planned Parenthood's publication, *Improving the Health Sector Response to Gender-based Violence.*

- Use the findings from the baseline study during sensitization and training of staff. Findings from the provider survey can be used to identify which specific topics need to be addressed during provider sensitizations and trainings. For example, the provider survey can point to the types of knowledge and attitudes that could be discussed at a sensitization workshop.
- Hold a participatory workshop to share the results, identify areas that need work, and develop an action plan. After collecting baseline data, health programmes may find it valuable to hold a workshop with a broad group of staff members to discuss the results
- Plan to collect follow-up data using the same instruments to determine how much progress your organization has made over time. Once an organization has baseline data on providers' knowledge, attitudes, and practices, as well as clinic resources, then it can repeat the survey or clinic observation at a later point and thereby measure change over time.

Illustrative health sector monitoring and evaluation reports:

> **Pan American Health Organization Violence against Women: The Health Sector Responds** [La violencia contra las mujeres: responde el sector salud] (Velzeboer, Ellsberg, Arcas, García-Moreno/Pan-American Health Organization, 2003). Available in English and Spanish.

> **Evaluating an Intervention of Post Rape Care Services in Public Health Settings** (Kilonzo, Liverpool VCT, 2007). Power Point available in English.

> **Review of PAHO's Project Towards an Integrated Model of Care for Family Violence in Central America. Final Report** (Arcas and Ellsberg, 2001). Available in English.

Additional Tools and Resources:

> *Ver y Atender, Guía práctica para conocer cómo funcionan los servicios de salud para mujeres víctimas y sobrevivientes de violencia sexual* [Getting It Right! A Practical Guide to Evaluating and Improving Health Services for Women Victims and Survivors of Sexual Violence] (Troncoso, Billings, Ortiz, Suárez/Ipas 2006). Available in English and Spanish.

> *Improving the Health Sector Response to Gender-Based Violence* (Bott, Guedes, Claramunt and Guezmes, International Planned Parenthood Federation/ Western Hemisphere, 2004). Available in English and Spanish.

> *Preventing intimate partner and sexual violence against women: taking action and generating evidence* (World Health Organization/London School of Hygiene and Tropical Medicine, 2010). Available in English.

> *Sexual Violence Research Initiative Website*, Evaluation Section. Available in English.

> *Positive Women Monitoring Change: A Monitoring Tool on Access to Care, Treatment and Support, Sexual and Reproductive Health and Rights and Violence against Women Created by and for HIV Positive Women* (International Community of Women Living with HIV/AIDS, 2008). Available in English.

JUSTICE/ LEGAL SECTOR

Brief overview of Monitoring and Evaluating Justice/Legal Sector Initiatives

- It is clear that hard-earned gains in providing justice can be fragile, and that vigilant monitoring is needed to make a real difference in women's lives, especially since effective justice systems are important in reducing and preventing violence against women, ensuring their safety, ending impunity and punishing perpetrators.
- It is critical to keep in mind two key questions when monitoring and evaluating justice/ legal sector interventions: "Are offenders held accountable?" and "Are women safer?" The answers to those two questions may differ, even when the results of an evaluation demonstrate from a criminal justice perspective that an initiative is accomplishing what it is supposed to do – such as increased rates of reporting.
- Monitoring and evaluation, when implemented consistently and purposefully, provide important information on how effective the sector is in meeting the needs of victims. A properly functioning and responsive system facilitates justice for victims and with that justice, healing, and at the same time prevents further violence. One that is not responsive can further traumatize, victimize and endanger women.
- Monitoring and evaluation should consider and assess the elements that constitute effective delivery of justice, for example, including whether women and girls know their rights under the law, and whether men are aware of them as well (and their penalties); and whether lawyers, judges, police, health providers, community leaders and others responsible for their realization and enforcement are aware of their legal obligations and are aware that violence against women is a human rights violation under the law.
- When developing a monitoring or evaluation framework, first define a clear programmatic goal for the intervention, for example:
  -To hold governments accountable for their obligations to protect women from violence and punish perpetrators
  -To strengthen the legal sector's response to survivors of violence and capacity to prevent further violence

The timeframe and scope for monitoring and evaluation of justice/legal sector initiatives will depend on the goals and objectives of the programme and nature of strategies and activities. Ultimately, governments at the national level are responsible for ensuring that they meet their obligations to "prevent, protect and punish" violence against women and girls. This includes setting up data collection systems to routinely monitor progress towards this end.

Keeping this overall goal in mind, clear objectives, data collection needs and available sources must be identified vis-à-vis the expected results.

About data sources, issues and challenges:

- Monitoring and evaluation at the district level and community level involves the collection and collation of service statistics from police stations and courts with respect to reports of violence by women, response of the police and the trajectory of cases (how many cases are resolved with the women returning home, how many are

brought to trial/prosecuted, and how many end in successful convictions or remedies, for example.)

- The criminal justice sector has the potential to collect information on both victims and perpetrators and to track repeat victimization and repeat offending.

- In most countries, however, statistics are not broken down according to the sex of the victim and do not describe the relationship of the victim to the perpetrator. It is therefore difficult to gain a complete picture of the magnitude of violence against women. Countries also differ in their treatment of violence against women under law - some with specific laws on domestic violence, others incorporating it under laws on assault, grievous bodily harm, stalking, homicide or other crimes. Different ministries (justice, health, etc.) in the same country may also record the same crime differently, based on the scope of their responsibilities.

- While they represent a very small percentage of the actual cases of violence (i.e. the total number of women that have experienced abuse), court and police statistics are important for understanding the response of the criminal justice system.

- Note that such statistics are often not collected, especially in resource poor areas, and adequate systems are not in place for documenting and following up on cases. In these cases, many researchers, women's groups and entities interested in looking at the response to violence against women have had to first manage the bureaucratic and other barriers that may be involved with gaining access to any records (which also involves ethical concerns around privacy and confidentiality), sift through records with missing or incomplete information, and conduct their own analysis.

- In addition to reporting statistics, qualitative data on women's perceptions of the responsiveness of the legal/justice sector, and its ability to provide meaningful, appropriate care, as well as police and court officials' comfort level with handling cases of violence against women and sensitivity to the challenges facing survivors and victims, is another critical component to evaluating efforts in this sector.

Monitoring and evaluating justice/legal sector initiatives at the national level
At the national level, monitoring and evaluation efforts assess the degree of compliance by governments and other key actors in exercising due diligence to prevent, protect and punish acts of violence against women and girls.

Monitoring at this level should focus on assessing whether the following key elements are in place and functioning:

*These points were extracted from UNIFEM's **National Accountability Framework to End Violence against Women and Girls: 10-point Checklist**. The brochure can be downloaded in Arabic, English, French, Russian and Spanish.*

1. **Are various forms of violence against women and girls addressed?**
   Violence against women and girls occurs in both private and public spaces. It takes many forms, ranging from domestic abuse to rape, psychological torture, trafficking, sexual exploitation and harmful practices, among others. Acts of violence take place in a variety of settings (households, streets, schools, workplaces, conflict situations) and affect a cross-section of groups (including rural/urban, rich/poor, young/adult, migrant, displaced, indigenous, disabled and HIV-positive women). Ensuring effective responses requires that laws, policies, services and data collection efforts recognize and address the different manifestations of violence and tailor strategies accordingly, based on an understanding of the specific contexts in which they occur.

2. **Are data collection, analysis and dissemination systems in place?**
   Developing workable policies, programmes and responses depends on reliable data. This includes information on the *prevalence, causes, survivors and perpetrators* of violence against women and girls; the *impact* of interventions and the *performance* of the public sector in terms of, for instance, health service access, police and judiciary responses; the *attitudes, behaviours and experiences* of men, women and young people from different population groups, and how they *perceive* the issue in their society; and the *social and economic costs* of violence against women and girls. Such data are essential for measuring the progress of anti-violence initiatives, developing effective strategies and allocating budgets.

3. **Do policies and programmes reflect a holistic, multisectoral approach?**
   Addressing violence against women and girls requires a multi-dimensional response involving government agencies, non-governmental organizations and other entities from various sectors and disciplines. Beyond the institutions that have primarily been involved in these efforts (e.g., health, public security, legal, ministries of women's affairs), other key actors—such as educational institutions, employers, labour unions, the media, ministries of finance, and the private sector as part of corporate social responsibility—should be included. Interventions need to be composed of both services and referral systems for the survivors/victims of violence, as well as broader prevention efforts focused on social and community mobilization for 'zero tolerance' and gender equality. Holistic support means addressing the full range of needs and rights of women and girls, which includes ensuring safety, health services, legal and judicial remedies, and economic security for themselves, their children and other dependents.

4. **Are emergency 'Frontline Services' available and accessible?**
   Survivors of gender-based violence require immediate 'frontline' support from the police and health and legal aid providers. As larger-scale and longer-term responses are developed, all countries should ensure that *minimum standards*[i] to meet emergency needs are satisfied. Subject to national context, these should include: ensuring the safety and adequate protection of survivors/victims; universal access to at least one free national 24-hour hotline to report abuse and life-threatening situations that is staffed by trained counsellors who can refer callers to other services; one shelter for every 10,000 inhabitants that provides safe emergency accommodation, qualified counselling and other assistance; one women's advocacy and counselling centre for every 50,000 women that offers crisis intervention for survivors/victims; one

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rape crisis centre for every 200,000 women; and universal access to quality post-rape care (including pregnancy testing, emergency contraception, post-exposure prophylaxis to prevent HIV and treatment for sexually transmitted infections, treatment for injuries and psychosocial counselling). These services should not be conditional upon the survivor/victim's reporting violence to the police, and they should be followed by longer-term health, legal, psychosocial, educational and economic support.

