Participatory Monitoring and Evaluation (M&E) of Gender Based Violence Programs

The Global Women’s Institute
THE GEORGE WASHINGTON UNIVERSITY
Introduction to Monitoring & Evaluation
Introductions & Objectives

• Provide basic knowledge of monitoring and evaluation (M&E) strategies on VAWG programs with some examples of interventions that have been evaluated.

• Build knowledge of key issues related to participatory action research (PAR) design and analysis.

• Activities related to active and participatory M&E on VAWG. PAR methods.
Who We Are

**What?** GWI specializes in research on violence against women and girls (VAWG), women’s empowerment, and gender equality.

**Why?** Our aim is to produce a strong knowledge base to inform programs & policies that address a variety of issues affecting women and girls.

**How?** We focus on bringing participatory, rigorous methods to work with partners in humanitarian and development settings.
Who has experience...

- ...conducting research or M&E?
- ...managing programs?
- ...specifically on gender or GBV issues?
- ...from a participatory approach (PAR)?
• Systematic and continuous process of collecting, analyzing and using information to track a program’s progress.

• Usually focuses on processes: when and where activities occur, who delivers them, how many people.

• Conducted after a program has begun and continues throughout the program implementation period.
Evaluation

- Systematic assessment of a project, program or policy.
- Aims at determining the relevance, impact, effectiveness, efficiency and sustainability of interventions.
- Provide evidence-based information.
- The findings, recommendations and lessons should be used to inform the future decision-making processes.
Why is M&E of VAWG programs important?

- Critical for **building a strong, global evidence base** around VAWG and for assessing the range of interventions being implemented to address it.

- M&E provide the necessary information to **guide strategic planning, design and implement actions, and to allocate resources** in better ways.

- M&E can be a powerful way to **increase political will, support and resources**.
Theory of Change

- Reflects underlying process and pathways through which the hoped for change (in knowledge, behavior, attitudes or practices, at the individual, institutional, community or other level) is expected to occur.

- Defines the pieces and steps necessary to bring about a given long-term goal. Includes the assumptions to use to explain the process of change.

- Demonstrates the pathway of how to get from here to there.

- Emphasis on what the organization wants to achieve rather than on what the organization is doing.
Transformed, just and reconciled communities where the lives of women, boys and girls are no longer shattered by sexual and gender-based violence

A united and effective faith response to ending sexual and gender-based violence in South Africa

Faith communities do not ignore or condone SGBV, and proactively address its key drivers - gender inequality, poverty, negative socio-cultural norms.

Faith communities are safe and supportive spaces for SGBV survivors.

Ongoing collaboration and shared learning between faith leaders, survivors and faith communities, together with other key stakeholders.

Survivors of SGBV organise themselves for mutual support and faith sector advocacy to end SGBV

Men and boys are engaged in support of women and girls in the struggle end SGBV at all levels, from the family to national policymaking.

Organisations and individuals work together from a faith perspective to end sexual and gender based violence (SGBV) and bring healing in SA.

Supporting a vibrant and vocal movement of individuals, groups and associations of survivors of SGBV

Sensitising and equipping faith leaders to become advocates to end SGBV and to end the stigmatisation of survivors

Undertaking joint advocacy initiatives and campaigns to transform attitudes to SGBV and address its religio-cultural social drivers

Engaging men and boys, together with women and girls, as allies to end SGBV
**Program Impact**
To what extent has the Safe Cities Program resulted in progress towards new or reformed laws and policies for the prevention and punishment of SV against women and girls in public spaces?

**Program Outcome**
To what extent has the Safe Cities Program 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?

**Program Output**
To what extent the Safe Cities Program implemented campaigns in order to create more awareness within the community about the problem of sexual violence in public spaces?
Illustrative Logic Framework for a Health Provider Training Program

**INPUT**
- Human and financial resources to develop training materials & implement training program

**ACTIVITY**
- Develop VAWG clinical training curriculum
- Conduct workshops
- Conduct VAWG training for providers

**OUTPUT**
- Providers trained in VAWG

**OUTCOMES**
- Improved providers attitudes towards VAWG
- Increased provider ability to identify, counsel, care for and refer VAWG survivors.

**IMPACT**
- Health service providers response to VAWG survivors improved
• Local partners should be consulted when defining indicators

• Using existing and standardized indicators that have been validated in previous studies.

