

Helpdesk Research Report: Use of participatory methods in VAWG evaluations

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Query: To what extent have participatory methods with beneficiaries been used to rigorously evaluate the impact of programmes designed to prevent or tackle violence against women and girls? Please provide specific examples.

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1. Overview

In recent years, there has been a growing number of initiatives aimed at preventing and tackling violence against women and girls (VAWG), including policy and legal reforms, strengthening health, legal, security and support services, community mobilization, and awareness raising campaigns. This report examines the extent to which participatory methods with beneficiaries have been used to rigorously evaluate the impact of these interventions.

Impact evaluations of VAWG programmes

It is clear from the literature and expert comments that in spite of the growing body of evidence that VAWG is a serious human rights and development issue, there remains a paucity of evaluations of the impact of interventions in this area (particularly the impact on girls). As Dina Deligiorgis (Knowledge Management Specialist for the Ending Violence against Women team at UN Women) has observed, "There are very few rigorous evaluations on VAW".¹ Similarly, Dr Mary Ellsberg (Vice President of ICRW) has observed that while there have been hundreds, if not thousands, of innovative efforts to address VAW in recent years, "they tend to be small scale, underfunded and often poorly evaluated. Even when great results are achieved, very few of these are brought to a scale large enough to make a real difference".²

¹ GSDRC, 2011, 'Helpdesk Research Report: Violence against Women (VAW) and political engagement' <http://www.gsdrc.org/docs/open/HD746.pdf>

² ICRW's Mary Ellsberg discusses keys to eliminate violence against women', 23rd November 2011. <http://www.icrw.org/media/news/violence-against-women-more-%E2%80%9Cwomen%E2%80%99s-issue%E2%80%9D>

The majority of evaluations of programmes to prevent or tackle VAWG take the form of qualitative, input or process-level assessments, as opposed to approaches that measure the outcomes or impact for beneficiaries. Many also measure change at the individual level but not at the community level. Impact evaluation aims to show how much of the change can be attributed to the programme, and it is one of the most complex and intensive types of VAWG evaluations. It requires specific study designs, using methods such as random selection, control and comparison groups. These evaluations often require the technical assistance of someone who specializes in their design and analysis (Bloom, 2008).

Some of the challenges involved in rigorously evaluating VAWG interventions include:

- Difficulties in determining what success means or looks like with specific interventions.
- Problems attributing the specific contributions of strategies to an observed outcome or impact, especially with complex, multisectoral or integrated interventions.
- Rigorous statistical methods are frequently not used.
- Monitoring and evaluation plans often lack clear, appropriate conceptual frameworks.
- Interpreting data is often challenging and requires significant capacity or an expert.
- Sufficient resources are often not allocated towards monitoring and evaluation – which may cost as much as 10 to 40 percent of the entire budget, depending on the goals and objectives of the programme and the scope and type of intervention and activities.
- Certain evaluation methods that are commonly employed to assess the impact of interventions may be unethical in the context of violence against women (PATH / UN Women, 2011).

Most of the impact evaluations included in this report are cited repeatedly across the literature, indicating their relative scarcity. They use a range of methodologies: from pure qualitative approaches; to mixed method and quasi-experimental designs; to experimental, randomised control trials. However, because of the limited number of evaluations available, it is difficult to get a sense of how they have been applied to assess different types of interventions. Few of the evaluation reports included here comment on the reasons behind the choice of methodology, or provide any assessment of its relative merits.³

Use of participatory methodologies with beneficiaries

As Prof. Anastasia Gage (co-author of the training guide to 'Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs') has noted,⁴ there are many participatory methods of investigation: "The common thread between participatory methods is that they tend to involve stakeholders at all stages of the assessment/evaluation; they tend to be closely tied to qualitative methods; they are valuable at the project planning and implementation stage (hence they are more formative than summative evaluations); and their general purpose is to obtain information on local level conditions and the perspectives of community members about a project or program." The most commonly known participatory methods used are:

- Beneficiary assessments: often used to assess user demand and satisfaction with services and contain mostly descriptive information that cannot be analyzed statistically.
- Participatory rural appraisal: often involves mapping and ranking exercises, semi-structured interviewing, focus group discussions, and community meetings.

³ GSDRC, 2011. 'Helpdesk Research Report: Impact evaluations of programmes to prevent and respond to violence against women and girls', <http://www.gsdrc.org/docs/open/HD789.pdf>

⁴ Personal communication (see Experts Comments).

- **SARAR** (Self-esteem, Associative strength, Resourcefulness, Action planning, and Responsibility): typically involves stakeholder engagement to assess own thinking, look at problems in new ways, simplify ways of collecting and compiling data in the community to contribute the planning process as a means of supporting project development and implementation.

