



## HUMANITARIAN INNOVATION FUND GBV M&E Challenge Final Report

*– Please try not to exceed 8 pages (Arial, 12pts) excluding attachments –*

Organisation Name	International Rescue Committee
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Project Title	Raising the bar for routine M&E in GBV programming
Partner(s)	N/A
Problem Addressed / Theme	M&E tools to measure GBV outcomes
Location	Kenya and Jordan
Start Date	1 <sup>st</sup> July 2017
End Date	1 <sup>st</sup> September 2018

Total Funding	79,511 GBP
Total Spent	78,686 GBP

Innovation Stage	Development (stage 3)
Type of Innovation	Paradigm Innovation
Project Impact Summary	<p>M&amp;E and appropriate use of data to inform programming is an important part of accountable GBV programming, but traditionally the sector has focused on output indicators. What we should be measuring is how survivors respond to the services provided, if they feel that the interventions help them and increase their sense of safety. The IRC has developed and piloted measurement tools that allow the humanitarian community to measure the impact of GBV programming in terms of psychosocial well-being and felt stigma – both essential to the success of services provided and have impact on women and girls' lives.</p>



## ACTIVITIES AND ACHIEVEMENTS

1. What are the Outcome statements you aimed to make at the end of the HIF grant and what have you tried to achieve within this period?

Thanks to the HIF 'GBV M&E Challenge' grant, the IRC has successfully:

- Developed and piloted routine M&E tools to measure psychosocial well-being and felt stigma among 2 specific refugee populations (Syrian and Somali).
- Developed a simple guidance note on how to adapt the M&E tools to other populations

2. Describe all the activities carried out.

Between July and November 2017, the IRC undertook formative research which included literature reviews and defining of measurement scales. The Jordan and Kenya country teams reviewed and contextually adapted the research psychosocial functioning and felt stigma scales used previously by the IRC and research partners in DRC. This was followed by 6 focus groups (39 participants) conducted with the IRC's women's protection and empowerment (WPE) social workers, outreach refugee staff and response officers to confirm the adaptations to the tool and the accompanying pictorial representations of Likert scale responses. The information from these focus groups guided the revisions of the tools and surveys to be piloted, along with other measures added for validation exercises. By February 2018, the surveys were translated into Somali and Arabic. During the first 6 months, the project team received the IRC Institutional Review Board (IRB) approval for the study and established local advisory groups in both locations. Furthermore, a data analysis plan was developed, tablets programmed, and a statistician/epidemiologist was contracted to lead the reliability and validity analyses. During this time, the Jordan and Kenya country teams were also trained on the study protocol. The IRC conducted the data collection with the adapted survey between March and May 2018. A total of 100 women and adolescent girls from Kenya and 108 from Jordan participated. All were accessing IRC GBV case management services in Jordan and Kenya. To be eligible, women and older adolescent girls had to be aged 15-65 years old (see demographic table 1 attached). Analysis of the data was conducted between June and August 2018. The M&E guidance was developed in August 2018, and includes an annex on how to adapt the questionnaire to other contexts. This has since been followed by dissemination of the tool at global, regional and local levels. See the workplan attached for more information.

3. If you have made changes or amendments to the planned activities and objectives that have not been detailed in an *Agreement Amendment Form*, please list them in Appendix 1 below and explain why these have not been communicated.

Not applicable

4. Has the project demonstrated the success of the innovation or idea?

The M&E guidance and tools were finalized in August 2018 and have since been disseminated within IRC internally as well as shared with external GBV actors. Within the IRC the measurement tools will be adapted and used across country programs as



routine measurement of psychosocial functioning and felt stigma is a prioritized GBV indicator across the organization. We will use our experiences to influence and advocate for the indicator to be used by donors and partners. Whether this will be successful or not is too early to say. We are however convinced that the measurement tools are both of good quality and feasible for GBV service providers to use.

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## APPROACH

5. Describe the approach, project design or methodology you used to achieve the planned objectives. How would you say it was successful?

