



UN Women
Safe Cities Free of Violence against Women and Girls
Global Programme

Impact Evaluation Strategy

2011

Contents

Abbreviations	2
1. Introduction	3
2. The Safe Cities Global Programme	4
3. Key Research Questions	7
4. Impact Evaluation Strategy for the Safe Cities Global Programme	9
5. Methodological and Ethical Challenges	11
6. Main Indicators for the IE Strategy	14
7. Data Collection and Analysis	20
8. Communicating Results	26
9. Workplans and Resources	27
References	28
Additional Resources and Links	30
Appendix A. Impact Evaluation Workshop: List of Participants	31
Appendix B. Indicative Timeline for Initial Phase of Programme Impact Evaluation	32
Appendix C. Indicative Budget for Impact Evaluation at City Level	33

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Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
GBV	Gender-based violence
SC GP	UN Women Global Programme: Safe Cities Free of Violence against Women and Girls
IE	Impact Evaluation
SV	Sexual Violence
SC	Safe Cities
TOC	Theory of Change
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence against Women and Girls

1. Introduction

This document¹ sets out a **strategic framework** to assess the impact of UN Women's Safe Cities Free of Violence against Women and Girls Global Programme (SC GP)² and to inform formulation of a model (or models) for reducing violence against women and girls (VAWG), particularly sexual violence (SV), in urban public spaces. As the impact evaluation (IE) of this Programme will necessarily be based on the achievements of local initiatives being implemented in participating cities, it is **intended to guide both the evaluative work conducted locally and analysis at Programme level**.

Whilst assessment of *impact*, including on the occurrence of SV, is the priority, this cannot be examined in isolation. A much broader study is essential to validate the SC GP's Theory of Change (TOC) and results chain;³ to gain an understanding of the conditions that affect results; to identify those strategies that are effective; to collect information that will inform adaptation and scale up of the model(s); and, should the desired impacts not materialise, to ascertain whether this was because of theory, implementation or measurement failure. For these reasons, **this strategy also provides direction for a wider evaluation** that includes contextual analysis, process monitoring, and tracking of outputs and outcomes.

Within this bigger picture, the evaluation of *outcomes* is considered particularly important for two reasons. First, research on SV is an emerging field, and there are still many methodological and ethical challenges to reliably measuring it in its different forms, not to mention the difficulties of measuring change over time⁴. Second, the timeline set out in the SC GP's hypothesis is ambitious and *impact* may not be achieved as quickly as hoped. In these circumstances, if it can be shown that outcomes were attained, it would suggest that the SC GP was delivering, or was on course to deliver, its ultimate intended benefits.

The following sections present a synopsis of the SC GP; identify the main research questions; present the preferred evaluation designs; list a basket of performance indicators; indicate the methods and techniques to be used for data collection; and set out how programme level assessment will be done.

¹ The Impact Evaluation Strategy is a *living document* which will be periodically updated based on lessons learned from the implementation of the SC GP. It is based on and should be read with UN Women's Global Programme Document: *Safe Cities Free of Violence against Women and Girls* (March 2011). It is also accompanied by the *Safe Cities Global Programme Glossary of Terms and Definitions* (March 2011).

² In November 2010, the Global Programme was launched in New Delhi, and began implementation in 2011 in the pilot programmes in five cities, Cairo, Kigali, New Delhi, Port Moresby and Quito, where it will be implemented over five years. An endline study will be conducted in each of the cities in 2016, and an ex ante in 2017.

³ A results chain is understood as a depiction of the causal logic, causal chain or logical relationships between inputs, activities, outputs, outcomes, and impacts of a given policy, program, or initiative. The impact is defined as the **long-term outcome**. It is the higher-order objective to which an intervention is intended to contribute. **Outcome** is defined as a statement of a desired, specific, realistic and measurable program result that must be attained in order to accomplish a particular program goal. **Output** is understood as the products, services and capacities resulting from completion of activities. **Activities** are actions taken or work performed through which inputs are mobilised to produce specific outputs. Finally, an **indicator** is a specific, observable and measurable characteristic that can be used to show changes or progress a program is making toward achieving specific results. Whilst activities and outputs are fully within the control of the programme, results at outcome and impact levels are outside of direct control and require more sophisticated methods for evaluation.

⁴ World Health Organisation/London School of Hygiene and Tropical Medicine (2010).

However, programmes, processes and interventions are at an early stage of development in each city, so this **strategy should be considered a work in progress** that will need review and revision as decisions are made and refined at local and programme levels.

2. The Safe Cities Global Programme

Studies around the world confirm that high proportions of women and girls are subjected to, or fear, sexual violence on a daily basis in public and private life. Such experiences limit their rights and freedoms as equal citizens to enjoy their neighbourhoods and cities, and to exercise their rights to mobility, education, work, recreation, collective organisation and participation in political life.

SC GP Goal

To produce, test and ultimately offer for wide application models for preventing and reducing violence, particularly SV, against women and girls in public spaces in cities, enabling them (women and girls) to move more freely and safely, and to increase their ability to exercise their right to enjoy such spaces.⁵

The model(s) should be capable of adaptation and upscaling, thereby having the potential to make cities around the world safer.⁶

Though the main focus of impact assessment will be on women and girls in the sites of intervention, it is also anticipated that the SC GP will generate support, at least in some cities, for the notion that **when cities are made safer for women and girls, they are made safer for all**. This would strengthen the argument that women's empowerment and women's safety can have wider beneficial effects for families, communities and countries at large.

It is also envisioned that the programme will generate support for the notion that **comprehensive safe cities strategies help advance women's rights and gender equality across a wider spectrum of socio-economic domains**. Whilst rigorous testing of this notion is beyond the scope of the SC GP, it is hoped that in certain cities it will be possible to monitor indicators of progress towards these impacts.

⁵ For more detail about the SC GP, see UN Women's Global Programme Document: Safe Cities Free of Violence against Women and Girls (March 2011).

⁶ It is acknowledged that public space is only one of the areas in which women and girls face violence. Research to date shows that women and girls are more likely to experience all forms of violence (emotional, sexual, physical and economic) within the home, and are much more likely to be beaten or raped by someone they know, usually an intimate partner or family member. Domestic violence is also a key factor constraining women's mobility, as research has shown that physically abusive men exert extreme forms of control over their partners' behaviour, including their ability to study or work outside the home, to visit friends or family, or even to leave the house without permission. Therefore, it is not possible to completely separate women's experiences of violence in the home and in public space, and domestic violence is at least as likely to restrict women's mobility and ability to travel as fear of violence in public space. However, sexual violence in public space is much less researched and there is still much to learn about it. The SC GP will help to address the gap of knowledge about sexual violence in public urban areas, and is complementary to efforts by governments and women's rights organisations to decrease all forms of violence against women, including domestic violence.

Development and testing of the model(s) is fundamental to the SC GP. Development has commenced with articulation of a Programme Theory of Change (TOC) (Box 1). Within this high-level framework, **each participating city will produce a more detailed and context-specific TOC and logic model**, which will then be practically tested through programme implementation. Five cities - Cairo, New Delhi, Kigali, Port Moresby and Quito – have been selected to take part in this initiative.