Of the limited number of impact evaluations that exist, few use participatory tools with beneficiaries. Even when participatory methodologies are used as part of an initiative to tackle or prevent VAWG, the evaluation itself may stick to standard quantitative and qualitative tools to examine impact (for example: Stepping Stones; USAID Zambia GBV Programming Evaluation).

Nevertheless, there are a couple of examples of rigorous impact evaluations which have used participatory methodologies as part of an integrated approach to program evaluation (formative and summative) that involves the triangulation of data sources⁵. One of the most rigorously evaluated and successful programmes to tackle VAW is South Africa's Intervention with Microfinance for AIDS and Gender Equity (IMAGE) programme. Participatory methodologies used in the evaluation include: participatory wealth ranking; community profiling, monitoring of Sisters for Life training sessions, key informant, household and loan group monitoring, and a community-based PRA project. This study is one of few randomised control trials to evaluate a violence prevention programme.

The SASA! evaluation in Uganda also deploys participatory methodologies alongside quantitative and other qualitative methods. Methods used include community asset mapping, story-telling, and new tools such as the "most significant change" method and the SASA! Experiences with Power participatory tool, used to monitor changes in the perceptions of personal power or lack of power. The research is conducted in eight sites – four areas where the programme is being implemented as well as four comparable control communities that are not receiving the intervention – at baseline before implementation, and again, three years after its initiation.

Another, more recent, impact evaluation strategy involving participatory methodologies is the Safe Cities Global Programme, including projects in five cities, Cairo, Kigali, New Delhi, Port Moresby and Quito (2010-15). Although this programme is still at an early stage, the evaluation strategy includes the use of participatory techniques such as free listing, ranking, mapping, incomplete stories, and Venn Diagrams, as well as questionnaires, interviews and focus groups.

This report has also included the recent example of an evaluation of Minority Rights Group International's Gender-based Discrimination / VAW programmes in Batwa communities of Burundi, DRC, Rwanda and Uganda. Although this evaluation is not particularly rigorous and does not involve control/comparison groups, it does use a range of innovative participatory methodologies. Other examples of VAWG participatory methodologies can be found in Section 3 of this query, specifically the review of VAW in Melanesia and East Timor (AusAID, 2008), the UN WOMEN Virtual Knowledge Centre to end Violence against Women and Girls website and accompanying document, and the WHO/Paths practical guide for researching VAWG (Ellsberg and Heise, 2005).

There is clearly scope for further inclusion of participatory approaches in rigorous evaluations of VAWG interventions. Indeed, applying a participatory approach to the evaluation of VAWG programmes is a key principle of UNIFEM's (2008) Monitoring, Evaluation and Knowledge Management Framework, which seeks to strengthen the impact and effectiveness of the UN Trust Fund in Support of Actions to Eliminate Violence against Women ("UN Trust Fund"). The Global

⁵ Personal communication with Prof. Anastasia Gage (see Experts Comments).

Virtual Knowledge Centre to End Violence against Women and Girls also includes an online module on different participatory methodologies that can be used for M&E of VAW initiatives. Through the use of participatory methods, evaluations can help triangulate data to validate and explore findings in greater depth, as well as allowing for the voices of less powerful groups, particularly women survivors of violence, to be heard throughout the process.

2. Examples of impact evaluations of VAWG programmes

SASA! Mobilizing Communities to End Violence against Women and HIV/AIDS (Uganda)

Background: The SASA! approach aims to prevent violence against women and HIV by addressing gender inequality and the imbalance of power in intimate relationships. SASA! uses four strategies to mobilise communities to reassess their acceptability of violence and gender inequality: local activism, media and advocacy, communication materials and training to inspire, enable and structure effective community mobilization to prevent VAW and HIV/AIDS. It is a joint collaboration between Raising Voices, CEDOVIP, Makerere University and the Gender Violence and Health Centre.

Evaluation methodology: The SASA! study is a cluster randomized trial that uses a combination of quantitative and qualitative methods. It is one of the few rigorous impact evaluations being conducted of community mobilization efforts focusing on violence and HIV. While the main aim of the evaluation is to measure the impact of SASA!, it also aims to develop tools that can be used by other groups to plan, monitor, and assess their own community interventions (UN Women, 2011).

The SASA! evaluation uses a combination of quantitative methods, such as a survey measuring changes in attitudes and behaviours, as well as qualitative methods, such as focus group discussions, and in-depth interviews. It also includes participatory methods such as community asset mapping, story-telling, and new tools such as the “most significant change” method and the SASA! Experiences with Power participatory tool, used to monitor changes in the perceptions of personal power or lack of power.

