

November 2009

MODULE II

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs

Handouts

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Handout 1

Sample Outline of an M&E Plan

1.0 Introduction

- 1.1 Mission and Vision [of organization managing project]
- 1.2 Background Information/Context [for Organization X and Project Name]
- 1.3 [Project name] and Funding Mechanism
- 1.4 Purpose of the Monitoring & Evaluation Plan
- 1.5 Monitoring and Evaluation Team
- 1.6 Audience Analysis

2.0 Program Description and Frameworks

- 2.1 Program Goals and Objectives
- 2.2 Program Strategies and Activities (including Geographic Scope and Target Population)
- 2.3 Conceptual Framework
- 2.4 Logic Model (or Logical Framework)
- 2.5 Results Framework (if applicable)
- 2.6 Critical Assumptions

3.0 Program Implementation Plan

4.0 Indicators and Information Sources

- 4.1 Indicator Table/Matrix
- 4.2 Indicator Reference/Information Sheets

5.0 Monitoring Plan

6.0 Evaluation Plan

7.0 Data Quality Plan

8.0 Information Dissemination and Utilization

- 8.1 Donor Reporting Requirements
- 8.2 Key Audiences
- 8.3 Communication Strategies
- 8.4 Dissemination and Utilization of Results

9.0 Roles and Responsibilities

- 9.1 Program implementer
- 9.2 Implementing partners
- 9.3 Monitoring and evaluation consultants

Handout 2

Violence against Women in Country X

Background

Violence against women and girls is a major public health and human rights problem in Country X. Women who are poorly educated and economically dependent on their male partners are the most vulnerable. Sexual violence is also a major problem, with men being the most common perpetrators of rape and women, the victims. Sexual violence is associated with a range of health risk-taking behaviors among men, including having more sexual partners, alcohol and drug use, and exchanging gifts or services for sex. These behaviors are rooted in cultural norms regarding masculinity, male honor, and male sexual entitlement, an ideology that encourages male aggressiveness, dominance, and control of women, and attitudes towards gender relations. Girls and women are considered to be subordinate to boys and men and wives are expected to obey their husbands. Addressing violence against women and girls (VAW/G) is part of the government's commitment to eliminating gender inequalities.

Nature and Incidence of Gender-Based Violence

- One in four women aged 15-49 have experienced physical intimate partner violence.
- Physical and psychological violence is most commonly reported. In 81% of reported cases, women report both of these forms of violence.
- Women report sexual violence in less than 15% of all reported cases. Researchers surmise that this is due to severe underreporting.
- Rape largely affects children and young women, with 40% of all survivors being under the age of 18 and 16% under 12
- First sex is often coerced. A recent national study reports a prevalence of 24%. Those reporting forced first sex were twice as likely to report a subsequent sexual victimization.
- Friends, neighbors and acquaintances are the most common perpetrators of rape of adolescents.

Attitudes towards Gender-Based Violence

The problem of violence against women and girls is further exacerbated by its widespread cultural acceptance. Among young people, there is constant pressure on young boys to act in sexually aggressive ways towards women while young girls are expected to “accommodate men’s sexual desires.” In a national survey, close to three out of four women believed that intimate partner violence was justifiable punishment for a woman’s failure to perform her normative roles in society. Furthermore, cultural norms allow husbands to “correct” their wives as long as such actions do not result in grievous harm. Focus group discussions revealed that intimate partner violence is considered a “normal” part of intimate and family relations and a private matter, and that those who witness such violence are discouraged from intervening.

As women are valued in many communities as wives and mothers, religious and community leaders who are approached by victims for help tend to stress the importance of commitment to marriage. Reporting incidents of violence to health workers and law enforcement officials can be viewed as a sign of disrespect for family members and elders, who are often responsible for intervening in cases of marital conflict. These attitudes and beliefs are grounded in social norms

regarding gender and sexuality and are held more strongly by women who are poor, unemployed, lack access to information, and have little decision-making autonomy.

