

Learning Brief on Measuring Change: Learning from Monitoring & Evaluation of GBV¹ Campaigns, Programmes and Projects

Irish Joint Consortium on Gender-Based Violence

LEARNING BRIEF NO.8

This Learning Brief is based on experiences that were shared at a Gender-based Violence Learning Day in December 2011, organised by the Irish Joint Consortium on Gender-based Violence².

The primary focus of the Learning Day and, consequently, of this Learning Brief is on monitoring and evaluating GBV prevention projects, programmes and campaigns in relatively stable or post-conflict environments³. Therefore, GBV response activities in fragile states or humanitarian contexts, which present a different range of challenges, were outside the scope of the learning event and not explored here.

Introduction

GBV activists need to know and to demonstrate that their GBV prevention activities are effective; that they are impacting knowledge, attitudes and behaviours; that they are reviewed regularly and revised in order to optimise their effectiveness and appropriateness; and that a strong evidence base influences policy and facilitates expansion and replication. This requires sound monitoring and evaluation (M&E) methodologies to facilitate an improvement in programme quality and responsiveness; to ensure greater accountability to participants, project

staff, the wider community in which the intervention is implemented and key stakeholders, including donors and governments; to empower organisations and communities to be more self-reflective and critical about the intervention in order to increase their engagement and ownership; to understand *how* changes occur in knowledge, attitudes and behaviours and, consequently levels of violence; and to demonstrate cost effectiveness.

M&E of GBV interventions tend to focus on the outcomes of health, legal and psychosocial *response* activities, while the understanding of how to measure the impact of GBV prevention activities continues to evolve and expand⁴. This paper explores the challenges of measuring the impact of GBV prevention activities and provides examples and lessons that contribute to the development of a repository of best practices that may be adapted to alternate settings and programmes.

Monitoring and Evaluation – A Learning Cycle

In general, there is little investment in quality M&E processes in GBV prevention programmes. Accordingly, many programmes have limited evidence of their impact. Donors can often be part of the problem insofar as they want to see the demonstrated results of the intervention but do not always include the funds required for an effective M&E system. When organisations carry out M&E on a tight budget, the rigour and the depth of the evaluation can be compromised.

¹ The GBV Consortium understands gender-based violence (GBV) to be any act or threat of harm inflicted on a person because of their gender and is any act that results in or is likely to result in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. GBV encompasses sexual violence, domestic violence, sex trafficking, harmful practices, forced/early marriage, forced prostitution, sexual harassment and sexual exploitation, to name but a few. The focus of the presentations and discussions on the Learning Day and, accordingly, of this brief is on the prevention of violence against women (VAW).

² Speakers at the Learning Day included: Dr. Nata Duvvury, Co-Director, Global Women's Studies Programme, NUI Galway; Carol Wrenn, Gender Equality Programme Officer, Trócaire; and Lori Michau, Co-Director, Raising Voices, Kampala, Uganda.

³ Experiences were drawn from GBV projects, programmes and campaigns in Cambodia, India, Kenya, Nicaragua, Pakistan, Sierra Leone, South Africa and Uganda.

⁴ Experiences of monitoring and measuring social change in areas such as sexual and reproductive health and HIV prevention programmes can contribute to GBV activists' efforts. See, for instance, Reproductive Health Response in Crises Consortium at www.rhrc.org/resources

Lessons learnt from practice and shared at the Learning Day demonstrated clearly that M&E is not a once-off, separate activity that is undertaken at the end of a GBV intervention but rather one that should occur at all stages of the assessment, design, planning, implementation and evaluation of the intervention. Ideally, M&E should not be external to the GBV intervention – a technical requirement fulfilled for the sole purpose of securing funding – but, rather, an intrinsic activity that supports regular critical reflection and generates learning and direction changes in real time.

