

MODULE II

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs

A Facilitator's Training Guide

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This facilitator's guide provides essential information to organize and implement a one-and-a-half days training session on monitoring and evaluating gender-based violence prevention and mitigation programs. The accompanying module is designed and intended to be delivered following the two-day training sessions on *Gender-Based Violence: A Primer*. The module is intended to be a basic introduction to monitoring and evaluation (M&E), and should be merely a first step in encouraging workshop participants to build their individual and organizational capacity to monitor and evaluate their programs.

Before conducting this workshop session, we strongly encourage all facilitators to enroll and take the MEASURE Evaluation MENTOR M&E Fundamentals online course that is available on the MENTOR page of the MEASURE Evaluation Web site at:

<http://www.cpc.unc.edu/measure/training/mentor/>

Taking this course in advance of the session will familiarize facilitators with terms and concepts used in this module, and provide additional background that will enhance delivery of this module.

We also encourage facilitators to invite participants to register and take this online course before they attend this workshop session. Having participants complete this online course before this session will ensure that all participants enter this session with a basic level of understanding of M&E concepts and terms. If it is impractical to request that participants complete the online course before this training session, consider encouraging them to take it following this session to reinforce the material introduced during this session. If lack of infrastructure or slow connection speed prevents participants from taking this course online, a version of the course is available on CD, and can be ordered at:

<http://www.cpc.unc.edu/measure/publications>.

Alternatively, at the end of the session, facilitators may distribute the paper version of the online M&E course, which is also available on the aforementioned Web site.

Frankel N, Gage AJ. *M&E Fundamentals: A Self-Guided Minicourse* (MS-07-20). Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center; 2007.

It is strongly recommended that the facilitator/trainer for this session be an M&E specialist or someone who has been trained in M&E. Facilitators who have not been trained in M&E and who have not participated in M&E work in the field may experience some difficulty answering participants' questions and providing guidance to participants as they develop key components of an M&E plan.

The following icons are also used throughout the module to provide important cues:



This clock icon appears at the beginning of each section or activity and gives you an estimate of how long each section or activity should take.



This flipchart icon appears whenever discussion or an activity should be recorded on flipchart paper for discussion, debriefing, and posting in the training room.



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Facilitator's Guide

Background

This facilitator's guide provides essential information to organize and implement a one-and-a-half-day training session on monitoring and evaluating gender-based violence prevention and mitigation programs. 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, behavior change communication, services, and law and public policy.

Learning Objectives

By the end of this session, participants will be able 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.

As a facilitator, it is important to familiarize yourself with this guide and the accompanying Microsoft PowerPoint presentations and handouts. The pre-workshop planning sections of the guide cover essential information needed to prepare for the workshop. Detailed explanations of the presentations, class activities, and group work are presented next. The Microsoft PowerPoint presentations contain participatory activities designed to assist participants in applying key M&E concepts.

Suggested time durations are listed for each section and activity. Lunch and breaks have been inserted between activities but can be moved around as needed. The schedule can be modified if there is more or less time available. However, we recommend that you do not alter the sequence of activities or omit any of the key sections of the module.



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Facilitator's Guide

Structure of the Guide

This guide is divided into several sections. The first section is pre-workshop planning and covers essential information needed to prepare to deliver the module. This section is followed by a brief discussion of types of GBV intervention and challenges associated with monitoring and evaluating GBV programs.

Within the workshop itself, certain sections are organized around the following three components:

M&E Fundamentals component includes sections III and IV of the workshop, which introduce the fundamentals of M&E and lead participants through a discussion of M&E challenges, the definitions of monitoring and evaluation and the purpose of M&E. These sections also how M&E fits into the program life cycle and covers the different components of M&E plans.

Frameworks component is section V of the workshop, which discusses the importance and uses of frameworks in the process of developing plans for program monitoring and evaluation. This section discusses the specifics of conceptual frameworks, logic models, and results frameworks and includes an explanation of issues that are important to consider in designing frameworks that will be truly useful in the M&E process.

Indicators and information sources for program monitoring and evaluation are covered in section VI of day one and sections VII, VIII, and IX of day two. These sections cover the ideal characteristics of indicators, as well as practical considerations in indicator selection, where to find standardized indicators for GBV programs, and issues around determining correct and precise metrics for indicator calculation. These sections conclude with section IX, a discussion of factors to consider when choosing an evaluation design.

Facilitator note: As a general guideline, minimal time should be spent on the slides provided. The presentations should be short and focused on orienting participants to the exercises to be completed. Facilitators are responsible for guiding the groups through the exercises and providing ongoing feedback to individual groups as needed.



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Pre-Workshop Planning

Participant Selection

An important criteria for participant selection is involvement in gender-based violence prevention and mitigation programs. Efforts should be made to bring together participants representing the four categories of GBV intervention (that is, community mobilization, behavior change communication, services, and law and public policy). Grouping participants into these categories based on their current work responsibilities or professional interests would enable participants to draw from each other's knowledge and experiences and create high quality and relevant M&E plan components for a given intervention area. The facilitator should foster cross-group interaction and support.

Give Participants Advance Information

In advance of the workshop, it is suggested that the facilitator send participants the workshop agenda so that they can begin to orient themselves to the monitoring and evaluation training. Also send participants a brief questionnaire that allows them to report anonymously on their levels of skill and knowledge in relevant M&E areas (see Appendix 1). Ideally, participants should complete the questionnaire before the workshop starts so that facilitators can appropriately target and adapt the training materials to the M&E skills of each participant group. Alternatively, the baseline questionnaire can be completed during opening activities.

Prepare Session Evaluation Form

Participants' evaluation of the workshop/training module is also important. Participants' evaluations can help identify specific problems with the workshop materials for the region/country or culture. It can also assess whether participants are satisfied with a specific component. There is a specific session evaluation form for the training on M&E of GBV prevention and mitigation programs (see Appendix 2). Be sure to adapt the session evaluation form to reflect the training topics covered and to have printed copies available at the end of the GBV M&E training.

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Facilitator's Guide

Pre-Workshop Planning (continued)

Assign a Note-Taker

Facilitators should ensure that someone takes notes throughout the training session. These notes can provide useful references for charting problems that arise or progress during the session, and offer a good memory tool.

Room Structure

Due to the participatory nature of the workshop, the workshop site should have plenty of space for the four subgroups of participants representing categories of GBV intervention to be able to spread out and work separately, without disturbing each other. There should be adequate wall space for each group to post the results of each class activity on flipchart paper on the walls. If breakout rooms are used, they should not be far apart from each other and there should be one large room that can hold everyone.

It would be ideal to set up the room as a cluster of four tables, with adequate room for facilitators and participants to walk between them. Participants representing a given category of GBV intervention will be asked to sit together, as they will need to work jointly on the practice exercises and most of the class activities. Place pens, markers, and Post-it notes in the center of each table. Signage should be prepared before participants arrive and be ready for placement on the tables and walls. There should be two signs for each category of GBV intervention (one for the table and one for the wall). Signs should be spaced evenly on the wall.

Facilitator Equipment and Materials

The suggested equipment and materials listed below should be prepared in advance of the session

- ✓ liquid crystal display (LCD) projector and laptop computer with relevant slides
- ✓ microphone
- ✓ flipcharts (make sure there is plenty of flipchart paper available)
- ✓ pens



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Pre-Workshop Planning (continued)

- ✓ multicolored markers for flipcharts
- ✓ note pads
- ✓ colored construction paper (at least two different colors for creating table tents and labels for GBV intervention groups)
- ✓ cordless presenter (optional)
- ✓ pointer (recommended)

Participants' Materials

- ✓ agenda for the session
- ✓ complete copy of Microsoft PowerPoint presentation and handouts (one set per participant)
- ✓ notepads (one pad per participant)
- ✓ pens or pencils
- ✓ flipchart paper (one flipchart per GBV intervention group)
- ✓ multicolored marking pens (one set per GBV intervention group)
- ✓ Post-it notes for creating program logic model (one package per GBV intervention group)
- ✓ non-marking tape (such as painters' tape) for posting flipchart paper on assigned wall space (one package per GBV intervention group)
- ✓ name tags
- ✓ baseline assessment questionnaires (one per participant)
- ✓ session evaluation forms (one per participant)



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Facilitator’s Guide

Suggested Agenda

DAY ONE

I.	Introduction, Learning Objectives, Agenda	30 minutes
II.	Setting the Context — Levels of Intervention	20 minutes
III.	Definition of Monitoring and Evaluation	100 minutes
	Activity 1: Is It Monitoring or Evaluation?	10 minutes
	Activity 2: Identifying the Problem	45 minutes
	Break	15 minutes
IV.	Program Goals and Objectives	75 minutes
	Activity 3: Is It a Goal or an Objective?	15 minutes
	Activity 4: Defining Program Goals and Objectives	45 minutes
	Lunch	60 minutes
V.	Monitoring and Evaluation Frameworks	180 minutes
	Activity 5: Developing Program Activities	30 minutes
	Activity 6: Identifying Logic Model Components	10 minutes
	Activity 7: Developing a Logic Model	45 minutes
	Activity 8: Developing M&E Questions	35 minutes
	Break	15 minutes
VI.	Indicator Selection — Part One	105 minutes
	Activity 9: Selecting Program Indicators	40 minutes
	Activity 10: Assessing Program Indicators	30 minutes
	Wrap-Up Day One	5 minutes

Facilitator note: The times shown take into account questions and answers, and discussion. Discussion time may vary depending on participants’ degree of familiarity with monitoring and evaluation concepts.





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Facilitator’s Guide

Suggested Agenda (continued)

DAY TWO

	Welcome and Review the Day’s Agenda	15 minutes
VI.	Indicator Selection (and Measurement) – Part Two	145 minutes
	Activity 11: Operational definitions	40 minutes
	Activity 12: Specifying indicator metrics	30 minutes
	Activity 13: Setting indicator targets	5 minutes
	Break	15 minutes
VII.	Information Sources	75 minutes
	Activity 14: Identifying information sources	30 minutes
VIII.	Evaluation Design	20 minutes
	Closing Activities	20 minutes
	GBV M&E session evaluation	10 minutes

Facilitator note: The times indicated in bold are for all aspects of a section (i.e., some section activities are not listed on the agenda, but their estimated times are given within the guide).





30 minutes
for section I

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I. Introduction, Learning Objectives, Agenda

Slide 1

Welcome, Introductions, Review of Workshop Objectives, and Agenda



15 minutes

Materials

Microsoft PowerPoint slides, laptop & LCD projector
Microsoft PowerPoint handouts
Assessment of knowledge, skills, and needs questionnaire

It is a good idea for you to arrive at the workshop site early to set up the equipment and the room(s). Wear a name tag to identify yourself as a facilitator and give participants their own name tags as they arrive. Have participants complete a sign-up sheet with their first name, last name, position, employer, mailing address, telephone number, fax number, and e-mail address. Ask participants to sit at the table with the tent indicating their preferred GBV intervention category.

Opening Activities

Suggested components for opening activities include:

1. Opening statements by organizers and collaborating partner/host site representative

2. Introduction of facilitators

Things appropriate to include could be experiences in M&E workshops and other training and experiences in different countries or in the region where the current training workshop is being held.

3. Introduction of participants

Because this module is delivered after the GBV primer, participants would have become familiar with each other. Therefore, the facilitator can take about



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I. Introduction, Learning Objectives, Agenda

Slide 2

10 minutes to review with participants the materials they learned in the preceding module. This provides an excellent opportunity to energize the group by asking the participants to ask questions of each other, quiz each other, and see who has the answer. This review activity can be light and energetic

If this module is delivered as a stand-alone module or if new participants attend the GBV M&E session, ask participants to introduce themselves to each other through their answers to the following questions:

- ◆ What is your name?
- ◆ For whom do you work and what is your position?
- ◆ Why are you interested in this M&E training? What are your goals for the training? For instance, what would you like to understand better or be able to do better after completing this M&E session?

4. Workshop goals and learning objectives

Explain that the goal of this session is to build participants' skills in monitoring and evaluating the integration of GBV prevention and mitigation into reproductive health programs. Explain that this session will familiarize participants with key M&E concepts, terminology, and M&E frameworks; enable them to write program goals and SMART objectives; enable them to identify criteria for indicator selection and identify information sources for measuring GBV program outputs and outcomes; and enable them to discuss factors to consider when choosing an evaluation design.