Legal Context

Country X has signed and ratified a number of international instruments on women's rights, including the Convention for the Elimination of All Forms of Discrimination against Women in 1981. The country has also ratified the United Nations Convention on the Rights of the Child, which calls on states to “take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.” The provisions of these international treaties can be invoked in the country as the constitution grants the same status to international treaties ratified by the country and national legislation. However there is a wide gap between actual legislation and the experience of women and girls due to deep-rooted problems in the criminal justice system

Country X has not enacted specific legislation to protect women and girls from domestic violence and does not have specific legislation on sexual violence. Family violence falls under assault and battery, depending on the circumstances of the attack and the degree of injury of the victim. Although Country X’s laws prohibit rape, the law does not explicitly address marital rape or incest, which is believed to account for the vast majority of domestic violence cases reported to women’s organizations. Penalties for rape range from 10 to 15 years of forced labor if the victim is under 16 years of age, to life imprisonment with forced labor if the person committing the rape has some level of authority or power over the victim. The country does not otherwise prohibit violence against women within its criminal laws. Furthermore, some forms of violence, such as psychological violence, are not explicitly prohibited by law.

In general, existing legislation has been unsuccessful in curbing violence against women because most people are unaware of the law and the criminal justice system effectively discourages women from reporting violence, by systematically stigmatizing and discriminating against victims. For example, a recent report identifies inadequate legislation, and inappropriate or delayed response by the police as major factors preventing rape survivors’ access to justice. The report notes that women’s organizations have reported that police and social services are often reluctant to intervene in what are perceived as private and domestic matters, even in suspected cases of severe violence or abuse. The police are inadequately trained to respond to complaints from women and girls who allege that they have been the victims of rape and other forms of violence, which could potentially result in further victimization of violence survivors. There have been several reports that victims who have approached the police for help have been told “just move out...leave the relationship.”

Health and Social Services

Health services are usually the first point of contact for women who are suffering from injuries related to VAW/G. However, a recent study showed health care providers have little means of protecting patients from violent partners and are often afraid to make an intervention other than treating the medical complaints. Health facilities vary in their record-keeping policies and often there is no medical evidence for use in legal action. Although there appears to be an increase in the proportion of women reporting sexual abuse and injuries during and after pregnancy, health care providers have limited access to information on women's options/ services available. Furthermore, there is a general lack of shelters and safe homes for abused women and children, especially in rural areas.

A study was conducted in 2007 to assess health care providers' perceptions of barriers to the identification of and referral to community and on-site services for women who are victims of intimate partner violence. The five barriers to identification of victims that health care providers most often agreed with were: (a) "patient denies battering as a cause of injury," (b) "patient fears repercussions of being identified as abused," (c) "patient does not mention abuse during history-taking," (d) "patient lacks privacy within the clinic," and (e) "what I view as abuse, my patient accepts as normal." The two barriers to referral to community services that health care providers most often agreed with were: (a) "fear of partner's reaction to referral" and (b) "battered patients do not want a referral." It was also found that there is a general lack of knowledge among medical personnel of procedures for identification, care and referral mechanisms in cases of violence against women, especially with respect to sexual violence from an intimate partner. Medical personnel also tended to perceive the legal responsibility involved in recording cases of violence as a problem, which prevented the cases from being recorded. Some health professionals were uncomfortable talking about violence with their patients while others tended to blame women for the violence perpetrated against them.

Opportunities

In 2007, the government created a national plan of action to prevent violence against women and girls, with the following objectives: (a) to reinforce and increase support services available to victims through different institutions; (b) to prevent violence against women and advocate for a coordinated national response; and (c) to strengthen the capacity of public institutions to prevent VAW/G by establishing strong partnerships with women's organizations and other nongovernmental organizations (NGOs). A gender-based violence prevention network, made up of government representatives, NGOs, women's groups, and international development agencies, has been created to step up the national response to violence against women, particularly in the area of sexual violence. However, more needs to be done and more resources need to be allocated to implement fully a national plan of action, guarantee access to justice and services for victims, and revoke laws that discriminate against women.

Handout 3

Is It a Goal or an Objective? If an Objective, Is It SMART? Activity 3

Are the following situations monitoring or evaluation?

1. To reduce gender-based violence.
2. To increase the % of men and women in the beneficiary population who believe that violence is not an acceptable way of dealing with conflict from 40% in 2002 to 80% by 2007.
3. To increase the number of domestic violence clients recommended for counseling who utilize counseling services by 30%.

Handout 3 (continued, if time permits)

Improving Goals and Making Objectives Smarter

Instructions

The objective of this exercise is to enable participants to differentiate goals from objectives and to provide practical experience in writing SMART objectives.

- Divide into 4 groups.
- Choose one statement from the list below.
- Decide whether the statement is a goal or an objective.
- If a goal, is it properly stated? Why or why not? If a goal is not properly stated, rewrite it.
- If an objective, is it SMART? Why or why not? If an objective is not smart, rewrite it in order to make it “SMARTER”.
- Rewrite each goal that you consider to be poorly stated.