Baseline Studies to Measure Change

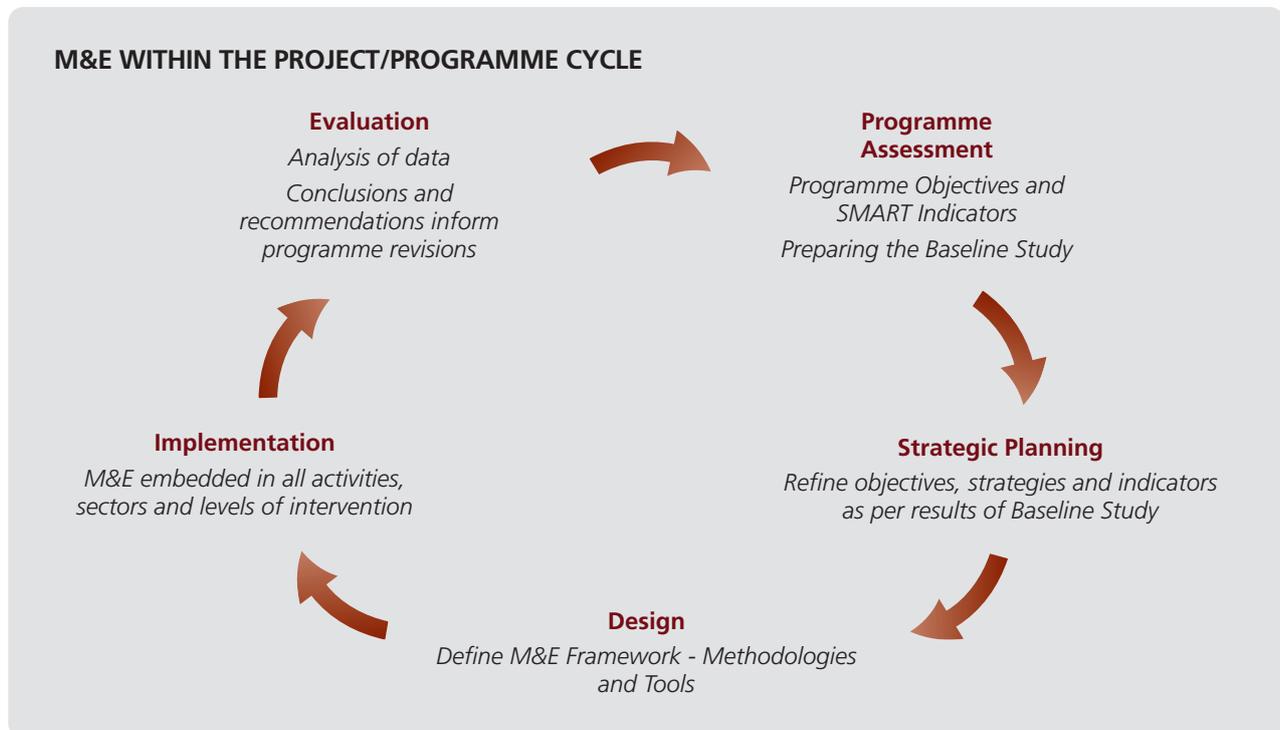
Baseline studies provide a picture of the nature and extent of local GBV issues and act as an essential reference point for describing and measuring the outcomes and impact of the intervention.

While baseline studies require significant time and money, the absence of a robust baseline survey may limit GBV activists to exploring quantitative data around the awareness-raising phase of the intervention only rather than more qualitative data around behaviour change.

Therefore, baseline studies represent an essential investment that facilitates the identification of the target populations, the social norms to be changed and the development of a culturally-appropriate intervention that resonates with the target population.

Few programmes use standardised definitions of GBV or, where they do, few use standardised indicators in a systematic way that can demonstrate that change has occurred or, importantly, allow a comparison of programmes across space and time⁵. Accordingly, it is worth considering the development of Standard Operating Procedures with other GBV prevention actors in the same operational area to optimise comparability and shared learning⁶.

Given the extreme sensitivity of asking questions about GBV, the skills and commitment of the baseline evaluators are of critical importance. Accordingly, whether outsourcing or using in-house programme staff to conduct the baseline, sufficient time needs to be given to the recruitment and/or training of evaluators who understand and are committed to the organisation's ethos, ethics and approach.



⁵ A notable exception is WHO's multi-country study on women's health and domestic violence against women (2005). See http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf

⁶ See 'Establishing Standard Operation Procedures for multi-sectoral and inter-organisational prevention and response to GBV in humanitarian settings', IASC Gender SWG, 2008, at <http://onerresponse.info/GlobalClusters/Protection/GBV/Pages/Tools%20and%20Resources.aspx>

Sufficient time is also required for the development of the methodology; to develop, translate and test tools and questionnaires; and to secure permission from relevant stakeholders to undertake the study in an ethical and safe manner.

Before embarking on the collection of primary data on violence, however, it is always important to ensure that the case for collecting new data is legitimate and to look at what data already exists, as the availability of applicable data will minimise primary data collection. Data and research that looks at the incidence but also at the nature and underlying causes of GBV are particularly important.