5. **Is national legislation adequate and aligned with human rights standards?**
Laws and their enforcement are essential to ending impunity. They set the boundaries for public norms and behaviours. They affirm the rights that all people are entitled to enjoy and delineate the duties and obligations of those charged with their protection. Laws to stop violence should be comprehensive and work to prevent, respond to and punish all forms of violence against women and girls. The human rights of women and girls must be placed as the paramount concern of all laws, policies and programmes—including their rights to personal security, privacy and confidentiality, informed and autonomous decision-making, to health and social services, and to justice. This also entails legal provisions safeguarding certain rights that might determine whether a woman is enabled to leave an abusive situation, namely, women's rights to child support and custody; economic, property, land and inheritance rights; and nationality and immigration status. Whether formal or customary systems of justice prevail, they should uphold the human rights of women and girls. Laws and their enforcement should comply with international and regional human rights standards, as set forth in various conventions, agreements and mechanisms.[ii]

6. **Do decrees, regulations and protocols establish responsibilities and standards?**
Explicit standards should be established for the implementation and monitoring of laws, policies and programmes through various instruments and procedures that reinforce and institutionalize them. Presidential or ministerial decrees, for example, can bolster implementation by assigning specific roles and responsibilities to the relevant ministries. Protocols, both within and across sectors, can provide critical guidance to officials and service providers and set operating and performance standards. These standards can also serve as benchmarks for tracking progress and accountability and for introducing improvements. Protocols and procedures should be aligned with available internationally adopted and recommended human rights and ethical and service delivery standards.

7. **Is there a National Action Plan and are key policies in place and under way?**
National Action Plans devoted to addressing violence against women and girls can be valuable instruments for setting in place the institutional, technical and financial resources required for coordinated, multisectoral responses. They can establish mechanisms for accountability and can clarify institutional responsibilities. They can also serve to help monitor progress towards specific targets. Ministries charged with coordination (often women's machineries) need political support at the highest levels of government, as well as adequate institutional and financial support to carry out this complex task effectively. Ensuring that actions to address violence against women and girls are integrated into other leading policy and funding frameworks can also provide strategic venues in which to strengthen efforts and secure budgets. Examples of these

include poverty reduction and development strategies and national plans and sector-wide reforms related to education, health, security, justice, HIV and AIDS, and peacebuilding and reconstruction in post-conflict situations.

8. **Are sufficient resources regularly provided to enforce laws and implement programmes?**
Policies and laws are too often adopted without adequate funding being provided for their implementation. Budgets should be assessed to make sure that they meet the needs of the population, adequately serve impoverished geographic areas and ensure equity, and benefit the women and girls they are intended to serve. Financial considerations should be based on costing and should include seemingly peripheral but crucial considerations, such as free medical and legal aid and transportation support so that women and girls can access legal and other services, as well as support for their socio-economic reintegration. Financial assistance to survivors/victims can be made available through innovative schemes, such as trust funds to which both the State and other actors (individuals, organizations and private donors) may contribute. Resources should be made available to ensure the capacity development of the various sectors and professionals that bear responsibility for enforcing laws and implementing programmes. Adequate public funding should be allocated to non-governmental organizations and women's groups, lead sources of expertise and services for survivors/victims for their work and contributions.

9. **Are efforts focused on women's empowerment and community mobilization?**
Too often, there is a tendency to 'supply' policies and services, without adequately engaging the public through empowering approaches that enable people to 'demand' and access those services and to seek accountability. Real and lasting change to end violence against women and girls should be focused at the local and community levels, where acts of abuse occur and are too often tolerated. Strategies should empower women and girls to demand their rights to justice, protection and support; provide them with knowledge of their rights and their government's obligations; and ensure collaboration with women's centres and advocacy groups, as well as youth, men's and other organizations committed to gender equality. Mass public education and awareness-raising campaigns on the issues, including through local and national media, are important elements. Community mobilization on gender equality and non-violence is essential to stopping violence against women and girls, especially among men, young people, faith-based and other strategic groups.

10. **Are monitoring and accountability systems functional and participatory?**
Regular and participatory government-led assessments at the national and local levels, in partnership with women's and other civil society organizations, serve to ensure that policies and programmes work as intended and highlight opportunities for improvement. These assessments might include annual progress reports to parliament by sectoral ministries, the establishment of national and local observatories, independent oversight mechanisms such as ombudspersons, collaboration with the media to disseminate information on progress and shortcomings, and periodic evaluations of the enforcement of laws and implementation of programmes. Anti-violence policies and programmes should have clear targets and timelines so that

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their effectiveness can be measured and assessed. National monitoring efforts should also be linked to periodic State Party reporting obligations to the CEDAW Committee and other international treaty bodies.

**Mini Case Study: Systematic Data Collection
by the United States Department of Justice**

The United States Department of Justice Bureau of Crime Statistics collates and aggregates data from the National Crime Victimization Survey (NCVS), one of the largest ongoing household surveys in the US, including data on homicides, domestic assaults, rapes, and sexual assaults; as well as from the Federal Bureau of Investigation's (FBI) Uniform Crime Reports (URC), compiled from monthly law enforcement reports or individual crime incident records sent directly to the FBI or centralized state agencies, which include data on homicide, forcible rape and assaults. This represents some of the most systematic, comprehensive national level collection of data.

For more information on the National Crime Victimization Survey and to view the statistics, see the Bureau of Justice.

Monitoring and evaluating justice/legal sector initiatives at the local level
Even when unambiguous and appropriate laws and policies around violence against women are enacted in tandem with a clear commitment to human rights on the part of the government at national/central level, a number of barriers at the local level may prevent women from accessing meaningful justice and legal sector professionals from acting to prevent further violence.

Monitoring access to justice at the local level should include an assessment of:

- Appropriate infrastructure/ commodities for handling and interviewing victims.
- Clear policies and protocols for handling cases of domestic and sexual violence.
- Training for all personnel (justice, legal, security/police, etc.) around gender, violence against women, their legal obligations, and appropriate implementation of laws, policies and protocols.
- Development of referral networks and establishment of a coordinated response.
- Evaluation of initiatives could include assessment of reporting rates, case rates, conviction rates, women's perceptions around the quality of services provided and whether their needs were met, barriers to access, and knowledge, attitudes and practices of police and other legal sector actors around gender and violence against women.
- Formal justice mechanisms are out of reach for a large number of women who have to depend on custom or **informal justice systems** to resolve problems, including incidents of violence. Women living in rural or remote areas with little access to urban centers may only have recourse to village chiefs or community-based policing

initiatives, which requires adaptation and innovation of monitoring and evaluation methodologies and indicators.

CASE STUDY:
Evaluation Findings of Informal Justice Systems in Melanesia and East Timor

These systems are much more accessible to the majority of people, and if supported with capacity building in gender equality and human rights principles they offer important opportunities for reducing violence against women.

Community-based justice, community policing, restorative justice, peace mediation and conflict resolution are being enthusiastically promoted by governments, donors and civil society organizations. However, these approaches can work against gender justice unless they include specific measures to level the playing field. In Vanuatu, training through the Vanuatu Women's Centre Male Advocates Program has targeted village chiefs and other male leaders, with encouraging results. Chiefs who agree to abide by certain standards of personal conduct become part of the male advocacy network, attend refresher sessions and work with their local Committees Against Violence Against Women (CAVAWs).

East Timor has the best example in the region of monitoring women's experiences with formal and informal justice systems, through the Judicial System Monitoring Program (JSMP). This programme was established in 2001 by an East Timorese NGO. Its reports have been used to press for reforms, including measures to increase election of women to local decision-making bodies (the suco [local government] and aldeia [village] councils) and the 2004 Decree-Law on Domestic Violence. Under this law, chiefs of suco councils are given duties to prevent domestic violence, support and protect victims, and punish and rehabilitate perpetrators. Continued monitoring of implementation will be used to inform the training for suco councils.

Strong local women's rights organizations can be effective watchdogs of traditional and restorative justice systems. Some CAVAWs fulfill this role in Vanuatu, supported by their national organization, the VWC. The experience of some women's community-based organizations in the Highlands of Papua New Guinea (e.g. Kup Women for Peace) shows this can be difficult and even dangerous work. Participating in wider networks, capacity-building for leaders and providing resources increase the chances of sustainability and success.

However, monitoring should not be delegated solely to NGOs. Justice systems should monitor and report on outcomes for women as a normal part of their operations.

Source: AusAid, Office of Development Effectiveness, Australian Government. 2008. *Violence Against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches*. Available in English.