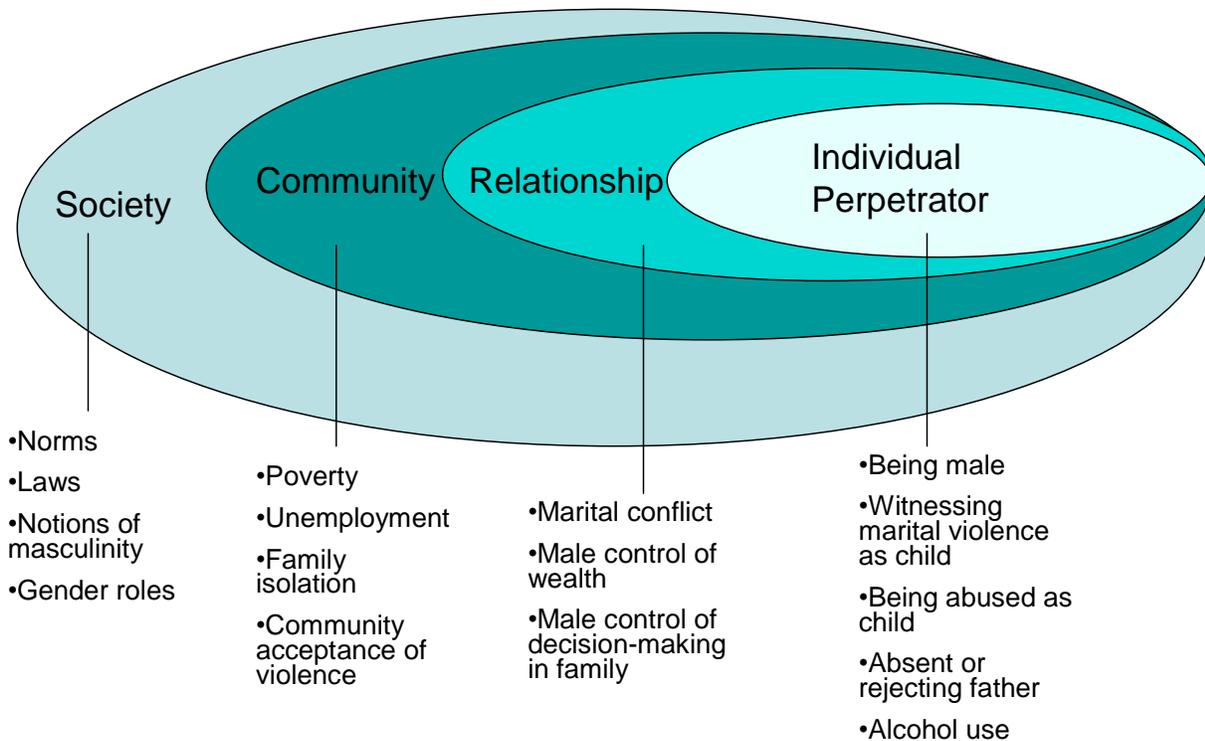
Program Goals and Objectives

1. To expand the knowledge base of children, youth, and married adults on gender-based violence (GBV) and provide them with peaceful, non-violent solutions through theater and counseling services.
2. To promote awareness and community participation in anti-female genital cutting (FGC)/GBV campaigns and HIV-AIDS prevention efforts among the refugees and local populations of the district.
3. To strengthen community-managed systems of protection to reduce the incidence of GBV and mitigate its impacts among young men and women in four districts in two counties.
4. To meet the protection, health, psychosocial and justice needs of survivors of GBV and empower communities to lead efforts that challenge beliefs, attitudes, and behaviors that perpetuate or condone GBV.
5. To reduce the incidents of GBV amongst Eritrean refugees in the camp through an effective prevention and appropriate multi-sectoral response.
6. To raise awareness and increase prevention of GBV among refugees and asylum seekers in the two regions through building the capacity of United Nations High Commission on Refugees (UNHCR) partner staff and integrating GBV programming into new and existing programs and activities.
7. To increase awareness of and strive to prevent domestic and sexual violence.