Facilitator note: Facilitators should write the objectives and agenda for this module on flip charts that will be spread around the room.



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I. Introduction, Learning Objectives, Agenda

Slide 2 (continued)

- 5. Time structure and the session's agenda**
- 6. Assignment of participants to GBV intervention categories**
- 7. Orientation to the workshop site (location of toilets, telephones, refreshment, etc.)**
- 8. Any outstanding practical issues (e.g., lodging, meals, transportation, funding, etc.)**
- 9. Baseline assessment by participants (If participants have not returned the baseline assessment questionnaire, ask them to complete it at this point.)**

After the baseline assessment questionnaires have been completed and submitted, ask participants if they have any questions on the objectives and agenda for the session.

Before going on to the next section of the module, check if each participant has the training packet (consisting of Microsoft PowerPoint slides and handouts). Inform participants that they will be recording the results of their small group activities on the flipchart paper placed on their tables. Direct each group to the section of the wall where they will tape the flip chart paper documenting the results of their group activities.

Facilitator note: Highlight that the session is based on universal learning by the entire group. Participants also bring important information and experiences to the training and should feel free to share their experiences and skills with the group.



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I. Introduction, Learning Objectives, Agenda

Suggested Activities for Participant Introductions



15 minutes

- ◆ Option 1: Allow each participant to introduce himself or herself with time for a few comments. Do not allow any one person to go on too long. Make notes on introductions if this will help you get to know participants better.
- ◆ Option 2: Split participants into pairs and have each interview the other. Then go around the room with the pairs presenting each other to the group. Let participants speak for themselves about the goals that they hope to accomplish as a result of the training.
- ◆ Option 3: On a flipchart, document the various goals as participants report them. After everyone has introduced themselves, review goals on a flipchart, noting those that are already included in the session plan and others that can be met during the training with a little tweaking. For goals that do not fit into the session plan exactly, identify options for obtaining additional information or other resources for those participants.

Exercise: Fears and Expectations

Give participants two different colors of paper for writing their fears and expectations regarding the session. Tell participants which color to use for each category. Give the following instructions:

Working individually, list on the sheets of paper provided (1) your expectations about the session and then (2) your fears and concerns. Write legibly and use large print. Do not put your name on the sheets of paper.

Upon completion, the sheets of paper should be collected by the facilitator and grouped by color. The facilitator should review the sheets briefly and draw out similarities and uniqueness of ideas. Following the presentation, the cards should be taped to the wall and displayed throughout the day.



30 minutes for
Section II

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II. Setting the Context — Levels of Intervention

Slide 3



10 minutes

Materials

Microsoft PowerPoint slides, laptop & LCD projector
Microsoft PowerPoint handouts

1. Explain that before we can monitor and evaluate any program, we need to know the nature of the program and identify the program's goals, major activities and components.
2. Recap the previous day's session by explaining that GBV programs generally fall into four main categories:
 - community mobilization
 - behavior change communication
 - service delivery
 - law and public policy
3. Refer to the speaker notes to describe what these interventions try to achieve.
4. Facilitate a discussion about levels of intervention by asking participants what their projects do to prevent or mitigate GBV and have the class classify the projects by level of intervention.

Facilitator note: Explain that although a program proposal and program plan may state program activities and intentions, these are often outdated or incomplete. Asking key program staff for scenarios of what one might expect to see at program sites sometimes provides a better description of program activities or components.



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II. Setting the Context — Levels of Intervention

M&E Challenges, Slides 4-5



20 minutes



Materials

Markers
Flipchart paper

This section is designed so that participants can discuss particular challenges they face when conducting M&E activities for GBV prevention and mitigation programs.

1. Introduce this segment by saying that all programs present particular opportunities and challenges to conducting M&E. It is important to know what some of these are up front so that we are able to overcome the challenges. Participants should be directed to complete the exercise described below. The purpose of the exercise is to discover what participants see as challenges to the successful monitoring and evaluation of GBV programs.
2. Each group should work separately and write on flip chart paper the challenges of doing effective monitoring and evaluation in their assigned intervention area (i.e., community mobilization, behavior change communication, service delivery, and law and public policy). Allow 10 minutes to complete this step.
4. Bring the participants together. Have each group present the challenges that it identified. Fill in the discussion with the challenges presented in slides 4-5.
5. Now ask for eight volunteers: four to be challengers and four to be M&E specialists who will try to convince each challenger, one at a time through discussion and explanation, that the challenge being raised can be dropped. If and when the person playing the challenger feels convinced, the person will cross the room and join the other group.
6. Ask all participants to keep these challenges in mind, as well as ways to overcome these challenges, when they return to their jobs.

M&E Fundamentals

Sections III and IV of the workshop introduce the fundamentals of M&E and lead participants through a discussion of M&E challenges, the definitions of monitoring and evaluation, and the purpose of M&E. These sections of the workshop also show how M&E fits into the program life cycle and covers the different components of M&E plans.



100 minutes
for section III

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III. Definition of Monitoring and Evaluation

Slides 6-8

Brainstorming Session: What is monitoring? What is evaluation?



15 minutes

Materials

Flipcharts and markers
Handout 1: Is it Monitoring or Evaluation?

1. This section is designed to clarify participants' concepts regarding monitoring and evaluation. Following the discussion of M&E challenges, ask participants to come up with a list of what monitoring is. Then ask participants to come up with a list of what evaluation is. Lead the group by asking them to shout out what words come to mind when they think of monitoring and when they think of evaluation. Organize the ideas into two columns: "What is monitoring?" and "What is evaluation?".
2. Next, lead a discussion of how the two terms are different:
 - How are they different?
 - How do they fit together?

As the discussion progresses, facilitators should add insights or remarks on connections and parallels between words offered by participants to reflect monitoring or evaluation and the ideas in the slides to validate the knowledge that participants may bring to the training.

Facilitator note: Some participants may have preconceived ideas about monitoring and evaluation, which can prevent them from moving forward. At this point, it is important to emphasize that monitoring and evaluation are like the two sides of a coin. You need both "sides" to give you a better understanding of how your program is working.



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III. Definition of Monitoring and Evaluation

Slides 6-8 (continued)

Brainstorming Session: What is monitoring? What is evaluation?

3. Fill in the discussion with the following points: monitoring is an ongoing, continuous process; requires data collection at multiple points throughout the program cycle, including at the beginning, to provide a baseline; and monitoring means tracking changes over time.
4. Emphasize that monitoring addresses the following questions:
 - Are activities carried out as planned?
 - What services are provided, to whom, when, how often, for how long, and in what context?
 - Are the services accessible?
 - Is their quality adequate?
 - Is the target population being reached?
5. Then, define evaluation.
 - Evaluation measures how well the program activities have met expected objectives and attributes changes in outcome to the program or intervention. Evaluation requires data collection at the start of the program to provide a baseline and again at the end rather than at repeated intervals during program implementation; a control or comparison group; and a well-planned study design.
6. Point out that evaluation addresses the following questions:
 - What outcomes are observed?
 - Does the program make a difference?
 - To what extent is the program responsible for the observed changes?



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III. Definition of Monitoring and Evaluation

Slides 6-8 (continued)

3. Define impact evaluation.

- The real key in impact evaluation is isolating program effect from the effects of non-program factors. This involves a rigorous research design, such as:

Randomization: constructing a sample by randomly allocating the experimental units (clients, cases, couples, etc.) across treatment and control groups.

Multi-level, longitudinal analysis: tracking the subjects over a long timeline, collecting data over a long period of time, and analyzing the data from various perspectives (or levels).

It is important for participants to understand that change can happen if there is no program. Facilitators may illustrate this point by asking participants whether they have changed their diet in the past two years. Why did they change their diets? Potential answers include exposure to information from radio, television, or magazines advising people to cut down on their fat consumption; doctor's advice (health reasons); or an increase in the price of meat, making it difficult for them to eat meat on a daily basis. Some of these changes in diet happened not because of a communication program but because of other factors. Summarize by stating that impact evaluation is trying to find out whether it is a program that is responsible for a given change.

Impact evaluation also involves a relatively high level of scientific and statistical expertise. Therefore, in most M&E applications, the focus is on monitoring – but periodic impact assessment is also essential.

Facilitator note: Introduce the idea that most implementing partners and agencies are not expected to carry out rigorous evaluation, but that they rely on routine monitoring and data collection. Sometimes whether a program relies on monitoring or evaluation depends on donor requirements and the quality and completeness of routine data.

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III. Definition of Monitoring and Evaluation

Activity 1: Is it monitoring or evaluation? Slide 9



10 minutes

Check to see if participants know whether the following situations are monitoring or evaluation.

- The Ministry of Women’s Affairs wants to know if programs carried out in Province A are reducing the prevalence of intimate partner violence.

Answer: This is evaluation because it is concerned with the impact of a program.

- USAID wants to know how many villages in Region B have been reached with anti-GBV messages by your program this year.

Answer: This is monitoring because it is concerned with counting the number of something (villages reached with anti-GBV messages in region B this year).

- A country director is interested in finding out if the care provided to rape victims in public clinics meets national standards of quality.

Answer: This is monitoring because it requires tracking something (the quality of care provided to rape victims).



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III. Definition of Monitoring and Evaluation

Slide 10

 5 minutes

Conclude by stating that the purpose of monitoring and evaluation is to measure program effectiveness. M&E can be used to demonstrate to planners, donors, and decision-makers whether programs have truly had a measurable impact on outcomes of interest. M&E helps program implementers make informed decisions about program operations. It helps programs make the most effective and efficient use of resources. It helps also to determine exactly where a program is right on track and where implementers need to consider making corrections. M&E also helps one come to objective conclusions regarding the extent to which a program can be judged a “success.”

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III. Definition of Monitoring and Evaluation

Monitoring and Evaluation Questions, Slide 11

 5 minutes

One of the first things program managers should ask themselves is where they want the program to take them. A careful selection of the questions a program wants answered would help in the development of a monitoring and evaluation plan and related M&E activities. M&E questions help focus and provide structure to M&E activities.

Present examples of key monitoring and evaluation questions by reading aloud the bulleted list on slide 11.

Class activity

If the participants are fairly advanced and relatively familiar with the basics of M&E, launch a discussion of the following:

- ◆ What questions or issues are best raised or addressed through monitoring?
- ◆ What questions or issues might be better to raise or address through evaluation.

Answers

Were resources made available to the program in the quantity and at the times specified by the program plan?

Answer: Monitoring

Were the program activities carried out as planned

Answer: Monitoring

Which program activities were more effective and which were less effective?

Answer: Evaluation



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III. Definition of Monitoring and Evaluation

Monitoring and Evaluation Questions (continued)

Did the expected changes occur? How much change occurred?

Answer: Evaluation

Can improved health outcomes be attributed to program efforts?

Answer: Impact evaluation

Did the target population benefit from the program and at what cost?

Answer: Monitoring (did the target population benefit from the program?) and evaluation (at what cost?)

Different stakeholders need answers to different questions

Remind the group that different stakeholders are interested in different types of questions. If time permits, refer back to the set of questions on slide 11 and ask participants to specify which types of stakeholders would be interested in each question. Inform the group that, later on, there will be a small group activity on developing monitoring and evaluation questions for their GBV intervention areas.

Facilitator note: M&E questions should be developed and prioritized jointly by program staff, evaluation personnel, donors, and other stakeholders. The most useful M&E questions reflect a diversity of stakeholder perspectives, key components of a program or project, your most important information needs, and resources available to answer the questions.

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III. Definition of Monitoring and Evaluation

M&E Across the Program Life Cycle, Slide 12

 5 minutes

A program or project typically passes through distinct stages from the time it starts until the time it ends. These stages are collectively referred to as the program or project life cycle. On slide 12, five different stages are identified. These stages are sequentially: assessment; strategic planning; design; implementation/monitoring; and evaluation. The way that a program or project is divided into stages may differ somewhat from place to place and from program to program, but the stages shown in slide 12 are basic. Often there is no clear separation between the stages of the program life cycle.

How does M&E fit into the program life-cycle?