M&E and appropriate use of data to inform programming is an important part of accountable GBV programming, but traditionally the sector has focused on output indicators such as # of GBV survivors receiving services, # of GBV response providers trained, etc. The project aimed to provide the community with means to measure how women and girl survivors of violence respond to the services provided, and if they feel that the interventions help them move on with their lives and increase their sense of safety. For the IRC and other GBV prevention and response implementers, the ability to measure outcomes in terms of psychosocial well-being and felt stigma will have positive impact on three different levels:

- 1) **Effective use of resources** during humanitarian crisis when funding is scarce and attention needs to be paid to immediate needs of women and girls
- 2) **Improved implementation and adaptation of GBV programs** through routine measurement of GBV outcomes that will then be used to inform programming
- 3) **Increased access to GBV services** facilitated across countries and communities through targeted activities that have been proven efficient and can be taken to scale.

During the project period, the IRC has successfully developed and piloted measurement tools that will allow the global humanitarian GBV community to measure *the impact of GBV response programming in terms of psychosocial functioning and felt stigma* – both areas that are essential to the success of the services provided and have massive impact on survivors' lives.

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## MONITORING AND EVALUATION, LEARNING AND ETHICS

The HIF sees M&E as a critical component of a successful innovation pathway. M&E represents a powerful advocacy tool, likely to accelerate the adoption of solutions and widen people's awareness.

6. How did you monitor and evaluate the effectiveness of your activities during the grant period?

The aim of the project itself was to develop an appropriate measurement tool accompanied by a user-friendly M&E guidance in order to adapt the tool to other populations. Throughout the project, the IRC has been monitoring the project based on key milestones achieved (adaptation of questionnaire, preparing for survey roll-out, etc.). The IRC technical team followed up closely with the country teams on the implementation of the tool and feedback was collected regularly. The questionnaire performed well across both countries and practitioner recommendations were address to make the visual aids culturally appropriate, reduce the 90-item questionnaire and

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integrate the questionnaire into the regular case management process if possible. The final result is a piloted, validated and reliable questionnaire of 10 items/questions on psychosocial well-being and 10 items/questions on felt stigma, which can be administered during GBV case management either separately or combined. The questionnaires were relevant and acceptable in two different contexts and populations – Somali and Syrian refugees - and can also be easily adapted and used across other humanitarian settings.

7. What evidence have you been able to gather with regards to the innovation performance and the intended impact?

The measures has been innovative in that they were reduced from 90 items to 20 items which can more easily be used by GBV case managers and program coordinators to ensure that programming is of high quality. The new scales were found to be reliable and valid using item response theory to reduce the total number of items. The intended impact will be seen as practitioners begin to use these tools to assess and improve the quality of services after the grant period ends.

8. What have you learned about your innovation during the grant period and how have you incorporated these learnings?

During focus groups with the country team WPE members, the project team gained fascinating insights into how stigma and psychosocial wellbeing/functioning can vary across the settings. For example, it was revealed that while the feelings are the same, the way symptoms manifest or are expressed vary between different cultures. There were also practical differences in what roles and responsibilities are expected of women in the different settings depending on gender roles, livelihoods, etc. These learnings in the formative period were incorporated into the survey that was administered to women receiving GBV case management services and participating in psychosocial activities. During the past 14 months we have had to stop, re-evaluate and re-try, demonstrating flexibility and learning during the iterative innovative process. As an example; when carrying out client satisfaction surveys at facility level, it is considered good practice to use external 'auditors' in order to avoid biases. However after very few weeks of piloting the adapted tools using case managers unknown to the client, we had to reassess the approach. Feedback from the clients, showed that they were not comfortable discussing sensitive issues concerning their well-being with anyone else than the trusted case manager they already knew. This was a bump at the time, but eventually we came up with an approach whereby the tools are integrated into the case management session and not a separate intervention for measurement purposes. The tools now meet the need for measurement of psychosocial well-being and felt stigma, they help the case manager evaluate the progress and most importantly, the GBV survivor feels safe and respected in the process. All this to support the fact that innovation involves risk taking and the willingness to change tracks in the process. It also proves the point that innovation is a collaborative process. Primary responders are experts in identifying challenges, technical professionals have the expertise in researching and testing the ideas and end users will eventually tell you if your great idea was actually just an idea.

9. What are the relevant indicators and quality criteria for the innovation performance?

Throughout the project, because of the nature of the innovation being developed, the project was measured based on milestones rather than specific indicators of performance. In terms of quality criteria, all research projects at the IRC are held to 11 research standards (standards attached as table 2). The progress towards these standards is captured during an internal peer-review process three times during the course of project (initial, midline, endline). The project has undergone the initial and midline interview where issues related to the start-up of research have been discussed, including roles, responsibilities and study design. This project has met the IRC's internal research standards throughout, but a final review will be conducted in December 2018.