8. To conduct policy advocacy and grassroots sensitization to enhance women's ability to access, protect, and promote their rights.
9. To support regional, provincial, national and international initiatives in the field of gender-based violence and encourage the establishment of relevant structures and networks.
10. To encourage and promote the training and sensitization of service providers and the public, regarding issues of gender-based violence.
11. To develop training initiatives and educating member organizations, relevant government departments/agencies, as well as the public.
12. Development of local policy measures to protect of women and children against violence.
13. Influence positive attitude and behavior change in our society.

Handout 4

Illustrative Conceptual Model for IPV



Source: Heise 1998

Handout 5

Identifying Logic Model Components Activity 6

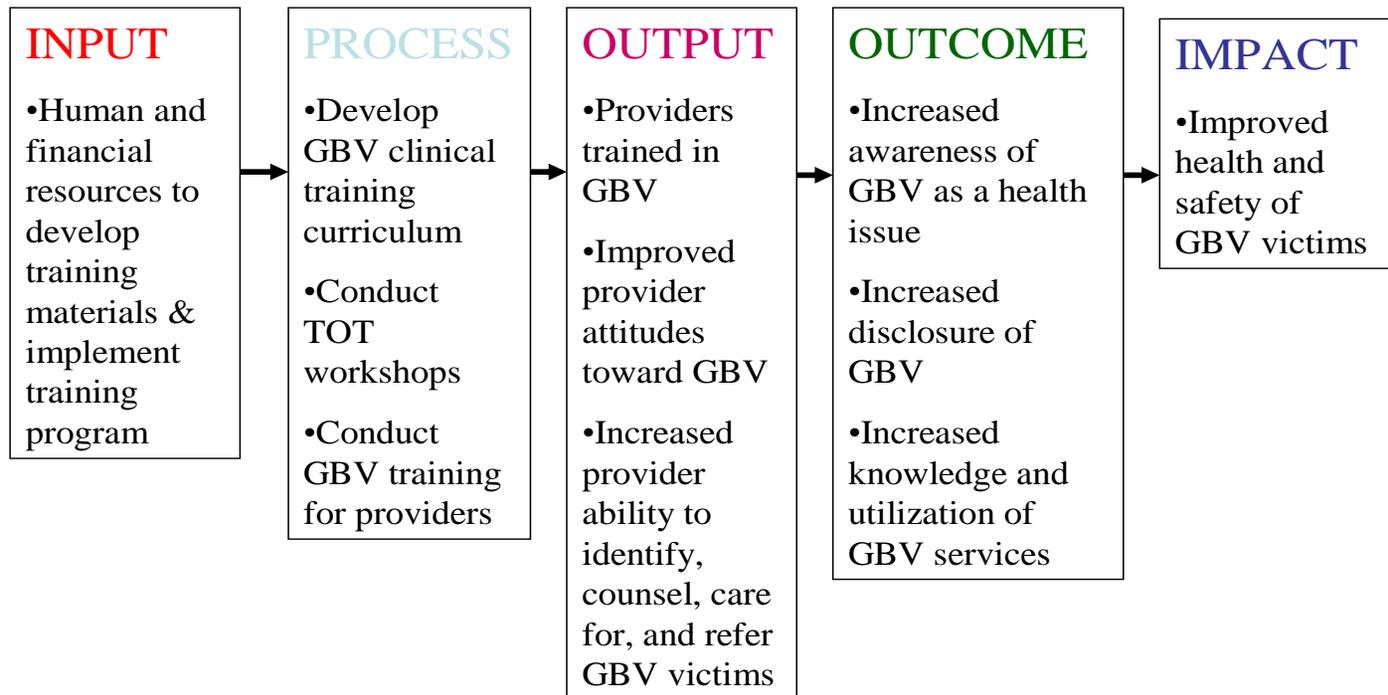
Instructions:

Each of the scenarios in this handout corresponds to one of the five components of the logic model: input, process, output, outcome, and impact. Decide which logic model component the scenario illustrates.

- Scenario 1:** The number of stories printed, the number of newspapers in which they were printed.
- Scenario 2:** In the next six months, we expect to see an increase of 25 percent in the proportion of youth and adults who know the domestic violence helpline telephone number.
- Scenario 3:** Your coalition has recruited a staff person to help promote enforcement of existing local laws on domestic violence, to collaborate with other coalitions and community organizations, and to gather relevant, comparable data on gender-based violence.
- Scenario 4:** The newly recruited staff person creates a working group to foster collaboration among community organization working on GBV prevention and mitigation.
- Scenario 5:** You want to promote public awareness of domestic violence and women's rights, so you collaborate with local newspaper reporters to develop a series of stories on GBV.
- Scenario 6:** An increase in the percentage of domestic violence victims who made contact with a VAW organization.
- Scenario 7:** An overall decrease in the prevalence of domestic violence in your community
- Scenario 8:** Through local surveys and the use of comparable data, you learn that a lower proportion of young men in your community believe that a man has the right to beat his wife.