Box 1

Theory of change and programme hypothesis

The Safe Cities approach is based on the premise that participatory, multi-level and multi-stakeholders processes, respectful of human rights that empower women and girls, communities, organisations, and public institutions, will effect changes that bring about improved safety in public spaces in cities for women and girls and enable them to exercise their right to enjoy those spaces⁷.

Specific **strategies** to be implemented by different stakeholders include:

1. Capacity-development of duty bearers, rights holders and other key actors at community, local, city and national levels.⁸
2. Policy-oriented advocacy with local and national authorities and other key stakeholders on measures (including policy and practical measures) to prevent and reduce SV in public spaces, increase economic opportunities for women, integrate gender in economic and social development plans, including gender responsive budgeting.
3. Facilitation of constructive dialogue and partnership building between local governments and community organisations with a key role played by women's grassroots groups
4. Outreach and partnership with the media
5. Increasing public awareness and community mobilisation, including outreach to men and youth of both sexes to promote gender equality and end VAWG
6. Facilitation of policy linkages and coordination within and across local, district, provincial and national levels.

These strategies will lead to the following **outputs**:

1. Knowledge, skills and attitudes of duty bearers, rights holders, and service providers in relation to SV in public spaces improved
2. Capacity of local government agencies to prevent and respond to SV in coordination with women's organisations, civil society and other key stakeholders enhanced
3. Capacity of women's and community groups to take the work forward in partnership with municipal and other key stakeholders improved
4. Knowledge, skills and attitudes of people working in media in relation to SV in public spaces improved

⁷ Global Programme Document: *Safe Cities Free of Violence against Women and Girls*. UN Women, March 2011 (revised)

⁸ This strategy is implemented inter alia via production and provision of targeted trainings based on a core set of modules that form part of UN Women's Safe Cities Curriculum, prepared by the SC GP in cooperation with key institutional partners (Women in Cities International (WICI), Red Mujer y Hábitat de América Latina y el Caribe (WHN), International Center for Research on Women (ICRW), and the Huairou Commission (HC).

5. Awareness among community members, especially men and boys, regarding women's and girls' right to enjoy public spaces free from the fear of sexual violence increased

These will generate beneficial **outcomes** for women, girls, communities and cities that include:

Policy level

1. Policies and laws on prevention and punishment for SV in public spaces have been recommended, developed, adopted or reformed, including budget implications.
2. Systematic approaches to planning and improvement of public infrastructure that incorporate practical measures to increase safety of women and girls are integrated in relevant policies, budgets and procedures.

Community level

3. Procedural, legal and public health local response to cases of SV in public spaces improved.
4. Community women's organisations and networks working on SV strengthened.
5. The issue of SV in public spaces has become incorporated into the agendas of an increased number of public sector, non-governmental and community organisations, and networks have been established and/or strengthened to address it.
6. Public infrastructure that incorporates practical measures to increase safety for women and girls improved (gender responsive infrastructure).
7. Sustainable participatory mechanisms of local authorities and civil society at community and local levels, are established and operational as venues for coordination, monitoring, analysis of progress and facilitation of policy implementation.
8. Media reporting on SV in public spaces improved, demonstrating more frequent, comprehensive and responsible coverage.

Individual level

9. Women's and girls' capacity to assert their rights and influence decisions enhanced
10. Women's, girls' and, men and boys' attitudes related to women's and girls' rights to enjoy public spaces free from the fear of SV improved
11. Willingness of citizens to intervene when a woman or girl is being harassed or assaulted increased.
12. Willingness of duty bearers to address sexual violence has improved

The expected **impact** on women and girls, in the sites of interventions will be:

1. A greater sense of safety, reduced fear, and increased comfort of women and girls in public spaces
2. Increased use of public spaces and increased autonomous mobility of women and girls in the city
3. A reduction in different forms of SV in public spaces, especially in the sites of intervention

While interventions in individual cities will respond to specific local demands, needs and contexts, they will work with a common set of **'core' strategies** to deliver the outcomes and impacts, as set out in the Programme-level TOC.

It is envisaged that these strategies will begin to produce the desired results at the outcome level within 3-5 years, and at the impact level (especially in relation to the reduction of different forms sexual violence) within 5-7 years, which is a relatively short term for achieving social change.

Women's rights approaches and participatory methods, which work to **empower women and girls to bring about change and sustain success**, are at the heart of the SC GP. In each city, strategies will be focused on selected poor neighbourhoods, so women and girls of these areas will be both main change agents and the primary beneficiaries of each city programme. Secondary beneficiaries/agents of change within the cities will include:

- the families, partners, friends, neighbours and other men and boys who also suffer when the women and girls in their lives experience SV or the risks there of
- youth, men's, community and neighbourhoods associations that will benefit from strengthened knowledge, organisation, advocacy skills and access to local policy-making circles to promote gender-responsive interventions
- local government authorities whose policies, programmes and capacities will be strengthened to improve the quality of life and safety of residents (and voters), as well as enhanced governance through participatory and inclusive processes.

In addition, the international development community at large – including governments at national and local levels and donors - will benefit from the 'public good' of new knowledge of proven and recommended strategies for making cities safer for women and girls.

3. Key Research Questions

This IE Strategy was developed to measure the *impact* of the SC GP, and to assess which strategies are (or are not) successful, how results are achieved, and the circumstances or conditions which determine effectiveness.

In other words, the evaluation aims to relate impact to the strategies, outputs, outcomes and processes which lead to that impact, thereby testing the TOC and the validity of the logic model on which the SC GP is based. Against this background, the evaluation will aim to answer the following **research questions**.

Programme Impact

1. Has the SC GP resulted in an increased sense of safety, increased level of comfort and a decrease in the fear of SV in public spaces in the intervention areas amongst women and girls?
2. Has the SC GP resulted in an increase in the use of public spaces and increased autonomous mobility in the intervention areas by women and girls?
3. Has the SC GP reduced the occurrence of different types of SV against women and girls in public spaces in the intervention areas, or led to changes in the profile or pattern of incidents (such as seriousness, timing, location)?

4. Are there any indications that the SC GP had impacts beyond the intervention areas, either positive (such as women feeling safer in public spaces in other parts of the city, media in other parts of the city or at the city/national level reporting on SV) or negative (such as displacement of problems)?
5. Are there any indications, at least in some cities, that the SC GP helped to advance women's rights and gender equality across a wider spectrum of socio-economic domains?

Programme Outcomes

6. To what extent has the SC GP resulted in progress towards new or reformed laws and policies for the prevention and punishment of SV against women and girls in public spaces?
7. To what extent has the SC GP produced policies and budgets leading to integration of public infrastructure improvements that incorporate practical measures to increase safety for women and girls?
8. To what extent has the SC GP produced public infrastructure improvements in the intervention areas that incorporate practical measures to increase safety for women and girls?
9. To what extent has the SC GP inspired innovation and creativity of city programmes in addressing SV in public spaces?
10. To what extent has the SC GP improved the legal and public health local response to cases of SV in public spaces in the areas of intervention?
11. To what extent has the SC GP strengthened of community women's organizations and networks in the intervention areas in their work on SV in public spaces?
12. To what extent has the SC GP resulted in improved media reporting of SV in the intervention areas?
13. To what extent has the SC GP enhanced the capacity of women and girls in the intervention areas to assert their rights and influence decisions?
14. To what extent has the SC GP changed attitudes of men and boys related to women's and girls' rights to enjoy public spaces free from the fear of SV in the intervention areas?
15. To what extent has the SC GP increased citizens' willingness to intervene when a woman or girl is being harassed or assaulted in the intervention areas?
16. What, if any, were the spillover effects or unanticipated outcomes (positive or negative) of the SC GP?