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Examples of Objectives for Monitoring and Evaluation of Justice/Legal Sector Initiatives

Strategy/ intervention	Examples of possible objectives	Examples of possible indicators
1) campaigns for improved laws and policies	• Discriminatory laws and policies are amended or repealed • Appropriate laws, policies and protocols around violence against women are developed, enacted and implemented • Adequate resources are allocated for initiatives	• Percentage of the budget allocated for initiatives aimed at preventing violence against women, providing services for survivors and increasing access to justice for victims • Systematic national level data is collected on violence against women • Ratification of CEDAW, its Optional Protocol and/or removal of reservations • Ratification of relevant regional conventions • Legal recognition of non-discrimination and gender equality • Constitutional guarantee of gender equality • Specific action plan on violence against women • All forms of violence against women are criminalized and treated as serious offenses • Training on violence against women is offered and made mandatory for justice sector personnel
2) campaigns to increase women's awareness of their rights, empower them to claim their rights, and mobilize communities to defend those rights	• Women increase their knowledge and awareness of their rights under international and local law • Women feel empowered to claim their rights under law • Women and girls understand that violence against women is a violation of their human rights • Men, other community members and leaders understand that violence against women and girls is a violation of human rights and understand the law in this area • Communities galvanize action to raise awareness around and promote a woman's right to a life	• Proportion of women (and men) who identify all forms of violence against women (specify forms) as a violation of human rights • Proportion of women who are able to identify their rights under specific legislation • Proportion of women who state they would report violence against them to the police • Proportion of women who state they understand and feel empowered to take their case through the legal process • Proportion of women who know of a local organization that provides legal aid to survivors

	without violence	• Number of violence against women complaints reported to the police (disaggregated by form of violence – i.e. domestic, sexual, other) • Proportion of men and other community members - attending or participating in awareness-raising events - who identify violence against women as a violation of human rights and a critical issue Proportion of men and other community members - attending or participating in awareness-raising events – who make a commitment to protecting women's rights and preventing violence against women
3) training to sensitize police, judges and all other justice sector actors around human rights, violence against women, and gender-related concerns, norms and stereotypes	• Law enforcement professionals are able to respond to incidents of violence against women and girls according to established protocols • Law enforcement professionals are sensitized around gender, violence against women and barriers women and girls face, including the impact of prevailing norms and stereotypes • Law enforcement professionals address violence against women and girls as a violation of human rights, and are able to meet their obligations appropriately	• Number of law enforcement professionals trained to respond to incidents of violence against women and girls according to established protocols • Proportion of violence against women cases that are investigated by the police • Proportion of investigations that are conducted according to an established protocol • Proportion of law enforcement officials demonstrating appropriate knowledge, attitudes and practice around gender and violence against women issues • Proportion of women filing cases with the police who state that law enforcement officials handled their complaints with sensitivity • Proportion of women filing cases with the police who state that laws enforcement officials provided appropriate, meaningful assistance
4) efforts to strengthen	• National protocols for addressing complaints of	• Proportion of law enforcement units following a

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| institutional capacity to respond to violence against women and girls | violence against women and girls are established
• Commodities and infrastructure for addressing violence against women in police departments are improved
• Community referral systems for providing services/ assistance to survivors are developed and widely accessed
• Documentation of cases of violence against women and collection of systematic data, including on prosecution and convictions, is strengthened
• Collection of systematic data on prevalence of all forms of violence against women and girls is strengthened
• Collaboration with the health sector for the collection of forensic data is strengthened | nationally-established protocol for complaints of violence against women – including the proper introduction of medico-legal evidence
• Proportion of law enforcement units that have appropriate commodities/ infrastructure for interviewing women filing cases
• Proportion of violence against women cases prosecuted by law
• Proportion of prosecuted cases of violence against women that resulted in a conviction Proportion of law enforcement officers that are able to refer women to organizations in a community-based referral network
• Proportion of law enforcement units that systematically collect disaggregated data (such as form, age, perpetrator) on violence against women cases, including on prosecution rates |
| 5) ongoing monitoring of the implementation of laws and policies | • Mechanisms for monitoring implementation of laws and policies are developed and publicized | • Database of laws, national strategies and action plans, programmes and institutional mechanisms for addressing violence against women and girls set up and maintained
• Mechanism available and operational for ongoing monitoring of implementation of policies and enforcement of laws, and for publicizing of reports |

Indicators

MEASURE Evaluation, at the request of The United States Agency for International Development and in collaboration with the Inter-agency Gender Working Group, compiled a set of indicators for the justice sector. The indicators have been designed to measure programme performance and achievement at the community, regional and national levels using quantitative methods. Note, that while many of the indicators have been used in the field, they have not necessarily been tested in multiple settings. To review the indicators comprehensively, including their definitions; the tool that should be used and instructions on how to go about it, see the publication **Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.**

The compiled indicators for the justice sector are:

- **Proportion of law enforcement units following a nationally established protocol for complaints of violence against women and girls (VAW/G)**
  What It Measures: This indicator measures the number of law enforcement units that handle VAW/G complaints using a protocol which is in compliance with nationally established standards.

- **Number of law enforcement professionals trained to respond to incidents of VAW/G according to an established protocol**
  What It Measures: This output indicator tracks the number of law enforcement professionals trained to respond to VAW/G incidents using an established protocol.

- **Number of VAW/G complaints reported to the police**
  What It Measures: This indicator measures how many VAW/G complaints were made to and recorded by the police during a specified time period.

- **Proportion of VAW/G cases that were investigated by the police**
  What It Measures: This indicator measures the proportion of VAW/G cases that were followed up with a police investigation, during a specified time period.

- **Proportion of VAW/G cases that were prosecuted by law**
  What It Measures: This indicator measures the effectiveness of the legal system by tracking the proportion of reported VAW/G cases that were prosecuted.

- **Proportion of prosecuted VAW/G cases that resulted in a conviction**
  What It Measures: This indicator measures the effectiveness of the legal system by tracking the proportion of reported VAW/G cases that were both prosecuted and resulted in an actual conviction.

- **Proportion of women who know of a local organization that provides legal aid to VAW/G survivors**
  What It Measures: This indicator measures the proportion of women who are aware of an organization that provides legal support to VAW/G survivors. Women

may not need to know the specific organization, but should know enough about it to be able to access services if needed.

In addition to the previously noted internationally comparable indicators being developed to monitor States' responses to violence against women, other illustrative indicators include:

- **The Report on Indicators on Violence against Women and State Response** by the United Nations Special Rapporteur on violence against women, its causes and consequences, (A/HRC/7/6, 29 January 2008) outlines a set of indicators, guided by human rights standards included in the Convention on the Elimination of All Forms of Discrimination against Women and the Declaration on the Elimination of Violence against Women.

- **The Council of Europe's Monitoring Framework** (p. 47) that was established to assess the *Implementation of and Follow-up to Recommendation Rec(2002)5 of the Committee of Ministers to Member States on the Protection of Women against Violence (EG-S-MV)*.

Illustrative monitoring and evaluation reports in the justice sector:

➢ **Different Systems, Similar Outcomes? Tracking Attrition in Reported Rape Cases in 11 European Countries** (Lovett and Kelly, 2009). Available in English.

➢ **Responding to sexual violence: Attrition in the New Zealand Criminal Justice System** (Triggs and Mossman, Jordan and Kingi, 2009). Available in English.

➢ **Implementation of the Bulgarian Law on Protection against Domestic Violence** (The Bulgarian Gender Research Foundation and the Advocates for Human Rights, 2008). Available in English.

➢ **Judicial System Monitoring Programme** (Women's Justice Unit, Timor-Leste). Reports are available in English, Bhasa and Portuguese.

➢ **Tracking Rape Case Attrition in Gauteng: The Police Investigation Stage** (Sigsworth, Vetten, Jewkes and Christofides/The Centre for the Study of Violence and Reconciliation, 2009). Available in English.

➢ **Tracking Justice: The Attrition of Rape Cases through the Criminal Justice System in Guateng** (Sigsworth, Vetten, Jewkes, Loots, Dunseith and Christofides/The Centre for the Study of Violence and Reconciliation, 2008). Available in English.

Case Study: Monitoring Implementation of the 2005 Domestic Violence Act in India

The Women's Rights Initiative of the Lawyer's Collective in India has prepared several monitoring and evaluation reports on the implementation of the Protection of Domestic Violence Act which was brought into force in 2006. The objectives were:
   o To map the infrastructure put in place by state governments to implement theAct;
   o To collate the experience of stakeholders in using this infrastructure to provide relief to victims of domestic violence;
   o To draw provisional conclusions on the influence of this infrastructure on the implementation of the Act.
In order to achieve its objective, the assessment sought to answer a series of questions, including:
   o To what extent have the infrastructural gaps been fulfilled?
   o What are the different approaches adopted by states in putting in place infrastructure to comply with the provisions of the Act?
   o To what extent have states managed to develop a coordinated, multi-agency response mechanism as envisaged in the Act?
   o How is jurisprudence evolving under the Act?
   o Has there been any change in the number of cases filed under relevant sections of criminal law (Section 498A)?

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- A two-pronged approach was adopted to gain an understanding of the functioning of the agencies put in place to implement the Act of 2005:
    i. Primary data on the infrastructure put in place and the steps taken by the state towards effective implementation of the Act, collected from key departments of each state such as the Department of Women & Child Development and the Department of Social Welfare;
    ii. Selective state field visits to examine the manner in which the agencies are functioning on the- ground, through interviews with various stakeholders, including protection officers and service providers, representatives from shelters and medical facilities, women's organizations, civil society organizations, NGOs and legal practitioners, state women's commissions and legal services authorities.

To view the reports see:
  ➢ **Staying Alive: First Monitoring and Evaluation Reports on the Protection of Women from Domestic Violence Act, 2005** (Lawyer's Initiative Women's Rights Collective, 2007). Available in English.
  ➢ **Staying Alive: Second Monitoring and Evaluation Reports on the Protection of Women from Domestic Violence Act, 2005** (Lawyer's Initiative Women's Rights Collective, 2008). Available in English.
  ➢ **Staying Alive: Third Monitoring and Evaluation Reports on the Protection of Women from Domestic Violence Act, 2005** (Lawyer's Initiative Women's Rights Collective, 2009). Available in English.