Phase I – Assessment: At this stage, M&E activities verify and map out the extent of a health problem. M&E helps to answer questions about the number and characteristics of the target population in order to address the problem. A needs assessment can help to design a new program or justify why an existing program should be continued or be discontinued.

Phase II – Strategic Planning: At this stage, M&E activities provide more detailed information needed to make decisions about how to allocate money and effort in order to address the identified health problem.

Phase II – Design: Once there is agreement on program goals and objective, the next step is to decide what strategies should be followed in order to address the identified health problem. M&E activities may include pilot-testing, testing alternative methods of service delivery, and cost-benefit analysis.

Facilitator note: Discourage participants from being bogged down with the terminology that should be used to describe the different stages. The two important points to emphasize are: (1) M&E occurs at all stages of the program life cycle; and (2) M&E should be an integral part of program design.



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III. Definition of Monitoring and Evaluation

Slide 12 (continued)

Phase IV – Implementation/Monitoring: At this stage, monitoring activities answer questions about what services are provided to whom, when, and how. Activities are monitored at regular intervals to make sure that things are on track and heading in the right direction. For example, monitoring activities focus on producing regular information to answer questions about whether a program or project is being implemented as planned, whether implementation varies from site to site, and what problems are encountered. The information derived from monitoring helps to address implementation problems in a timely way.

Phase IV – Evaluation: At this stage, the program has become established and it is time to take stock and evaluate what works well, and equally important, what does not work as well. Evaluating the outcomes and impact of a program or project marks the end of the journey in the program life cycle and identifies what the next step should be. Once this is done, programs are ready to embark on their next life cycle.

Facilitator note: Strategic planning and the development of an M&E strategy should go hand in hand because M&E activities themselves require the allocation of resources – so these activities must be built into the project’s budget.



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III. Definition of Monitoring and Evaluation

Key Elements of an M&E Plan, Slide 13



15 minutes

Materials

Handout 1: Sample Outline of an M&E Plan

Developing an M&E plan is an important step in making sure that you collect information you need to monitor and evaluate your program. Although this workshop does not include participants writing an M&E plan, it is important for participants to understand the full set of issues that, ideally, stakeholders should agree upon and document for a program's M&E plan to be complete.

1. Facilitate a discussion about key elements of an M&E plan

Facilitators should begin this section by asking participants whether their programs have M&E plans and what sections their plans include. Write down sections mentioned by participants on a flip chart.

- Do participants' programs have M&E plans?
- What sections do the M&E plans include?

2. Distribute or refer to handout 1: Sample Outline of an M&E Plan.

It is important to emphasize that M&E plans can be organized in many ways but that there are a number of elements that should be included in an M&E plan for the M&E plan to be complete.

3. Compare the sections in the M&E plan template with the list compiled from participants' responses.

- What is missing from their program's M&E plans?
- What additional components do their M&E plans include?

Facilitator note: Wrap up this section by mentioning that there is no single ideal M&E plan template that will fit every situation. The sections of a M&E plan will depend on a program's objectives and activities. A national M&E plan would look very different from a program M&E plan. Ask participants for additional questions or comments.

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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III. Definition of Monitoring and Evaluation

Activity 2: Identifying the Problem, Slide 14

 45 minutes



Materials

Flipcharts and markers
Handout 2: GBV Case Study

Subsequent presentations and class activities are structured around M&E across a program's life cycle. Identifying or defining the health problem (the assessment) is a crucial first step within a health program's life cycle.

1. Distribute or refer to handout 2.

Handout 2 is a case study of gender-based violence in country X. Facilitators are encouraged to adapt the case study to the context of the region or country in which the training is taking place. When adapting the case study, be sure to include aspects that relate to each of the four main GBV intervention areas (community mobilization, behavior change communication, service delivery, and law and public policy) as well as GBV incidence and prevalence rates.

2. Instruct participants to use the case study to identify the problem.

Remind participants that the specific health problem identified should be related to their GBV intervention area. Let participants know that defining a health problem so that it is relevant to decision-makers begins with an awareness that there is a difference between how things actually are and how they should be. Once participants have identified the problem, they will then go on to think about how it might be solved, and how they would go about monitoring and evaluating the program activities that they propose to deal with the problem.

3. Instruct participants to identify two or three barriers that programs might face when trying address the problems related to their GBV intervention area.

4. Allocate 20 minutes for this part of the exercise.

5. Ask participants to write down the problem on a flip chart and tape the chart on the wall space assigned to the group.

6. One member of the group then presents the work of the group to all the participants.



75 minutes for section IV

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Slide 15



15 minutes

1. State the purpose of this section.

Monitoring and evaluation begins with identifying program goals and objectives. Goals and objectives are the core of every M&E system. In this section, we will focus on the following issues:

- What is the difference between a goal and objective?
- How can we write goals and objectives so that they can be easily monitored and evaluated?

2. Define a goal.

A goal is a broad statement of a desired long-term outcome of a program. A goal is an end that the program strives to attain; a way of focusing attention on what you want to attain in the future.

- Why are goals important? Keep in mind the statement: “The trouble with not knowing where you are going is that you might end up somewhere else.”
- How do you know a goal when you see one? There is no single clear-cut performance measure that will indicate whether the goal has been met.

3. Provide examples of goals.

Wrap up this slide by reading out the examples provided on slide 15.

4. Present the following tips for writing program goals.

These tips are not on the slides but will come in handy for activity 3.

- Each goal should contain only one idea.
- Keep goal statements separate from statements of how goals are to be attained.
- Separate goals from indicators. The two are related but they are not the same.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Slide 15 (continued)

Program Goals (continued)

- Distinguish between goals and activities.
- Keep the goal focused, clear, and crisp.

5. If time permits, ask the class to assess the following goals and, if need be, re-write each goal following the tips presented above.

Example 1: To raise awareness and increase prevention of GBV among refugee and asylum seekers in two regions through building the capacity of the Office of the United Nations High Commissioner for Refugees partner staff and integrating GBV programming into new and existing programs and activities.

Example 2: To support regional, provincial, national, and international initiatives in the field of gender-based violence and encourage the establishment of relevant structures and networks.

Facilitator Note: Before proceeding to the next session, ask participants if they have questions or comments.

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Slides 16-17

Materials

Microsoft PowerPoint slides
Laptop and LCD projector
Handouts

1. Highlight how objectives differ from goals.

Objectives are statements of desired, specific, realistic, and measurable program results.

- Criteria against which program outcomes are measured.

2. Introduce the SMART acronym.

- (S) Specific –Does it cover one rather than multiple activities?
- (M) Measurable—Can it be quantified? Can it be counted in some way?
- (A) Appropriate— Is the objective important to the work we are doing?
- (R) Realistic—Can the objective be achieved with the resources available?
- (T) Time-bound—Does the objective give a time frame by which the objective will be achieved?

3. Review how to write program objectives.

A properly-stated objective is action-oriented, starts with the word “to” and is followed by an action verb. Objectives address questions of “what”, “who,” “how much,” and “when,” but not “why” or “how.” Objectives are stated in terms of desired outcomes for specific individuals, groups, or organizations, not activities to be performed.

Facilitator note: When writing objectives, it is recommended to specify the amount of change expected to occur — in other words to define a specific target. However, baseline data might not be available. We will later discuss how to define targets.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Activity 3: Is It a Goal or an Objective? Slide 18



15 minutes

Materials

Handout 3: Is It a Goal or an Objective?

Distribute Handout 3: “Is It a Goal or an Objective? If an Objective, Is It SMART?”

The objective of this activity is to enable participants to differentiate between goals and objectives and see what results they can get using the SMART test.

- **To reduce GBV**

Answer: This is a goal. It is long-term and cannot be measured using a single outcome.

- **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**

Answer: This is a SMART objective:

- ◆ (S) Specific –It is precise about what it wants to achieve (changes in beliefs about the acceptability of violence as a form of conflict resolution)
- ◆ (M) Measurable – It can it be quantified by calculating what percent of men and women agree or disagree with the statements about how to solve conflict.
- ◆ (A) Appropriate – We do not have any information about the program but the objective as stated is relevant to work on GBV prevention and mitigation.
- ◆ (R) Realistic – We do not have any information about the resources and personnel available but we can assume that the objective be achieved with the resources available.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Activity 3 (continued)

- ◆ (T) Time-bound – The objective gives a time frame by which the objective will be achieved: between 2002 and 2007.
- **To increase the number of domestic violence clients recommended for counseling who utilize counseling services by 30%.**

Answer: This is an objective but it is NOT SMART:

- ◆ (S) Specific – It is precise about what it wants to achieve (increased utilization of counseling services by domestic violence clients who are referred).
- ◆ (M) Measurable – It can be quantified by tracking the number of referred domestic violence clients who utilize those services.
- ◆ (A) Appropriate – We do not have any information about the program, but the objective as stated is relevant to work on GBV mitigation.
- ◆ (R) Realistic – We do not have any information about the resources and personnel available, but we can assume that the objective can be achieved with the resources available.
- ◆ (T) Time-bound – The objective does not give a time frame by which the objective will be achieved.

Facilitator note: If time permits, invite participants to share some of their program goals and objectives and use them as a basis for discussion and improvement. During this discussion, it is important not to put individuals who offer their objectives on the spot. Rather, facilitators should maintain an atmosphere of support and encouragement, affirming that the objective is relevant but it would be better if the objective met the SMART test. Then facilitators should allow participants to use the SMART acronym to adjust the objectives, as necessary.

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Activity 4: Defining Program Goals and Objectives Slide 19



45 minutes



1. Ask participants to return to small groups from their previous activity.
2. Instruct participants to develop one goal and two objectives.
Participants should do this for a program that will address problems related to their GBV intervention category, as were identified in the case study.
3. Ask participants to answer the following questions in reference to their own GBV intervention area:
 - ◆ In the long run, what should be different in the community, or the “target population” as a result of a program being delivered to address the problems you identified? What are the changes you hope for, even recognizing your program may only be playing a small part in achieving these changes? These changes would be your goals. Some of them may be quite general and broad.
 - ◆ In the shorter term, what changes do you hope will occur in the community or the “target population” as a result of your program being delivered to address the identified problems in the case study? What short-term changes are needed in order to achieve the goal you have just specified? These are your objectives. Do your objectives pass the SMART test?
4. Give participants 15 minutes for this part of the exercise.
5. Tell each group to choose a recorder and a presenter.
6. Have each group record their goal and objectives on a flip chart and post it on the group’s assigned wall space.
7. Give each group 5 minutes to report out and invite comments.



IV. Program Goals and Objectives

Activity 4 (continued)

Experience indicates that most groups will need assistance to keep their presentations within the allotted time frame. For this activity and subsequent ones, consider appointing a time keeper who can keep track of the time and let presenters know when their time is almost up. Depending on the time available, consider allowing a few minutes at the end of each presentation for comments from the other groups. Each activity presents an opportunity for participants to learn from each other.

8. Provide constructive feedback to each group.

It is important that facilitators provide constructive feedback during the presentations.

The following is an example of a **poorly written goal**:

Increase knowledge about GBV in country X

Why is this goal poorly written?

The goal does not refer to the major social or health problem to be addressed. Participants should ask themselves: Why is it important to increase knowledge? What do we think will happen if knowledge is increased?

The following is an example of a **poorly written objective**:

Train 60 peer educators to promote the ability to advocate against GBV

Why is this objective poorly written?

- This objective refers to a strategy or activity, not a change sought among a target population. Why does the organization want to train peer educators — what change is sought?



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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IV. Program Goals and Objectives

Activity 4 (continued)

- The objective is not time-bound. In what time period is the change expected to occur?
- The focus population is not specified. Among whom and where will the change occur? For this program, is the change to be achieved among the peer educators or among the people that the peer educators will reach?
- The terminology is not clear. What does the ability to advocate against GBV mean for this program? How will the program recognize it when it occurs?

Let participants know that the following verbs are considered inappropriate for objectives:

- train
- provide
- produce
- establish
- create
- conduct

Role of a Conceptual Framework

Slide 20

Section V of the workshop discusses the importance and uses of **frameworks** in the process of developing plans for program monitoring and evaluation. This section discusses the specifics of conceptual frameworks, logic models, and results frameworks and includes an explanation of issues that are important to consider in designing frameworks that will be truly useful in the M&E process.