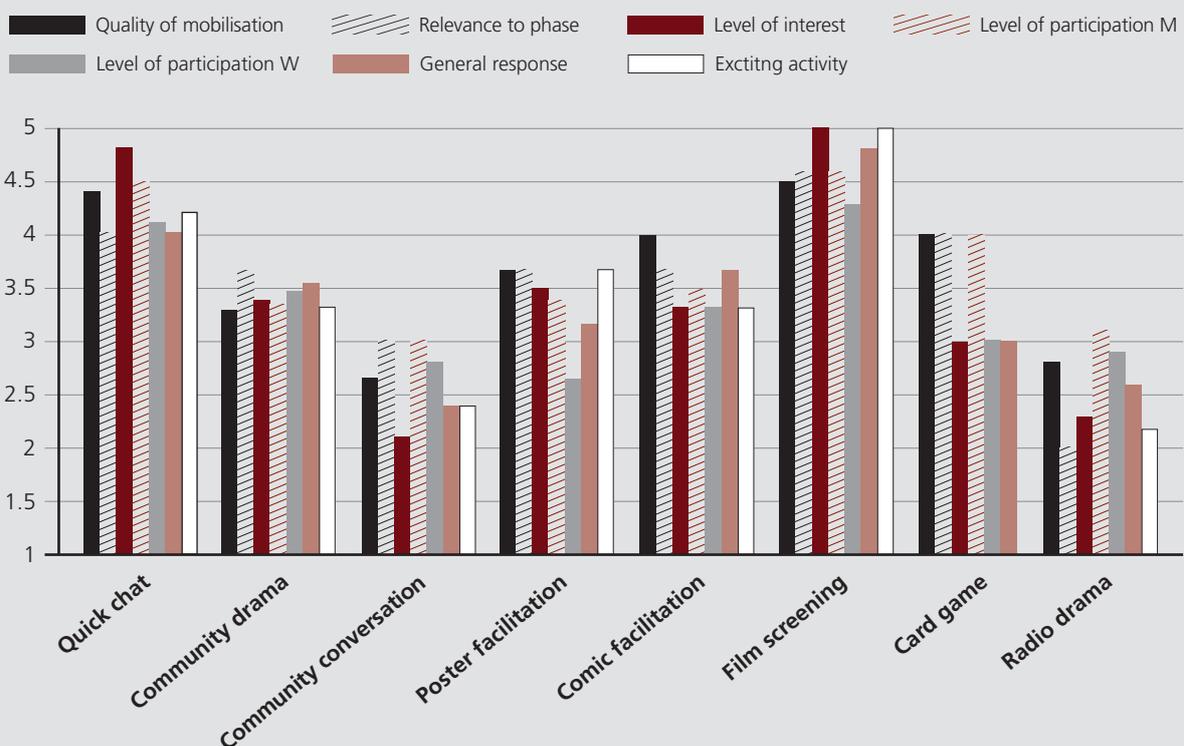
M&E Frameworks: Design and Implementation

The findings and recommendations in the baseline study should crystallize the intervention's key objectives and strategies; align a discrete number of SMART outcome and impact indicators that explore relevance, effectiveness, efficiency, feasibility and sustainability; and inform the monitoring system to be used.

The SASA! Programme in Uganda engages communities in a process of change on violence against women (VAW) and HIV behaviours. The programme employs simple monitoring and assessment tools - designed for grassroots organisations' use - to explore changes at the *process* and *impact* levels. The programme uses the behavioural change steps of **Start** (knowledge about VAW), **Awareness** (attitudes to VAW), **Support** (skills for changing social norms on VAW) and **Action** (strategies for changing behaviours on VAW) to explore the context, the activities and the immediate and long-term outcomes and impact on violence.

At the **process level**, the information collected includes basic quantitative data on the activity, including the number of participants disaggregated by sex and, through a simple ranking system, qualitative data on the activity, the facilitation and the community's perceptions of the quality, outcomes, successes and challenges of the intervention. The findings are presented in a graph (sample below) that charts the quality of the activities within the intervention and, consequently, determines areas to be refined.

Sample Activity Analysis (Quarter Period)



At the **impact level**, the programme uses a simple ranking system (from 1 (resistance) to 5 (acceptance)) to monitor the impact of programme activities on participants' knowledge, attitudes, skills and behaviours to assess shifts at community-level and to identify progress and problems in programming.

In order to monitor an intervention effectively, a number of methodologies can be employed. Which methodologies are selected will depend on whether the GBV intervention is a community-based project, a multi-dimensional programme or a national campaign; the budget available for the activities; and whether the M&E is to be conducted in-house or to be outsourced to consultants.

M&E methodologies include questionnaires, individual interviews, focus group discussions, opinion polls, structured and semi-structured interviews; social influence mapping to determine who was influenced by the intervention and how; the use of a quasi life history approach in order to understand individuals' journeys and where – and in what context – the GBV prevention intervention entered his/her life; and the use of inductive analysis to determine patterns of change.