Programme Outputs

17. To what extent has the SC GP improved the knowledge, skills and attitudes of duty bearers, rights holders, and service providers in the intervention areas regarding SV against women and girls in public spaces?
18. To what extent has the SC GP enhanced the capacity of local government agencies in the intervention areas to prevent and to respond to SV against women and girls in public spaces in coordination with civil society and other key stakeholders?
19. To what extent has the SC GP built the capacity of women's and community groups to take the work forward in partnership with municipal and other key stakeholders?
20. To what extent has the SC GP improved the knowledge, skills and attitudes of people working in media in relation to SV against women and girls in public spaces?
21. To what extent has the SC GP increased awareness among community members, including men and boys, youth, regarding women's and girls' right to enjoy public spaces in cities free from the fear of SV and increased willingness to intervene when a woman is being harassed or assaulted?

Strategies and Related Processes

22. How well did the SC GP and the city programmes implement its core strategies?
23. Which strategies have contributed most to the achievement of the intended outcomes and impacts and in which circumstances were they successful?
24. What other conditions contributed to the implementation of the core strategies?
25. What were the main barriers or challenges to effective strategy implementation and how were these overcome?
26. To what extent was the SC GP implemented in a way that incorporated women's rights and participatory approaches?
27. Is there any evidence that the SC GP encouraged and exhibited creativity in defining new strategies beyond the directed scope of the SC GP?

4. Impact Evaluation Strategy for the Safe Cities Global Programme

The proposed Strategy reflects UN Women's commitment to gender equality and women's empowerment, as well as methodological priorities to increase both internal and external research validity of the evaluation model. Characteristics of the Strategy therefore include:

- incorporation of women's rights approaches;⁹

⁹ There is a wide range of different, complex theoretical women's rights or feminist approaches. However, the commonality of all of them is that they look for the understanding of women's subordination in all spheres of social, cultural and economic life in order to transform the underlying roots of inequality. Following Patton

- use of participatory research techniques, involving beneficiaries, especially women and adolescent girls in the communities of interventions, in the design and implementation of the research, as well as in the interpretation and use of findings;
- application of quantitative and qualitative methods ('mixed-methods approach')
- construction of counterfactuals to help assess impact attribution at intervention sites in some of the cities where feasible and desirable;
- conduction of *ex-ante* (baseline), mid-term, endline and ideally *ex-post* (after programmes end) assessments accompanied by ongoing process monitoring.

Evaluation of the SC GP will involve comparing, contrasting and combining the results of programmes from the five participating cities, and where possible, drawing conclusions for the SC GP. The Strategy will include consideration of the *processes* and *nature* of interventions to connect them with identified impacts, to determine which elements work well in which contexts, and which would be worth replicating or scaling up. The aim will be to maximise learning from each city's programmes by supporting implementation of the most rigorous IE design that is achievable.

The Strategy does not impose a single evaluation design on individual programmes but two main types of evaluation design have been considered: quasi-experimental and non-experimental.¹⁰

A recommended design is being proposed for each city that can be expected to deliver a robust assessment, taking into account what is currently known about the characteristics of selected sites, likely interventions, local capacity and potential benefits versus costs.¹¹ The final choice will be agreed between the SC GP and local partners but, **to facilitate a comparative and summative analysis, it is expected that all the specified impact indicators and most outcome indicators will be included in the group of 'core' indicators for all Programmes.** Indicators are specified in a later section of this Strategy (see pg. 14).

As mentioned above, a **mixed-methods approach** involving collection of both quantitative and qualitative data¹² will be used in all programmes, irrespective of the selected evaluation design. Such an approach will deliver multiple benefits, most notably:

(2002), the theoretical and methodological frameworks of the SC GP IE strategy will have five components that characterise a broadly defined feminist approach. These are: (1) a central focus on gender inequalities; (2) conceptualisation of inequality based on gender as systemic and structural; (3) recognition that access to information and knowledge is a powerful resource; (4) acknowledgement that the evaluator is not "neutral" but brings specific experiences, sensitivities, awareness, and perspectives; and (5) evaluation is not merely a technical activity but is political. Within this perspective, the ultimate goal of the IE of the SC GP is to create evidence to improve women's lives. Further guidance on women's rights approaches to evaluation can be found in the *Handbook for Integrating Human Rights and Gender Equality in Evaluations in the UN System*, which was drafted by the Human Rights and Equality Task Force of the UN Evaluation Group in 2010. It is anticipated that the draft will be endorsed by UNEG in 2011.

¹⁰ For a variety of reasons, most notably that intervention sites are being deliberately (not randomly) selected, a true experimental design is not feasible.

¹¹ The recommendations for each city are being communicated separately.

¹² It is recognised that this distinction is not clear-cut. 'Raw' qualitative information can be analysed using techniques that produce numerical answers and qualitative data can also be converted after collection into quantitative data. However, for the purposes of the Strategy, this broad distinction is considered useful.

- corroboration ('triangulation') of findings by gathering data using different forms of enquiry, giving more depth and certainty to conclusions;
- opportunities to collect information on and explore complex issues not susceptible to quantification; and
- additional insights that will increase understanding of how impacts were achieved and the factors and conditions that influenced them.

5. Methodological and Ethical Challenges

Methodological Challenges

It is important to acknowledge that achieving the objective of the evaluation, that is measuring the impacts of interventions and developing a model capable of adaptation and replication, is methodologically difficult and entails addressing several significant challenges.¹³

Accurate measurement of the occurrence of SV is very difficult due to differences in perception of different forms of violence which may vary considerably, or often contradictory motivations to collect and report information about SV by the state (including police), services, media, families and survivors themselves. For example, it may be very difficult to obtain valid information through official records or through surveys due to women (especially young girls) reluctance to disclose their experiences because of shame or fear of stigma, and also because of challenges in defining different forms of SV. Moreover, as some forms of SV (e.g. rape) are statistically rare events (and also are largely underreported), large samples will be required confidently to detect any reduction in their occurrence over time. Other forms of SV, such as degrading remarks, sounds or gestures of a sexual nature, in many contexts are not generally considered as forms of SV and the accurate measurement will require the adaptation of adequate data collection methodology¹⁴, including training of field researchers.

The attribution of change - demonstrating that observed changes have been caused by the interventions and not other external factors - is particularly challenging. Theoretically, the potential for attribution is greater if a quasi-experimental design is adopted and, for programmes that do this, a key requirement will be that the comparison and intervention sites are identical, or at least very similar, with regard to factors that may affect the nature and level of SV. The list of such factors in a particular area could be extremely large and complex and collection of associated data in both the intervention and potential comparison areas could be a major task.