180 minutes
for section V

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Slide 21



10 minutes

Materials

Slides, laptop, and LCD projector
Handout 4: Illustrative Conceptual Model for IPV
Handout 5: Identifying Logic Model Components
Handout 6: Illustrative Logic Model for Provider
Training Program
Handout 7: Illustrative Results Framework

In this section, you will discuss the importance and uses of frameworks in the process of developing plans for program monitoring and evaluation. We will cover the specifics of conceptual frameworks, logic models, and results frameworks.

1. Explain why frameworks are useful for M&E.

Introduce this section by saying that “it is easier to see how the pieces of your program fit together if you build a framework for monitoring and evaluation.” Explain that frameworks help to define clearly the relationship among factors key to the implementation of a program. Frameworks also serve as a foundation for selecting appropriate and useful M&E indicators.

2. Review conceptual frameworks and how they are used for M&E.

An important point to make is that there are many ways of explaining a conceptual framework. Fundamentally, a conceptual framework is an organized way of thinking about all the factors that may influence a program’s outcomes and how they are related to one another. A conceptual framework can help programs decide what to do and explain why they are doing things in a particular way and the paths that lead from one aspect of the program to another. Conceptual frameworks are often influenced by other people’s ideas and research, and show the complete context that affects a program’s outcomes, including factors that are beyond a program’s control. If you design a conceptual framework, it helps clarify which assumptions and conditions must be met for program success.



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V. Monitoring and Evaluation Frameworks

Slide 22

Slide 22 shows a conceptual framework that was proposed for intimate partner violence (IPV), a specific form of GBV. Inform participants that the framework has been reproduced in Handout 4.

The important thing to highlight is that a broad range of factors influence intimate partner violence. The factors that are associated with intimate partner violence fall into four categories (from right to left in Slide 22):

1. The **individual characteristics of the perpetrator**, including sex, witnessing marital violence as a child, being abused as a child, having an absent or rejecting father, and alcohol use.
2. **Relationship** factors, such as marital conflict, male control of wealth, male control of decision making in the family.
3. **Community** factors, including poverty, unemployment, family isolation, and community acceptance of violence
4. **Societal** factors including , social expectations about gender norms, notions of masculinity, and institutions that work against GBV (legal institutions, etc.)

Emphasize that understanding and responding to these factors is an important part of developing effective IPV-prevention programs. This conceptual framework also means that different strategies are needed to influence the many factors — individual, relationship, community, and social — that determine whether IPV occurs.

This is a good transition point for the next activity, where participants develop program activities for the goals and outcomes that they had formulated earlier to address the problems identified in the case study.

Facilitator note: Explain that identifying factors that influence IPV can help program planners to identify and target groups that are at the greatest risk of IPV.

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks Activity 5: Developing Program Activities Slide 23

 30 minutes



1. Transition from the conceptual framework discussion.

Say something like: “Now that we have looked at a conceptual framework for one type of GBV and we have formulated goals and objectives to address the problems that we identified in the case study for our GBV intervention categories, we will now think about **how** we will try to achieve these goals and objectives.”

- ◆ What services or activities would participants deliver in order to achieve the goals and objectives they formulated earlier?

2. Have participants return to the small groups from their previous activity.

Participants should propose three activities for the goals and objectives that the group had formulated earlier to address problems identified in the case study for their GBV intervention category.

3. Provide guidance to the groups.

Tell the group that the following points should be kept in mind when developing program activities.

- ◆ The services that participants will provide or the activities that they will undertake are not themselves the outcomes. The services or activities are only a means to an end.
- ◆ The services or activities may cluster into different program components. There is no hard or fast rule as to how to group the activities/services or cluster them.
- ◆ Ensure that each activity is separate and distinguishable from others.

Facilitator note: In some cases, group members may disagree about the types of services/activities that will be undertaken to reach their goals and objectives. Tell the groups that they should be careful not to get too detailed at this stage but to capture, as precisely as possible, the main elements of their program activities and services.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Activity 5 (continued)

4. Give each group **15 minutes** for this exercise.

Each group should record its program activities on a flip chart and select a presenter who will present the information to the larger group for comment and discussion.

5. Have each group tape the flip chart with its program activities on its assigned wall space, next to its goals and objectives.
6. After each group has presented, have the class assess whether the group's activities are clearly linked to the goals and objectives that the group had formulated earlier on.
7. Transition to the next type of framework: the logic model.

Tell the class that the next stage is to show the connection between their various program components/activities and their short-term objectives (and, eventually, their long-term objectives). This is done in a diagram connecting the various activities and outcomes. Facilitators will now discuss the logic model and show how this is done.

Facilitator note: The term “activity” usually refers to a specific task. When activities are referred to broadly or when they are grouped together, they are sometimes called “strategies” or “interventions.”

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Slides 24- 26

Logic Models and Their Components



10 minutes

Materials

Slides, laptop, and LCD projector

This step of the workshop is particularly important because logic models often form the basis for program monitoring and evaluation. Introduce this segment by saying that we will talk now about logic models. A logic model is important because it is the only framework that specifies inputs and that can point directly toward indicators for program monitoring (**slide 24**). A complete logic model makes it possible to isolate discrete portions of the program implementation process, which in turn makes it possible to monitor and evaluate discrete portions of that program.

1. Define logic model components (slide 25).

2. Provide examples (slide 26).

- **Input** – Various resources that go into a program are inputs; for example, what kind of staff, equipment, materials and funding are at your disposal.
- **Process** – This involves the activities or the actual interventions that take place; for example, conducting an education campaign on women’s rights.
- **Output** – The direct product of the a program’s activities is output; for example, the number of educational activities you sent to various sites.
- **Outcome** – The short-term or intermediate results of the program is its outcome. A short-term outcome example is increased awareness of violence against women. An intermediate-term outcome example could be decreased prevalence of sexual harassment within your community during the past year.
- **Impact** – The long-term outcome of the program is its impact; for example, reduced sexually transmitted infection (STI) incidence among men in your community.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks Activity 6: Identifying Logic Model Components Slide 27



10 minutes

Materials

Handout 5: Identifying Logic Model Components

1. Distribute Handout 5. Each of the scenarios in the handout corresponds to one of the five components of the logic model: input, process, output, outcome, and impact.
2. Ask the class to decide which component the scenario illustrates.

Scenario 1: The number of stories printed, the number of newspapers in which they were printed (answer = output).

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 (answer = outcome).

Scenario 3: Your coalition has recruited a staff person to help promote enforcement of local laws on domestic violence, to collaborate with other coalitions and community organizations and to gather relevant comparable data on GBV (answer = input).

Scenario 4: The newly recruited staff person creates a working group to foster collaboration among community organizations working on GBV prevention and mitigation (answer = process).

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 about GBV (answer = process).

Scenario 6: An increase in the percentage of domestic violence victims who made contact with a VAW organization (answer = outcome).

Scenario 7: An overall decrease in the prevalence of domestic violence in your community (answer = long-term outcome).

Scenario 8: Through local surveys and the use of comparable data, you learn that a lower proportion of men in your community believe that a man has the right to beat his wife (Answer = outcome).



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Framework

Slides 28-30

Logic Model (continued)



5 minutes

Materials

Handout 6: Illustrative Logic Model for Provider Training Program

Present the illustrative logic model for a provider training program (Handout 6).

Past experience indicates that specific examples of program logic models help participants understand the basic principles. This example of a logic model presents a straightforward view of a project designed to improve providers' knowledge, attitudes, and practices, and to increase provider awareness of GBV as a public health problem and violation of human rights. The logic model components are the following.

- Input:** Human and financial resources to develop and implement training program; training materials.
- Process:** Develop GBV clinical training curriculum; conduct GBV training.
- Output:** Providers trained in GBV.
- Outcome:** Improved provider attitudes, knowledge and competence; Increase in clients served by GBV-trained providers.
- Impact:** Improved GBV detection, treatment, and referral.

Facilitator note: Explain that once you develop a logic model for your M&E plan, you can refine the outcomes you want to measure. Monitoring short-term and intermediate outcomes can provide valuable information about how the program is functioning and whether activities are accomplishing what they were intended to do. Long-term outcomes are often difficult to measure on an annual basis given that it takes a long time to demonstrate change.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Slide 29-30



5 minutes

Role of a Logic Model

As we mentioned before, logic models link the resources that a program needs to address a particular problem, how it will address them (the activities), and what are the expected results (immediate and intermediate outcomes and long-term goals).

What are the benefits of a logic model?

A logic model:

- ◆ helps to clarify what resources a program has to work with, what it is doing and what it hopes to achieve;
- ◆ helps to develop consensus among people; and
- ◆ helps to communicate succinctly what your program is about.

When do you use a logic model?

A logic model is used during:

- ◆ program planning, to make sure that the program or project is logical and complete;
- ◆ evaluation planning, to focus the evaluation; and
- ◆ Fundraising, to structure and streamline grant-proposal writing.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Activity 7: Developing a Logic Model

Slide 31



45 minutes



Materials

Post-it notes
Tape
Flipchart paper and markers

Prior experience indicates that creating a logic model is one of the most challenging and thought-provoking activities in M&E training. It is especially important for facilitators to provide intensive assistance and feedback during this exercise. Do not wait until the end of the exercise to give feedback to each group. Instead, move from group to group, listen to the discussions, provide advice, and make yourself available for questions as they arise. The following guidelines for developing a logic model, derived by the World Health Organization (WHO, 2000), are quite useful in providing guidance to the groups.

Post-it notes (small pieces of note paper with adhesive on one side) are useful for creating logic models. If each component of the model (e.g., a single activity or output or outcome) is written on one Post-it note, it would be easier to edit the model. If Post-it notes are not available, small pieces of paper backed with tape can be used instead.

Groups should be given adequate space to create their model on their assigned wall space or on a large flip chart that will later be posted on the group's assigned wall space.

Facilitator note: Tell participants that after they draft each component of the logic model, they should consider the “if-then” relationship between the components. If they cannot make a connection between each component of the logic model, they should identify the gaps and adjust their work. This may mean revising some of their activities to ensure that they are able to achieve their outcomes, or revising intended outcomes to be feasible with available resources.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Activity 7 (continued)

1. Have the participants return to their small groups from previous activities.
2. In the interest of time, instruct the participants to develop a logic model for two of the program activities that their group had proposed earlier for their GBV intervention area.
3. Allocate 20 minutes for this activity.
4. Have each group assign a presenter to present the logic model to the entire class.
5. Tell participants that once their logic model is complete, they should take time to revisit and review their work.
6. During the presentations, provide the following guiding questions (especially the first two questions) to help the class evaluate each groups' logic model as though this were a real program.
 - ◆ Have you expressed your outcomes in terms of change?
 - ◆ Do activities, outputs, and outcomes relate to each other logically (the if-then relationship)?
 - ◆ Does your organization/program have adequate resources to implement the activities and achieve the desired outcomes? If you need further resources, is that reflected in your activities?
 - ◆ Have you included all the major activities needed to implement your program and achieve the expected outcomes?
 - ◆ Would the activities listed enable someone who is unfamiliar with your program to understand its scope?

Facilitator note: Let participants know that, in real life, once programs have a draft of a diagram showing the connections between their activities, outputs, outcomes and impact, it is common to revise it several times.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Slide 32-34



15 minutes

Results Frameworks

Results frameworks are the type of framework used by USAID in its performance monitoring plans. The presentation on results frameworks should be brief. Note that participants will not be developing a results framework for their proposed program activities in this workshop session.

1. What is a result?

Begin by asking participants to define a result. A result is a describable or measurable change in state that is derived from a cause and effect relationship. Results are the effects generated by a program.

2. Describe the purpose of a results framework (slide 33).

Let participants know that a framework focused on program results does the following:

- ◆ clarifies the points at which results can be monitored and evaluated;
- ◆ shows the causal relationships between the incremental results of the key activities all the way up to the overall objective or goal; and
- ◆ measures the effectiveness of the projects related activities every step along the way.

3. Explain the following notations used in results frameworks.

- SO strategic objective
- IR intermediate result

4. Refer participants to Handout 7 and describe the illustrative results framework provided in the handout and on slide 34.