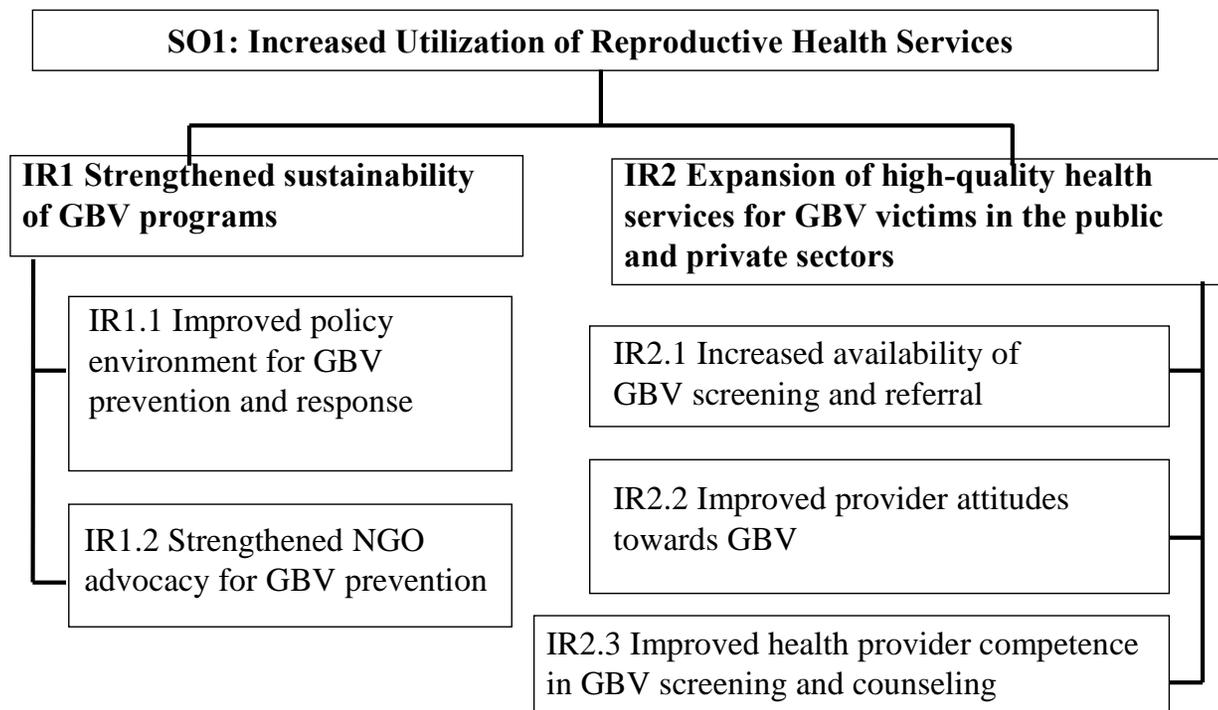
Handout 6

Illustrative Logic Model for Provider Training Program



Handout 7

Illustrative Results Framework



Handout 8

Operational Definition of Indicators

Activity 11

One of the characteristics of a good indicator is that it should be defined in precise, unambiguous terms that clearly define exactly what is being measured.

Instructions:

1. Get into groups of 4.
2. Choose one of the terms listed below.
3. Write an operational definition for the indicator.
4. Note that you have 15 minutes for this exercise.