¹³ See Jacquier et al (2011) and Ellsberg & Heise (2005) for more discussion of methodological and ethical challenges to measuring violence against women.

¹⁴ Grassi et al (2010).

The '*Ecological Framework for Understanding Violence against Women*' (adapted by Heise, 1998) is a potential starting point for identifying such factors.¹⁵ Propensity Score Matching (PSM) could then be used to assist with the matching process.¹⁶

Other current and planned initiatives which might affect outcomes and impacts in both intervention and comparison areas will also need to be considered. These might include, for example, microfinance programs for women or improvements in local transportation. Preparatory scoping studies should help ascertain their existence. However, it is impossible to mitigate against unknown, unforeseen and non-observable considerations that may introduce bias and weaken the validity of any attribution.

A further constraint is that an internally and externally valid statistical analysis of a particular intervention could only be undertaken if it were implemented in a large number of intervention areas. Even if this were done, it would be difficult to deduce if the model could be replicated in other settings or different cities. Generalisation of the findings from the small number of programmes in the SC GP to other contexts will require considerable caution.

Finally, it should be remembered that a quasi-experimental design may raise ethical questions that affect partners' willingness to adopt this type of evaluation design. This issue is considered further below.

As quasi-experimental design due to a variety of reasons may not be feasible or advantageous in all cities selected in the SC GP, where this is the case, other non-experimental methods based on enhanced pre-test post-test designs will be used. This could include gathering time series data and the use of other creative 'within area' comparisons.

Two examples illustrate these ideas:

- To evaluate the effects of a targeted media campaign, qualitative and quantitative information about awareness of it, as well as attitudes and behaviour to SV, could be collected at intervals before, during and after the initiative. Comparing results and associating this with the campaign timetable would enable conclusions about the contribution of the intervention to the observed change to be made with some confidence.

If it were also possible to arrange for some people to be exposed to the campaign and a comparable group within the same area not to be exposed, a stronger assessment of its effects could be made.

- If an intervention was designed to reduce SV after dark, data could be collected ahead of the initiative about how many incidents occurred before and after dark. If the initiative worked as intended, there would be a disproportionate improvement in the occurrence of incidents after dark relative to those occurring in day time. This could be checked by collection of comparable data after the initiative. Of course, this would need to take account of seasonal change in day length, which might also have an effect.

¹⁵ Heise (1998) presented a specific ecological framework for VAW. In this model, VAW is considered a multifaceted phenomenon grounded in an interplay among personal, situational, and sociocultural factors.

¹⁶ For more information about PSM could be found on Khandker, S. R., et al., 2010.

As well as the above considerations, the design of the IE in each city will take account of and aim to remove various other threats to validity (Box 2).

Box 2

Some Threats to Validity

Unforeseen events. Events outside the programme could produce effects that influence the programme's apparent results. For example, a particularly serious violent incident could have a major impact on media reporting of SV. A statistical assessment of the contribution of this event to the measured outcome would be extremely difficult to calculate.

Sample attrition. If the IE is to be based on panel surveys, involving repeated questioning of the same respondents at intervals over an extended period, there will be 'loss of cases' over time (as a result of relocation, migration and death), which can introduce sample bias. Measures need to be built into the survey design to minimise this risk and manage such attrition.

Spillover effects. The success of a programme in a particular area could stimulate action in other areas to replicate activities related to SV. Whilst this would be a positive programme impact, it is problematical if comparison sites are affected. Less favourably, SV may be displaced spatially or in other ways. Although displacement is rarely total, an apparent improvement in the intervention area may be accompanied by deterioration elsewhere that is not recorded.

Instrumentation. The difficulties of accurately measuring different forms of SV and measuring change in its occurrence have already been highlighted. For comparisons to be valid, the indicators, tools and processes for measuring impact and outcomes need to be identical at the baseline, midline and endline points. If comparison areas are included, measurements need to be made there at the same times as in the intervention areas. Locating and measuring the effects of SV on women and girls too fearful to use public spaces in intervention areas may also be particularly problematical.

Political influence. City government and local authorities will be key players in each SC programme and will have critical roles in the design, implementation and provision of financial support. The results will be politically sensitive and no government or authority would wish to be associated with a programme that was not successful. The evaluation process could therefore be vulnerable to political pressure, which could influence eventual conclusions. Maintaining objectivity and independence will need to be a priority for local evaluators.

Ethical Challenges

Ethical issues related to the design of the evaluation and the conduct of research on such a sensitive subject as VAWG need to be given careful consideration. Recognising that such research can pose risks for both respondents and researchers, evaluation of the SC GP will follow the WHO's 'Ethical and Safety Guidelines for Domestic Violence Research' (2001).¹⁷ Although developed for domestic violence research, these are equally relevant to analysis of the SC GP, for which the primary ethical concern is the potential for inflicting harm to respondents through their participation in the study.

¹⁷ World Health Organisation. (2001). Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva, Switzerland: WHO.
<http://www.who.int/gender/violence/womenfirsteng.pdf>.

A design that includes unethical procedures (eg. denying or withholding services to the community or putting women at risk by reporting violence in the course of the study) will be avoided at all costs. The IE design will be grounded in human rights and gender perspectives, will be age and culturally sensitive and will include the beneficiaries' voices and concerns. Integrity, honesty and competence are characteristics required for the evaluation team. Moreover it is envisioned that the members of the community will be involved in the ongoing monitoring processes and mechanisms which can enable them to play a proactive role in evaluation and take ownership for its results. The evaluation designs will be reviewed and approved by appropriate local and international ethical review boards or committees.

Ethical considerations demand that the comparison group needs to benefit from being part of the programme. A possible way of achieving this is for actions found to be effective to be delivered in comparison areas after the evaluation. In effect, they could be conceived of as 'delayed intervention areas'. Another option would be for comparison areas to receive a different type of benefit not related to the SC approach and which would not be expected to influence SV, such as an improvement of maternal health clinics.

6. Main Indicators for the IE Strategy

Indicators listed in this section are linked to the SC GP's TOC and the Key Research Questions. Some of the indicators have been developed and validated by other VAWG programmes (Bloom, 2008), and others were developed or adapted specifically for the SC approach, based on existing literature. After the interventions have been planned in each city, a group of 'core indicators' will be confirmed that should be applied in all cities. It is envisaged that this group will as a minimum include all impact and most outcome indicators specified below. Additional indicators may be developed locally to reflect the particular design of each city's programme. When possible, it is recommended that 'SMART' indicators be adopted (see Box 3).

The main goal of the SC GP is the reduction of VAW, mainly SV, in urban public spaces. Thus, the primary indicator for assessing the impact of the intervention is the prevalence of different types of SV at intervention sites. However, as mentioned earlier, there are a number of methodological challenges in measuring the prevalence of SV that make this an unreliable measure of programme effectiveness. Therefore, data on reported experiences of SV will be used cautiously, and a set of methods/measures will be used to 'triangulate', or corroborate findings, rather than one isolated measure.

Other indicators will measure additional impacts and also outcomes. Evidence that certain outcomes have been achieved would lend weight to the conclusion that a reduction in SV is also occurring or that changes that could lead to such a reduction are underway.