The research is conducted in eight sites – four areas where the programme is being implemented as well as four comparable control communities that are not receiving the intervention – at baseline before implementation, and again, three years after its initiation. 1,583 community members completed the baseline survey.

Findings – Impact on VAWG: Findings from the 2008 baseline study and focus group discussions highlighted high levels of violence and deep-seated harmful gender norms. Approximately half of currently- or ever-married women reported having experienced violence from a partner (UN Women, 2011). Results are not yet available for the follow-up evaluation of impact.

References:

SASA! Mobilizing Communities to End Violence against Women and HIV/AIDS (Uganda)

http://www.endvawnow.org/uploads/browser/files/sasa!_case_study_upload.pdf

See also: <http://www.raisingvoices.org/sasa/study.php>

Intervention with Microfinance for AIDS and Gender Equity (IMAGE), South Africa

Background: The IMAGE programme targeted women living in the poorest households in South Africa’s rural Limpopo province. It combined poverty-targeted micro-finance programmes with a participatory learning and action curriculum (Sisters for Life) on HIV prevention, gender norms,

cultural beliefs, communication and intimate partner violence. The study was conducted between September 2001 and March 2005.

Evaluation methodology: The IMAGE study used a cluster randomized trial design to test the hypothesis that combining a microfinance-based poverty alleviation programme with participatory training on HIV risk and prevention, gender norms, domestic violence, and sexuality can improve economic well-being, empower women, and lead to reductions in inter-personal violence.

The study followed three cohort pairs of beneficiaries; IMAGE clients; young people living in the household of IMAGE clients; and young people living in communities where the IMAGE programme is operating. Appropriate comparison groups of non-beneficiaries were recruited from villages where the program was not operating.

The evaluation used quantitative, qualitative and participatory methodologies to investigate the impact of the program. The combination of contextual, standardised indicators of progress with a deeper qualitative, process-oriented picture aimed to strengthen the findings of the evaluation.

Qualitative and participatory data collection strategies included:

- Participatory Wealth Ranking
- Community profiling
- Monitoring of Sisters for Life training sessions
- Key informant, household and loan group monitoring
- A community-based PRA project

Findings – Impact on VAWG:

The intervention led to a 55% reduction in intimate partner violence and a reduction in HIV risk behaviours among young intervention participants. Participants reported fewer experiences of controlling behaviour by their partners (34% of participants versus 42% of those in the control group). Participants were more likely to disagree with statements that condone physical and sexual violence towards an intimate partner (52% of participants versus 36% of the control group). The study is one of few randomized control trials to evaluate a violence prevention programme.

References:

Pronyk, P.M. et al. 2006, Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet*, 2006, 368:1973–83
<http://www.ncbi.nlm.nih.gov/pubmed/17141704>

RADAR. 2002, 'Social Interventions for HIV/AIDS Intervention with Micro-finance for AIDS and Gender Equity', IMAGE Study Evaluation Monograph No 1. <http://dfidtb.lshtm.ac.uk/Monopgraph.pdf>

Stepping Stones training, South Africa / India

Background: Stepping Stones (SS) is a participatory training package designed to address the prevention and spread of HIV and AIDS by helping individuals explore sexual relationships and recognise gender inequalities, including violence against women. Since SS was first developed in Uganda in 1993, it has been adapted and used in over 60 countries.

Evaluation methodology: Although Stepping Stones training uses participatory methods as part of its adult education, including role plays, spider diagrams and similar exercises, it does not always follow that participatory methodologies form part of SS evaluations. An ActionAid review of SS evaluations concluded that the documentation is disparate and wide-ranging, drawing on a range of traditions from participatory to standard social science surveys to medical models. As Wallace (2006) notes, the methods used varied according to programme purpose and the background of those commissioning and carrying out the work.

The review of SS evaluations recommended that “a range of methods should be used, including revisits to old sites 3-5 years after SS has ended. More use of participant observation, triangulation of reported change, social surveys, and group reflection can be used to deepen and widen the evaluation data available” (Wallace, 2006, p.5).

Although several evaluations have used ‘control’ villages to rigorously examine the impact of SS methodology; these do not appear to have used participatory methods (Bradley et al, 2011; Jewkes et al, 2008). For example, an evaluation of SS in Karnataka, India used in-depth interviews of trainees and friends, and polling booth surveys in 20 villages where Stepping Stones training took place and in another 20 villages with no Stepping Stones intervention (Bradley et al, 2011). In South Africa, Jewkes et al (2008) used a randomised controlled trial involving questionnaires, interviews and the collection of biological data, such as blood and urine tests, to test claims of behaviour change and the prevention of HIV infections in 70 villages.