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Illustrative Tools:

➤ **Tool for Assessing Justice System Response to Violence against Women, A Tool for Law Enforcement, Prosecution and the Courts to use in Developing Effective Responses** (The Battered Women's Justice Project and National Resource Center on Domestic Violence, 1998). This assessment tool was created for communities in the United States to use in developing effective responses by law enforcement, prosecution, and the courts to cases of violence against women, but is also a resource for monitoring those responses. The tool includes a set of response checklists that highlight key elements of good practice, describe the basic roles of law enforcement, prosecution and the courts in responding to violence against women and show where agencies coordinate and collaborate with other agencies and advocacy programmes; and also highlight any gaps to assess progress and areas for improvement in the response. Available in English.

➤ **Court Monitoring Programs** (WATCH, Minnesota, USA). This site provides information on the purpose of court monitoring programmes, instruction on how to establish them, what to monitor and how. Available in English.

➤ **The Women's Justice Center** (Centro de Justicia para Mujeres) developed a form for evaluating police response to rape and sexual assault. The form was designed for use by victims, advocates and law enforcement officials to help assess police response to cases. The questions are divided into three parts: Initial Police Response, Victim Interview and Investigation Follow up. The majority of questions focus on the police interview of the victim, as well as the victim's comfort and safety during the investigation process. Available in English and Spanish.

➤ **The CEDAW Assessment Tool**: An Assessment Tool Based on the Convention to Eliminate All Forms of Discrimination Against Women (American Bar Association, Central and East European Law Initiative, 2002). Available in English.

COMMUNITY MOBILIZATION INITIATIVES

Brief overview of monitoring and evaluation of community mobilization initiatives
- In recent years, there has been increased recognition that community-based initiatives to prevent violence against women are key to reducing overall levels of violence in a society. Implementing laws and providing safe haven and services for survivors of violence, while vitally important, do not address the underlying causes of violence against women and girls, which have a lot more to do with changing the way that men and women interact in their communities, and how they view issues such as balancing power between men and women.
- While a number of groups have developed innovative ways of mobilizing communities to address prevailing norms and behaviours around violence and gender, evidence around the effectiveness of strategies used by these programmes remains sparse.
- Few groups have the resources or capacity to carry out effective monitoring and evaluation of their programmes, and there are not many validated models for measuring social change. Social change typically takes place over many years, involves many different actors, and is difficult to measure. For the same reasons it is difficult to determine "attribution," or the degree to which a change can be credited to a specific intervention.

Key lessons learned about community-level evaluations
The lessons below come from the experience of evaluating Stepping Stones in South Africa and are generally applicable to most community-level evaluations.

- Communities will support a research project of this nature if they feel it is addressing an issue they are concerned about and will be of value to them. Researchers must invest time in explaining the proposed study
- Building a strong Community Advisory Board with a range of stakeholders can be of great assistance.
- Community mobilization should be viewed as an ongoing process and not a once-off task.
- Resources for community mobilization should be adequate for the entire duration of the planned project, and allocated independently of fieldwork.
- Local community politics may be complicated, and there may be many different interest groups with differing concerns and priorities with respect to the research. Establishing good relations with as many groups as possible takes time and is very important for success of the project.
- Informed consent should be seen as a process to maximize freedom of choice around research participation and levels of commitment to the study.
- Instruments, which have been validated in other settings, must have their validity established in the local settings. Cross-cultural validity should not be assumed.
- Involving field workers in validating and translating instruments greatly increases their depth of understanding of the instrument and resultant data quality.

- Research projects of this nature in rural areas often employ many staff who have not worked in the formal sector before. Extra time needs to be provided for problem solving and team building with inexperienced staff.
- Training on research, monitoring and evaluation related to the project should be ongoing throughout the project including for fieldworkers and intervention facilitators. See the SASA! guidance for facilitators developed by Raising Voices.
- Rural youth may be highly mobile, especially if they have to travel for school. Arrangements for follow up should include ascertaining when youth will return home for interviews, using peers or other community members to help the team determine when young people return.

Indicators
MEASURE Evaluation, at the request of The United States Agency for International Development and in collaboration with the Inter-agency Gender Working Group, compiled a set of indicators for community mobilization. The indicators have been designed to measure programme performance and achievement at the community, regional and national levels using quantitative methods. Note, that while many of the indicators have been used in the field, they have not necessarily been tested in multiple settings. To review the indicators comprehensively, including their definitions; the tool that should be used and instructions on how to go about it, see the publication **Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators**.

The compiled indicators for community mobilization are:

- **Proportion of individuals who know any of the legal rights of women**
  What It Measures: Knowledge of women's constitutional and legal rights remains low particularly among women in many countries. Given the situation, human rights and women's rights education programs are implemented in communities in a number of countries. Program managers and evaluators may be interested in knowing the extent to which men and women are aware of the constitutional and legal rights of women. This outcome indicator measures the extent to which the public are aware of such rights.

- **Proportion of individuals who know any of the legal sanctions for violence against women and girls**
  What It Measures: Knowledge of the legal sanctions associated with VAW/G is low, particularly among women in many countries. If women do not know of any legal recourse, they may not seek help, thinking that nothing can be done. Program managers and evaluators may be interested in knowing the extent to which men and women are aware of the legal sanctions for acts of VAW/G that exist in a country. This outcome indicator measures the extent to which the public are aware of such sanctions.

- **Proportion of people who have been exposed to violence prevention messages**
  What It Measures: In countries (or regions within countries) where communication programs related to VAW/G prevention are implemented using IEC techniques, interpersonal communication channels and community outreach workers, program managers and evaluators may need to know the extent to which the intended audience is exposed to the communication programs. This outcome indicator measures the extent to which a population targeted by specific VAW/G programs and projects is exposed to VAW/G prevention messages through any means that they might be communicated.

- **Proportion of people who say that wife beating is an acceptable way for husbands to discipline their wives**
  What It Measures: This outcome indicator measures the level of acceptability of wife-beating in an area (region, country, community) for any reason, at the point in

time that it is measured. A high proportion would indicate that most people in the targeted population feel that wife beating is acceptable under certain conditions.

- **Proportion of people who would assist a woman being beaten by her husband or partner**
  What It Measures: Neighbors are often aware when a woman is being beaten by her husband because they can hear the incidents. Relatives (living outside the household) and friends are often told about these incidents by women. People's willingness to extend help to the woman may save the woman from the pain, disability and death associated with IPV. A low proportion of individuals stating that they are wiling to help may indicate a general acceptance of
  IPV in the community surveyed. Women living in such communities are at higher risk for the consequences associated with IPV, and they may have little recourse.

- **Proportion of people who say that men cannot be held responsible for controlling their sexual behavior**
  What It Measures: People who feel that men cannot control their sexual behavior (i.e., that the reason they act sexually is because of a factor outside of themselves) also feel that on some level, men cannot be held responsible for what they do sexually. This places the blame for violent sexual behavior on the victim instead of on the perpetrator.

- **Proportion of people who agree that a woman has a right to refuse sex**
  What It Measures: Cultural norms around the authority of husbands over wives may include that he has a right to have sex with his wife or partner regardless of whether or not she wants it. Alternately, there may be conditions under which it is acceptable (or not acceptable) for her to refuse. This outcome indicator measures how acceptable the idea of a woman refusing sex with her husband or partner is, and under which reasons people feel this is acceptable. In areas where there are no acceptable reasons or very low proportions of people agreeing with the reasons, women's power of sexual negotiation may be very low and could leave them at risk for violence and exposure to sexually transmitted infections including HIV.

- **Proportion of people who agree that rape can take place between a man and woman who are married**
  What It Measures: Cultural norms around the authority of husbands over wives may include forced sexual intercourse. Marital rape may be more likely to occur in places where both women and men ascribe to this belief. This outcome indicator measures how unacceptable marital rape is in the targeted population. In areas where the proportion is very low, women may be at high risk for marital rape.

- **Proportion of target audience who has been exposed to communication messages recommending the discontinuation of female genital cutting/mutilation (FGC/M)**
  What It Measures: In countries (or regions within countries) where communication programs related to the elimination of FGC/M are implemented using mass media, program managers and evaluators may need to know the extent to which the intended audience is exposed to the communication messages. This outcome indicator measures the extent to which the public (or population targeted by

specific programs and projects) remembers seeing or hearing FGC/M elimination messages through various communication channels after exposure.

- **Proportion of people who believe that FGC/M should be stopped**
  What It Measures: The practice of FGC/M is deep-rooted in culture, and is supported by beliefs that are in favor of the practice. International organizations, however, recognize the practice as a violation of international standards for girls' and women's rights, and that the practice has serious health consequences. Communication campaigns and community education programs are implemented in countries where the practice is prevalent to discourage support for FGC/M. This outcome indicator measures the level of public acceptance of FGC/M within a given population.

- **Proportion of women who do not intend to have any of their daughters undergo FGC/M**
  What It Measures: The practice of FGC/M is deep-rooted in culture, and is supported by beliefs that are in favor of the practice. International organizations, however, recognize the practice as a violation of international standards for girls' and women's rights, and that the practice has serious health consequences. Programs that aim to eliminate the practice of FGC/M will want a measure of women's intentions regarding their own daughters. This outcome indicator provides a measure of the effectiveness of programs and initiatives that aim to reduce the practice of FGC/M.

- **Proportion of people who believe child marriage should be stopped**
  What It Measures: The practice of child marriage is deep-rooted in culture and is supported by beliefs and customs transmitted through the generations. International organizations, however, recognize the practice as a violation of international standards for girls' and women's rights, and that the practice can result in serious emotional and physical health consequences. Communication campaigns and community education programs are implemented in countries where the practice is prevalent to discourage support for child marriage. This outcome indicator measures the level of public acceptance of child marriage within a given population.

