

## **HIV and Violence Against Women - Monitoring and Evaluation of Programmes**

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### **Introduction**

There are a wide range of interventions to address violence and HIV infection/transmission at different levels. These include projects and programmes that focus on prevention and protection; behaviour change; health care and support. Within these programmes there are a range of activities trying to achieve these aims from different perspectives, for example: sexual health, HIV and AIDS education; voluntary counselling and testing; paying school fees for AIDS orphans and vulnerable young people, especially girls; psychosocial support for adolescent girls survivors of rape; improving relationship skills; anti discrimination advocacy for policy changes; and challenging harmful norms and practices through information campaigns.

Monitoring and evaluation (M&E) are the means by which we attempt to show whether and in what ways interventions are having any impact and reducing the incidence of HIV infection and of violence against women. This paper will explain the key technical steps that comprise monitoring and evaluation of programmes. It will give clarify what indicators are and describe how they are used in M&E and suggest some indicators for measuring programmes addressing HIV and violence against women.

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## What is Monitoring and Evaluation?

The main purpose of monitoring and evaluation is to report to donors and other stakeholders on progress being made to achieve the aims/goals and objectives of projects and programmes. It is also good development practice to learn lessons from projects and share the information with the beneficiaries and other stakeholders. Findings from evaluations are also used for advocacy activities as they can back up different demands.

The difference between them is that *monitoring* is the process of collecting data on a regular basis to measure progress during the life of a project, while *evaluation* is more complex, employing a range of social research methods to investigate the *effectiveness* of a programme at the end of an intervention.

Monitoring is closely tied to the programme objectives, looking at inputs, processes and outputs to assess the extent that planned activities have been carried out and examines the quality of services provided at the programme level. Monitoring is also concerned with looking at costs and whether activities are keeping within the intended budget. Evaluation on the other hand is focussed on measuring the impact and the outcomes at the end of a programme or project. Evaluations often have a rigorous research design: measuring change over time, perhaps using a control group, triangulation and special studies in order to assess whether a programme is making a difference. Evaluations can also assess the impact on the wider population over the longer term at a national or regional level. For longitudinal studies it is necessary to conduct a baseline survey at the start of the programme in order to measure changes over time.

## Key elements of M & E plans for HIV and VAW programme

The aims (or goals) and objectives that are set out in the programme design are essential elements for M&E. The goals/aims are a statement about the hoped for results of a programme (answering the question *why*). Objectives are specific operational statements about the desired results for a project (addressing the questions *what* and *when*). Activities are the means by which objectives will be achieved (answering the question *how*). It is good practice to ensure that objectives are SMART: **S**pecific; **M**easurable; **A**ttainable; **R**elevant; **T**ime-Bound.

The basis for developing questions for monitoring and evaluations are the goals/aims and objectives of the programme. To give some examples these questions could include: whether activities have been carried out as planned (inputs and outputs); whether the programme reached its intended targets (output and coverage); if there were any changes in exposure to HIV infection as a result of the programme; whether there was an increase in the number of girls reporting rape and seeking support; whether the risk behaviour of the target population was affected by the intervention; if there were changes in attitudes and what coverage the programme

had – i.e. the number of beneficiaries. Monitoring is also an opportunity for the beneficiaries and other stakeholders to feed into the programme and for adjustments to be made to the programme if necessary.

In programmes challenging violence against women and vulnerability to HIV, it is important to ensure that there are gender specific objectives to address the different vulnerabilities of adolescent girls and boys and women and men. Objectives of these interventions might be to improve social relations, sexual behaviour or sexual health. Monitoring will measure different activities aiming to change social and cultural norms, improve access and quality of services and increase socio-economic opportunities for girls, to give some examples. Monitoring will involve compiling information on achievements and activities, access to project facilities and services by men and women, boys and girls in the target population, as well as benefits, such as capacity building activities for partner organisations.

An evaluation will assess how effective all of these inputs have been in reaching the overall goals over the lifetime of the programme. Evaluations usually take place toward the end of a project or after it has finished. The purpose is to analyse what has been done and to build on the achievements. Effectiveness (relating to objectives), efficiency (relating to use of resources) and sustainability are key element of the analysis in any evaluation. Beyond the immediate results of the programme/project, a type of evaluation is an Impact Assessment which analyses long-term change and the extent to which the project has brought about transformations in the lives of the wider community. Impact assessments look at the broader context of change which might be more wider-ranging and significant than expected. So it is important to analyse expected, unintended, positive and negative outcomes of an intervention. With the increasing emphasis on rights-based programming, impact assessments help to analyse significant change in relation to violation of rights, which is a longer term process.