Findings – Impact on VAWG:

Most reviews of SS refer to positive changes in behaviour such as more respect for women, less domestic violence, and respect for women to refuse sex within marriage. However, these findings are often rather generalised and based on self-reporting or observation soon after trainings end (Wallace, 2006). One of the most rigorous evaluations of SS (albeit one that did not involve participatory methodologies) found that a lower proportion of the men who had participated in the programme committed physical or sexual intimate partner violence in the two years after the programme, compared with the men in a control group (Jewkes et al, 2008).

References:

Jewkes, R. et al. 2008, Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal*

Bradley et al., 2011 'Evaluation of Stepping Stones as a tool for changing knowledge, attitudes and behaviours associated with gender, relationships and HIV risk in Karnataka, India', *BMC Public Health* 2011, Vol. 11, 496

Wallace, T., 2006, 'Evaluating Stepping Stones: A review of existing evaluations and ideas for future M&E work', ActionAid International, London,

http://www.stepsstonesfeedback.org/resources/7/SS_ActionAid_EvaluatingSteppingStones_TWAllace_2006.pdf

Impact Evaluation Strategy for the Safe Cities Global Programme (2010-15)

Background: The UN Women Safe Cities Free of Violence against Women and Girls Global Programme (SC GP) was launched in New Delhi in November 2010, including pilot projects in five cities, Cairo, Kigali, New Delhi, Port Moresby and Quito, where it will be implemented over five years. The main goal of the SC GP is the reduction of VAW, mainly sexual violence, in urban public spaces. The Safe Cities approach is based on the premise that participatory, multi-level and multi-stakeholder processes, respectful of human rights that empower women and girls, communities, organisations, and public institutions, will bring about improved safety in public spaces in cities for women and girls and enable them to exercise their right to enjoy those spaces.

Evaluation methodology: This Impact Evaluation (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. Characteristics of the IE strategy include:

- 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')
- Incorporation of women's rights approaches
- Construction of counterfactuals to help assess impact attribution at intervention sites in some of the cities where feasible and desirable
- Ex-ante (baseline), mid-term, endline and ideally ex-post (after projects' end) assessments accompanied by ongoing process monitoring. (pp. 9-10)

The evaluation design aims to be quasi-experimental with identical (or at least very similar) comparison and intervention sites, with regard to factors that may affect the nature and level of sexual violence. However, the IE strategy recognises that the list of such factors in a particular area could be highly complex, and quasi-experimental design may not be feasible or advantageous in all cities selected in the SC GP. Where this is the case, other non-experimental methods will be used, such as gathering time series data and the use of other creative 'within area' comparisons.

Although there is no single IE model for the five cities, each city is expected to use mixed-methods to collect information around a group of eleven 'core' indicators. Participatory methods form an important component of the IE. Participants are selected at project level, but they 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 used in the evaluation include: free listing, ranking, mapping, incomplete stories, and Venn Diagrams.

Findings – Impact on VAWG: No results available yet. In 2011, baseline research was conducted prior to start of each project. A mid-term study is planned for 2013, with the endline research planned for 2015.

Reference:

UN Women, 2011, 'Safe Cities Free of Violence against Women and Girls Global Programme (2010-15): Impact Evaluation Strategy', UN Women, New York

http://www.endvawnow.org/uploads/browser/files/safe_cities_ie_strategy.pdf

Program H, Brazil

Background: The Program H intervention in Brazil aimed to help young men question traditional norms related to manhood and promote their ability to discuss and reflect on the “costs” of inequitable gender-related views and the advantages of more gender-equitable behaviours. This quasi-experimental study compared the impact of different combinations of programme activities implemented in three different but fairly homogeneous low-income communities in Rio de Janeiro, Brazil. The sample included both in-school and out-of-school youth, aged 14 to 25 years, recruited from local schools and community-based organizations. Activities in the first community focused on group education sessions. The second included a combination of group education and a community-wide campaign to promote condom use, using gender-equitable messages. The third community acted as a control site.

Evaluation methodology: The evaluation used quantitative and qualitative methodologies to assess the impact of Program H. Surveys were administered to a cohort in each site prior to any intervention activities, after the intervention had been on-going for six months, and again after one year. The researchers developed and validated a Gender-Equitable Men (GEM) Scale, which measured attitudes toward gender norms, includes items in five key areas: (1) violence, (2) sexuality and sexual relationships, (3) reproductive health and disease prevention, (4) domestic chores and childcare, and (5) homophobia and relationships with other men.

In addition, qualitative interviews were conducted with a sub-sample of young men in relationships, as well as with their female partners.