- **Proportion of women who do not intend to marry their daughters before the age of 18**
  What It Measures: The practice of child marriage is deep-rooted in culture and is supported by beliefs and customs transmitted through the generations. International organizations, however,
  recognize the practice as a violation of international standards for girls' and women's rights, and that the practice can result in serious emotional and physical health consequences. Communication campaigns and community education programs are implemented in countries where the practice is prevalent to discourage support for child marriage. This outcome indicator provides a measure of the effectiveness of programs and initiatives that aim to reduce the practice of child marriage.

For additional indicators on working with *youth* and working with *men and boys*, see the full [compendium](#).

Programme descriptions and indicators for select community-based initiatives:

Monitoring and evaluation methods (including indicators) will vary depending on the programme's goal and objectives. The descriptions and indicators presented below are examples that come from some of the most promising community-based initiatives that have demonstrated promise in reducing violence against women and girls.

<u>The Rural AIDS Development Action Research (RADAR) Programme Intervention with Microfinance for AIDS and Gender Equity in South Africa</u> (Pronyk et al 2006)
The programme Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study in South Africa-- one of the few rigorous evaluations of community-level interventions globally related to gender-based violence-- showed that an intervention combining micro-financing to women with education and mobilization around violence reduced women's experiences of violence by 55% over a two-year period.

The IMAGE study used a cluster randomized trial design to test the hypothesis that combining a microfinance-based poverty alleviation programme with participatory training on HIV risk and prevention, gender norms, domestic violence, and sexuality can improve economic well-being, empower women, and lead to reductions in inter-personal violence. The study was conducted between September 2001 and March 2005 in South Africa's rural Limpopo province.

Outcome measures included past year's experiences of intimate-partner violence drawn from the <u>World Health Organization's Violence against Women study instrument</u> and nine indicators of women's empowerment measured around three domains: 1) power within; 2) power to; and 3) power with. The nine indicators they used to measure these three areas of empowerment were:

- *Power within* – self confidence, financial confidence and challenges gender norms.
- *Power to* – autonomy in decision-making, perceived contribution to household, household communication and partner relationship
- *Power with* – social group membership and collective action

In addition to the main outcome of reduced intimate partner violence, two other outcome indicators were measured because of their correlation to experiences of violence:
- Past year experience of controlling behavior.
- Progressive attitudes towards intimate partner violence.

Qualitative data about changes occurring within intimate-relationships and the community were also collected through facilitated focus group discussions, contributing significantly to understanding the nuances behind the numbers. For example, discussions revealed that there was no equivalent for the term "empowerment." Rather, women used phrases such as "the ability to claim personal power and use it to change for the better," noting that "you can have money and still not be empowered." Qualitative responses also highlighted that reductions in violence resulted from a range of responses enabling women to challenge the acceptability of such violence, expect and receive better

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treatment from partners, leave violent relationships, give material and moral support to those experiencing abuse, mobilize new and existing community groups and raise awareness about gender-based violence and HIV. [Pronyk et al 2006]

To view the IMAGE evaluation methodology, intervention materials, questionnaires (baseline and follow-up) for young people, women and households, and research reports visit the University of Witwatersrand, Johannesburg, Intervention with Microfinance for AIDS & Gender Equity website.

Stepping Stones, South Africa
Stepping Stones is a community-based intervention aimed at preventing HIV through more gender-equitable and more communicative relationships. Started by Alice Wellbourne in Uganda, the programme has been adapted for over 17 settings and translated to at least 13 languages for use in over 40 countries (Jewkes, Nduna, Levin, Jama, Dunkle, Wood, Koss, Puren and Duvvury, 2007). Though the programme did not explicitly set out to reduce the incidence of intimate partner violence, an evaluation of the programme in South Africa demonstrated that the programme did reduce violence against women.

In South Africa, Stepping Stones used a randomized control trial to evaluate the effectiveness of this well known educational tool for preventing violence and HIV. A cluster randomized-controlled trial (RCT) was conducted in 70 villages in rural South Africa to evaluate the impact of Stepping Stones, a behavioural intervention implemented in 35 communities in two workshops of 20 men and 20 women in each community. Individuals in control communities attended a single session on HIV and safer sex.

The impact was assessed through two questionnaire surveys at 12-month intervals. The primary outcome was HIV incidence. Secondary outcomes included changes in knowledge, attitude and sexual behaviours, including on gender-based violence. Qualitative research was conducted with 10 men and 10 women from two sites receiving the intervention (one rural and one urban) and five men and five women from one village in the control arm. They were interviewed individually three times prior to the workshops and then 9–12 months later.

This is the third randomized-controlled trial to be conducted in sub-Saharan Africa evaluating a behavioural intervention using HIV incidence as a primary outcome. It is of particular interest as the Stepping Stones intervention is used in many developing countries. There is good baseline comparability between the study groups, and the process (monitoring) data on the workshops suggested that the interventions were feasible and adequately implemented.

The areas of change that are measured (at baseline, 12 months and 24 months) in the Stepping Stones evaluation relate to these main areas:
- Knowledge of reproductive health and HIV and attitudes towards HIV, condom use and gender relations;
- Pregnancy and children;

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- Male partner (including relationship control);
- Relationship and violence;
- Sexual behavior;
- Mental health status;
- Substance use; and
- The relationship of the individual to her community.

The section on violence includes general questions and questions related specifically to emotional abuse, physical abuse, sexual abuse and abuse by a non-partner.

See the Stepping Stones website for more information on the programme, adaptations of the programme, resources and evaluations.

For a summary of the evaluation in South Africa, see the policy brief by Medical Research Council.

SASA!, East Africa
SASA! is a methodology developed by Raising Voices for addressing the link between violence against women and HIV/AIDS. Documented in a user-friendly Activist Kit, it is meant to inspire, enable and structure effective community mobilization to prevent violence against women and HIV/AIDS.

SASA! uses four strategies: local activism, media and advocacy, communication materials and training to reach a variety of people in a variety of ways and includes a variety of monitoring tools to help organizations assess and reflect on their efforts in the community. The tools, designed for activist organizations are simple yet provide meaningful information to feedback into programme design to make SASA! implementation stronger and more effective.

The SASA! methodology suggests that change happens in stages, and starts with awareness, preparation for action, implementation and then maintenance of change. They have therefore developed a set of indicators for each stage of the strategy, that measure changes in:
- Attitudes towards violence and gender relations
- Knowledge about the harm that violence and unequal power relations can cause in a family and a community
- Skills that enable activists to becomes change agents in their lives and their communities
- Behaviours, at the personal/family level, and at the community level

Each of these dimensions would be measured periodically, for example, every 6 months, using simple tools such as a quick survey of activists and community members, and sessions to reflect on the progress of the work. In addition, the programme has set up a monitoring system whereby NGO staff provide feedback and support to community activists, and at the same time document changes in the way people are talking about the

issues of the programme (for example, do most people think that women deserve to be beaten or not?)

These tools do not provide data that can be used to measure impact, but they do provide powerful and meaningful information to community activists and programme staff, and complement the findings of more rigorous studies, such as the SASA! impact study.

In 2007, Raising Voices, the Center for Domestic Violence Prevention (CEDOVIP), the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine, Makerere University and PATH collaborated to design and carry out a study to evaluate the effectiveness of the SASA! community mobilization initiative in Uganda. This study will provide evidence about the potential role and impact of the SASA! approach in addressing gender inequality, violence against women and HIV/AIDS – and is one of the few rigorous impact evaluations being conducted of community mobilization efforts focusing on violence and HIV.

The specific aims of the study are to:
- Assess the three year impact of the programme on the balance of power in relationships; past year experience / perpetration of partner violence; and past year HIV risk behaviors by men and actions in response to violence by women;
- Investigate the processes and causal pathways through which levels of gender-based violence and HIV behaviors are promulgated and change over time, including the impact of active involvement in the intervention on community volunteers and other resource people who work regularly with the intervention;
- Document the process of implementing the SASA! programme, and the economic costs of programme delivery;
- Use the research findings to inform methods to monitor the future replication of the SASA! methodology.

What is particularly useful about this study is that, while the major aim is to measure the impact of SASA! using rigorous methods, it also aims to develop tools that can be used by other groups to plan, monitor, and assess their own community interventions.

To assess the impact of SASA!, surveys measuring knowledge, attitudes, skills and behaviors of men and women in the community are being administered in sites where the programme is being implemented as well as comparable control communities that are not receiving the intervention – at baseline before implementation, and again, three years after its initiation. In addition to quantitative research, complementary qualitative research is exploring how the dynamics of relationships, violence against women and HIV behaviors may change over time, including the impact the intervention on community activists, leaders and service providers. Focus group discussions shed light on community responses to the programme and experiences with promoting non-violent relationships. The qualitative data collection is being conducted twice yearly, and includes focus group discussions and in-depth interviews with community volunteers, local leaders, police and health workers.

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Findings from the 2008 baseline study and focus group discussions highlighted high levels of violence and deep seated harmful gender norms. Almost half of currently or ever married women reported having experienced physical or sexual violence from a partner and half of the men reported using one or more forms of controlling behavior with their partners in the past year.

See the SASA! section on the Raising Voices website for more information on the programme and on the evaluation process.

Illustrative Monitoring and Evaluation Tools:
In recent years, researchers have been experimenting with developing rigorous methods to be able to show the effectiveness of these community approaches. The tools below come from those programmes mentioned above.

SASA!
- **Planning Phase:** SASA! includes two tools that help organizations think through a strategy.
  - The phase plan form provides an overview of activities planned for that phase and outlines the corresponding strategies, outcomes, circles of influence/ specific groups, anticipated reach/ exposure, timeframe and responsible persons.
  - The strategy plan form enables members responsible for each specific strategy to further break down their activities and ensure comprehensive planning. It includes the activities, outcomes, specific groups, timeframe, venue, responsible persons and resources required.