Facilitator note: Explain that it is not necessary for a program to design and use all four types of framework for monitoring and evaluation. However, it is important to know the differences between the types of frameworks and how they are used.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Slide 32-34 (continued)

Facilitators should tell participants that we will not be covering logical frameworks in detail within this workshop. However, the handout provides a logical framework example for a program that aims at improving the national response to VAW (found under “additional materials” on page 17 of the handouts). In addition, page 18 of the handout provides a table summarizing the role of the different frameworks in M&E.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Activity 8: Develop M&E Questions

Slide 35



35 minutes



Using the program goals, objectives, and logic model that they developed earlier, participants will now develop specific monitoring and evaluation questions for their specific GBV intervention area.

1. Ask participants to return to their previous group activities where they developed their logic model.
2. Instruct participants to focus on formulating one monitoring question and one evaluation question.
3. Encourage participants to create monitoring and evaluation questions that are meaningful for their GBV intervention category.

Tell participants that their questions should be linked clearly to a specific component of the logic model and have clear implications for improving conditions in their GBV intervention area. Participants might want to ask themselves: How will the results of the proposed evaluation question be used to improve conditions?

At this point, participants do not need to choose specific indicators. They will choose their indicators later.

4. Have each group record its M&E questions on flipchart paper and post them on the group's assigned wall space.
5. After each group has presented its questions, invite comments and feedback from the other participants on the appropriateness of the M&E questions.

Facilitator note: Let participants know that in real life, some programs might want to “answer it all.” Caution against this approach and provide some general remarks about how it is important to narrow the evaluation question to a feasible number and scope given time, staff experience, and program resources.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Activity 8 (continued)

6. Provide constructive comments and guidance during the discussion.

Experience shows that some participants will confuse monitoring (process/output) questions and evaluation (outcome) questions. As you listen to possible evaluation questions, ask yourself whether participants are making this common error.

7. Provide additional guidance on prioritizing evaluation questions at the end of the discussion (see CDC, 2009).

It is important to let participants know that even though all questions may be interesting, it is crucial to narrow the list of questions to those that will be particularly helpful for M&E of their programs and that can be answered given program resources, including staff expertise, funding, and time. Ideally, M&E questions should:

- ◆ be important to program staff and stakeholders;
- ◆ address important program needs;
- ◆ reflect goals, objectives, and strategies of their programs;
- ◆ be answered with available resources, including funds and program expertise;
- ◆ be answered within the available time frame; and
- ◆ provide information for program improvement.

If the groups' M&E questions are not meaningful or linked directly to their respective program objectives or logic model, tell participants that you are confused about how the questions will improve their programs and ask them to explain this to you. The explanation will help you see if you have missed an important justification or whether the groups need to readjust their M&E questions.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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V. Monitoring and Evaluation Frameworks

Activity 8 (continued)



15 minutes

If time permits, have participant assess their M&E questions.

The following is a set of questions that may be helpful in streamlining M&E questions. If time permits, have participants go through each of their proposed M&E questions and consider them with respect to the questions below. Under real program conditions, if participants cannot provide clear “yes” answers to A-G for each of their M&E questions, then the M&E question should be reformulated or omitted from the list:

- A. Is someone interested in the question?
- B. Have I ensured that no questions are omitted that may be important to some stakeholder?
- C. Do I know why each question is important and/or valuable to the program?
- D. Do I have a sufficient set of questions to achieve the purpose of the evaluation?
- E. Is it feasible to answer the questions given what I know about the resources for evaluation (including, funding, staff expertise, and resources)?
- F. Is each question worth the expense of answering it?
- G. Will I use data from these questions?

Once each group has finished presenting, facilitators should use the opportunity to differentiate between monitoring questions and evaluation questions. The end of this class activity concludes section V of the module. Facilitators will now move to indicators and information sources, the heart of a good monitoring and evaluation system.

Indicators

Indicators and information sources for program monitoring and evaluation are covered in section VI of day one and sections VII, VIII, and IX of day two. These sections cover the ideal characteristics of indicators, as well as practical considerations in indicator selection, where to find standardized indicators for GBV programs, and issues around determining correct and precise metrics for indicator calculation, concluding with a discussion of factors to consider when choosing an evaluation design.



105 minutes
for section VI,
part one

Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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VI. Indicator Selection — Part One Introduction to Indicators, Information Sources, and Evaluation Design

Materials

Slides and handouts

Violence Against Women and Girls: A Compendium of Indicators

This portion of the GBV M&E module discusses the importance and uses of indicators, information sources, and evaluation designs in M&E planning and implementation. We begin with a discussion of indicators. Facilitators should tailor this presentation to participants' prior knowledge of measurement issues. If this module is delivered after the module focusing on M&E of constructive male engagement programs, facilitators might be able to move quickly through the presentation of slides. If participants are relatively new to M&E, it might be necessary to discuss basic concepts in greater detail.

The focus of the group activities is to align indicators, and the data to be used for measuring them, with the program activities and logic model that participants developed earlier for their GBV intervention category. The more closely all of these things are aligned with each other, the more useful M&E will be for measuring and documenting program effectiveness. Sound indicators and information systems, and systematic data collection are the best ways to inform people about what a program does, how it functions, and what the program has accomplished. Without this, any claims about what a program has achieved would be open to criticism.

Illustrative indicators for each GBV intervention category has been provided. These illustrative indicators have been derived from *Violence Against Women and Girls: A Compendium of Indicators* (Bloom, 2008). Facilitators will need to familiarize themselves with this compendium in advance of the workshop, as in some cases, groups will need specific suggestions as to which indicators to use for their GBV intervention category. It is a good idea to have copies of the compendium available for distribution to participants.



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VI. Indicator Selection — Part One

Slides 36-39



15 minutes

Materials

Slides and handouts

1. What Is an Indicator?

The next few slides provide necessary background information to help participants make good decisions about indicator selection. Introduce this section by telling participants that once they have taken each objective through the SMART test and designed their M&E framework, they can move on to selecting indicators.

Indicators are specific, observable, and measurable characteristics that can be used to show the progress a program is making toward achieving a specific outcome.

An indicator is what you look at in order to monitor how you are progressing in achieving your objectives. In other words, indicators are clues, signs, and markers that show how close we are to achieving our objectives and how much things are changing.

2. Characteristics of Good Indicators

A critical step in designing an M&E system is to select the most appropriate indicators. What makes a good indicator? Below are characteristics of good indicators (slide 38). Although some of these concepts may seem abstract, it is important for all participants to have a basic understanding of what is presented.

Valid: An indicator is valid when it is an accurate measure of the activity, output or outcome of the program. The following question can be helpful: Will the indicator measure only what it is supposed to measure?

Reliable: An indicator is reliable when it is possible to measure it consistently over time, regardless of the observer or respondent; that is, when it minimizes measurement error. A reliable indicator produces the same results when used more than once to measure the same condition or event.



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VI. Indicator Selection—Part One

Slides 36-39 Contd.

Precise: An indicator is precise when it is put into operation with clear, well-specified definitions.

Timely: An indicator is timely when it is measured at appropriate intervals relevant to the program goals and activities.

Programmatically important: An indicator is programmatically important when it is linked to a public health impact or to achieving the objectives that are needed for impact.

Mention that comparability of indicators is also important. Where possible, indicators should be structured using comparable units and denominators and in other ways that will increase understanding of program effectiveness across different population groups and program approaches.

It is important to emphasize that while indicators measure change, their definition should not indicate a direction of change (slide 39). For example, rather than writing “*increase in the proportion of people who would assist a woman being beaten by her husband or partner,*” write instead “proportion of people who would assist a woman being beaten by her husband or partner.” Later, if you have data for at least two different points in time, the data will show whether this proportion increased, decreased, or stayed the same.

Facilitator Note: Explain that selecting indicators is usually done during program planning, preferably with input from key stakeholders. The indicator characteristics that we have just discussed are ideals that we strive for. Later slides will discuss a number of caveats and tradeoffs that are often necessary when selecting indicators.



VI. Indicator Selection — Part One

Slide 40

Common Indicator Metrics



5 minutes

Materials

Slides and handouts

The purpose of this section is to be sure that participants understand what the term “metric” refers to and to help them recognize formats of indicators. Slide 40 does not intend to present recommended or good indicators or to cover all types of metrics used in calculating indicators.

1. Begin by defining “Metric”

Definition: A metric is a precise explanation of the data and the calculations that will give a measurement or value of the indicator.

2. Present the four common indicator metrics and provide examples

- a. Counts: Indicators can be simple counts of things:
 - number of legal and service organizations for VAW/G survivors
 - number of women and children using VAW/G social welfare services
- b. Calculations: Indicators can involve calculations (for example, percentages, rates or ratios):
 - % of health units with at least one service provider trained to care for and refer survivors
 - % women aged 15-49 who have ever experienced physical violence from an intimate partner



VI. Indicator Selection — Part One

Slide 40 (continued)

Common Indicator Metrics Contd.

- c. Index, composite measures: Indicator metrics can also be complex
 - gender equitable men (GEM) scale
 - sexual relations power scale

- d. Thresholds: These may indicate a presence or absence (e. g., of laws against GBV) or whether a pre-determined level or standard is met. Examples of threshold indicators are listed below. Facilitators should read out these examples to the group:
 - Protocols that are aligned with international standards have been established for the clinical management of sexual violence survivors within the emergency area at all levels of the health system.
 - A coordinated rapid situation analysis, which includes a security assessment, has been conducted and documented in the emergency area.

Facilitator note: Emphasize that the metric is the most important part of what comprises an indicator. Defining good metrics is absolutely crucial to the usefulness of an M&E plan. A good metric clarifies what is being measured and does it in such a way that each value measured for the indicator is exactly comparable to values measured at another time.



VI. Indicator Selection — Part One

Slide 41

Common Challenges in Indicator Selection

Slide 41 presents common challenges in indicator selection and errors that people commonly make when choosing indicators. Before discussing the slide, invite participants to share challenges that they have faced in selecting indicators. List these challenges on flip-chart paper. Next, review slide 41.

- Choosing an indicator that program activities cannot affect
- Choosing an indicator that is too vague

Tell participants that it is important to use clear and precise words and phrases to state your indicators. If the indicator is open to many interpretations, this will make it difficult for people to interpret M&E results.
- Indicators that do not currently exist and cannot realistically be collected

Tell participants that if the data needed to collect their indicators are not available, then new information will need to be collected. It is important to assess how easy or difficult it would be to collect that data. Some of the factors that they should consider when determining how feasible it is to collect the data are staff resources and expertise, logistical requirements (e.g., transport, printing, vehicles), time, and cost.
- Selecting an indicator that does not accurately represent the desired outcome
- Too many indicators

Facilitator note: Tell participants: “If you drop, add, or modify indicators during the program’s implementation, then you may not be able to assess why changes are occurring in your target population. If you have already begun your M&E effort and discover that your indicators are not specific enough, it is advisable to add indicators than to change existing ones” (Adamchak et al., 2000).



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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VI. Indicator Selection—Part One

Slide 42



5 minutes

Materials

Flip-chart and markers

How Many Indicators Are Enough?

Introduce slide 42 by stating that a frequent question is “how many indicators should my program have?” Output indicators relate directly to program activities, but it is often the case that programs select more output indicators than are necessary or advisable. Having too many indicators will burden the project in terms of data collection and analysis. Review the guidelines for indicator selection that are presented in slide 42 and emphasize the following points.

1. Avoid indicator “overkill.” The number of indicators should be manageable, keeping in mind data available, and project resources for M&E (both human and monetary) .
2. It is better to select one or two indicators for each key activity or result.
3. There should be at least one outcome indicator for each objective.
4. It is wise to vary the data sources used for indicators.

Facilitator note: Inform participants that while it is a good idea not to overload an M&E plan with too many indicators, it can be risky to rely on a single indicator to measure any significant effect of a program or project. If the data for that one indicator become unavailable for some reason, or other problems occur, it will be difficult to make the case that your program or project has made a difference.

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VI. Indicator Selection — Part One

Slide 43

Factors to Consider When Selecting Indicators



10 minutes



After presenting slide 42, entitled “How many indicators are enough?”, begin this section by asking participants: “In your experience, what factors other than desire to select the best and most appropriate indicators, have affected the selection of M&E indicators? Give specific examples.