Participatory methodologies were not used as part of the Program H evaluation.

Findings – Impact on VAWG: At baseline, about 10 percent of the young men indicated that they had been physically or sexually violent against their current or most recent regular partner. Those men who scored higher on the GEM scale (indicating greater support for inequitable gender norms) were significantly more likely to report both physical and sexual violence against a partner ($p < .001$) than respondents with lower GEM scale scores. A comparison of baseline and six month post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time ($p < .05$), while a similar change was not found in the control site (Pulerwitz et al, 2006).

Reference: Pulerwitz J. Barker, G., Segundo, M. and Nascimento, M., 2006, ‘Promoting gender-equity among young Brazilian men as an HIV prevention strategy’. Horizons Research Summary. Population Council, Washington, D.C.

<http://www.popcouncil.org/pdfs/horizons/brgndrnrmssum.pdf>

Men as Partners (MAP) Program, South Africa

Background: The Men as Partners (MAP) programme provides education and skills-building workshops for men. It aims to promote men's constructive role in sexual and reproductive health and reduce gender-based violence. The project provides enhanced health-care facilities for men, leads local and national public education campaigns and advocates for change at national and international levels.

Evaluation methodology: In March 2002, a quantitative evaluation was conducted to test the impact of the MAP workshop methodology on men's knowledge, attitudes, and practices related to a variety of reproductive health issues. The study enrolled 209 men who successfully completed a five-day MAP workshop. Interviews were conducted with participants before the workshop, immediately after the workshop, and three to four months later. In total, 139 respondents (66 percent of all the participants who completed the training) were traced three or more months after the training had been completed. Participatory methods were not used as part of the evaluation and it did not use a control group for comparisons.

Following this initial evaluation, a three-year impact study was conducted to assess the impact that the intervention has had at the community level. The baseline evaluation involved both qualitative and quantitative components and was carried out in both intervention and control sites in communities near Johannesburg. As part of the qualitative component, 14 focus group discussions were conducted with men and women across three main age groups (15–24, 25–34 and 35–54) and the interviews were split equally by sex. The quantitative component included a household probability survey in project areas with 2578 respondents (920 men and 1589 women). The endline evaluation did not appear to repeat the baseline methodology. Instead, interviews were conducted with MAP workshop participants and their partners at the time they registered for the workshops and six months after they had ended. A total of 315 workshop participants and their partners were interviewed (202 men and 84 women) at the baseline, of which it was possible to follow-up 108 men and 30 women six months later as part of the endline survey.

Participatory methodologies were not used in the 2002 and 2007 evaluations.

Findings – Impact on VAWG: Both evaluations found that MAP participants demonstrated positive changes in gender attitudes. For example, before the 2002 workshop, 61% of men disagreed that “women who dress sexy want to be raped” before training, compared with 82% three months later. The survey did not inquire about reported acts of violence toward a partner or other women (Peacock and Levack, 2004). The 2007 evaluation found that before the workshop, 16% of men agreed that “A woman should tolerate violence in order to keep her family together”, compared with 8% six months later (Frontiers Population Council et al., 2007).

References:

Peacock, D., and Levack, A., 2004, 'The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health', *International Journal of Men's Health*, Vol. 3, No. 3, pp.173-188.

http://www.endvawnow.org/uploads/browser/files/Men%20as%20Partners_Assessment.pdf

Frontiers Population Council / Hope Worldwide / EngenderHealth, 2007, 'Testing the Effectiveness of the Men as Partners Program (MAP) in Soweto, South Africa'

http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/SA_MAP.pdf

USAID/Zambia Gender-Based Violence Programming Evaluation

Background: In 2010, a team of five international development, gender, education, public health, and evaluation experts conducted an evaluation of GBV-related activities, funded by the United States government, primarily:

- USAID support to 'A Safer Zambia (ASAZA) – a programme of GBV prevention, care, and support for survivors through coordinated response centres (CRCs) and shelters in seven districts. ASAZA aims to decrease GBV through greater knowledge of and changed attitudes toward gender inequities, and improving GBV survivors' access to comprehensive services to meet their medical, psychological, and legal needs.
- Center for Disease Control (CDC) support to Child Sexual Abuse (CSA) centres and funding for the Zambia New Life Center for Abused Children (ZANELIC) which provides safe shelter and medical services to vulnerable children until a safe home can be established for them within their community.

Evaluation methodology: As part of the ASAZA programme, a participatory baseline and mid-term evaluation were held to assess the extent to which ASAZA had improved gender equitable attitudes and behaviours among men and women. The target group for this participatory baseline was: 700 service providers, 600 community and traditional leaders, and 771 households. Although the evaluation report observes that this has been conducted, no further details are supplied about the use of participatory methodologies during the ASAZA baseline.