- **Monitoring Phase:** *SASA!* includes a variety of monitoring tools to help teams keep track of the process and progress along the way which can be used by activists, stakeholders and NGOs.
  - The activity report form is filled out after each activity and captures the details of that activity, including who attended, how many people attended, successes, challenges and responses that can be used to plan and improve follow-up activities.
  - The activity outcome tracking tool facilitates tracking of progress on key outcomes for each phase. Tracking is done by observing activities and ranking the degree of resistance or acceptance of community members participating. It is designed to be flexible to cater for different capacities of groups using *SASA!* and can be easily adapted for similar efforts.
  - The strategy summary report is an overall summary of the activity report forms which can be completed at the end of each quarter or phase depending on the organization's monitoring framework. It offers a quick at-a-glance picture of activities conducted throughout the time period which then feeds into end of phase reports.

- **Assessment (Evaluation) Phase:** *SASA!* includes two main types of assessment exercises. These exercises should be conducted before the programme intervention and again at the end of the programme intervention.

- o [Assessment dialogues](#) are a qualitative method for gathering information from select community members similar to focus group discussions, with a prepared question guide to facilitate the session.
- o [Rapid assessment surveys](#) are tools for gathering data to help understand and assess change in knowledge, attitudes, skills and behaviours among community members.

The SASA! tools employ a combination of quantitative methods, such as a quick survey that can be implemented in communities to measure changes in attitudes and behaviours, as well as [qualitative methods](#), such as participatory mapping, story-telling, and new tools such as the "[most significant change](#)" method.

Gender-equitable men (GEM) scale to assess norms and behaviours among young men in Brazil and India

Few interventions to promote gender-equitable norms and behaviours among young men have been systematically implemented or evaluated, and relatively little is known about how best to measure changes in gender norms, violence and their effect on HIV/STI protective and risk behaviours.

To address these gaps, the Horizons Programme and Instituto Promundo through their **Programme H** examined the effectiveness of interventions designed to improve young men's attitudes toward gender-equitable norms, including gender-based violence, and to reduce HIV/STI risk.

GEM Evaluation Brazil: Set in Rio de Janeiro in 2001, the study compared the impact of different combinations of programme activities implemented in three different but fairly homogeneous low-income communities. One intervention was interactive group education sessions for young men led by adult male facilitators. The other was a community-wide campaign to promote condom use, using gender-equitable messages that reinforced those promoted in the group education sessions. A group of young men aged 14 to 25 was followed over time in each community.

To assess the impact of the programme, researchers from the Horizons Programme developed and validated the Gender-Equitable Men (GEM) Scale with a representative household sample. The GEM Scale, which measures attitudes toward gender norms, includes items in five keys areas: (1) violence, (2) sexuality and sexual relationships, (3) reproductive health and disease prevention, (4) domestic chores and childcare, and (5) homophobia and relationships with other men. Twenty-four (24) items were selected, 17 of which comprise the "inequitable" gender norms subscale, addressing norms that have been considered more "traditional," and 7 which comprise the "equitable" subscale. Responses were categorized and scored as "least equitable," "moderately equitable," and "most equitable," and collated for an overall score.

Changes in attitudes over time were also analyzed in order to correlate them with other outcomes. A variable was created to reflect changes in respondents' GEM scores. If a

respondent's score increased after the intervention, it was reflected as a positive change, if it stayed the same or decreased, it was reflected as no or negative change. (Pulerwitz, Barker, Segundo and Nascimento. 2006.)

See the evaluation summary, available in English.

See the GEM scale in English, Spanish and Portuguese. The scale used in Ethiopia is also available in English.

GEM Evaluation India: In India, the Horizons Programme, CORO for Literacy, MAMTA, and Instituto Promundo developed and piloted a behaviour-change intervention, *Yaari-Dosti*, based on Programme H implemented in Brazil. The team conducted research to examine the effectiveness of the interventions to improve young men's attitudes toward gender roles and sexual relationships, and to reduce HIV risk behaviours and partner violence. Set in urban areas of Mumbai, the study tested the impact of different combinations of intervention activities on young men's support for inequitable gender norms, HIV/STI risk behaviours, and partner violence.

Attitudes toward gender norms of the young men were assessed using a version of the Gender Equitable Men (GEM) Scale adapted to the Indian context with the addition of specific items, for example, "A man is happily married only if his wife brings a big dowry," and, "A woman should not need to ask her husband for permission to visit her parents/family." (Verma et al 2008)

See the evaluation summary, available in English.

International Men and Gender Equality Survey (IMAGES)
Instituto Promundo and the International Center for Research and Women developed the International Men and Gender Equality Survey (IMAGES) to strengthen understanding of men's behaviours and attitudes, and changes in those attitudes and behaviours. The ultimate goal of the survey is to inform, drive and monitor policy development to promote gender equality by engaging men and women in such policies.

IMAGES is one of the most comprehensive surveys developed on this topic and has sought to incorporate the most recent instruments on gender, quality of life, childhood antecedents of violence, health indicators, gender-based violence, family gender dynamics, and fatherhood. In some countries, IMAGES is serving as a baseline instrument to assess men's and women's attitudes and behaviours on these key issues before the implementation of major policy and programme initiatives.

The specific objectives of the survey are to:
   o Assess the **current behaviours and attitudes of men on a wide range of issues as they relate to gender equality**, including fatherhood and caregiving (time spent in providing care for children, and others in the home), use of violence in intimate and sexual relationships (sexual, physical and psychological), work-life

balance, use of health services, negotiation/ communication with partner about family size and sexual relations, among others;

o **Compare these results with women's attitudes and behaviours** on the same issues;

o Assess **men's knowledge of and attitudes toward about policies that have sought to promote gender equality** (e.g. employment and political participation quotas for women, women's economic empowerment, paternity establishment, gender-based violence, among others), and explore to the extent possible men's ideas about what policies and changes in existing policies they think would help them become even more involved in gender equality; and,

o Explore **factors that may explain variation in men's behaviours** in their family lives and intimate and sexual relationships, including childhood experiences of violence, gender norms in family of origin, stress, migration, and unemployment, and others.

The IMAGES Survey for men is available in English and Portuguese.

The IMAGES Survey for women is available in English and Portuguese.

Additional Resources for Evaluation:

➤ **Measures for the Assessment of Dimensions of Violence against Women: A Compendium** (Flood, 2008). Available in English.

➤ **Somos Diferentes, Somos Iguales, Sexto Sentido (Puntos de Encuentro).** The evaluation report is available in English and Spanish.

➤ **Soul City 4 Evaluation Media Campaign Monitoring and Evaluation Materials.** http://www.comminit.com/en/node/212926/347

➤ **SASA! Tips Booklet - Strengthening Your Activism: Skills for Preventing Violence against Women and HIV Infection** (Raising Voices, 2009). Available in English.

➤ **Good Schools Toolkit** (Raising Voices, 2009). Available in English.

➤ **Incorporating Evaluation into Media Campaign Design** (Institute for Health and Development Communication, South Africa). Available in English.

➤ **Lessons in Evaluating Communications Campaigns: Five Case Studies** (Communications Consortium Media Center/ Harvard Family Research Project, 2003). Available in English.

CONFLICT, POST-CONFLICT OR EMERGENCY SITUATIONS

Brief overview of monitoring and evaluation of initiatives for women and girls in conflict, emergency or displaced situations

- The knowledge base of multisectoral programming to address gender-based violence among displaced populations has grown since the 1990s. Inter-agency programming has become the norm with the development of comprehensive programmes that integrate multiple sectors.
- Initiatives have focused mainly on health care, especially reproductive health, emotional support, social reintegration, police and legal intervention. Prevention strategies are newer, involving refugee and displaced communities in changing norms around violence.
- Specific guidelines for multisectoral interventions to prevent and respond to violence against women in these settings, codes of conduct for humanitarian, security and other actors, and tools for conducting situation analyses, monitoring and evaluating interventions have also been developed, although they have not necessarily been widely incorporated.
- Despite these advancements, there are few published evaluations of such programmes given the challenging context to undertake assessments in such settings.
- Improving prevention, protection, punishment and response measures is critical given the large numbers of women and girls that suffer abuse in these settings.
- Monitoring and evaluation in conflict/post-conflict/emergency and displaced situations is crucial to maintaining and improving the coordination of efforts among the various non-governmental and governmental actors; and in developing national capacities to prevent and respond effectively in situations that are protracted and require sustained prevention and response efforts.
- Monitoring and evaluation also serves to ensure that women and girls have safe access to humanitarian assistance and basic amenities, such as water, food, fuel and sanitation, since they are often at heightened risk of sexual attack when undertaking routine daily tasks to obtain these amenities. For girls, this includes accessing education.
- Monitoring the provision and uptake of services is especially important to make sure that women and girls are receiving the medical, psychosocial and legal services they need and to mitigate the negative lifelong consequences that can affect post-conflict recovery, integration and development.

General Guidance
(Vann 2002)
- Humanitarian organizations considering the addition of a violence against women programme to their portfolio may believe that they need to survey the women and children in the population to quantify prevalence and gather baseline data, but a survey is probably not necessary in the early phases. Building in-depth knowledge of survivor needs and community attitudes is a process that occurs over time.