Outputs resulting from the activities of the programme in each city will be closely monitored. This will enable progress to be constantly assessed and early achievements to be observed. In time, the monitoring data will provide invaluable insight to the processes and intermediate changes that ultimately resulted in the programme's outcomes and impacts, as well as understanding of which programme elements were most successful. However, since the city programme designs have not yet been completed and are likely to vary, output indicators are not suggested in this framework. They will need to be agreed by key community and city stakeholders and evaluators at programme levels in each city.

Box 3

SMART Criteria for Indicators

There is no consensus about precisely what this acronym stands for. Commonly accepted terms are:

- S** **Specific:** Indicators should have clear, well-specified definitions. They should use comparable units and denominations that will facilitate use and comparisons across different population groups or approaches.
- M** **Measurable:** Indicators should sufficiently well-defined and focused to measure those elements of the programme that they are intended to measure.
- A** **Achievable:** Indicators should be capable of being applied using available tools and methods, and with available resources.
Attributable: Indicators should relate to the achievement of programme outputs, outcomes and impacts to be tracked.
- R** **Relevant:** Indicators should be specifically linked to a programmatic input, output or outcome/impact.
Realistic: Indicators should be capable of being measured.
- T** **Time-bound:** Indicators should be connected to milestones so that progress can be shown during the course of implementation. Measures should relate to a specific interval or date.
Targeted: Indicators should be sufficiently focused so that the measures can be related to targeted populations.

Additionally, indicators should not specify a direction of change in their wording. For example, an indicator should be worded as 'change in level of awareness', not 'increased awareness'.

Finally, indicators should be defined to minimise the risk of measurement error and to produce the same results consistently over time regardless of the observer or respondent.

Main Indicators for the IE Strategy¹⁸

Expected Impact	Indicator	Source
<p>1. A greater sense of safety, reduced fear and increased comfort in public spaces among women and girls</p> <p>(Additional group for assessment: men and boys)</p>	<ul style="list-style-type: none"> • Proportion of women who have travelled unaccompanied during last week, who say they feel safe in public spaces • Proportion of women who say they feel safe if they: <ol style="list-style-type: none"> a) go out at night b) get back home late in the night c) use public spaces for leisure d) can work evening shifts <p>(Data for men and boys will be also be collected and assessed)</p>	<p>Baseline, Midline and Endline</p> <p>Individual Female/Male Survey</p> <p>(Relevant adjustment to be made to the methods and tools of male data collection as needed)</p>
<p>2. Increased use of public spaces and increased autonomous mobility by women and girls.</p> <p>(Additional group for assessment: men and boys)</p>	<ul style="list-style-type: none"> • Proportion of women who participate in leisure activities in public spaces • Proportion of women who say they do not walk alone or they try not to walk alone in certain public spaces for safety reasons • Proportion of women who say they avoid certain areas for safety reasons <p>(Data for men and boys will be also be collected and assessed)</p>	<p>Baseline, Midline and Endline</p> <p>Individual Female/Male Survey</p>
<p>3. Reduction in the different forms of SV among women and girls in public spaces, including sexual harassment and other forms of sexual violence.</p> <p>(Additional group for assessment: men and boys)</p>	<ul style="list-style-type: none"> • Proportion of women who experienced any type of SV in public spaces in the last year (dividing this indicator by specific forms of violence and circumstances where the violence is produced, relationship to the perpetrator).¹⁹ • Proportion of women who experienced any type of SV in public spaces in the last year who were injured as a result of the violence. • Proportion of women who experienced any type of SV in public spaces in the last year who suffered this type of violence more than once, relationship to the perpetrator. 	<p>Baseline, Midline and Endline</p> <p>Individual Female Survey</p> <p>Individual Male Survey</p> <p>(Relevant adjustment to be made to the methods and tools of male data collection as needed)</p>

¹⁸ Note: Though the main impact of the programme will be assessed for women and girls, to ensure that SC GP can also generate valid data for testing the notion that “safer cities for women are safer cities for all” all indicators will be applied to men and boys, using the same or adjusted methods and tools as relevant.

¹⁹ It is expected to divide this indicator also by socio-economic and demographic variables such as age, educational level, ethnicity, employment status, disability, etc. In the case of age, it is suggested to divide by: “early teen group” (12-14 years old); “adolescents” (15-19); “young adults” (20-29); “adults” (30-49); and “seniors” (50-+). Younger age groups or additional breakdowns could be included based on the specific context of SV, and programme’s needs.

Expected Impact	Indicator	Source
<p>Continued.....</p> <p>3. Reduction in different forms of SV among women and girls in public spaces, including sexual harassment and sexual assault.</p>	<ul style="list-style-type: none"> • Proportion of women who report that they have seen a woman being sexually assaulted or harassed in the last year (proxy). • Proportion of women who report having female friends, relatives or neighbours who have been sexually assaulted or harassed in the last year. • Proportion of men who report that they have committed any type of SV in public spaces in the last year (dividing this indicator by specific forms of violence and circumstances where the violence is produced). • Proportion of men who report that they have seen a woman being sexually assaulted or harassed in the last year (proxy). <p>Proportion of men who report having male friends, relatives or neighbours who have committed any type of SV in public spaces in the last year (proxy).</p>	
<p>4. Policies and laws on prevention and punishment for SV in public spaces developed, adopted or reformed</p>	<ul style="list-style-type: none"> • Number of laws related to VAWG that specifically includes sanctions against perpetrators of SV in public spaces. • Number of policies related to VAWG that specifically address actions to prevent SV in public spaces. • Number of governmental actions addressing comprehensive legal and health care for survivors of SV in public spaces. 	<p>Pre and Post Document review</p> <p>Key informants interviews</p> <p>Police reports and court orders</p>
<p>5. Public infrastructure that incorporates practical measures to increase safety for women and girls improved</p>	<ul style="list-style-type: none"> • Number and type of physical environmental improvements that are gender based intended to enhance safety for women and girls • Number and type of physical environmental improvements that have specifically included recommendations from women's and girls' safety audits • Number and type of social improvements (such as community centers, parks, etc.) that include activities for women and girls • Proportion of women and girls who say they have easy access to basic urban facilities • Proportion of men and boys who say they have easy access to basic urban facilities 	<p>Programme reports</p> <p>Women's and girls' safety audits</p> <p>Formal documentation</p> <p>Individual Male/Female Survey</p> <p>Focus Groups</p>

Expected Impact	Indicator	Source
<p>6. Legal and public health local response to cases of SV in public spaces improved</p> <p>(Additional group for assessment: men and boys)</p>	<ul style="list-style-type: none"> • Number and type of cases of SV reported to police or health system • Proportion of cases of SV reported to Police that are investigated • Proportion of cases of SV that are brought to trial • Proportion of cases of SV that are brought to trial where a conviction is obtained • Proportion of rape survivors who report SV receiving non-judgmental and comprehensive health care • Number of health units that have adopted a protocol for the clinical management of survivors of SV • Number of official data systems to collect data on cases of SV in public spaces developed • Proportion of women who believe that sexual offenders are dealt with appropriately by the police • Proportion of women who believe that sexual offenders are dealt with appropriately by the courts • Proportion of women who believe that sexual offenders are dealt with appropriately by social services <p>(Data for men and boys will be also be collected and assessed to the extent possible)</p>	<p>Police reports and health information systems*</p> <p>(IMPORTANT: Data from these sources should be assessed only in conjunction with qualitative assessment of the context and practices of reporting that may considerably affect its level and quality. This data can never be used in isolation or as an indication of improvement or deterioration of services or of level of SV.)</p> <p>Qualitative Data</p> <p>Surveys with service providers</p> <p>Baseline, Midline and Endline</p> <p>Individual Female Survey</p> <p>(relevant adjustment to be made to the methods and tools of male data collection as needed)</p>