Participatory methods did not form part of USAID's overall evaluation of GBV-related activities in Zambia, however. The evaluation itself used standard quantitative and qualitative evaluation methodology, including a desk review of 36 USAID and CDC monitoring and reporting documents; key informant interviews with 240 beneficiaries, stakeholders, and ministry officials; and 24 site visits/observations.

Findings – Impact on VAWG: The evaluation found that the dual-pronged approach of providing direct services at the same time as conducting public outreach and sensitization campaigns/activities have successfully "broken the silence" regarding GBV in Zambia and started to transform deeply entrenched attitudes and norms. In less than three years, the level of awareness regarding GBV increased from 67% to 82%; the number of individuals able to identify spouse battery as a form of GBV increased from 37% to 67%; 73% of individuals reported they had recently seen or heard messages regarding GBV; and 75% indicated they knew of specific activities in their community being undertaken to combat GBV.

Reference: USAID, 2010, 'Gender-Based Violence Programming Evaluation', USAID Zambia http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Zambia_GBV_Programming_Evaluation_Aug-2010.pdf

Soul City, Series 4 (SC4), South Africa

Background: Soul City 4 (SC4) was a radio and television series focused on domestic violence, with episodes to highlight intimate partner violence, date rape and sexual harassment, among other social problems. The intervention aimed to catalyse community dialogue, mediate shifts in social norms, facilitate collective action and create an enabling legal environment. The series was accompanied by information booklets that were distributed nationally

Evaluation methodology: Soul City is one of the best-known and most carefully evaluated media programmes aimed at increasing knowledge, challenging attitudes and modifying behaviour (WHO, 2010). An evaluation of the fourth series, which focused on gender-based violence, used a random sample of the national population and conducted two sets of interviews, eight months apart: before and after the intervention.

The evaluation consisted of six interrelated studies, triangulated to investigate consistency of findings and improve validity of the results:

- A national survey: Baseline (pre-intervention) and evaluation (post-intervention)
- A national qualitative impact assessment: 29 focus group interviews and 32 in-depth interviews were conducted amongst SC4's target audience and community members representing leadership, services and civil society
- Evaluation of the partnership between SC4 and the National Network on Violence Against Women (NNVAW): Data collection consisted of 97 semi-structured interviews and focus group interviews with Government; service providers; NGOs; journalists; training institutions; community members; intervention partners and stakeholders; and external observers.

Although participatory methods were not used as part of the SC4 evaluation, the initial process of developing the messages and the creative narrative was a participatory one, involving partnerships with civil society, government, private sector, international partners and others. The evaluation also did not measure incidence or prevalence of domestic violence.

Findings – Impact on VAWG: Exposure to the Soul City series was linked with changes in knowledge and attitudes towards intimate partner violence. For example, the percentage of people agreeing with the statement “no woman ever deserves to be beaten” had increased from 77% to 88% (at follow-up), while the percentage disagreeing with the assertion “women who are abused are expected to put up with it” had increased from 68% to 72%. However, there were no significant changes reported in other attitudes such as “as head of household, a man has the right to beat his wife” and the study design was not able to establish if there was an impact on violent behaviour. The qualitative data suggests that exposure to SC4 impacted positively on women's awareness of their self-worth and empowered them to negotiate relationships and (safer) sex. The SC4 intervention also increased participation in community action around VAW, as well as facilitating awareness and better understanding of issues, and a more caring attitude on the part of service providers, including the police.

Reference: Usdin, S., Scheepers, E., Goldstein, S. and Japhet, G. 2005, 'Achieving social change on gender-based violence: a report on the impact evaluation on Soul City's fourth series, Social Science and Medicine, 2005, Vol. 61, pp.2434–2445

http://www.genderbias.net/docs/resources/full_text/domestic_violence/achieving_social_change_on_gender_based_violence.pdf

Gender-based Discrimination / VAW evaluation in Batwa communities of Burundi, DRC, Rwanda and Uganda, 2007-2010

Background: The Minority Rights Groups International (MRG) project Gender-based Discrimination / Violence against Women (VAW) ran from 2008-2010. It aimed to reduce instances of multiple discrimination against Twa women and girls in education and VAW in Burundi, Rwanda, Uganda and DRC, by building the capacity of Twa NGOs to challenge multiple discrimination faced by Twa women/girls in Education and VAW. The main project activities were: training; supported research; advocacy projects; and national, regional and international advocacy.