1. Post participants’ responses on a flip chart.
2. Then use slide 43 and the accompanying speaker notes to fill in the gaps and provide further explanation of the following factors that may affect indicator selection in the field.
 - links to program activities as shown through frameworks
 - program’s information needs for decision making
 - data availability
 - resources
 - programmatic or external/donor requirements
 - standardized indicators (if available)
3. Transition to activity 9 by saying that the first two factors (links to program activities and needs for decision making) are very important. The next small group activity will give you an opportunity to link indicators to the program activities that you have proposed for your GBV intervention category.
4. Ask participants if they have any questions before proceeding.

Facilitator note: The key message is that, in an ideal world, indicators judged to be the highest quality and most useful would be the ones selected to monitor and evaluate program activities; but in field settings, many other factors intervene.



Monitoring and Evaluating Gender-Based Violence Prevention and Mitigation Programs



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VI. Indicator Selection — Part One

Activity 9, Slide 44



40 minutes



Materials

Flip chart and markers

1. Introduce activity 9.

Introduce this activity by stating that by having good indicators for our program, we can more precisely measure (and not guess at) whether program objectives are being met. Moreover, having good indicators strengthens our confidence in claims made about the program.

2. Have participants return to small groups from previous activities where they developed goals, objectives, activities, and M&E questions for their GBV intervention category.

3. Instruct participants to select three indicators that their group might use to measure progress towards their program goals and objectives.

Let participants know that at this time they do not need to concern themselves with measurement tools and sources of data. All they need to do now is write down, using simple language, some reasonable indicators for their program. Tell participants that they should select the most appropriate indicators, keeping in mind the resources available to collect and analyze data. It is useful for them to remember they should include only those indicators that are feasible and best reflect the outcomes that they are attempting to measure. Tell participants to think about which indicators will truly provide information useful to project staff in knowing whether the program is on the way to meeting its objectives (output indicators) and whether the objectives have been achieved (outcome indicators).

4. Ask participants to discuss the indicators they have chosen and decide into which component of the logic model the indicators fall.

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VI. Indicator Selection — Part One

Activity 9 (continued)

5. Next, have one member of each group tape the indicators on the assigned wall space.
6. After 15 minutes have each group present their indicators.
7. After all groups have presented their indicators, facilitate a discussion about which indicators are where (input, output, outcome, or impact) and why.

Have participants discuss if the indicators they've chosen fit when viewed through the “lens” presented in Slide 45 and adjust accordingly. As a facilitator, your major tasks in this regard are to:

- have the class assess whether the indicators are logically linked to the group's activities and M&E framework;
- have the class assess whether the indicators that have been selected are good indicators;
- ask the group to explain how the indicators might be used for program decision-making and for what decisions; and
- ask the group to assess whether data are available to measure the proposed indicators.

Facilitator note: Sometimes, it is difficult to determine if an indicator is an output or outcome because an output for one program or project might be considered an outcome for another program or project. For example, the indicator “number of service providers trained in the past year to identify, refer, and care for VAW/G survivors” may be considered an output indicator since it gives information about the activities being implemented. However, it might be considered an outcome indicator for a program or project that focuses on increasing access to GBV services in the health sector. An important rule of thumb is that outputs are program-based and outcomes are population-based. Another important thing to remember is that the indicator should relate to the program objectives.



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VI. Indicator Selection — Part One

Activity 10, Slide 45



30 minutes

Activity 10: Assessing Selected Indicators

- Have the class assess whether the indicators can be realistically collected given available resources for monitoring and evaluation.
- Have the class discuss whether there are government or donor requirements for measuring the proposed indicators.

For activity 10, facilitators will need to work closely with participants to ensure that they identify the full range of issues for the different indicators that are proposed. Although there are no perfect indicators, facilitators should be provocative and push participants beyond the use of generally used but sometimes weak indicators to using standardized indicators presented in *Violence Against Women and Girls: A Compendium of Indicators* or to the development of more valid and more reliable indicators that fit their program best.



5 minutes

Wrap Up Day One

After all the indicators have been reviewed, wrap up for the day by asking each participant to name one important thing he/she learned today.

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DAY TWO

Welcome and Review the Day's Agenda



15 minutes

Facilitators should thank participants for coming on time and review the day's agenda.

The activities for day two include the following:

- Participants will define metrics for the indicators chosen for their intervention category.
- Participants will learn how to measure common composite indicators.
- Participants will learn how to set indicator targets.
- Participants will learn common sources of information for measuring indicators.
- Participants will learn guidelines for choosing an evaluation design.
- Facilitators will then obtain constructive feedback from participants about ways to improve the GBV M&E session.

Remind participants to return to their GBV intervention group. Like day one, today's activities will occur mostly at the group level. Take about 10 minutes to review with participants the material they learned the previous day. This can provide an excellent opportunity for participants to quiz each other and generate energy among the group.



145 minutes
for section VI,
part two

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VI. Indicator Selection — Part Two

Slides 46

Where to Find Standardized Indicators for GBV Programs

As a facilitator, it is important for you to familiarize yourself with *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators* (Bloom, 2008) well in advance of the workshop. During the exercise that follows, participants may need specific suggestions as to which indicators to use. The indicators in the compendium fall into four main categories:

1. magnitude and characteristics of five types of violence against women and girls;
2. programmatic sectors (i.e., health, education, justice/security, social welfare);
3. under-documented forms of violence and emerging areas; and
4. prevention programs (youth, community mobilization, working with men and boys).

Volume 1 of the *Compendium of Indicators for Reproductive Health Programs* (Bertrand & Escudero, 2002) also provides indicators for measuring output indicators. It is recommended that facilitators also review this compendium in advance of the workshop. Both compendiums are available on the MEASURE Evaluation Web site at:

<http://www.cpc.unc.edu/measure/publications>

It is also a good idea to have copies of Bloom (2008) for distribution to participants at the end of the workshop. **The key message is that, whenever possible, participants should use standardized indicators that have already been devised for GBV programs.**

Facilitator note: Tell participants: “If you drop, add, or modify indicators during the program’s implementation, then you may not be able to assess why changes are occurring in your target population. If you have already begun your M&E effort and discover that your indicators are not specific enough, it is advisable to add indicators than to change existing ones” (Adamchak et al., 2000).

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VI. Indicator Selection — Part Two

Slides 47-50



15 minutes

Materials

Flipchart and markers

The next four slides provide illustrative indicators for the four categories of GBV intervention. If time permits, facilitators can use these indicators to check participants' understanding of concepts introduced in previous sections, as suggested below:

1. From the set of illustrative indicators provided, distribute two indicators per group.
2. Ask the group to discuss the indicator they have and decide into which component of the logic model the indicator falls.
3. After all groups have found their logic component, facilitate a discussion around which indicators are where, and why.
4. Ask questions that help participants grasp the various logic model components.

Note that all the illustrative indicators have been derived from Bloom (2008).



VI. Indicator Selection — Part Two

Slides 47-50 (continued)

**Illustrative Indicators by Level of Intervention and Logic
Model Component: Community Mobilization (Slide 47)**

1. Proportion of people who would assist a woman being beaten by her husband or partner
 - outcome
 - numerator is the number of people surveyed who state that they would be “willing to help” to the question:

If you knew a woman was being beaten by her husband, either because you heard the incident or because she told you, would you be willing to help?
 - denominator is the total number of people surveyed

2. Proportion of people who say that wife beating is an acceptable way for husbands to discipline their wives
 - outcome
 - numerator is the number of respondents in the community who respond yes to any of the following questions related to what justifies wife beating by husbands, as listed below:

Ask: Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife:

 - ◆ If she is unfaithful to him?
 - ◆ If she disobeys her husband?
 - ◆ If she argues with him?
 - ◆ If she refuses to have sex with him?
 - ◆ If she does not do the housework adequately?
 - denominator is the total number of people surveyed in the community



VI. Indicator Selection — Part Two

Slides 47-50 (continued)

3. Proportion of people who agree that rape can take place between a man and woman who are married
 - outcome
 - numerator is number of people who agree with the statement: When a husband forces his wife to have sex when she does not want to, he is raping her
 - denominator is total number of people surveyed

4. Proportion of youth-serving organizations that include trainings for beneficiaries on sexual and physical VAW/G
 - output
 - numerator is number of youth-serving organizations that train beneficiaries on VAW/G issues. Training curriculum aimed at youth should include components covering:
 - ◆ acts of VAW/G that affect youth along with their health and social consequences
 - ◆ how power, coercion, and gender issues place youth at risk for VAW/G
 - ◆ where and how youth can get help if they have experienced an act of VAW/G
 - denominator is total number of youth-serving organizations surveyed



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VI. Indicator Selection — Part Two

Slides 47-50 (continued)

Illustrative Indicators by Level of Intervention and Logic Model Component: Behavior Change Communication (Slide 48)

1. Proportion of people who have been exposed to VAW/G prevention messages
 - outcome
 - numerator is the number of people surveyed who answered affirmatively to either question:
 - ◆ In the past (e.g., 12 months), have you heard about issues related to the prevention of violence against women and girls through the radio, TV, or other media like the newspaper or a poster?
 - ◆ In the past (e.g., 12 months), have you discussed issues related to the prevention of violence against women and girls with anyone who came to your house or neighborhood to make people aware of the problem.
 - denominator is the total number of people surveyed
2. Proportion of girls who say that they would be willing to report any experience of unwanted sexual activity
 - outcome
 - numerator is the number of girls aged 10-18 years old who state they would be willing to report an incident of unwanted sexual activity
 - ◆ Ask: If someone, even a family member, had touched your private parts, would you be willing to tell someone about it
 - denominator is the total number of girls aged 10-18 years old surveyed
3. Proportion of girls that feel able to say no to sexual activity
 - outcome
 - numerator is the number of girls aged 10-18 years old reporting that they agree with the following two statements, adapted from the USAID Safe Schools quantitative instrument:



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VI. Indicator Selection — Part Two

Slides 47-50 (continued)

- ◆ you have the right to say no to sex, no matter who asks you
 - ◆ you have the right to say no if any male, including a teacher, family member, or friend wants to touch your thighs, buttocks or private parts
 - denominator is the total number of girls aged 10-18 years old surveyed
4. Proportion of individuals who know any of the legal sanctions for VAW/G
- outcome
 - numerator is the number of people who know any of the legal sanctions which an occur after an act of VAW/G is committed
 - ◆ Ask (construct list of acts and the legal recourse associated with it): Do you know that if an individual does X, then Y can result?
 - denominator is the total number of people surveyed

Illustrative Indicators by Level of Intervention and Logic Model Component: Service Delivery (Slide 49)

1. Proportion of health units that have documented and adopted a protocol for the clinical management of VAW/G survivors
- output
 - numerator is the number of health facilities in the geographic region of study (e.g., country, region, community) reporting that they have both documented and adopted a protocol for the clinical management of VAW/G survivors:
 - ◆ Ask: Are there written policies and procedures (a protocol) in this clinic to identify victims of VAW/G? May I see a copy?
 - denominator is the total number of health units surveyed in the geographic region of study (e.g., country, region, community)



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VI. Indicator Selection — Part Two

Slides 47-50 (continued)

2. Proportion of health units with at least one service provider trained to care for and refer VAW/G survivors
 - output
 - numerator is the number of health facilities in the geographic region of study (e.g., nation, province, state, community) reporting that at least one provider has been trained in the past three years
 - ◆ Providers in health units would be asked if and when they participated in a training focused on VAW/G, such as the module that appears in the IPPF assessment. If there is at least one provider who was trained within three years of the time of interview, the facility would be included in the numerator
 - denominator is the total number of health units in the geographic region of study (e.g., nation, province, state, community)

3. Proportion of women who were asked about physical and sexual violence during a visit to the health unit
 - output
 - numerator is the number of women who were asked, during the course of their service provision at the unit, about any violence that had ever occurred, either physical or sexual, in the geographic area of study (nation, province, state, community):
 - ◆ if it is being measured with a medical record review, all women's charts that noted that they were asked if they experienced any physical and sexual violence by a provider would be entered into the numerator
 - ◆ if it is being measured in a survey of women based on exit interviews from the health unit, all women leaving the clinic would be asked if a provider asked them if they had ever experienced any physical or sexual violence; all women answering yes would be entered into the numerator