Expected Impact	Indicator	Source
<p>7. Community women's organisations and networks working on SV strengthened</p> <p>Additional area for assessment: organisations of men and boys working on SV established and or strengthened</p>	<ul style="list-style-type: none"> • Number of women's networks that include SV in public spaces in their agendas • Number of women's organisations which participate in the design and decisions of local plans against SV • Extent and quality of partnerships and coordination among local partners • Number of NGO's that provide support services to survivors of SV • Number and type of organisations working with men and boys focusing on SV 	<p>MOUs and other formal documentation</p> <p>Surveys with relevant local authorities and duty bearers</p> <p>Interviews with leaders of relevant women's and other community organisations, including those working with men and boys</p> <p>Qualitative Data</p>
<p>8. Media reporting on SV in public spaces improved, demonstrating more frequent, comprehensive and responsible coverage.</p>	<ul style="list-style-type: none"> • Number and type of publications, programmes or campaigns addressing SV in public spaces • Number of gender and human rights based media messages addressing SV in public spaces • Extent and quality of partnerships with media and local partners • Number and type of experts consulted by media in news reports on sexual violence 	<p>Qualitative Data</p>
<p>9. Women's and girls' capacity to assert their rights and exert influence decisions enhanced</p> <p>(Additional group for assessment: men and boys)</p>	<ul style="list-style-type: none"> • Proportion of women, by age groups, who experienced SV in public spaces in the last 12 months who sought help or support • Proportion of women who know any of the legal rights of women • Proportion of women and girls that feel they are able to challenge sexual harassers in public spaces <p>(Relevant adjusted data for men and boys will be also be collected and assessed)</p>	<p>Baseline, Midline and Endline</p> <p>Individual Female/Male Survey</p> <p>(relevant adjustment to be made to the methods and tools of male data collection as needed)</p>

Expected Impact	Indicator	Source
10. Men and boys' attitudes related to women's and girls' rights to enjoy public spaces free from the fear of SV improved	<ul style="list-style-type: none"> • Proportion of men and boys who say that they cannot be held responsible for controlling their sexual behavior • Proportion of men and boys who believe that the responsibility for preventing SV lies with women and girls • Proportion of men and boys who know any of the legal rights of women • 	Baseline, Midline and Endline Individual Male Survey
11. Willingness of citizens to intervene when a woman or girl is being harassed or assaulted increased	<ul style="list-style-type: none"> • Proportion of people who would assist a woman being sexually assaulted or harassed in the public space • Proportion of women survivors who say that they were assisted by someone when being harassed or assaulted 	Baseline, Midline and Endline Individual Female Survey Individual Male Survey

7. Data Collection and Analysis

Information for the IE will be collected at three key points in the lifetime of the Global Programme, with the possible addition of a fourth point after the Programme ends (ex-post):

2011/12	Baseline research prior to start of each programme
2014	Mid-term study (progress report)
2016	Endline research at planned end of Global Programme initiatives
2017	Post programme assessment after the end of SC GP supported activities ²⁰ .

Quantitative and qualitative data will be collected simultaneously at these key points for corroborative purposes and to provide a comprehensive snapshot at a fixed point in time (concurrent research).

²⁰ It is not implied that all activities at the sites of intervention will end after 2015. It is envisioned that they will continue though without direct link/coordination with the SC GP. This calls attention to the success of the programme's sustainability and local ownership

Additionally, at other points in the SC GP and also on ongoing basis via mechanisms of local observatories or other monitoring mechanisms²¹, quantitative and qualitative data will be collected to track and document contextual and programme related change as well as monitor and report threats to external and internal validity. Also qualitative and quantitative methods will be used individually to explore issues more suited to one method or to extend knowledge (sequential research). Combined with the use of the 'core' indicators, this will allow measurement of change over time within each programme, comparison of change between programmes and assessment of change across the Programme.

Participatory Research Methods

Participatory research methods, increasingly recognised as a promising approach for programme assessments, evaluations and for advocacy purposes, and an effective and appropriate way to engage community members, organisations and agencies, will form an important component of the IE.

The work will draw on the approach known as Participatory Action Research (PAR), defined as, '*a systematic inquiry, with the participation of those affected by the issue being studied, for the purposes of education and taking action or affecting social change*' (Green & Mercer, 2001).

The participatory research will not be limited to a specific method and it can be carried out using qualitative or quantitative methods. However, the methods will be linked by adherence to a core set of fundamental principles which state that the research methods should:

- be participatory and engage women and girls who reflect the diversity of the primary beneficiaries
- be co-operative, engaging community members and researchers in a joint process to which each contribute equally
- be a co-learning process
- involve systems development and local capacity building
- be an empowering process which validates participants' experience, ideas and opinions and through which they can increase control over their lives, and
- achieve a balance between research and action

These principles will be adhered to throughout the SC evaluation process, regardless of the specific methods used, as they will ensure that the data collected and the findings will be most relevant and useful, not only for the Programme Evaluation, but also to local stakeholders and programme managers.

²¹ A Reference Note on Monitoring Mechanisms will be developed to assist city programmes in establishing local monitoring mechanisms.

Quantitative Data

Secondary data sources will be used where they offer reliable quantitative data. Government and other official agencies hold relevant statistics, especially relating to the demographic, socio-economic and environmental contexts in which interventions are delivered.

However, for various reasons, they can provide only limited input to assessment of GBV, although the Quito Metropolitan Observatory of Citizen Security and data collected by the Anti-GBV Committees in Kigali are potential contributors of reasonably reliable administrative data.

In contrast, data sets compiled for previous research programmes may provide more useful statistics relating to the key issues under investigation. For Cairo, studies by organisations such as the National Council for Women²² and the Egyptian Center for Women's Rights²³, and for Kigali, a study by UNFEM²⁴, contain statistics that will inform the evaluation. However, the raw data from these studies, for many reasons, cannot provide an adequate baseline for the IE. It can only be supplementary information.

The main data source for the IE will be empirical data collected for the programmes. Where appropriate, **questionnaires** will be a key source of quantitative data collected from a range of population groups, including women and girls, men and boys, and heads of households. However, the viability of questionnaires as an instrument to collect useful data first needs to be tested in each city. Significant issues to assess are:

- whether women will be willing to answer survey questions on the sensitive issue of SV and/or proxy variables;
- whether a questionnaire is the most appropriate instrument for collecting data specifically from girls;
- whether any sample obtained will be unbiased (representative) with respect to relevant variables, such as vulnerability, education, age, ethnicity and religion;
- how to ensure women and girls who avoid public spaces because of their concern about SV are included;
- whether resources are available to obtain a large enough sample to detect statistically significant impacts, given the anticipated level of prevalence and effect size;
- whether a sampling frame can be constructed to enable samples to be selected that are suitable for inferential analysis; and
- whether practical arrangements can be put in place to enable interviews to be conducted confidentially and safely.