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- A survey may also be inappropriate because the risks might outweigh the benefits. Violence against women and girls is a hidden problem, and a number of ethical and safety concerns must be taken into account before any surveys are conducted. Disclosing violence may prove even more challenging for survivors in emergency situations, which are characterized by instability, insecurity, fear, dependence and loss of autonomy, as well as a breakdown of law and order, and widespread disruption of community and family support systems.
- If survivors self-report and no services are in place to assist them, the survey may do more harm than good, opening emotional wounds that cannot be closed without follow-up support. More important, surveys may endanger a survivor: if the perpetrator knows she is a survey respondent, he may retaliate; security systems may be inadequate to protect her.
- Because various types of violence against women occur in every conflict and nearly every culture, it is safe to assume at the outset of any programme that there are gender-based violence survivors with unmet needs in displaced populations. The situation analysis will provide enough information to get the programme started without endangering survivors or the viability of the programme. Surveys may be useful, and necessary, for programme development after support services are ready to step in.
- It is often very difficult, and sometimes impossible to collect the kind of information desired for a baseline assessment especially during the early stages of emergency, disaster or conflict response. It is however critical to conduct some basic form of assessment of the nature and scope of violence, to evaluate the capacity of humanitarian actors and host communities to provide services to survivors of sexual violence and exploitation and to institute protective mechanisms to prevent additional incidents from occurring; as well as to raise decision-makers' and humanitarian actors' awareness about the risks of sexual violence, and encourage utilization of key guidelines and resources to ensure rapid implementation of prevention and response programming.

Conducting a situation analyses and assessments
(IASC Guidelines, 2005)
The situation analysis is a review of the situation at hand providing an understanding of the strengths and weaknesses of services available and the needs in the target population. It can provide information on the type(s) and extent of sexual violence experienced by the community; the policies, attitudes, and practices of key actors within the health, psychosocial, security, human rights, and justice sectors and within the community.

Even during the early phase of a new emergency, while the population is on the move and the setting insecure, basic information on the nature and extent of sexual violence can be gathered. In line with ethical guidelines, services should be in place to address survivors and gaps in services to prevent and respond to sexual violence should be undertaken.

During an emergency, multiple actors (e.g. government authorities, international organizations and others) conduct assessments on gender-based violence. To avoid duplication and repeat interviews with the target population(s), information should be shared among actors. These assessments can be conducted on a periodic basis, using the same tools and methodology, in order to determine changes in the environment and make adjustments.

- Collect information in accordance with guiding principles for safety, confidentiality, respect, and non-discrimination; and ensure all documents maintain the interviewees anonymity and are stored securely.
- Methods for collecting information should involve the community and may include semi-structured interviews, site visits, and observation of the environment.
- Secondary information sources that may be useful includes existing needs assessments, reports, and available data related to sexual violence.
- Use techniques that will gain rather than alienate community and individual trust, incorporating cultural sensitivity and extreme care in discussing sensitive topics.
- Use same-sex interviewers and interpreters.
- Ideally information should be gathered by multidisciplinary teams.

[IASC Guidelines, 2005]

A situation analysis should consider collecting and analyzing information on the following:
- Type and extent of GBV taking place.
- Formal and informal community systems for conflict resolution and leadership.
- Attitudes, knowledge, and behavior of the community, host government staff, and humanitarian aid staff (especially in key response organizations) regarding gender, human rights, power, and GBV.
- Ability of the community, host government staff, and humanitarian aid staff to meet survivor needs with the services available (e.g. staffing, protocols, and equipment).
- Training for the community, host government staff, and humanitarian aid staff to meet survivor needs.
- Mechanisms for interagency and interdisciplinary coordination.
- Extent (and effectiveness) of interagency and interdisciplinary communication and collaboration.
- Perpetuating factors in the setting that contribute to incidents of GBV and prevention activities already underway, including staffing and training. (Vann, 2002)
- Demographic information, including disaggregated age and sex data
- Description of population movements (to understand risk of sexual violence)
- Description of the setting(s), organizations present, and types of services and activities underway
- Overview of sexual violence (populations at higher risk, any available data about sexual violence incidents)
- National security and legal authorities (laws, legal definitions, police procedures, judicial procedures, civil procedures)
- Community systems for traditional justice or customary law

- Existing multisectoral prevention and response action (coordination, referral mechanisms, psychosocial, health, security/police, protection/legal justice). (Inter-agency Standing Committee, 2005)

(Adapted from Vann 2002, IASC Guidelines and RHRC 2004)

See also the Inter-Agency Standing Committee Initial Rapid Assessment: Field Assessment Form.

Once the situation analysis is complete, the findings should be documented and distributed to all stakeholders, including the community and donors. These findings should guide the design of the programme and development of the monitoring and evaluation framework.

Data generated from a situational analysis can be used to mobilize community leaders of the need for programming. In addition, the process of conducting a situational analysis can itself be an intervention, by initiating a public discussion of violence and opening dialogue with key institutional actors. The situational analysis should be used as a tool to instruct as much as to investigate. It is strongly suggested that those using the tool are members of the local community, with an interest in using knowledge gained from the analysis to improve programming. Local researchers should not only participate in and lead the process, but should also be actively engaged in reviewing results and developing action plans. [RHRC 2004]

Case Study: Post-election Violence in Kenya Rapid Assessment

Despite numerous challenges found in conflict, emergency and post-conflict settings, including the brevity of field visits, difficulty reaching internally displaced persons and refugees, lack of coordination inherent in early stages of emergency response, ongoing movements of the displaced, large number of informal encampments, security and logistical issues limiting access to certain sites, and availability of translators, a joint interagency team (UNFPA, UNICEF, UNIFEM and the Christian Children's Fund) was able to create a fairly comprehensive picture of the situation for women and girls following the post-election violence in Kenya.

The rapid assessment conducted during the post-election crisis in Kenya from January-February 2008 drew on several of the resources presented in this module. Investigative methods primarily included key informant interviews with provincial and district government partners, humanitarian field workers, and representatives of agencies working in the legal, security, health, and psychosocial sectors. Wherever possible, meetings were held with male and female camp representatives and focus groups were conducted with displaced women and men.

See the full report: A Rapid Assessment of Gender-based Violence During Post-Election Violence in Kenya. Available in English.

Indicators
MEASURE Evaluation, at the request of The United States Agency for International Development and in collaboration with the Inter-agency Gender Working Group, compiled a set of indicators for conflict/post-conflict/emergency settings. The indicators have been designed to measure programme performance and achievement at the community, regional and national levels using quantitative methods. Note, that while many of the indicators have been used in the field, they have not necessarily been tested in multiple settings. To review the indicators comprehensively, including their definitions; the tool that should be used and instructions on how to go about it, see the publication **Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators**.

The compiled indicators for conflict/post-conflict/emergency settings are:

- **Protocols that are aligned with international standards have been established for the clinical management of sexual violence survivors within the emergency area at all levels of the health system**
  What It Measures: This indicator measures whether or not there is a sound clinical protocol in place to ensure that sexual violence survivors are cared for appropriately within the health system of an emergency area. However, it does not measure adherence within the health units.
- **A coordinated rapid situational analysis, which includes a security assessment, has been conducted and documented in the emergency area**
  What It Measures: This indicator measures whether a situational analysis aimed at the prevention and response of VAW/G has been completed for a given emergency area, using internationally validated tools. The choice of tools and how much of each to be incorporated is up to the coordinated body undertaking the assessment and depends on the context of the situation.
- **The proportion of sexual violence cases in the emergency area for which legal action has been taken**
  What It Measures: This indicator measures the extent to which legal recourse is taken for reported cases of sexual violence. If there is a very low proportion of cases that have had the minimum legal action defined as acceptable, this would indicate that the legal structure in the emergency area is not adequate. A high proportion of reported cases for which legal action was taken would indicate a legal system functioning at a high level of protection for women and children within the area.
- **Proportion of reported sexual exploitation and abuse incidents in the emergency area that resulted in prosecution and/or termination of humanitarian staff**
  What It Measures: This indicator measures an adherence to the minimum prevention and response protocol pertaining to the conduct of humanitarian staff. Many studies have noted that numerous sexual exploitation and abuse incidents in emergency areas are perpetrated by the very people who are employed to protect the victims of humanitarian emergencies. A demonstrated zero tolerance for such incidents means that once reported and confirmed persons responsible will be

prosecuted to the full extent of the law, or at minimum, terminated from their position to protect the women and girls under their care.

- **Coordination mechanisms established and partners orientated in the emergency area**
  What It Measures: This indicator measures whether or not multiple agencies involved in the response to an emergency are working together with respect to the prevention and response to sexual exploitation and abuse. The criteria listed can be taken as a minimum list of what should be done with respect to coordination and orientation of partners.

- **Number of women/girls reporting incidents of sexual violence per 10,000 population in the emergency area**
  What It Measures: This estimates the number of reported sexual violence incidents per a standard number of people. Using this standardization will allow for a comparison to be made across time in the same location, or between locations.

- **Percent of rape survivors in the emergency area who report to health facilities/workers within 72 hours and receive appropriate medical care**
  What It Measures: This indicator measures whether or not health facilities provide the appropriate comprehensive care to rape survivors who present within 72 hours of the incident. If survivors present after this period, services such as PEP and emergency contraception would not be part of the care that health service delivery points should be expected to provide.

- **Proportion of sexual violence survivors in the emergency area who report 72 hours or more after the incident and receive a basic set of psychosocial and medical services**
  What It Measures: This indicator measures whether or not health facilities provide the appropriate basic psychosocial and medical care to sexual violence survivors, including rape survivors, who present to health service delivery points 72 hours or more after the incident occurred. The list of basic services can be drawn from chapter 4 of the UNHCR field manual.