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VI. Indicator Selection — Part Two

Slides 47-50 (continued)

- denominator:
 - ◆ if the indicator is measured through a record review, this is the number of women's records that were reviewed at the health unit
 - ◆ if the indicator is being measured through an exit interview, this is the total number of women interviewed

- 4. Proportion of rape survivors who received comprehensive care
 - output
 - numerator is the number of rape survivors seeking care who received any of the following comprehensive care elements of care at a health facility, during a specific period of time (e.g., within the past 12 months):
 - ◆ STI screening and treatment
 - ◆ HIV counseling and testing, and post-exposure prophylaxis (PEP) (within 72 hours of the incident)
 - ◆ psycho-social services
 - ◆ access to legal abortion
 - ◆ collection of forensic evidence using a rape kit
 - ◆ access to emergency contraception (within 72 hours of the incident)
 - denominator is the total number of rape survivors seeking care at facilities included in the survey

Illustrative Indicators by Level of Intervention and Logic Model Component: Law and Public Policy (Slide 50)

1. Proportion of law enforcement units following a nationally established protocol for VAW/G complaints
 - output
 - numerator is the number of law enforcement units of a region or country



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VI. Indicator Selection — Part Two

Slides 47-50 (continued)

that follow a nationally established VAW/G protocol when handling complaints

- ◆ if there is no national protocol pertaining to the management of VAW/G cases, this indicator cannot be measured (the protocol should cover the following areas):
 - √ how and where VAW/G survivors should be interviewed
 - √ how confidentiality is ensured
 - √ type of investigation and follow-up that should take place following a report
 - √ how women and girls are protected following a complaint
 - denominator is the total number of law enforcement units surveyed
2. Number of law enforcement professionals trained to respond to incidents of VAW/G according to an established protocol
- output
 - count is the number of law enforcement professionals, including police officers, investigators, and others who are trained (count the law enforcement employee if he/she has been listed as participating in a training program that included information on how to respond to VAW/G incidents; the program curriculum may vary by context, but must include information on managing the response to VAW/G incidents in accordance with an established protocol; the protocol for response may be national or regional)
3. Number of VAW/G complaints reported to the police
- output
 - count is the number of complaints that are identified as pertaining to VAW/G during the specified time period



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VI. Indicator Selection – Part Two

Slides 47-50 (continued)

4. Proportion of VAW/G cases that were investigated by the police
 - output
 - numerator is the number of VAW/G complaints that were investigated during a specific time period (this includes reports that had confirmed police investigations)
 - denominator is the total number of VAW/G police reports made during the same period

Facilitator note: Even though we have not yet discussed how to measure indicators, the metrics of the illustrative indicators have been presented so that facilitators may draw on relevant examples when discussing how to measure and operationalize indicators in subsequent sections of this module.



VI. Indicator Selection — Part Two

Slides 51-52

Measuring Indicators

 5 minutes

The next two slides go into further detail about how to calculate different types of indicators. We will start with counts and percentages and then move on to composite indicators.

1. Explain that it is important to understand what goes into an indicator before we move on to discuss how they are selected and developed.
2. Refer to the speaker notes as you present the two examples that are listed on slides 51-52.
3. Note that the indicator on slide 51 is a count. The indicator on slide 52 is a percentage.

The key messages are:

- ◆ for counts, specify what/who qualifies to be counted; and
- ◆ for percentages, always specify the numerator and the denominator.

Facilitator Note: Emphasize that the metric is the most important part of what comprises an indicator. Defining good metrics is absolutely crucial to the usefulness off an M&E plan. A good metric clarifies what is being measured and does it in such a way that each value measured for the indicator is exactly comparable to values measured at another time.

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VI. Indicator Selection — Part Two

Activity 11, Slide 53



40 minutes



Materials

Flip chart and markers
Handout 8

1. Introduce activity 11, operational definition of indicators, by stating that one of the characteristics of a good indicator is that it should be defined in precise, unambiguous terms that clearly describe exactly what is being measured. While this characteristic may seem obvious, many indicators that are in use are not defined in clear terms and include terminology that could be improved. The more you spell out in the indicator, the less room there will be for later confusion or complications.
2. Have participants return to their GBV intervention groups.
3. Distribute the terms from the list below so that at least two groups will work separately on the same term.
 - intimate partner physical violence
 - appropriate care for rape survivors
 - support-seeking behavior of GBV victims
 - gender-norm related attitudes that reinforce VAW/G
4. Ask each group to discuss the assigned term and then write down an operational definition for the indicator on flip chart paper.
5. After 15 minutes, have one member of each group tape the definition on its assigned wall space and present the definition.
6. Reconvene and have participants discuss and improve the definitions as needed.

Facilitator note: The different definitions groups develop will show how many different ideas can be conveyed by terms that are often considered obvious when used in indicators. This should highlight the importance of a precise definition of an indicator. Explain that improving the clarity of wording in an indicator contributes to the validity in the use of the indicator.



VI. Indicator Selection — Part Two

Slide 54

Measuring Composite Indicators: Brainstorming Session



10 minutes

Materials

Slides, laptop, and projector
Handouts
Flip chart and markers

1. Start the discussion on composite indicators by brainstorming for five minutes using the following questions as a guide: “How can we measure attitudes towards GBV? What question do you ask?”
2. Write down participants’ suggestions on a flip chart.
3. Ask participants which question would be a good representation of general attitude toward GBV. If there are several suggestions, ask participants how would we know if any one question is a good representation of general attitude.
4. Follow up with the following question: “How do you scale each question?”
5. Next ask participants how they would combine answers to the questions to come up with a single indicator.
6. Finally, ask participants whether all questions are equally important; and if not, what value or weight would they assign to each question of GBV attitude if they were to collect all of these questions in a survey.
7. Then, referring to the speaker notes on slide 54, discuss the advantages and disadvantages of composite indicators.

Facilitator note: The key message is that in order to determine what an individual believes or feels about GBV, it is often necessary to bring together responses from several questions and construct a composite indicator. However, composite indicators are difficult to construct. They may send misleading policy messages if poorly constructed.



VI. Indicator Selection – Part Two

Slide 55

Example of Measuring GBV Attitudes Toward Wife Beating



5 minutes

1. Using slide 55, illustrate how GBV attitudes are measured (this example is taken from a Demographic Health Survey). Attitudes toward wife-beating are based on a five-item question asking the respondent whether, in his or her opinion, a husband is justified in hitting or beating his wife under specific circumstances.

Sometimes a man is annoyed or angered by the things his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

- If she goes out without telling him?
- If she neglects the children?
- If she argues with him?
- If she refuses to have sex with him?
- If she burns the food?

2. Response categories are yes, no, and don't know.
3. Using responses to all five questions, special statistical methods are used to generate a composite indicator measuring approval of wife beating.

Facilitator note: When possible, if this training is being conducted for a specific country or region, try to gather data specific to that country or region and focus the presentation on those data. Look at the most recent DHS survey for the country or region to see if it included questions on attitudes towards wife-beating, and revise slide 55 accordingly.



VI. Indicator Selection — Part Two

Activity 12, Slide 56

Activity 12: Specifying Indicator Metrics



40 minutes



Activity 12 provides an opportunity for participants to determine correct and precise metrics for accurately calculating the indicators that their groups had selected to measure progress towards their program objectives.

1. Have participants return to the small groups from their previous activities.
2. Instruct participants to define the metrics for each of their indicators and record the metrics on flipchart paper. Participants should provide the following:
 - ◆ definition of the indicator;
 - ◆ exact way the indicator will be measured and calculated (including the numerator and denominator, where applicable); and
 - ◆ clarification of terms used in the indicator definition and how these terms will be measured.
3. Have the group post its indicator metrics on the group's assigned wall space, and assign a member to present the indicator metrics to the class.
4. Facilitators should also provide feedback to the groups. Look for clarity of wording, which is important to reduce confusion and measurement error. Encourage participants to think of different ways to construct metrics for the proposed indicators using different data and to think of the different implications of the indicators as differently constructed.

Facilitator note: A single indicator may have more than one metric.



VI. Indicator Selection — Part Two

Slide 57

Indicator Reference Sheet



10 minutes

Materials

Handout 9, indicator reference sheet

Refer participants to handout 9, the indicator reference sheet. Indicator reference sheets have several functions:

- They serve to document the indicators used to measure progress towards program goals and objectives.
- They can be used to ensure data quality and to encourage programs to update their data.

Facilitators should explain that the contents of the indicator reference sheets enable the following questions be to answered:

1. Is the indicator easy to interpret correctly?
2. How is the indicator representative of the issue or area being considered?
3. What is the shortest time period for showing change?
4. Is there a baseline or reference value for assessing change over time in the value of the indicator?
5. What degree of change could be expected?
6. Is the indicator based on data that are updated at regular intervals?
7. Do the data allow for national or international comparability?
8. Is the indicator well-founded and of good quality?
9. How sound are the data collection and statistical methods?

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VI. Indicator Selection — Part Two

Activity 13, Slide 58

Activity 13, Setting Indicator Targets



10 minutes



Materials

Slides and handouts

Begin this session by stating that once we have selected our indicators, it is important to set targets for those indicators in order to assess how much change or improvement has been achieved.

What is a target?

A target is the value that an indicator is expected to reach by a particular point in time. Setting targets can be a helpful method to clarify the results a program aims to achieve and in so doing help to focus program efforts. Targets also provide benchmarks against which program performance can be judged.

Next:

1. Ask participants to call out a few (for example, two or three) performance targets that their projects or programs have established for GBV prevention and mitigation indicators.
2. Ask for a volunteer to write these targets on a flip chart.
3. Then ask participants calling out those targets what factors their programs usually consider when setting targets. For example, how do their programs decide on what value to assign a particular target. It is important to note that depending on their level of participation in the design phase of a program during which targets are usually set, participants who called out their program's GBV performance targets may or may not know how those targets were set.

Facilitator note: Great care must be taken in choosing targets. Well-set targets can be valuable tools but poorly set targets can be damaging to program morale if they are too ambitious (or easy to attain). When setting targets, one needs to choose a point in time at which the target is expected to be reached.



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VI. Indicator Selection — Part Two

Activity 13, Slide 58 (continued)

4. Continue by discussing the challenges in target setting and then present the various approaches that can be used to set targets. Refer to the speaker notes for this slide.
5. Conclude by stating that it is also important for programs/participants to document how their targets have been set so that they can repeat the process the next time around.
6. Tell participants: “Note that the indicator reference sheet also requires you to describe the rationale that was used in setting targets in the field labeled ‘Notes on baselines/targets.’”

Facilitators may also highlight that, with some targets, it is useful to have a clear idea of where a program expects performance to be at key times during the year. For example, benchmarks (or milestones) can be established to demonstrate progress towards the program objective or target for the associated indicator.

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VI. Indicator Selection — Part Two

Activity 13, Slide 59

Activity 13: Setting Indicator Targets Based on Past Trends



10 minutes

Materials

Slides and handouts

Activity 13 provides a case study to illustrate how indicator targets may be set based on past trends. The activity can be done with the full group of participants. It is not necessary to have participants return to their small groups organized around categories of GBV intervention. Explain that we will set targets by seeing how much things improved over previous years and project this into the future.

Case Study

One of the objectives of the Ministry of Women's Affairs in Country X is to reduce the prevalence of intimate partner violence. The 2000 DHS showed that 30% of ever married women aged 15-49 years in the country had ever experienced intimate partner emotional, sexual, or physical violence. A comparable DHS conducted in 2005-2006 showed that the prevalence of intimate partner violence (emotional, physical, or sexual) was 25% among ever-married women aged 15-49. Based on this trend, what would be a realistic national target for this indicator in 2010?

Answer

There was a 17% decrease between 2000 and 2005-06. If we assume that the same magnitude of change would be observed at the national level over the next five years, a realistic target for the indicator in 2010 would be 20%.

Facilitator note: When setting targets, it is important to remember that many of the outcomes we seek to measure develop over long periods of time. Programs may take a long time to show results involving changes in behavior and in mortality or fertility rates.