²² Egypt Violence against women study (2009).

²³ Prepared by Hassan R M, scientific revision by A Shoukry (undated), *Clouds in Egypt's sky. Sexual harassment: from verbal Harassment to rape.*

²⁴ Baseline Survey on Sexual and Gender-Based Violence in Rwanda (2010).

In Cairo, Delhi and Kigali there is known experience of conducting surveys on SV in private and public spaces.

This indicates that surveys can be carried out but that such work still needs to be critically appraised to confirm that high quality data can be collected for the programme.

Elsewhere there is less evidence and, as answers to the above questions will vary with culture, religion and practical considerations, it is essential to make an independent assessment in each city through consultation, research reviews and pilot surveys.

Where appropriate, surveys will be conducted among women and girls defined as at-risk for SV who use the public spaces where interventions are intended to have impact and corresponding spaces in comparison areas (where applicable). As well as data on their personal experiences, questionnaires will explore their understanding of their rights and awareness of SV. This will help interpret changes in reported experience, specifically whether they are caused by a real change in the perpetration of violence or by a change in women's and girls' capacity and confidence to recognise, acknowledge and respond to it. However, because direct questioning about experience of SV may be considered inappropriate or unacceptable in some locations, surveys will also need to collect data on indirect measures of impact, such as changes in perceptions of safety in public spaces or use of those spaces.

Further surveys will be conducted amongst men and boys to assess changes in their knowledge, attitudes and behaviours relating to SV against women and girls. However, the scope of the questionnaires will be extended to cover men's and boys' violent victimisation in public spaces. This will provide important data to test the assertion that *'when cities are made safer for women, they are made safer for all'*.

Careful consideration needs to be given to how, where and when survey interviews are to be conducted. Delivery options, for example, include face-to-face, telephone and self-administered. Women could be interviewed on the street or other public spaces, in their homes or at facilities, such as health centres. Each option offers advantages and disadvantages. Choices will necessarily vary between cities according to the characteristics of the intervention area, the defined population at risk and the type of intervention. In Port Moresby, for example, where produce markets are the intervention sites, the population at risk will include vendors and shoppers drawn from a wide catchment. Interviewing a sample of this group in their residential environment is likely to be impractical, so the feasibility of conducting confidential interviews in a way that is safe for the interviewee and interviewer, perhaps in or near the markets, has to be explored. In contrast, in Cairo the intervention sites are used primarily by people living in surrounding streets and consequently interviews at their place of residence may be more appropriate, but doing this confidentially could be problematic.

Within-programme survey data will be subjected to univariate and multivariate parametric and non-parametric analysis. This analysis will enable the direction and scale of change to be defined over the course of the programme and increase understanding of the contributions to change made by different intervention strategies.

Given the wide variation between the characteristics of programme sites, at risk populations and types of intervention, neither the aggregation of data across cities for statistical analysis nor a statistical meta-analysis will produce meaningful results.

Instead, 'core' indicator data for each city will be tabulated and qualitatively reviewed, allowing the range of effect sizes to be assessed and effects generated by different types of activity to be compared.

Qualitative Data

Qualitative information will be an essential component of the IE, complementing quantitative data with narrative that provides a deeper insight to issues that are emotive, complex or not easily quantified, and offers an alternative to quantitative data when surveys are inappropriate. The tools used to collect such data will also provide the greatest opportunities for the participation of women beneficiaries and other citizens.

Qualitative information will mainly be gathered using a range of tools, of which the three most important will be **focus group discussions, personal interviews and observation.**

In most cities, **focus groups** will have been used in preparatory scoping work to define problems, establish needs and inform the choice of interventions. For evaluation purposes, focus group discussions will be conducted at each key point to gather views, perceptions and norms about ongoing problems, responses to them and the impact of interventions. To facilitate comparative analysis of results across the Programme, the preparation of topic guides used to shape discussions will be coordinated to maximise consistency. Specific interest groups to be represented will be selected at programme level, but they will include a range of beneficiary groups identified as particularly vulnerable to, or affected by, sexual violence, as well as groups of men and boys. Participatory methods will be used to elicit greater engagement of participants, such as free listing, ranking, mapping, incomplete stories and Venn Diagrams (these methods are described in detail in Ellsberg & Heise, 2005.)

Personal interviews will be conducted with a range of people who *individually* have relevant knowledge or expertise and can be expected to make a significant contribution to the IE or for whom participation in a focus group is not appropriate. These key informants are likely to be drawn from heads of women's and other community organisations, community leaders, elected political representatives, managers of services, key professionals and academics. Such interviews will normally be face-to-face semi-structured conversations using an agenda and questions that as far as is appropriate will be consistent across the different cities.

Observation techniques will be used to collect information about the characteristics of, the use of and behaviour in particular public spaces. They offer the benefit of generating data that is 'unfiltered' by respondent bias and collected *in situ* that otherwise might not come to light. Observation will therefore be used to complement material collected directly from individuals and groups using methods described above, but will be particularly useful in situations where other methods, such as survey work, are inappropriate.

Data will be gathered in each city at key points over extended periods at different times of the day at the key points in the programme life cycle using a range of tools and techniques. Observation will be carried out by women and men who are regular users of the public spaces being observed (participant observation) because of their understanding of the local context, as well as by external researchers, who will view the people and spaces with an independent eye. To provide useful and consistent information, observers will be given training on watching and recording practices. As well as more conventional methods, tools

such as voice, photo and video will be used where appropriate to build a record of observations in each city.

Although observation will be primarily used to collect qualitative information, more systematic observation will allow quantitative data to be generated, including actual or proxy measures of sexual violence.²⁵ This has limitations, however, since violence may be a rare and covert event, and thus not necessarily easily observed, but it has been used for related purposes and may be appropriate in certain locations.²⁶

Other important qualitative tools that could be useful for evaluation purposes include:

Journaling. Participants keep a record of their experiences and observations which builds up over time to create a record that can build a picture, help identify patterns, provide a basis for comparisons and bring a story to life. Journals may be kept by women and girls, other local people or researchers. In the evaluation, this technique can be applied to assess change over time.

Free listing. Participants generate a list of items that correspond to a particular topic, generally one about which there is little previous knowledge. This technique could be useful to explore experiences and attitudes towards sexual harassment among different groups.

Ranking. A technique to help participants prioritise problems and solutions. Participants rank topics provided by the researcher by priority, urgency, or severity. It could be used to explore what the SV priorities should be in particular public spaces for different community groups and if these have changed after the intervention.

Timelines or seasonal calendars. Events or trends are charted according to years, months, or days. They may be plotted along a timeline or against a vertical scale to indicate increases in the frequency or severity of a specific problem. It could be used to explore the sequence of events and changes during an intervention.

Open-ended stories. 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 missing part. Open-ended stories could be useful in exploring people's beliefs and opinions, and for identifying problems or solutions while developing a program.