• The more defined an indicator, the less room for confusion later

• The feasibility of certain indicators can be constrained by the availability of data.
• Proportion of people who have been exposed to VAW/G prevention messages

• Proportion of women who were asked about physical and sexual violence during a visit to the health unit

• Proportion of reported cases of rape in the last 12 months
Qualitative Indicators

• Involve perception. Can be analyzed quantitatively
• Congruence with...
• Satisfaction with...
• Knowledge of...
• Ability to...
• Appropriateness of...
• Importance of...
Illustration of Program Impact

*Source:* Module II M&E GBV Prevention and Mitigation Programs, June 2009
There are three main types of evaluation designs that are used to determine the outcomes and impact of a program:

- experimental
- quasi-experimental
- non-experimental
The Basic Experimental Principle

• The intervention is the only difference between two groups

• This is achieved by random assignment
Evaluation Types

Is random assignment used?

YES → Randomized or 'True' Experiment

NO → Is there a comparison group or are multiple measures used?

YES → Quasi-Experiment

NO → Non-Experiment
## Summary

### Features of Different Study Designs

<table>
<thead>
<tr>
<th>Control group</th>
<th>Comparison group</th>
<th>--</th>
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</thead>
<tbody>
<tr>
<td>Strongest design</td>
<td>Weaker than experimental design</td>
<td>Weakest design</td>
</tr>
<tr>
<td>Most expensive</td>
<td>Less expensive</td>
<td>Least expensive</td>
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<th>True experiment</th>
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Guiding Questions for Choosing and Evaluation Design

• What question does your program need to answer?
• What do you want to measure (indicators)?
• How sure to you want to be?
• What is the cost of making a mistake (low, medium, high)?
• When do you need the results?
• How much are you willing to pay?
• Has the program already started?
• How are you going to address the ethical considerations?
• How are you going to apply gender lens?

Source: Module II M&E GBV Prevention and Mitigation Programs, June 2009
Methodological Challenges

- Attribution of change
- Generalization of the findings
- Unforeseen events
- Sample attrition. Dropouts
- Spillover effects
- Instrumentation (questionnaire change) and testing (participants remember questions) effects
- Political influence
• Can be difficult to achieve in evaluation design, but not impossible

• It is important that researchers and practitioners aim to implement the most rigorous research designs whenever possible

• You should always strive to collect baseline data and use comparison groups whenever possible
Participatory Approaches
Participatory M&E Systems
Applying a Gender Lens

GBV is a complex public health problem that is rooted in unequal power dynamics and inequitable gender norms.

Research, monitoring or evaluation of this topic therefore requires a different approach to study design and data collection compared to many other public health topics.
Acknowledge and Understand Gender as a Factor

Acknowledge the role of gender inequitable norms and unequal power dynamics during design, data collection and analysis
While **women and girls are the most** affected, men and boys also experience violence. As well as people marginalized because of their sexual orientation or gender identity/expression.
Gender inequality is reflected in:

- Violence against women and girls (VAWG)
- The division of chores / work
- The dynamics in homes
- The control over assets
- Health
- Participation in decisions made in the community
- Access to education
- Sexuality
<table>
<thead>
<tr>
<th>Participation Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>One-way flow of information</td>
</tr>
<tr>
<td>Consultation</td>
<td>Two-way flow of information</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Shared control over decision making</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Transfer control over decisions and resources</td>
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</table>
Participatory Principles

Ensure *meaningful engagement* with the community throughout design, data collection, analysis and dissemination.
What is Participatory Program M&E?

- Moving beyond *informing and consulting*

- **Collaborate:** Share roles and responsibilities when deciding:
  - What to measure? How to understand progress?
  - How to collect data?
  - Who collects it?

- **Empower:** Share roles and responsibilities
  - Designing
  - Collecting
  - Interpreting
  - Taking Action
Some PME Principles

• Engage stakeholders actively – using the most active forms of participation possible

• Prioritize joint learning and collective actions

• Build capacity throughout
Why Participatory Program M&E?

- Increases *ownership and shared accountability*

- More *relevant, nuanced and contextualized* data

- Focus on *learning and improvement* – not just donor requirements
Why might participatory M&E be particularly beneficial for VAWG programs?

- Community engagement and understanding needed to make an impact

- Power dynamics – programmers/community; data collectors/community

- Can use M&E not only to track progress/measure impact but build capacity and transfer ownership of programs to the community themselves
The PME Cycle

Adapted from Sirker & Ezemenari
Tools and Techniques

• Can use quantitative or qualitative data

• Both can have value and there is no one right approach

• Consider what you want to know

• What questions do we need answered?
  • Different questions require different approaches

• Participatory methods are often employed
  • We will discuss this more later!
A call for proposals has been issued and the M&E officer for the NGO ‘Empowering All’ has been tasked with developing an M&E plan for their proposed GBV prevention and response program. She is told by the head of programs that the proposed approach will include a component of community mobilization (targeting key influencers and media in the community) and case management for survivors by community-based social workers.