75 minutes
for section
VIII

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VII. Information Sources

Slide 60

Types of Information Sources



10 minutes

Now it is time to move forward with the task of discussing information sources for proposed indicators. Facilitators may begin by soliciting participants' thoughts on qualitative and quantitative information sources: how they are similar and how they are different. There are basically two types of information sources depending on whether or not indicators are measured in numbers: quantitative and qualitative. The following information can be used to supplement the slide and speaker notes.

Quantitative Information

Quantitative information sources are used to measure indicators through numbers. For example, if one objective of the program is to increase access to services for VAW/G survivors, we could construct a quantitative indicator by computing the percentage of rape survivors who received comprehensive care. Under ideal circumstances, this percentage would total 100%. Quantitative data are useful for tracking trends and highlighting differences. Quantitative information sources also provide information which is easy to analyze statistically. The data can also be easily translated into graphs. However, without further analysis, quantitative data cannot explain how or why differences occur.

Qualitative Information

Qualitative information sources are NOT numerical. One distinct advantage of qualitative data is that they can help one to understand the context in which trends and differences occur and to interpret quantitative data. Qualitative data also present the unique view points of people being studied. For example, if we are interested in the well-being of GBV victims as an outcome of our program, we may not have a good quantitative indicator. We could conduct qualitative research to ask clients about their physical and mental wellbeing and their ability to cope with the stress of abuse in their lives. We could tape-record their responses and identify themes that reflect their well-being and perceptions. In this case, words reflecting what clients say and not numbers provide the source of data.



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VII. Information Sources

Slide 60 (continued)

Qualitative information sources will not be discussed in detail in this module. However, facilitators may use the following questions to guide a discussion about qualitative data:

- What do you think are some of the qualitative methods that can be used in monitoring and evaluation?

Answer: Focus group discussions, in-depth interviews, case studies, observation studies, document studies.

- What are some of the advantages of qualitative data?

Answer: Qualitative data are ideal for finding out who, what, when, where, and why; provide greater level of depth and detail; useful for researching sensitive questions, attitudes, motivations, and perceptions; do not require large sample size; do not require expertise in statistics (but should use a systematic analytical approach).

- What are some of the disadvantages of qualitative data?

Answer: Fewer subjects tend to be studied; difficulty generalizing to the larger population; inappropriate for collective behavioral data; collecting some qualitative data can be time consuming.

Allow participants to share some of their own experiences and to describe some of the qualitative methods they use in their own programs.



VII. Information Sources

Slide 61

Quantitative Information Sources

 15 minutes

Facilitators may open the discussion of quantitative data sources with, “Let us take a look at some of the sources of quantitative data.” Then facilitators should:

- present the various quantitative information sources and examples of each information source;
- describe the types of data that GBV programs can derive from each information source, as presented in the speaker notes of the slide; and
- if time permits, conclude this section with the optional class activity described next (advantages and disadvantages of information sources).

Optional Activity: Advantages and Disadvantages of Information Sources

 15 minutes

Begin by telling participants that all data sources rely on individuals providing information and each type of information source has advantages and disadvantages. Next, give one type of quantitative data source to each group/table and ask each group to discuss the following issues.

- What are the advantages of using this source of information?
- What are the disadvantages of using this source of information?
- Have your programs used this type of information source before? In what way?

Facilitators should ask each group to organize their responses into two columns on a flip chart, labeled “Advantages” and “Disadvantages.” Give participants 15 minutes for this activity. Then reconvene the entire group.





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VII. Information Sources

Optional Activity (continued)

Ask each small group to present the results of its discussion. Note that crime statistics and behavioral surveillance surveys are not as commonly used as the other four information sources. Fill in the gaps using the observation provided below.

Some Advantages and Limitations of Selected Information Sources

1. Population-based surveys

- **Advantages:** Representative of general population; no selection bias; wide range of outcome level indicators can be collected; provide estimates of program coverage; tend to use well-tested instruments and have well-built in systems for data quality control.
- **Disadvantages:** May not be representative at lower administrative levels such as districts; not conducted frequently enough — typically every three to five years; expensive; cannot detect small changes or changes over short periods of time without large samples; not suitable for some types of information such as retrospective attitudes — recall bias often of concern.

2. Facility surveys

- **Advantages:** Can cover both public and private facilities; contains more detailed information than is typically available in routine health information systems; can be tailored to specific program needs or timed so that they coincide with program implementation; can be combined with population surveys to demonstrate whether changes in the service environment are leading to improved GBV outcomes at the population level; quality control is easier than in a routine health information systems.
- **Disadvantages:** Survey design and analysis can be complex; expensive; time consuming; if they are stand alone surveys, there are concerns about sustainability because the data are less connected to ongoing program decision-making; information is rapidly outdated and, unless the facility survey is repeated, the data are not available regularly; there are sample size constraints; can be costly depending on whether it is representative at the national or sub-national level; there may be small client sample sizes for some services.



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VII. Information Sources

Optional Activity (continued)

3. Health service statistics

- **Advantages:** These data are routine (i.e., continuously reported) so they are more suitable for frequent reporting; are derived from existing information systems, so new data collection may not be necessary; unlike surveys, statistics are available at lower administrative levels, such as districts; because they are an integral part of the health system, they can be directly linked to health actions.
- **Disadvantages:** There are variations in quality, completeness, and timeliness of reporting across facilities; it is difficult to provide coverage estimates because of problems in estimating the denominators for routine-based coverage rates; the data may only cover government health facilities, which may give an incomplete picture of the utilization of health services; double counting may be a problem.

4. Program statistics

- **Advantages:** These data are routine (i.e., continuously reported so they are more suitable for frequent reporting); are derived from existing information systems, so new data collection may not be necessary.
- **Disadvantages:** There may be variations in the quality, completeness, and timing of reporting, depending on the number of implementing organizations involved; it is difficult to provide coverage estimates because of problems in estimating the denominators for coverage rates; double counting across implementing organizations may be a problem.



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VII. Information Sources

Slide 62

Triangulating Data Sources: Soul City



5 minutes

State that it is often necessary to bring together many different sources of data. Most programs use a mix of quantitative and qualitative approaches to collect data for M&E. Use slide 62 and the slide's accompanying speaker notes to illustrate how one program (Soul City) brought together different data sources for monitoring and evaluating its communication-for-change interventions.

Facilitators may want to point out that Soul City conducted its evaluation at three different levels: individual, community, and societal. In some cases, program managers will need to decide at which level they want to conduct their evaluations.

After describing the various information sources used by Soul City, facilitators should launch a discussion by asking participants:

- How have you used both quantitative and qualitative data to assist with understanding the results achieved by a program?
- What was gained by using data from both quantitative and qualitative sources?

Facilitator Note: Highlight that many organizations do not have the resources to conduct such a comprehensive evaluation. Projects/ programs should first draw on existing surveys, studies and information systems to meet their information needs before deciding to design and implement new evaluation studies. However, when using existing data sources, programs need to be sure that the right kind of data have been collected to enable them to calculate their indicators.



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VII. Information Sources

Activity 14 (slide 63)

Activity 14: Identifying Information Sources



30 minutes



Begin this activity by stating, “Once you have chosen the basic indicators for your program, you must specify the sources of data for measuring them.” Some indicators may be measured in more than one way. In such cases, participants should be clear about which data sources they will use when measuring the indicator.

1. Have participants return to small groups from their previous activities.
2. Instruct them to look at the indicators that their group had selected to measure progress towards their program goals and objectives. Groups should identify the potential sources of data needed for measuring each indicator.
3. Ask participants to also discuss the following question: What challenges might you face in using these potential sources of data?
4. After 10 minutes, reconvene and have one member of each group present the information sources and possible challenges associated with using them.

When groups report back, facilitators should ask participants, as applicable, what other data sources could be used for calculating their proposed indicators and how the indicator metrics would change if these alternative sources of data were used.

As participants discuss challenges to using their proposed data sources, facilitators could devise hypothetical situations for particular data sources. For example, facilitators could ask what participants would do in the following situations:

- The DHS has been delayed for 24 months.
- The budget for M&E data collection efforts have been cut in half.



20 minutes
for section
IX

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VIII. Evaluation Design

Slides 64-69

Impact Evaluation

Begin this section by informing participants that there are a number of ways to design evaluation studies. There is no single best way. The key is to select the evaluation design or designs which fit your program/situation. This module does not describe evaluation designs in detail but presents the practical realities of choosing an evaluation design in program settings. Facilitators should recap by asking participants: “Why do an evaluation?” and “What is impact evaluation?”

1. Next, present the guidelines on how to decide which study design is appropriate, using slide 64 and its associated speaker notes.
2. Then present the following four key messages:
 - Impact evaluation needs a specific study design.
 - The study design depends on what questions a program needs to answer.
 - The choice of design should be influenced by the resources that a program has available.
 - Often, program managers and M&E planners must balance what is ideal and preferred against what is feasible when deciding on a specific evaluation design.
3. Participants should be directed to consult with sampling experts or statisticians for specific advice on designing evaluation studies.

Facilitator note: Highlight that, when designing an evaluation study, program and project managers should be sure that available time and resources are adequate to implement the design.



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VIII. Evaluation Design

Slides 64-69 (continued)

4. State that there are methodological issues and challenges associated with each evaluation design (slide 65). Refer participants who would like to know more about evaluation designs to Fisher and Foreit (2002).
5. As you explain slide 66, emphasize that, in impact evaluation, programs often have to decide two things: the number of times to collect data and the amount of time between data collection points. In terms of the number of times to collect data, more is not always better. The decision should depend on the evaluation questions, resource limitations, and practical constraints. Some evaluation designs require only one data collection points, while some require at least two data collection points. In many cases more frequently repeated data collection is not necessary to answer evaluation questions.
6. Conclude this section by highlighting that when monitoring and evaluating GBV programs, the confidentiality, safety and well-being of GBV survivors must be top priority at all times (slide 67). Some of the references used during the two-day workshop are presented on slides 68 and 69



20 minutes

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Closing Activities

Materials

Session evaluation forms

Closing activities provide an opportunity for participants to pose remaining questions to facilitators. After this question and answer session, facilitators should do the following:

1. Ask participants to describe two most important things they learned during the workshop. Write each of the points mentioned on a flipchart or ask a participant to do so.
2. Distribute the GBV M&E Session Evaluation Form to participants and ask them to fill it out and submit it before leaving the room.
3. Distribute certificates of participation, as appropriate.
4. Remind participants that every year, MEASURE Evaluation provides intensive training workshops on M&E. These workshops are typically of one to three weeks duration and can offer participants the opportunity to build on what they learned over the past two days. Interested participants may find the training workshop schedule on the MEASURE Evaluation website:

<http://www.cpc.unc.edu/measure/training>

5. After the workshop is finished, remember to take the time to collect the session notes, which can provide a record of how long different activities took, questions that arose, and how well certain sections of the module worked.

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Appendix 1
**Assessment of Knowledge, Skills,
and Needs**

Assessment of Knowledge, Skills, and Needs

Monitoring and Evaluating Gender-based Violence Prevention and Mitigation Programs

1) What is your knowledge level in terms of monitoring and evaluation of in each of the following categories of gender-based violence programs? (Rate your knowledge level on a scale of 0 (none) to 9 (outstanding))

Community Mobilization _____

Behavior Change Communication _____

Service Delivery _____

Law and Public Policy _____

2) What is your knowledge level of the following forms of data collection? (Rate your knowledge level on a scale of 0 (none) to 9 (outstanding).)

Population-based Surveys _____

Qualitative Methods (focus groups, in-depth interviews, etc.) _____

Health Service Statistics _____

Program Statistics _____

Facility Surveys (client exit interviews, clinic observations)

Community-based Needs Assessment _____

3) How would you rank your skill level in each of these areas? (Rate your skill level on a scale of 0 (none) to 9 (outstanding).)

Program Planning _____

Program Implementation _____

M&E plan development (e.g., frameworks, data collection strategies, etc.) _____

M&E data collection (e.g., survey of community, conducting focus groups, etc.) _____

4) What are the two knowledge areas/skills you would like to strengthen most? (List two knowledge areas/skills from those listed in questions 2 and 3 above.)

Knowledge Area/Skill #1 _____

Knowledge Area/Skill #2 _____

Appendix 2

Evaluation Questionnaire