Body mapping. Used to gain understanding of how participants view their bodies, this technique is particularly useful when discussing experiences of sexual violence. In the evaluation, it could be used to explore how women's perception of their bodies and their experiences of sexual harassment change after the intervention.

²⁵ In systematic observation, observation and recording follow explicit rules that permit replication. It is also important for the means of observation, whether person or technology, to be independent of what is being observed.

²⁶ For an example of systematic observation of incidents (including violence) in public spaces (using videotape), see Sampson R J & S W Raudenbusch (1999), Systematic Social Observation of Public Spaces: A New Look at Disorder in Urban Neighborhoods. *American Journal of Sociology*, Volume 105 Number 3 (November 1999): 603–51. http://www.wjh.harvard.edu/soc/faculty/sampson/articles/1999_AJS_Raudenbush.pdf.

Other possible methods that could be useful to obtain qualitative information in specific circumstances are: casual flow analysis, circular or Venn diagrams and community mapping.²⁷

It is also advisable to consider usage of video and mobile connectivity technologies.

Analysis

Data will be analysed and preliminary reports prepared at each of the three main stages of data collection as well as every 6-months to ensure early learnings and identify any need for adjustments. Findings from the baseline and midline studies will be widely disseminated among local stakeholders and used to refine the intervention design and implementation. This analysis will be primarily descriptive and site specific, although the SC GP will summarize emerging findings that are common to all sites. The data from the endline surveys will be analysed using bivariate and multivariate statistical approaches, with comparisons to baseline, midline and comparison groups as appropriate. At each stage, the quantitative findings will be compared with the qualitative findings to corroborate the conclusions.

Although it will not be possible to conduct a meta-analysis of data from all the sites, due to differences in study design, populations and interventions, the data from the different sites will be compared and contrasted, and used to develop global findings and recommendations.

8. Communicating Results

The global objective of SC includes disseminating an evaluated model for making public spaces safer for women and girls globally, as well as the long-term inclusion and sustainability of the intervention model in the participating cities. For this reason, adequate attention should be given to disseminating results at the local, national and international levels. This process should include:

Reports at city level

- Initial report of information about what is known on VAWG in public spaces in the intervention areas (documentary review and scoping process).
- Writing up and disseminating the local IE strategy.
- Initial report of baseline results.
- Regular 6-months and annual reports.
- Mid-term report (including mid-term monitoring/evaluation analysis).
- Final analysis and reporting of the evaluation results at the local level.

Reports at global level

²⁷ For more information see: Ellsberg, M. and Heise, L. (2005).

- Documentation of the process of the selection of IE methodology for SC SC GP.
- Methodology and comparative analysis of baseline results.
- Annual reports.
- Mid-term report.
- Final report including scaling up strategies and main components of SC approach that can be replicated in other cities.

Dissemination

- Products (reports, articles in peer-reviewed journals, policy notes, working papers, etc.). These should be disseminated both in print form as well as electronically on UN Women's website.
- Presentations (workshops, conferences, seminars, etc.) at national and international level. These may include presentations at the Commission on the Status of Women, appropriate global seminars and international events on prevention, community safety, women's rights, children's rights, and urban planning, governance, and safety, as well as via regional events organised by regional networks working in VAWG and public safety.
- Audience (donors, UN agencies, beneficiaries, decision-makers, researchers, etc.) at national and international level.

9. Workplans and Resources

An indicative initial timeline and budget for implementing the IE at city level are provided in Appendices B and C.

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Additional Resources and Links

Monitoring and Evaluation

AWID (2010). Capturing Change in Women's Realities: A Critical Overview of Current Monitoring and Evaluation Frameworks and Approaches. For more information: http://awid.org/eng/content/download/95932/1075223/file/CapuringChange_finalforweb.pdf

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Appendix A. Impact Evaluation Workshop: List of Participants

The following list of experts (listed in alphabetical order) contributed their time, knowledge and insight to the development of the SC GP Impact Evaluation Strategy both during and following an Impact Evaluation Workshop held on November 26th, 2010 in New Delhi, organised by ICRW's Asia Regional Office, and supported by UN Women.

ICRW (Asia Regional Office)

Nandita Bhatla, Senior Gender and Development Specialist
Madhumita Das, Senior Technical Specialist, Asia Regional Office, ICRW
Dr. Ravi Verma, Regional Director Director,

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Dr. Sohail Husain, Director (who facilitated the workshop session).

UN Women

Laura Capobianco, Senior Policy Specialist, "Safe Cities Free of Violence against Women and Girls" Global Programme
Dr. Anastasia Posadskaya-Vanderbeck, Programme Manager, Global Programme "Safe Cities Free of Violence Against Women and Girls"
Dr. Inga Sniukaite, Evaluation Specialist, Evaluation Unit, UN Women, HQ
Vandana Snyder, Consultant, Global Programme "Safe Cities Free of Violence against Women and Girls"

Global Programme Partners

Cecilia Andersson, UN-HABITAT, Safer Cities Programme, Nairobi, Kenya
Dr. Sahar El Sheneity, Assistant Professor, Social Research Center at the American university in Cairo Principal Investigator of a programme related to establishing safe communities free from violence against women and girls
Dr. Rebecca Miller, Centre for Development Studies, Faculty of Arts, University of Auckland, New Zealand
Dr. Lylia Mires, Sociologist, Universidad de Chile Universidad de Ciencias Eötvös Loránd, Budapest, Hungary
Dr. Patricia Morey, Red Mujer y Habitat
Caroline Nassif, Project Officer, Safe Cities Free of Violence against Women and Girls UNIFEM (Part of UN- WOMEN), Egypt
Kathryn Travers, Programme Director, Women in Cities International (WICI)²⁸
Dr. Kalpana Viswanath, Project Director, Gender Inclusive Cities Project, Women in Cities International
Dr. Carolyn Whitzman, Associate Professor in Urban Planning University of Melbourne, Australia

²⁸ UN Women would also like to thank Melanie Lambrick and Dr. Margaret Shaw who also provided feedback on the SC GP IE Strategy document on behalf of Women in Cities International before and/or following the Impact Evaluation workshop.

Appendix B. Indicative Timeline for Initial Phase of Programme Impact Evaluation

Month	Evaluation Activity	Programme Development Activity
1	Selection process for evaluation partner begins	Selection process for scoping study research partner begins Links with programme partners developed
2	Proposals from prospective evaluation partners received and reviewed	Scoping study research partner appointed Scoping study begins
3	Evaluation partner confirmed Core indicator set confirmed by Programme evaluation partner	Scoping study continues
4	Preliminary IE designs prepared (completion dependent on programme design decisions)	Scoping study completed
5	Detailed IE design developed, including baseline study	Programme design developed by partners
6	Baseline study implemented	Detailed programme planning underway
7	Baseline data analysed Monitoring systems in place	Programme implementation begins
8	Input and output monitoring underway	

Regular contact and coordination between local programme-level, and Global Programme-level evaluation partners.

Appendix C. Indicative Budget for Impact Evaluation at City Level

The following are some essential elements that need to be considered for budgeting an Impact Evaluation:

Local quantitative data collection (at least 3 rounds)

Local qualitative data collection (at least 3 rounds)

Staff/consulting costs for local evaluation partner

Publication/dissemination events

10% contingency