The M&E officer creates a logframe and M&E plan based on international standards (for example reviewing common indicators and data collection tools). She submits the plans to the head of programs who approves them and submits to the donor.

3 months later ‘Empowering All’ finds out that their program was funded! The M&E officer uses the logframe and M&E plan submitted with the proposal to guide her M&E process over the course of the program.

What are some of the positive and negative aspects that you see with this approach to developing an M&E system?
Traditional M&E Process

<table>
<thead>
<tr>
<th>Good Aspects</th>
<th>Bad Aspects</th>
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</thead>
<tbody>
<tr>
<td>• Based on best practice</td>
<td>• Logframe and M&amp;E Plan developed by NGOs/practitioners without inputs from those we intend to serve</td>
</tr>
<tr>
<td>• Not re-inventing the wheel</td>
<td>• Focused on donor compliance</td>
</tr>
<tr>
<td>• Creating comparable data</td>
<td>• Quantitative methods primarily utilized</td>
</tr>
<tr>
<td>• Standardized</td>
<td>• Analysis undertaken by NGOs/practitioners</td>
</tr>
<tr>
<td>• Ensure donor compliance</td>
<td>• Minimal feedback mechanisms</td>
</tr>
<tr>
<td></td>
<td>• May miss unintended consequences</td>
</tr>
</tbody>
</table>
Example

How can we bridge the good aspects of traditional M&E approaches and a more participatory approach?

If you were the M&E officer in the previous example how might you approach the task given by the head of programs?
Creating a Participatory M&E System

1. Identify the key stakeholders
2. Hold workshops/meetings where the program is explained and goals for change are identified – how we will, together, know we have succeeded?
3. Build on and link ideas generated to international best practice
4. Where possible utilize data collection tools and approaches that allow participants to visualize what data is being collected
5. Regular action-analysis (rather than feedback) workshops – where data is processes and action plans are made
6. Ensure two-way accountability – NGO + community commitments to action, monitoring and feedback
• Not every system can be fully participatory – for example in an emergency setting – we need to be realistic and do the best we can.

• Donor timetables/fear of raised expectations can limit input at the initial stages – building in more time in the start up phase to expand participation is key!

• Donor M&E is a good start – but systems that foster learning are more important to program improvement!
Example: Applying these approaches to a research project

• Received a grant from the US Department of State to do participatory research process in Uganda and Lebanon
  • Topic: Gender-based Violence
  • Population: Refugees in Uganda and Lebanon

• Key population: Humanitarian Practitioners

• Capacity Building Workshop
  • Research Basics (study design, tool design, etc.)
  • Ethical Approaches
Example: Applying these approaches to a research project

- Learning Agenda Setting Exercise
- Collaboratively decide on research needs and priorities
- Establish a local TAG
- Local research partners
- Participatory data collection techniques
- Prioritize local dissemination through a variety of mechanisms (theater, interactive workshops, etc.)
Participatory Approaches within M&E and Research on GBV
Engage the affected population – particularly women and girls – throughout the process.

- Involved in study design
- Support implementation
- Empowered to understand and use the results to make a difference in their own lives
Use the Results

- Use as avenues to promote social change.
- Understand—and challenge—unequal social and gender norms.
- Improve the lives of the affected population.
- Empower marginalized populations.
What participatory approaches have you used? What principles have guided you in this work?

(Brainstorm)
Examples from Empowered Aid

Year 1
- To better understand the ways in which distribution of material resources in emergencies may create or reinforce opportunities for sexual exploitation and abuse of women and girls.
- Ethnographic fieldwork with refugee women and girls

Year 2
- To identify, prioritize, and test a range of options for improving current distribution mechanisms and modalities
- Implementation science, pilot tests

Year 3
- To disseminate, validate and replicate research findings in a third country, including networking and training led by women and girl refugee researchers, building on the participatory action approach.
- Research uptake, dissemination, network-building
Engage with local stakeholders

1. Facilitate local ownership and actively engage with local groups.

2. Stakeholders will be better informed about the work of ongoing programs, better able to understand the benefits, and more prepared to identify possible issues.

3. For larger data collection activities, consider establishing a local group of stakeholders to review the study plans for ethical implications and to support the research team.
Technical Advisory Group with Government, Civil Society, National Researcher/Academics, NGOs, UN (example from Lebanon)
Work with local-based researchers whenever possible

Local researchers know the context and how to navigate political and communal barriers that may impede data collection.

Local research institution or consultant – consider technical capacity

International researchers – ensure a capacity building component is incorporated
Participatory Action Research Workshops
Ensure meaningful engagement with the community throughout research design and data collection.