In order to monitor activities and impact of programmes it is essential to disaggregate data according to sex and other categories of difference, such as age or ethnicity. For example by giving the number of girls and boys rather than just the total number of children attending a workshop or the number of men and women attending a community meeting. This disaggregation might throw up inequalities in access to services or in levels of participation which can be rectified by taking positive actions to ensure inclusion of marginalised groups.

### **What are indicators?**

Indicators are what to look at, a marker or sign that shows whether a project or programme is achieving its objectives. Indicators are criteria or measures against which changes can be assessed (Imp-Act 2005). They may be pointers, facts, numbers, opinions or perceptions – used to signify changes in specific conditions or progress towards particular objectives (CIDA, 1997).

There are different types of indicators relating to process and impact. Process indicators relate to activities while impact indicators measure progress toward aims/goals. They let us know that activities are happening and changes that have come about as a result. Indicators can be **quantitative**: e.g. number of workshops and beneficiaries or **qualitative**: e.g. changes in attitudes and behaviour, which might be more difficult to measure and they have different research methods to collect this information. There are a range of qualitative and quantitative methods which are equally valid in order to capture the complexity of people's lives and social processes. Evaluators and researchers have to decide what to measure, what kind of data to collect, which methods will be used and how to analyse it. The problem of attribution - proving the links between an action and the result is also an issue as many factors together can lead to social change. It is therefore often necessary to collect a range of data by different means in order to compare results.

Examples of quantitative indicators for HIV programmes for vulnerable young people might be: the number of girls and boys provided with psychosocial counselling; the percentage of young men reporting condom use; or the number of young teenage mothers attending sex-education courses.

#### Box 1

#### Indicators for evaluating projects assisting children affected by HIV/AIDS

##### Community stress:

- prevalence of street children
- proportion of households headed by children (aged under 18).

##### Educational status:

- primary school enrolment/drop-out
- secondary school enrolment/drop-out
- ownership of uniforms/shoes/school requirements, etc
- comparable educational status of orphans and non-orphaned in same household.

##### Health status:

- comparable immunisation rates
- comparable incidence of childhood diseases (only valid after controlling for paediatric AIDS).

##### Protection from abuse:

- level of child involvement in choosing fostering arrangements
- proportion of siblings separated
- comparable domestic workload to siblings and peers (hours worked, work type)
- inheritance rights (land and property) of orphans is respected.

##### Carer status (potentially a function of gender and age):

- primary carer in paid employment or receiving financial assistance
- primary carer involved in some sort of income generating activity or assistance programme.

**Source:** UNAIDS and UNICEF (1999), Children Orphaned by AIDS: Front-line responses from Eastern and Southern Africa, UNAIDS & UNICEF 1999.

## Gender-sensitive indicators

Gender sensitive indicators are a way of measuring changes such as improvements in relations between men and women, different outputs of programme activities for women and men, the outcomes of a particular policy, the status or situation of men and women with regards to a particular issue or different factors that make girls and boys vulnerable to HIV infection. Empowerment is a common anticipated outcome of programmes for vulnerable young women in relation to HIV and violence but empowerment can be difficult to measure, so a number of indicators are necessary:

“To effectively measure women’s empowerment, combinations of multi-level and multi-dimensional indicators are needed. Many organisations are incorporating qualitative data into measurements of women’s empowerment in an effort to capture these complexities. In the case of GBV, integrating modules or checklists into non-GBV-focused surveys or services has proved successful. Measurements of GBV and the gender dimensions of armed conflict must incorporate means of reducing risks for women respondents”. Moser (2006) p.26

Some examples of gender sensitive indicators in projects are:

### **Girls Empowerment**

- Education level of girls in the community compared with boys’
- Life skills education (e.g. sex education, relationships, contraception, protection measures) in school or as part of the project
- Involvement in decision-making (at home, in the project)
- Awareness of reproductive health and rights
- Levels of self –esteem and confidence among girls
- Sharing information on child rights with others

### **Attitudes of Boys**

- Levels of self-esteem
- Ability/ willingness to protect younger brothers and sisters from abuse
- Sharing information on child rights with others
- Awareness of gender discrimination
- Increased involvement in activities to counter discrimination and violence against girls.