For community groups who want to present evidence of impact of their GBV prevention activities to stakeholders and donors but who have limited means to do so, the SASA! Programme is a good example of a less complicated but highly effective monitoring system.

It is important that monitoring tools do not generate too much narrative information, which can be time-consuming to analyse. Minimising the time and effort required promotes more regular comparison of and reflection on the data.

Information produced from exploring and measuring both the impact and the process of a GBV intervention is invaluable to improving the quality of the programme by challenging programme developers and implementers to consider whether the programme's activities remain relevant, appropriate and effective throughout its lifetime and whether their delivery is dynamic enough to continue to resonate with participants. This will, in turn, determine if and when it is necessary to refine programme strategies.

Some organisations have in-house expertise to conduct all M&E activities, including baseline surveys and analysis, while others work through partners or outsource these activities to consultants. In order to avoid costly delays and problems in the future, time needs to be spent on conducting capacity assessments of partners and recruiting the 'right' consultants. Where partner

organisations do not have the necessary skills, some provisions might be made in the consultancy for strengthening partners' capacities, to ensure their continued ownership and engagement in the intervention.

Evaluation

Oxfam's 'We Can' Campaign

The overall goal of Oxfam GB's 'We Can' campaign is to reduce the social acceptance of VAW in six South Asian countries - Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka.

The campaign was launched in 2004 and by March 2011 there were 3.9 million 'Change Makers' who had pledged to end VAW in their own lives and to convince others to do the same.

An 18-month evaluation of the campaign sought to answer three key questions: In what ways did the campaign contribute to the deepening of change among Change Makers? What is the collective shift in attitudes and beliefs within each of the Change Maker's Circle of Influence? And, how are community attitudes to VAW influenced by the campaign?

The M&E process is geared to help GBV activists answer key questions that may include:

- Are we doing what we said we were going to do?
- Are we achieving what we said we would achieve?
- Is the project design sound?
- What elements of the project need to be refined?
- What, if any, are the unintended consequences of the GBV intervention?
- Is the activity causing the observed changes?

The use of mixed monitoring and assessment methods is innovative and, unlike the traditional pre- and post-assessment approach, helps to build strong qualitative data and to provide triangulation of quantitative and qualitative data in the evaluation. The use of different methods helps to establish the *extent* of change resulting from the intervention and, importantly, facilitates an understanding of *how* change occurs.

Implementers are often under pressure – in many cases from their own organisations and donors - to show positive results within a restricted project timeframe, while social norms and GBV trends take a relatively long time to change. Most projects are evaluated in the few months immediately after the intervention ends when the change that is observed may well be a result of the

sense of achievement that comes with the end of a project and when it is not possible to test the sustainability of the change. At this stage, the focus may be on the outcomes rather than the impact of the intervention. Therefore, it is important to secure both the organisation's and the donor's commitment to the evaluation beyond the timeframe of the intervention itself.

Also related to time, in evaluating GBV prevention activities, it is important to make the clear distinction between short-term increases in reports of GBV and long-term social norms change. It is common for reporting of GBV incidences to increase over time as confidence in the prevention programme, the programme activists and the referrals it provides increase. A rise in *reported* levels of GBV can often be a sign that prevention activities are working. However, some stakeholders and donors may not appreciate that negative change may occur in the shorter term. If these shorter-term results are reported, it may give the impression that the intervention has not worked and there has been no change to negative social norms.

Social change initiatives, such as violence prevention/reduction programmes, often involve a range of partners working at different levels in a variety of sectors, in diverse locations with a range of contextual factors. In such complex environments, it is difficult to determine linear causality of social change and how much of any observed change is attributable to a particular programme activity. In this regard, the principle of *keeping it simple* is critical; a small number of SMART indicators will support this effort.

In the same way that the skills of baseline evaluators are key to the strength of the baseline study, the skills of the data analysts can also determine the quality of the evaluation. Therefore, once again, it is important to recruit the right consultants and/or take sufficient time to train programme staff and partners.

Key Lessons and Recommendations

M&E of GBV prevention projects/programmes is doable and important

- GBV activist organisations **can** do meaningful M&E work that establishes not only the extent of change brought about by the intervention but also how the change has occurred.
- Solid M&E work on GBV prevention moves activists from monitoring levels of activity to levels of change; it acknowledges the process - the 'how' of change.

- M&E processes and results empower GBV activists, organisations and communities to be more self-reflective, critical and aware, which in turn enhances their engagement in and ownership of the intervention.
- M&E must be a key component of all GBV interventions, as the inherent reflection and critique results in enhanced and more responsive GBV prevention programming.