**10. What is the innovation's potential impact and how did you evaluate this?**

The impact of the finalized M&E toolkit, "Gender-Based Violence Case Management: Outcome Monitoring Toolkit" will be continuously evaluated in the coming year based on feedback and following internal and external dissemination. While not feasible within the current timeline, IRC aims to capture the number of times policy makers or practitioners cite IRC research in their work along with the number of times the tools are referenced in reports or academic articles. This would however require more long term monitoring. Internally IRC will monitor closely how the tools are adapted to other populations and rolled out across regions. With time and scale up GBV teams will be able to measure the effectiveness of case management to support women and adolescent girls' recovery and healing.

**11. Please describe any ethical considerations arising from the project and how they have been addressed.**

Ethical approval has been granted by the IRC's IRB and Kenya Medical Research Institute (KEMRI). Before proceeding with data collection, the project team ensured that community advisory boards in Kenya and Jordan reviewed the protocol. The main risks included working with a highly vulnerable population who are receiving services for experiencing abuse. This risk was mitigated by instructing GBV case managers to only recruit women and adolescent girls who had participated in at least three case management sessions and had stabilised beyond the initial acute care period where safety and access to health services are prioritised. The ethics of collecting a large amount of data from women and girls for M&E purposes was considered and the M&E tool deliberately designed to be as short as possible based on the most significant items on the scale. In addition, the standard violence research guidelines as put forth by WHO<sup>1</sup> were also followed. The IRC did not collect individual names, birth dates, or other identifying information in course of this study. Participants were identified through unique identifiers. The database is kept on a password-protected server.

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## CHALLENGES AND BARRIERS

**12. Please list the three most significant challenges and barriers faced during the project and describe how they affected the planned activities and results.**

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<sup>1</sup> *Putting women first: ethical and safety recommendations for research on domestic violence against women guidance*, WHO, Geneva, 2001



Challenge/Barrier	Impact of Challenge/Barrier
1. IRB approval in Kenya delayed	3-month delay in data collection which led to the NCE (approved in March 2018).
2. Translation of sensitive material into different languages	There was no real impact, but it was a gentle reminder of the importance of proper translation/back translation and piloting.
3. Remote management and project coordination when working with 2 different country programs, 2 technical units and 1 consultant.	Time consuming and demanding at coordination level

13. Please indicate what steps were taken to address these challenges and barriers, and whether the solutions were effective.

Solution	Effective?
1. The IRC followed the protocol and had frequent visits with KEMRI while making sure to meet their requests. The delay was caused by the presidential elections in Kenya so the IRC had very little power to change the situation. The NCE allowed for the project to fully achieve the expected outcomes.	Yes
2. The IRC teams often make use of local translators/national staff for sensitive and specialized assignments to ensure that the wording is in accordance with local dialects. This was done through back translations and several pilots of the near-final tools. Another example is the visual aids which needed several rounds of revision before they were appropriate.	Yes
3. Coordination meetings with different teams (field/research/consultant) were held on a monthly basis to ensure that all the different activities were carried out at the right time. Furthermore frequent emails continuously updated the entire team of progress and delays.	Yes

### LOCAL ENGAGEMENT

14. What is the impact of the project on field-affected communities or any affected populations directly affected by the project?

In both Kenya and Jordan, the IRC has been providing women’s protection and empowerment and health services for several years. The GBV programs are well established and appreciated by the refugee communities as well as the local populations. The HIF project will have a positive impact on the quality of services provided to the women and girls who use the women’s support centres. At the individual level the tool will be integrated into GBV case management sessions which aims to improve the women and girls’ understanding of their psychological well-being and help find ways to continue their lives which is part of the healing process. 100 women and adolescent girls in each setting participated in the pilot of the tool, and this was carried out with the highest possible ethical standards and ensuring provider/client



confidentiality and making sure survivors remained safe. Ultimately women, girls and host communities will benefit from the improved quality of GBV programming as the humanitarian sector adapts the evidence-based and outcome driven programming.