- Design and pilot data collection tools directly with members of the affected populations themselves or with members of NGO.
- Consider using participatory data collection techniques (e.g. photovoice, body mapping, community mapping, free-listing, etc.) where participants can see and understand the data.
Examples of participatory data collection activities
Now let’s try it!

Group Activity: Participatory Ranking
APPENDIX 2: EXAMPLE OF COMPLETED FGD DATA COLLECTION FORM

FGD DATA COLLECTION FORM (CHILDREN) – EXAMPLE

Date: 6 December 2008
Moderator/Lead Actor: Note taker: John Sittu
Community: Awerta
Age range: 10-13
Number of Children in Group: 3
Gender: Girls

Key Protection Concerns Identified:

Free list:
1. Attacks on girls/rape
2. Soldiers taking children to the bush
3. Sickness
4. Renting teachers and parents
5. Landmines
6. Fights between youth
7. Lack of food
8. Crowded houses

Rank Order:
1. Sickness
2. Landmines
3. Attacks on girls/rape
4. Fights (between youth)
5. Lack of food
6. Soldiers taking children to the bush
7. Fights (between youth)
8. Crowded houses

COMMENTS:

(Write down what the children say exactly like they say them)

My brothers and sisters are all sick. They have fevers for many days. The soldiers came last month and took two boys away from the home of my cousin. There is too much sickness here. My brother and my aunt have both passed away since we came here. A young boy died when he was playing by the road and he stepped on a bomb left by the militiam. There are mines everywhere. We are afraid to go walking from our shelter. Girls are not safe here. A girl was defiled yesterday by a man when she went to collect water.

Coping Strategies/Resources:

Free list:
1. Family
2. Working in market
3. Praying
4. Friends at school
5. Girls who sell their bodies
6. Police
7. Village headman

Rank Order:
1. Family
2. Working in market
3. Village headman
4. Praying
5. Girls who sell their bodies
6. Police
7. Village headman

COMMENTS:

(Write down what the children say exactly like they say them)

When a child is with his parents he will have a full stomach; when he is alone he may starve.

There are many of us working at the markets: porter or selling.

Some girls earn money by going with the soldiers. They hang around the barracks until they are picked.

A girl who is with her family will not do such things - her mother or her father will not allow it.

When you are faced with such problems, one can only pray to God and ask for his help.

The police here do not protect us - they tell us if they see us at the market.

If there is a problem you can alert the village headman: they have traveled with us here and they can seek to help you.
Ways to record data from participatory group activities

<table>
<thead>
<tr>
<th>Issue</th>
<th>Number of groups</th>
<th>Median rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food shortage</td>
<td>48</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate health service</td>
<td>31</td>
<td>2</td>
</tr>
<tr>
<td>Conflict</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td>Health problems/ disease</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Lack of clean water</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Personal hygiene and sanitation/ Lack of toilets</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Lack of domestic non-food items and cultivation materials</td>
<td>8</td>
<td>4.5</td>
</tr>
<tr>
<td>Displacement</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Lack of shelter</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Lack of transportation/ roads</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Work with a partner to draw an outline around your body on the paper. Think back to your experience during this research.

How has the experience of participating in this research affected you, in terms of your thoughts?

How has the experience of participating in this research affected you, in terms of your social connections?

How has the experience of participating in this research affected you, in terms of your emotions?

How has the experience of participating in this research affected you, physically?

Use the art supplies provided to represent this in any way you like – drawings, words, symbols.
Body Mapping

Community Mapping
Work with the community to understand and analyze data

Whenever possible, work directly with members of the community in order to analyze and contextualize the collected data, and share results.

PAR efforts: community members analyze the data themselves, with support of the research team.

Consider using stories, visual displays, dramas, and other ways to bring the results of data collection activities back to the affected communities.
Sharing Findings & Participatory Analysis Processes
Participatory Approaches in Acute Emergencies

May not be possible to employ **fully participatory approaches**.

Priority must be to gather data that **will allow life-saving interventions** to be employed.

Often possible to incorporate **some principles of participatory research approaches** into data collection activities.

**Example:** Members of the affected community can review and provide input into data collection tools and act as data collectors.
• As the situation stabilizes, opportunities will increase to engage meaningfully with the local community and to employ participatory approaches.

• Consider the principles and methods of Participatory Action Research (PAR) throughout the design, implementation and analysis process.
Further Resources

• Participatory visual methodologies in global public health, Claudia M. Mitchell & Marni Sommer, Pages 521-527, 22 Apr 2016  
  https://www.tandfonline.com/doi/abs/10.1080/17441692.2016.1170184