- **Number of activities in the emergency area initiated by the community targeted at the prevention of and response to sexual violence of women and girls**
  What It Measures: This is a measure of how involved the community is in ensuring that women and children are safe within the emergency area.

- **Proportion of women and girls in the emergency area who demonstrate knowledge of available services, why and when they would be accessed**
  What It Measures: This measures important aspects of access to available community resources to prevent and respond to VAW/G. Availability of resources by itself will not mean much if women are not aware of them, and if they do not know why or when they would access them. However, this does not measure whether women are able to physically get to the resources when they need them.

The Inter-agency Standing Committee Guidelines recommend that programmes programmes establish at least one indicator for response in each sector (health, psycho-social, security, legal/justice), at least one indicator about coordination, and at least one indicator related to prevention as well as activity indicators to monitor activities.

Name of indicator	Type	Definition of indicator
Health services		
Health staff training tools	Output	gender-based violence training curriculum for health care staff developed and in use
Timely and appropriate post-rape care		Calculate the number of reported rape survivors receiving basic set of health services within 3 days of incident/ Number of reported rape incidents
Pyschosocial		
Gender equity in decision making	Effect	Number of refugee governing bodies that include equal numbers of men and women
		Calculate the number of women members of refugee governing bodies who state women's opinions are influential in group decisions/ Number of women members of refugee governing bodies
Coordination		
Multisectoral approach	Output	Multisectoral and Inter-agency procedures, practices, and reporting forms established in writing and agreed by all actors
Coordination	Output	Number of contributing factors identified in coordination meetings through analysis of reports

(RHRC, 2004)

Monitoring

The Inter-agency Standing Committee Guidelines recommend monitoring implementation of minimum prevention and responses to sexual violence by ten functional/sectoral areas. Those involved in gender-based violence response should agree on the frequency and methods for monitoring and documenting progress in implementation.

In the very early stages of an emergency when minimum prevention and response actions are starting up, progress must be monitored weekly or more frequently to ensure rapid start-up and address any obstacles or delays.

When implementation of minimum actions are well underway, progress may be monitored monthly, again addressing obstacles or delays, and continuing until all key actions have been implemented.

In general, data should be collected on reported incidents of sexual violence and compiled into a report, making sure that it contains no potentially identifying information about survivors/victims or perpetrators.

The report should be compiled regularly and consistently; the data reviewed and analyzed in working group meetings; and the information used to strengthen prevention and response actions.

Information should be compared over time, identifying trends, problems, issues, successes and other relevant data. The report should be distributed to key stakeholders, including the community and local authorities; and community meetings should be initiated to discuss the information and strategies to improve prevention and response, especially ensuring the active participation and input from women and girls.

Illustrative data that should be collected to monitor responses:
Data Elements of Sexual and Gender-Based Violence Reports: It is essential that certain information be collected in reports. To be effective, all actors must agree on the terminology used so that reporting forms are comparable. All reporting mechanisms must ensure the confidentiality of the victim/survivor and perpetrator.

- Data Elements for Monthly Report Forms:
  -Total number of incident reports.
  -Types of sexual and gender-based violence perpetrated.
  -Number, age and sex of victims/survivors.
  -Number, age and sex of perpetrators.
  -Number of incidents by location (e.g. house, market, outside camp [indicating - where outside the camp]).
  -Number of rape victims/survivors receiving health care within two days of incident.
- Data Elements for Legal Form:
  -Number of cases reported to the protection officer.
  -Number of cases reported to the police.

-Number of cases taken to trial.
-Number of cases dismissed.
-Number of acquittals/convictions.
-Types of sexual and gender-based violence perpetrated.
-Number of rape cases seen within two days by health services.
-Number of cases in which forensic medical evidence was prepared.
-Percentage increase/decrease of number of rape cases by month.
-Percentage increase/decrease of sexual and gender-based violence incidents by month.
-Additional observations.
- Data Elements for Situation Reports:
-Sexual and gender-based violence concerns, issues, and incidents.
-Status of co-ordination and planning.
-Prevention interventions by sector.
-Response interventions by sector.
-Staff/beneficiary capacity training.
-Protection impact: monitoring and evaluation activities.
(UNHCR 2003 Guidelines)

Illustrative tools and methods for monitoring:
- The **Incident Report Form** is an important reporting tool that should be used by all actors. When any incident of sexual and gender-based violence is reported to any actor, there should be a standard format used to record such incidents.

- The **Monthly Sexual and Gender-Based Violence Report Form.** This reporting mechanism is important for tracking the changes in the environment that affect the incidence of sexual and gender-based violence. This report also provides insights into the factors that may perpetuate these acts of violence at the community level. For the monthly report form, keep in mind that data must be compiled for each individual setting; totals provided for the field office, regionally or countrywide are also useful.
- The **Mapping Guidelines** are designed to enable communities to participate in identifying their own needs. Community members identify geographic, demographic, historic, cultural, economic, and other factors within their communities that may exacerbate gender-based violence.
- **Focus groups** are particularly helpful in the early stages of programme development because they provide in-depth information about participants' knowledge, attitudes, and behaviours related to violence against women. Because they can be conducted with relatively limited resources, they are also a cost-effective, efficient method. Focus groups raise awareness and spark dialogue, and are a valuable component of participatory planning and programming.
- The **Pair-wise Ranking Guidelines** allow community members to collectively determine their most significant gender-based violence-related problems or issues through a systematic listing and graphing exercise. By obtaining information about

how communities rank gender-based violence problems, programmes are better equipped to prioritize prevention and response strategies.

- *The Causal Flow Analysis Guidelines* allow investigators to delve more deeply into an issue with the assistance of community members. They provide a framework for looking at causes and effects of gender-based violence, and a method of diagramming the problems for a visual inspection.
- The **Draft Prevalence Survey Questionnaire** is designed for collecting data on the prevalence of gender-based violence in a community. Research initiatives have illustrated that good quality prevalence data are essential to fully assess the nature and scope of gender-based violence, to design appropriate interventions, and to advocate for improved policies to protect survivors and to reduce rates of gender-based violence. However, conducting a methodologically and ethically sound gender-based violence prevalence survey requires extensive technical and financial resources, and therefore may not be warranted in some situations. This tool is included for reference and research planning purposes, and should only be used by those with extensive gender-based violence research experience.
- The **Sample Interviewer Training Handbook** provides an example of some of the areas of concern in preparing for population-based research and developing survey questions.
- The **causal pathway framework** a method for designing and implementing programmes that follows a logical progression towards an intended goal.
- The **Consent for Release of Information Form** must be used to secure consent from individuals whose information the organization will be disclosing to other organizations or individuals. It is the responsibility of the gender-based violence staff to maintain beneficiaries' confidentiality.
- The **Client Feedback Form** facilitates compiling data from beneficiaries of gender-based violence programmes. This will provide important information on what beneficiaries believe are the strengths and weaknesses of the programme, especially in terms of service delivery.

(UNHCR 2003 Guidelines; RHRC 2004 Tools)

Resources:

➢ **Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies** (Inter-Agency Standing Committee, 2005). The guidelines are available in Arabic, Bahasa (Indonesian), English, French and Spanish.

➢ **Gender-based Violence Tools Manual for Assessment & Programme Design, Monitoring & Evaluation *in conflict-affected settings*** (The Reproductive Health Response in Conflict Consortium, 2003). Available in Arabic, English and French.

➢ **Gender Handbook in Humanitarian Action: Women, Girls, Boys, and Men: Different Needs - Equal Opportunities** (Inter-Agency Standing Committee, 2006). Available in

➢ **The Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response.** (The Sphere Project, 2004). The handbook is available in Arabic, Azerbaijani, Burmese English, Farsi, French, German, Korean, Pashtu, Russian, Spanish, Tamil, Turkish and Urdu.

➢ **Gender-Based Violence Information Management System** (International Rescue Committee, UNHCR and UNFPA, 2009). An overview of the system is available in English.

➢ **Reproductive Health Assessment Toolkit for Conflict-Affected Women** (Centers for Disease Control). Available in English.

➢ **A Guide to Monitoring and Evaluation of NGO Capacity Building Interventions in Conflict Affected Settings** (Fitzgerals, Posner, Workman/JSI Research and Training Institute, Astarte Project, 2009). Available in English.

➢ **Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings** (Save the Children and UNFPA. 2009). Available in English.

➢ **Sexual and Gender-based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response** (UNHCR, 2003). Available in English.

➢ **Checklist for Action: Prevention & Response to Gender-based Violence in Displacement Settings.** (Gender-Based Violence Global Technical Support Project RHRC Consortium/JSI Research and Training Institute, 2004. Available in English.

- **Handbook for the Protection of Women and Girls** (UNHCR, 2008). Available in English.
- **Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons** (United Nations High Commissioner for Refugees, 2003). Available in English.

[i] *Good practices in legislation on violence against women*, Report of the expert group meeting organized by the United Nations Division for the Advancement of Women and United Nations Office on Drugs and Crime, United Nations Office in Vienna, Austria, 26 to 28 May 2008.

[ii] Principal among them are the *UN Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) and its Committee recommendations, the *UN Convention on the Rights of the Child*, the *Beijing Platform for Action*, the *UN Declaration on the Elimination of Violence against Women*; as well as regional treaties such as the *Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women* and the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*. Other inter-governmental instruments at global/regional levels also serve as key reference points for national accountability frameworks and standard-setting —including Security Council Resolution 1820 (affirming rape as a tactic of warfare as a crime against humanity) and General Assembly Resolutions on *Intensification of efforts to eliminate all forms of violence against women* (annually since 2006).