TERMS:

- intimate partner physical violence
- appropriate care for rape survivors
- gender norms that reinforce VAW/G
- quality of GBV services

Handout 9

Indicator Reference Sheet

<p>Strategic Objective: <i>To which of the Program's Strategic Objectives (SOs) does the result measured by this indicator contribute?</i></p>
<p>Intermediate Result: <i>To which of the SO's Intermediate Results (if appropriate) does this indicator measure a contribution?</i></p>
<p>Lower Level Result: <i>To which lower-level result (if appropriate) does this indicator measure a contribution?</i></p>
<p>Indicator: <i>Provide the exact wording of the indicator that will measure/track a single impact of one of your activities. Be as precise as possible, providing a description that is clear and points transparently to the particular information which your data and calculations will provide.</i></p>
<p>Date Established: <i>When did relevant parties agree on the reporting of this indicator?</i></p>
<p>Date Last Reviewed: <i>When did relevant parties last review/discuss/alter the indicator?</i></p>
<p>A. DESCRIPTION</p>
<p>Precise Definition: <i>Every significant term from the exact wording of the indicator must be clearly defined in this section. It is not enough merely to restate the indicator, nor is it sufficient to list the particular items you are planning to include or exclude from your data calculations. This section must define the categories so that anyone not familiar with your particular program would nonetheless be able to apply criteria or otherwise know exactly which categories of data should be included in indicator calculations and which should not.</i></p>
<p>Unit of Measure: <i>Normally, the unit of measure should be either NUMBER(#) or PERCENTAGE (%)</i></p>
<p>Method of Calculation: <i>This must be a mathematical description of the exact actions (addition, subtraction, division, multiplication) that will be performed on the raw data to arrive at the value of the indicator that will be reported. It must match exactly with the indicator provided in the top section, and its elements must match the items detailed in the precise definition. Any inconsistency must be resolved before the indicator reference sheet can be considered finalized.</i></p>
<p>Disaggregated by: <i>List significant subdivisions in the data that will routinely be divided for the normal presentation of data (e.g., by sex, facility type, rural/urban location, etc.) if any</i></p>
<p>Justification/Management Utility: <i>What are the activities that show that this specific indicator is an especially appropriate measurement of your project's impacts and results? Why are these incremental results significant in or for the health sector? In what way will monitoring of these results contribute toward program success? Toward what results at a higher level, or which overarching goals, will these indicators ultimately contribute?</i></p>
<p>B. PLAN FOR DATA COLLECTION</p>
<p>Data Collection Method: <i>List the source(s) of the raw data, the levels of collection (is a third party aggregating data or calculating some intermediate indicators that may affect your indicator values?), and describe the steps involved in the collection of any/all information needed to construct the indicator's value for a given reporting period. Too much detail is better than too little detail here.</i></p>

<p>Data Sources: <i>As specifically as possible, identify the documents, databases, organization, and or individuals that/who will provide raw information or final figures that will be reported through this indicator.</i></p>
<p>Timing/Frequency of Data Collection: <i>Normally, this should be reported here in terms of the timing or frequency of indicator calculation. If data are collected every month but the indicator will be calculate/reported (i.e., collected by USAID) only annually, the frequency listed here should be annually.</i></p>
<p>Estimated Cost of Collection: <i>Unless this is a special survey or other new M&E activity outside of current or ongoing plans, it will often be appropriate to note here that the cost will fall within the contract budget, or other similar language. This section helps USAID keep track of new budget items or any not previously included in standard or routing obligations.</i></p>
<p>Responsible Organization/Individual(s): <i>With as much clarity as possible, identify the person and position within each relevant organization that will have responsibility either for providing relevant data or for otherwise contributing to indicator calculation. In most cases, there will be at least one USAID person and position identified here AND at least one implementing partner person and position.</i></p>
<p>Location of Data Storage: <i>In cases where raw data and calculated indicators will be stored by separate organizations, it is a good idea to note each location where portions of the information that would be necessary to reconstruct the indicator value will be stored.</i></p>
<p>C. PLAN FOR DATA ANALYSIS, REPORTING, AND REVIEW (SCHEDULE, METHODOLOGY, RESPONSIBILITY)</p>
<p>Data Analysis: <i>Monitoring indicators typically should be analyzed at least through comparison to baselines and targets, and considered in terms of their implications for program performance.</i></p>
<p>Presentation of Data: <i>Most often, indicator values will be presented in tables. Graphic presentation may be more appropriate for some indicators. Qualitative indicators may require more narrative explication.</i></p>
<p>Review of Data: <i>Most often, indicator values will be reviewed annually, or less frequently for less frequently calculated/reported indicators (see “Timing/Frequency of Data Collection” above).</i></p>
<p>Reporting of Data: <i>What is the reporting schedule within USAID – SO team only, or will this indicator be reported further up to higher levels of oversight, e.g. in R4 annual report?</i></p>
<p>D. DATA QUALITY ISSUES: <u>THIS SECTION REPORTS ONLY ON ISSUES RELATED TO DATA QUALITY. ISSUES OF INDICATOR DEFINITION, PERFORMANCE, RELEVANCE OR DATA AVAILABILITY OR ALTERNATIVE STANDARDS SHOULD BE EXPLAINED OR EXPLORED IN OTHER SECTIONS.</u></p>
<p>Initial Data Quality Assessment: <i>Validity concerns: Given what you know at this point in time, how do you feel about the potential for problems with the quality of data that you will eventually collect and use to calculate this indicator? Do you think your data validly measure the result targeted by this indicator? Do you think your measurements are valid metrics for the (conceptual) result you are trying to track here? Do you expect institutional or other challenges to arise that may affect the degree of measurement error or other systematic errors in your data set?</i></p>