M&E in the GBV project/programme cycle

- M&E needs to be embedded into the project/programme cycle rather than 'tagged onto' the end. This requires careful planning from the outset and the development of a participatory, contextualised and comprehensive baseline survey to be carried out by skilled evaluators.
- Robust methodologies, as well as ethical and safety considerations must be incorporated into each step of the project/programme cycle.
- A minimum number of SMART indicators, which are directly linked to the overall objectives, are key to guiding analysis.

Measuring Change at the Impact and Process Levels

- Measuring social change is more challenging than measuring individual or structural changes but is critically important to achieving sustained individual change.
- Prevention programming must be able to demonstrate meaningful progress and be accountable to community members, donors and to the organisation itself on the longer-term impact.

Ethical, Safety and Confidentiality Issues⁷

- Care must be taken to ensure that data collection does not put GBV survivors in danger or cause them distress;
 - Contextualised protocols on the ethical and confidential collection and reporting of information on GBV must be developed ahead of time.
 - Data collection questions must be prepared with the support of experts.
 - Research teams must be selected carefully, trained by specialists and supported on an ongoing basis.

⁷ WHO, 2007, Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies at www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf provides valuable guidance in this regard.

- The case for collecting primary data should be justified. Key issues to consider here are: Why is this information required? How will it be collected? How will the data be used? Have the potential risks to survivors, wider communities and the enumerators been considered?
- Provisions must be put in place on referral pathways *in advance* of any data collection activities; this includes mapping the referral services available and establishing agreements with these service providers, as well as ensuring all evaluators are fully briefed in this regard.

Methodologies and Tools

- An approach to M&E that employs and triangulates a variety of methods, including quantitative studies and complementary qualitative research provides far richer information than simple pre- and post-interviews.
- Documenting participants' stories throughout the lifetime of the intervention builds strong qualitative data and provides triangulation to qualitative and quantitative data in the evaluation.
- Whatever M&E methodologies and tools are used must be appropriate to the context. Translating concepts and language around GBV can be particularly challenging. It is critical that sufficient time is given to these tasks.
- Where organisations outsource M&E activities, including baselines, it is important not to compromise programme staff or partners' engagement. In this instance, the role of external consultants might be conceived around strengthening the capacity of partners.
- Economic data is central to argue the affordability, financial value and feasibility of scaling-up. If we ignore the economics, we ignore the possibility of allowing GBV interventions to grow.

Investing Time and Money

- M&E of behaviour changes requires considerable time and commitment from the implementing organisation. To capture the sustainability of the behaviour changes, this commitment must extend beyond the end of the intervention.
- In designing the intervention – including the M&E component – it is important to set realistic timeframes, to which both the organisation and the donor are committed.

- M&E costs money and good M&E costs more. Donors do not always provide the necessary funding for a solid M&E component in the intervention. They may put pressure on organisations to demonstrate results within an unrealistic timeframe and, accordingly, encourage reporting of outcomes rather than impact of the intervention. In this way, measurement is used more as a tool of accountability to the donor than as a means of learning what works. Accordingly, GBV activist organisations need to lobby donors for strategic investment in and realistic timeframes for multi-disciplinary M&E.
- In the absence of quick, tangible results, GBV project staff can become de-motivated and burnt out, which can affect the continuation and/or the quality of the project's activities. Therefore, in terms of staff care, as well as sharing the findings of the M&E for learning purposes, managers need to support staff on an ongoing basis with regular and constructive feedback.

Best Practices

- Measuring shifts in knowledge, attitudes and behaviours on GBV is a challenging task. However, others have faced and continue to face these challenges and there is a very rich repository of shared experiences, tools and resources in this regard on which to draw, including;
 - Resource Library on the GBV Consortium's own website at www.gbv.ie/resource-library/
 - Tools & Resources section of the Global GBV Area of Responsibility (focus on sexual violence in humanitarian settings) at <http://onerresponse.info/GlobalClusters/Protection/GBV/Pages/Tools%20and%20Resources.aspx>
 - The Programme Tools section of Raising Voices at <http://www.raisingvoices.org>
 - The 'We Can' Campaign at <http://www.wecanendvaw.org>
 - The video of this event at <http://www.youtube.com/user/gbvireland>
- Finally, it is important to remember that no step in advancing the prevention of or reduction in GBV is too small. GBV activists should acknowledge and celebrate the significant progress that has been made and take heart from this in moving ever forward.

The Irish Joint Consortium on GBV comprises Irish Human Rights, humanitarian and development organisations together with Irish Aid and the Irish Defence Forces working together to tackle gender based violence. For more information on the Consortium please go to www.gbv.ie

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