Evaluation methodology: The evaluation used the following participatory methodologies with beneficiaries (and also NGOs):

- Stakeholder mapping with communities and NGOs to assess the relative importance of key players, their closeness to communities and their links; and to compare/contrast the perspective of communities and NGOs.
- Movement games with communities and NGOs to assess the amount of change experienced over time, and priority problems.
- Voting / scoring with communities and NGOs to give quantitative data to general perceptions of change, and to get opinions on the most important issues
- 'Rain Shelter' with communities / school children (A story involving a rain shelter into which not everyone who needs to use it can fit: participants must choose which individuals – of different ethnicities, ages, types – should be given a place in it, so as to explore any inferiority complex/prejudices)
- Focus group discussions around VAW and education in communities
- Observation of power dynamics with communities and NGOs; looking at participation across the genders and up and down hierarchies, body language, facial expressions, 'who holds the stick' etc.
- Semi-structured interviews with communities, NGOs, MRG staff, consultants and other stakeholders.

During the 21-day visit, twelve Batwa interviews with beneficiaries in Rwanda, Burundi and Uganda were conducted, mostly with selected groups of between eight and twenty people in villages. The consultant was not able to evaluate the programme in DRC due to insurance considerations. Interviews with NGOs and MRG staff in-country and in the UK were also conducted.

Findings – Impact on VAWG: The participatory methods used suggest that communities in which MRG has worked perceive VAW to have decreased. For example, participants showed through 'movement games' (of their bodies, or between fixed posts) that they believed VAW to have progressively decreased. In voting games, one community voted 'freedom from VAW' rising from 16% (5 years ago) to 20% (3 years ago) to 58% (today); another voted 30%, 25% and 45%. However, without supporting quantitative data or control areas, it is not possible to rigorously examine the extent to which VAW has been reduced.

Reference: Hampson, D., 2011, 'Final Evaluation: "Job Well Done. Much More to do." Gender-Based Discrimination / Violence against Women (VAW) evaluation in Batwa communities of Burundi, DRC, Rwanda and Uganda, 2007- 2010', Minority Rights Group International
<http://www.minorityrights.org/10789/evaluations/genderbased-discrimination-violence-against-women-vaw-evaluation-in-batwa-communities-of-burundi-drc-rwanda-and-uganda-2007-2010.html>

3. Further resources

UN WOMEN Virtual Knowledge Centre to end Violence against Women and Girls

www.endvawnow.org

The Global Virtual Knowledge Centre to End Violence against Women and Girls is an online resource, designed to serve the needs of policymakers, programme implementers and other practitioners dedicated to addressing violence against women and girls. The Centre is an initiative of UN Women, bringing together the contributions of expert organizations and individuals, governments, United Nations sister agencies, and a wide range of relevant actors. It provides essential information and guidance for programming to address violence against women and girls, including: basics on the forms, prevalence and consequences; international frameworks; main challenges; main strategies for prevention and response; and a full module on monitoring and evaluation. Pages 45-65 of the accompanying PDF document outline different participatory methodologies that have been used for M&E of initiatives on VAWG.

See also: PATH / UN WOMEN, 2011, 'Monitoring and Evaluation of Initiatives on Violence against Women and Girls'

http://www.endvawnow.org/uploads/browser/files/me_asset_english_nov_2011_final.pdf

WHO, 2010, 'Promoting gender equality to prevent violence against women', Chapter 5 in Violence Prevention: The Evidence, World Health Organisation, Geneva, pp. 80-94.

http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_a ll.pdf

This chapter highlights evidence for the effectiveness of interventions to address gender based violence. It concludes that there is evidence that school and community interventions can promote gender equality and prevent violence against women by challenging stereotypes and cultural norms that give men power and control over women. Evidence also suggests that programmes that combine microfinance with gender equity training can reduce intimate partner violence. The WHO report emphasises that the most rigorous studies are the IMAGE initiative in South Africa which combines microloans and gender equity training, and the Stepping Stones programme in Africa and Asia which is a life-skills training programme.

UNIFEM, 2008, 'Monitoring, Evaluation and Knowledge Management Framework', UNIFEM, New York

http://www.unifem.org/attachments/products/untf_monitoring_eval_knowledge_framework.pdf

The Framework seeks to address the global 'knowledge and evaluation gap' about VAWG and strengthen the impact and effectiveness of the UN Trust Fund in Support of Actions to Eliminate Violence against Women ("UN Trust Fund"). A key principle of the framework is: "Applying a participatory approach, from the programme design through implementation to monitoring, evaluation and knowledge sharing, in order to promote stakeholders' ownership, commitment and capacities. Evaluations should represent an important asset for those evaluated, be relevant to all partners and address their different priorities and needs, with evaluation methodologies tailored to particular contexts and types of intervention." (p.7)