### **Women’s Empowerment**

- Literacy/education level of women in the community
- Participation in decision-making in the home, in project activities, in the community
- Awareness of gender discrimination and rights of women and girls
- Economic empowerment
- Ability to protect themselves and their children from abuse

### Community Empowerment

- Activities undertaken at the community or local level to challenge discrimination
- Public declarations of intent to combat discrimination at a local level

These indicators are useful to measure key HIV and VAW outputs and outcomes at the individual and community levels. Other approaches aimed at changing national policy at a macro level or at a sectoral level within institutions might develop indicators based on international or national agreements. For example, the following framework helps to draw out indicators with a human rights approach, using the UNCRC as a framework:

HIV status	Government Responsibility		
	Respect	Protect	Fulfil
Infected			
Affected			
Vulnerable			

Source: Webb and Elliot (2002) Save the Children p.56

The Millennium Development Goals (MDGs) are the main benchmark currently being used at an international level to measure progress of development programmes. Goal 6 refers to combating HIV and has key indicators for measures to halt and reverse the spread of the pandemic.

MDG Indicators for Goal 6: To combat HIV/AIDS, malaria, and other diseases  
 Target 6A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS

- *HIV prevalence among population aged 15–24 years*
- *Condom use at last high-risk sex*
- *Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS*
- *Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years*

These international goals are important and are a tool for advocacy and government accountability. However, the indicators are not sufficiently gender sensitive and could be further refined to include others that address wider issues relating to women and girls equality that would have an impact on levels of violence and HIV infection, such as:

- *greater economic independence for women*
- *increased awareness of the need to change traditional norms and cultural practices around sexual relations and behaviour*
- *recognition and support for the care function that women perform*

Other international indices exist to measure gender equality, for example the Social Watch's Gender Equity Index (GEI), which enables levels of equity to be ranked across different countries, with a separate gender equity rating estimated for three dimensions: education, participation and empowerment (Social Watch 2005b). Although not specifically related to HIV infection or violence against women and girls these are key social indices of the social condition and position of women that affect their vulnerability.

### Frameworks for Gender Analysis

There are a number of frameworks that have been developed to help integrate a gender analysis into social research and development planning. There are limitations to these frameworks but they are quite a useful tool for monitoring and evaluation because they simplify a number of factors for analysis, such as gender roles and the different access and control of resources of women and men.

A framework of analysis is a tool for programme design can be helpful in defining objectives and monitoring these in relation to equality and empowerment. The term 'empowerment' is used extensively in development, especially in relation to women. But there are different definitions and understanding of the concept. For some it is a process and the outcome of a process in which women gain greater control of resources and challenge gender-based discrimination, it is about addressing gendered power relations. Kabeer's approach, for example, involves three inter-related dimensions: access to resources (the preconditions for empowerment), agency (the ability to use these resources to bring about new opportunities) and achievements (outcomes) (Kabeer 1999: 436). Her analysis suggests that all three dimensions are indivisible, pointing to the need to use multiple sources and methodologies to cross-check data. It is therefore difficult to capture women's empowerment by a single indicator but should be measured from different angles and include qualitative as well as quantitative indicators.

The Longwe Framework categorises and measures women's equality and empowerment into five levels: *Welfare, Access, Conscientisation, Participation* and *Control*, which give an indication of the extent to which women are equal with men and have achieved empowerment. These levels are hierarchical (with Control at the top). So, if an intervention focuses on the higher levels, the empowering affect is likely to be greater than if it focuses on the lower levels – as Welfare interventions are less likely to be empowering. An ideal intervention does not necessarily show activities on every level and empowerment is not a linear process, so the framework is limited, and it does not help to examine more complex gender relationships,

rights, claims and responsibilities But as a tool for project design, monitoring and evaluation it helps to examine different categories of equality and raises some useful issues for the M & E process (March *et al*, 1999).

Another framework for analysis is the Harvard Tool which helps integrate a gender focus in the project cycle. It includes a checklist to ensure a women's dimension is included in evaluations.

### **Box 2: Harvard Tool Checklist**

#### **WOMEN'S DIMENSION IN PROJECT EVALUATION**

##### **Data requirements**

1. Does the project's monitoring and evaluation system explicitly measure the project's effects on women [and girls]?
2. Does it also collect data on Women's Access and Control Analysis?
3. Are women [and girls] involved in designating the data requirements?

##### **Data collection and analysis**

1. Are the data collected with sufficient frequency so that necessary project adjustments could be made during the project?
2. Are the data fed back to project personnel and beneficiaries in an understandable form and on a timely basis to allow project adjustments?
3. Are women involved in the collection and interpretation of data?
4. Are data analysed so as to provide guidance to the design of other projects?
5. Are key areas of WID/GAD [women in development/gender and development] research identified?