**15. How and at which stage of the project have connections and engagement with local actors been considered and implemented?**

In the 3 centres in Jordan where the project was implemented the IRC has partnerships with a number of community-based Jordanian women's organizations, as well as the Arab Women Organization (AWO) and Institute for Family Health (IFH), which run the GBV, non- GBV and psychosocial support activities jointly with the IRC. The experience of AWO and IFH and their knowledge of the local context helped designing a tool that takes into consideration cultural sensitivity, is closer to the needs of the beneficiaries, and can be used by the local organizations later on. In Kenya, UNHCR was briefed on the objectives of the study and how the outcome of the study will better inform how to measure wellbeing of survivors. Other humanitarian GBV actors have also been informed about the study, such as those working in Dadaab camp, like CARE, MSF and Lutheran World Federation (LWF). Through IRC's extensive network of refugee incentive staff the wider community were involved by supporting in translation and reviewing tools so as to ensure that information collected clearly reflected their thoughts and needs.

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#### PARTNERSHIPS AND COLLABORATION

**16. Have there been any significant changes in your partnerships, including new partnerships? If yes, what are the changes, and the impact on the project?**

N/A

**17. How do you see this partnership(s) evolving and moving forward? Are there plans to continue your partnership(s), either while continuing this innovation or on other projects?**

The HIF project was not a stand-alone project and therefore all local partnerships were pre-existing. The local partnerships are essential to IRC's GBV work and will continue in the future. For this specific project, the WPE teams will share the resources and build local capacity to properly measure the quality and impact of GBV service provision.

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#### RISK MANAGEMENT

**18. Please describe the top risks the project faced. How did you work to mitigate them?**

The project had no reported security incidents and was designed to mitigate risks against women and girls as well as service providers. The project itself however was at risk during the first quarter of 2018 when KEMRI delays prevented the field teams from initiating the pilot with human subjects. This resulted in a 3-month delay in data connection, which forced the coordination team to either reduce the sample size (200 women) or exceed the deadline. Luckily a NCE was granted and no compromises were made on the quality of the research.

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#### NEXT STEPS

**19. How has the project been shared with others during the reporting period**



At a global level, the IRC has shared the measurement tools with GBV partners and donors through the Inter-agency Working Groups (IAWG) on RH and the GBV Area of Response (GBV AoR). Furthermore the HIF coordination team will have a global webinar in December 2018 where the tools will be introduced along with the process for adaptation. Furthermore we are currently writing up the lessons learned and will publish an article in a peer-reviewed journal in the coming year. Locally the IRC teams have shared the resources with WPE partners during the monthly coordination forums at the field level. In the coming month the measurement tools will be part of the '16 days of activism against GBV' 2018 campaign with interagency working group partners in the different sites.

20. How are you planning to support the next steps of the project, idea or innovation? What would be the key challenges or actions you would need to consider?

Suggestion/issue	1	2	3
1 Implement and gather experience within the 30 IRC country programs where WPE services are currently provided. Measuring psychosocial functioning and felt stigma is a recommended IRC program indicator so scaling up/rolling out should happen over time. Adaptation to other populations will however require resources so different countries will be able to adapt the tools at a different speed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The technical unit will make WPE technical advisors available for implementing partners who seek advice or guidance on how to adapt and/or implement the measurement tools. This will break down some of the barriers to wide use of the tools across actors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 In the long run, the IRC will hopefully be able to use data and experiences to advocate for a change in the way GBV programming is being measured, moving from output to outcome and impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# APPENDIX 1. WORKPLAN CHANGES

If you would like to make significant changes to your project, then you **must** have submitted an *Agreement Amendment Form* to HIF for discussion before these changes are undertaken.

If there are changes that have **already** occurred in your project workplan that you do not think will require an Agreement Amendment form, then please record them in the table below. These are changes that will impact the results, milestones or objectives you set out in your original workplan, but do not affect the location, methodology or evidence-building and do not change any budget chapters by more than 15%.

*If there are **no changes** to your project workplan since your application, OR if you have included all changes in an Agreement Amendment form, you do not need to fill in this section.*

Please use Table 1 for completed changes Please copy in all of the principal results, milestones or actions from your original proposal that you wish to change; then record in the next column the changes. Please note it is important that you provide a description of the possible affects these changes will make.

Table 1: Completed changes			
Original results or activities	Changed results or activities	Why the changes were necessary	Expected or observed effects of the change
N/A			