AusAID, 2008, 'Violence against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches', AusAID

http://www.ausaid.gov.au/keyaid/gender_approach.cfm

While this report is not an impact evaluation, it represents the findings of a wide-scale review of AusAID programmes addressing gender-based violence in Melanesia and East Timor (East Timor,

Fiji, Papua New Guinea, Solomon Islands and Vanuatu). The study was undertaken using a participatory approach that focused on women's own experience of violence, and what does or does not help them in terms of protection and prevention. More than 700 individuals and representatives of government, NGOs and international organisations were consulted during a participatory assessment. Participatory methods used include: free listing and ranking; timelines; open-ended stories; Venn diagrams, and organizational mapping.

See also: Ellsberg, M., 2008, 'Violence against women in Melanesia and East Timor: Building on global and regional promising practices,' Powerpoint presentation.

www.igwg.org/igwg_media/melanesia/melanesiaellsberg.ppt

Bloom, S., 2008, 'Violence against Women and Girls, a Compendium of Monitoring and Evaluation Indicators', USAID

<http://www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf>

This document presents a consolidated list of VAWG indicators to assist in programme evaluation. It includes:

- Indicators for the magnitude and characteristics of different forms of VAWG (skewed sex ratios, intimate partner violence, violence from someone other than an intimate partner, female genital cutting/mutilation and child marriage)
- Programmes addressing VAWG by sector (health, education, justice/security, social welfare)
- Under-documented forms of VAWG and emerging areas (humanitarian emergencies, trafficking in persons, femicide)
- Preventing VAWG (youth, community mobilization, working with men and boys).

The compendium does not mention participatory methodologies.

Ellsberg, M., and Heise, L., 2005, 'Researching Violence against Women: A Practical Guide for Researchers and Activists'. PATH, WHO, Washington D.C.

http://www.path.org/files/GBV_rvaw_complete.pdf

This manual aims to improve the quality, quantity, and comparability of international data on physical and sexual abuse. It outlines some of the methodological and ethical challenges of conducting research on violence against women and describes a range of innovative techniques that have been used to address these challenges. It focuses primarily on the issue of violence against women by their intimate partners. Participatory methodologies outlined in the guide include: free listing, ranking, pair-wise ranking, timelines and seasonal calendars, causal flow analysis, open-ended stories, genograms, circular or Venn diagrams, community mapping, role playing, body mapping, and photo voice.

Gage, A. and Dunn, M., 2010, 'Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs - A Facilitator's Training Guide', MEASURE Evaluation, Carolina Population Center.

http://www.igwg.org/igwg_media/gbv-monitor-eval/gbv-me-facilitators-guide.pdf

This facilitator's guide provides essential information to organize and implement a 1.5 day training session on monitoring and evaluating gender-based violence prevention and mitigation programmes. Facilitators assist participants to develop key components of an M&E plan for each of the four major categories of gender-based violence (GBV) intervention: community mobilization, behaviour change communication, services, and law and public policy. The guide provides information for training participants how to: differentiate between monitoring and evaluation; write goals and smart objectives for GBV programs; design a logic model for a GBV program; identify criteria for indicator selection and information sources for GBV indicators; and discuss factors to consider when choosing an evaluation

design. Although the training methods used are participatory, the guide itself does not mention using participatory methods when evaluating a GBV intervention.

GSDRC Helpdesk Research Report: Impact evaluations of programmes to prevent and respond to violence against women and girls, 2011

<http://www.gsdrc.org/docs/open/HD789.pdf>

GSDRC Helpdesk Research Report: Violence Against Women Interventions, 2011

<http://www.gsdrc.org/docs/open/HD623.pdf>

GSDRC Helpdesk Research Report: Violence against Women (VAW) and political engagement, 2011

<http://www.gsdrc.org/docs/open/HD746.pdf>

4. Sources

Key websites visited

Raising Voices, EndVAWnow, Minority Rights Groups International, MEASURE Evaluation, What works for women.org, WHO, UN Women, International Centre for Research on Women, Research for Development, AusAID, International Rescue Committee, Eldis, GBV Prevention Network, National Online Resource Centre on Violence Against Women, CARE, Population Council, EngenderHealth, USAID

Experts consulted:

- Prof. Anastasia Gage, Associate Professor, Department of Global Health Systems and Development, Tulane University

About Helpdesk research reports: Helpdesk reports are based on 2 days of desk-based research. They are designed to provide a brief overview of the key issues, and a summary of some of the best literature available. Experts are contacted during the course of the research, and those able to provide input within the short time-frame are acknowledged.