Monitoring and Evaluating Gender-Based Violence Prevention Programs

Partners for Prevention (P4P)
M&E answers these questions

- Are we fully aware of the problem?
- Are we doing the right things?
- Are we doing them right?
- Are we achieving goal and objectives?
**Programs Have Goals and Objectives**

**Goal:** is a broad statement of a desired, long-term outcome of a program. Goals represent general big picture statements of desired results.

- To decrease injury and mortality due to gender-based violence
- To reduce incidence of violent sexual perpetration
- To reduce prevalence of IPV

**Objectives:** statements of desired, specific, realistic and measurable program results
OBJECTIVES NEED TO BE SMART

<table>
<thead>
<tr>
<th><strong>Specific</strong></th>
<th>Objective is concrete, detailed, focused and well defined</th>
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<tbody>
<tr>
<td><strong>Measurable</strong></td>
<td>Objective tells how many or how much and can be measured with identified measurement sources</td>
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<tr>
<td><strong>Appropriate</strong></td>
<td>Logically relates to the overall problem and desired effects of the program</td>
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<tr>
<td><strong>Realistic</strong></td>
<td>Objective is achievable with the available resources</td>
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<tr>
<td><strong>Time-bound</strong></td>
<td>Objective specifies when it will be achieved</td>
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GOOD OBJECTIVES

• To increase the % of men and women in the target population who believe that violence is not an acceptable way of dealing with conflict from 40% in 2012 to 80% by 2015

• To increase the number of domestic violence clients recommended for counseling who actually utilize counseling services by 30%

• To establish 100% of family health centers that have health care providers who can provide referral for GBV services to high risk clients
THREE MAIN PHASES OF PROGRAMS AND M&E LINKAGES
PLANNING, IMPLEMENTATION, AND RESULTS
HOW DO PROGRAMS ACHIEVE?

“I think you should be more explicit here in Step Two.”
NEED TO UNDERSTAND YOUR PROGRAM/PROJECT/INTERVENTION
ORGANIZING FRAMEWORK OF PROGRAM

PROGRAM LOGIC MODEL

• A graphical representation of the logical progression of program elements and their causal relationships

• Includes the program activities, the results expected and the resources that are needed to carry out these activities

• Based on series of ‘if-then’ relationships that express the program’s Theory of Change
**Logic Model Components**

- **Input** – Resources used in a program (e.g., money, staff, curricula, and materials)
- **Process** – Activities conducted by program to accomplish its objectives (e.g., outreach, advocacy, training, BCC, etc.)
- **Output** – Direct results of program activities (e.g., people trained, materials distributed, couples counseled, etc.)
- **Outcome** – Program results at population level (e.g., knowledge, attitudes, behavior, coverage)
- **Impact** – Long-term change in prevalence & incidence of behaviors, morbidity, mortality, fertility, etc.
TEMPLATE FOR LOGIC MODEL

Planning

Inputs/Resources

What we invest

Activities

What we do

Outputs

Who we reach, what behavior changed, how health has improved

Outcomes

Intended Results

(Immediate, mid-term, long-term)

Impact

Implementation

Planned Work
PROGRAM LOGIC ALSO INCLUDES:

• **Assumptions/context**: refers to social, political, and economic factors that exist in area where program is implemented and influence of these on potential success of program

• **Problem statement**: describes the nature and extent of problem that needs to be addressed by program
**Template for Logic Model – More Detail**

**Problem Statement**

**Inputs/Resources**
- What we invest
  - Staff
  - Volunteers
  - Time
  - Money
  - Research base
  - Materials
  - Equipment
  - Technology
  - Partners

**Activities**
- What we do
  - Conduct workshops & meetings
  - Train
  - Outreach
  - Deliver services
  - Develop products, curriculums, resources
  - Deliver products
  - Liaison
  - Facilitate
  - Assess

**Outputs**
- Who we reached & what we did
  - Workshops & meetings conducted
  - # of trainings conducted
  - # of participants attending
  - Materials developed

**Outcomes**
- Short term results
  - Learning
    - Awareness
    - Knowledge
    - Attitudes
    - Skills
    - Motivations
  - Action
    - Behavior
    - Practice
    - Decision-making
    - Policies

**Impacts**
- Medium term results
- Ultimate Result
  - Conditions
    - Health status
    - Social
    - Economical
    - Environmental

**Assumptions**
ILLUSTRATIVE LOGIC MODEL FOR PROGRAM ON TRAINING HEALTH CARE PROVIDERS IN GBV

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

PROCESS
- Develop GBV clinical training curriculum
- Conduct training-of-trainers workshops
- Conduct GBV training for providers

OUTPUT
- Number of providers trained in GBV
- Number of family health centers with at least 2 providers trained in GBV

OUTCOME
- Increased awareness of GBV as a health issue
- Increased referral of GBV services
- Increased knowledge and utilization of GBV services

IMPACT
Improved health and safety of GBV victims
LOGIC MODEL AND COMMON TYPES OF EVALUATION

**Situational Assessment:**
What are the characteristics, needs, priorities of target population?
What are potential barriers/facilitators?
What is most appropriate to do?

**Process evaluation:**
How is program implemented?
Are activities delivered as intended? Fidelity of implementation?
Are participants being reached as intended?
What are participant reactions?

**Outcome evaluation:**
To what extent are desired changes occurring? Goals met?
Who is benefiting/not benefiting? How?
What seems to work? Not work?
What are unintended outcomes?

**Impact evaluation:**
To what extent can changes be attributed to the program?
What are the net effects?
What are final consequences?
Is program worth resources it costs?
M&E METHODS AND PROGRAM LOGIC

Findings from M&E

Planning → Implementation → Results

Findings from M&E

- Formative evaluation
- Assessment and planning
- Input/output monitoring
- Process evaluation
- Outcome monitoring
- Outcome evaluation
- Impact monitoring
- Impact evaluation

4.2.4b
**Sound Monitoring and Evaluation**

- Monitoring and evaluation uses *indicators* to track progress.

- Principles of good indicators – need to be SMART!
  - Specific - concrete, detailed, focused and well defined
  - Measurable - tells how many or how much and can be measured with identified measurement sources
  - Agreed upon - stakeholders vested in question should agree that indicator is relevant
  - Relevant - indicator generates data that can answer the question of interest
  - Time bound - specifies time frame of what it is measuring
EXAMPLES OF INDICATORS

• Number of districts with active Stepping Stones program – input/process

• Number of people attending Stepping Stones workshops – output

• Proportion of people attending Stepping Stones programme who believe women should obey their husband - outcome

• Proportion of participants in Stepping Stones program who have taken some action (speaking out or otherwise) against GBV by the end of the programme - outcome

• Decreased prevalence of GBV in target region - impact
Aah, here’s the data I need. Thanks, but don’t worry about the rest.
KEY POINTS TO REMEMBER ABOUT M&E

1. Data should not be collected if it is not intended to be used.

2. Draw on existing tested indicators, don’t reinvent the wheel

3. Less is more – focus on few telling & robust indicators.

  Collect only the data that you intend to use and use all the data that you collect!
**WHERE TO FIND STANDARDIZED INDICATORS FOR GBV PROGRAMS**

*Don’t reinvent the wheel, use existing field tested indicators*