**Source:** March et al, 1999:36-38

### **Challenges for M&E HIV and VAW programmes**

There are a number of challenges in monitoring and evaluation HIV programmes, for example stigma might affect the inclusion of people living with HIV in focus group discussions, or might bias responses to questions about PLWHIV. There are also ethical issues in carrying out research on violence and HIV and it is therefore important to ensure confidentiality and to protect interviewees from distress caused by these interviews.

#### ▪ **Participatory Approaches**

There are many participatory tools and methods for working at a community level to encourage groups to reflect on their situation and to be part of the monitoring and evaluation of programme activities. There are different levels of participation. At one level it can mean involving key stakeholders in some way but it can also be a process

of empowerment for these groups. It is important to identify and address the constraints to participation because of gender and other diversity issues – such as disability or age. Participatory methods can be used to:

- present the findings of a baseline survey at the start of a project, to identify who is affected by this particular problem.
- return the findings of reviews, assessments and evaluations to those who have participated in the review/ evaluation/ assessment process.
- can show community how different groups in the community have been affected by the project
- can be part of the empowerment process – by showing that their views have been taken into account and these are the findings/ conclusions from the process.

In order to ensure that affected individuals or groups and other stakeholders ( such as local leaders) participate in the monitoring and evaluation of programmes it is important to ensure that measures or observation are included to monitor levels participation and to identify low levels of participation and low representation of particular groups – for example through observation or keeping records. Sharing responsibility and being accountable to those people affected by HIV is an important part of monitoring and evaluation and it is important that findings are shared with them.

#### ▪ **Behaviour Change**

The evaluation of behaviour change and changing attitudes are key to HIV and VAW programmes. However, it can be problematical to measure and attribute change as a result of specific interventions. Stepping Stones is a participatory approach of working at a community level to improve relationship and communication skills. An evaluation report of Stepping Stones (Wallace 2006) throws up some interesting indicators for monitoring

“The findings on behaviour change were strong, with most reviews referring to positive changes in behaviour such as a greater take up of condoms, more respect for women, less domestic violence, respect for women to refuse sex within marriage, better communication between couples and parents-children, and more cooperation around household chores and income. The caveats to these findings are that they are often rather continuing external pressures. Sometimes the findings are verified by reference to other sources such as condom distribution figures, local court proceedings, talking to outside observers and key informants, and sometimes not. It is important to say that more could be done to triangulate the information gathered with a range of data available in the community.” p. 22

Wallace also points out that there are many challenges in making the links between participatory interventions aimed at behaviour change to long term attitude changes and statistics on the spread of HIV. Attributing measures of success to one single

intervention or programme is difficult as often multiple factors can contribute. The context is really important, for example whether there is an enabling environment such as good health facilities and positive government support for HIV and AIDS work.

▪ **Lack of Data on Violence and links to HIV transmission**

In recent years much more attention has been given to compiling data to monitor the impact and prevalence of violence against women and girls at a national level in many countries. However, there are gaps in terms of addressing forms of violence that are less common or only occur in certain communities and which might make girls and women vulnerable to HIV infection, for example: female genital mutilation/cutting; sexual violence against girls in schools; rape of women in armed conflict settings; the trafficking in women and girls for sexual exploitation. A UNDAW report (2005) proposed the following list of indicators to monitor progress at a national and international level to address violence against women and girls:

- implementation of population based surveys on a regular basis to track the prevalence and/ or incidence of different forms of violence against women
- incidents of violence against women measured through service-based data; if services are available this would give an indication of the impact of violence against women and the need for services
- training of professionals, such as the police and law enforcement, health care
- workers and social workers, on violence against women
- percentage and extent of punishment of perpetrators
- budgetary allocations to combat violence against women
- legislation to combat violence against women, national action plans, extent of availability of services and other measures
- improvements in women's property rights and women's status under family law
- amendments of discriminatory laws
- ratification of the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol and withdrawal of reservations

- changing attitudes among the general population and among public servants towards violence against women.

- **Methodologies for measurement of GBV**

There is a lack of accurate data on GBV because of its sensitive nature. The World Health Organization (WHO) has developed ethical and safety guidelines for researching domestic violence against women, highlighting issues such as guaranteeing privacy and confidentiality of the interview and providing special training for researchers (WHO 2001). A framework is needed which can be used by national statistical offices that adapt international indices and indicators on GBV to local contexts. Dedicated studies on the types, circumstances and consequences of GBV violence are costly and difficult to repeat on a regular basis. The WHO has developed a specific GBV module which can be integrated into broader studies (UNDAW 2005) for example measuring GBV as part of a broader assessment of sexual health programmes using a standardised assessment tool which includes emotional, physical and sexual violence.

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