Known Data Limitations and Significance (if any):

Reliability concerns: Even if your indicator is valid, are your data reliable? Do you foresee any gaps or inconsistencies in the data that might affect the soundness of the indicator’s calculated value, or your ability to interpret/understand the meaning of the indicator? If limitations arise, do you judge them likely to be highly significant, trivial/unimportant, or somewhere in-between?

Actions Taken or Planned to Address Data Limitations:

Think of all of the things that could go wrong with your planned indicator when you start trying to gather information about real results of your program activities. How will you try to mitigate or correct for any gaps or mismeasurement that may be due to difficulties with the data as noted in the previous two sections?

E. PERFORMANCE DATA TABLE

Key to Table:

If items are disaggregated or if subsets are provided in parentheses or any other key to understanding the table at a glance is required, explanatory information should be provided here.

Rationale for Selection of Baselines and Targets

How exactly have you determined your baseline for your indicator value(s)? If no exact baseline was available, what information did you use for a proxy measure and how did you adjust or otherwise interpret the data in order to arrive at what you consider to be a reasonable approximation of a baseline?

How exactly have you determined a target (or targets) for your indicator values? If you have extrapolated from existing partial data or estimated based on data from another geographical area, explain your reasoning.

	TARGET/PLANNED	ACTUAL	COMMENTS
2009 (Baseline)			
2010			
2011			
2012			
2013			
2014			
Final			

Comments:

After calculation of indicator values for one or more periods, note here any adjustments you may have had to make. Adjustments may be needed, for example, according to information provided in any of the sections above (e.g., data that were expected to be available turned out not to be available for certain disaggregations, for example; data whose quality was already suspect was in the end judged to be of insufficient validity or reliability; data collection that depended on cooperating government or NGO entities did not occur or was incomplete). In addition, further (unanticipated) issues may have arisen in defining, collecting, calculating, or otherwise arriving at sound and transparently interpretable indicator values. Any such additional information that would be helpful for people interpreting the meaning or significance of the indicator values should be discussed here.

ADDITIONAL MATERIALS

Example of Logical Framework

Goal: To improve the national response to VAW

Objective	Activities	Indicators	Means of Verification	Assumptions
<p>To improve access to justice for survivors of rape in conflict settings</p>	<ul style="list-style-type: none"> • Facilitate access to legal aid networks • Foster reconciliation and confidence building through improved linkages between local stakeholders • Raise awareness of rule of law, and human rights, including GBV among community-based organizations (CBOs) and civil society organizations • Align customary law with international standards 	<ul style="list-style-type: none"> • Percentage of staff of the legal aid department of the national ministry of justice trained on rule of law and human rights principles, including GBV • Number of workshops conducted aimed at improving linkages between health providers, legal aid networks, and lawyers' associations • Number of GBV awareness-raising sessions conducted by CBOs • Percent increase in GBV cases reported, registered and resolved by official law enforcement and judiciary authorities. 	<ul style="list-style-type: none"> • Annual reports • Program training records • Program records • Crime statistics 	<p>Stable political situation, sustained political commitment, and adequate financing</p>

Role of Frameworks in M&E

Type of Framework	Brief Description	Program Management	Basis for Monitoring and Evaluation
Conceptual	Interaction of various factors	Determine which factors the program will influence	No. Can help to explain results
Results	Logically linked program objectives	Shows the causal relationship between program objectives	Yes – at the objective level
Logical	Logically linked program objectives, outputs, and activities	Shows the causal relationship between activities and objectives	Yes – at the output and objective level
Logic model	Logically links inputs, processes, outputs, and outcomes,	Shows the causal relationship between inputs and the objectives	Yes – at all stages of the program from inputs to process to outputs to outcomes/ objectives
