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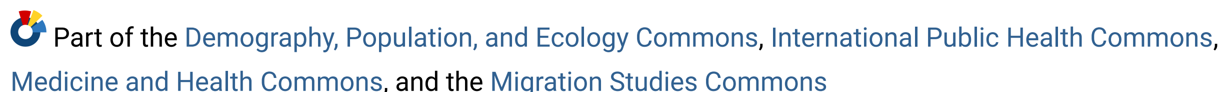

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Practice-Based Learning: Establishing Simple Monitoring Systems to Support SGBV Programming in Refugee Settings

Implementers of sexual and gender-based violence (SGBV) programs in refugee settings are typically eager to learn about the extent to which their programs are making a difference in the lives of those they serve. Basic monitoring information can help address this imperative without unduly burdening program implementers with time-consuming evaluations.

The Sauti/VOICE project is guiding adaptation and implementation of evidence-based SGBV interventions in refugee contexts. These interventions are implemented by UNHCR partners in eight countries in the East, Horn, and Great Lakes Region of Africa—Djibouti, Ethiopia, Rwanda, South Sudan, Sudan, Uganda, Tanzania, and Zambia—with technical assistance from civil society organizations and representatives from the *Africa Regional SGBV Network*, as well as UNHCR country operations.

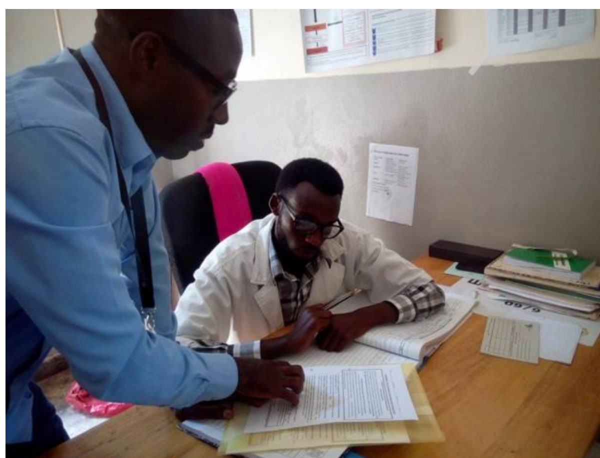

Figure 1: Mugombwa Refugee Camp, Huye.
Credit: UNHCR Rwanda

Although Sauti/VOICE is primarily focused on integrating tested SGBV interventions into refugee contexts, monitoring the implementation of these new interventions is an important project component. While rigorous evaluations of SGBV interventions are necessary, in the context of emergencies or other pressing need, such evaluations may not always be possible. It is possible, however, to develop and establish relatively simple monitoring systems that will provide necessary and important information.

This program brief documents the process employed by the Sauti/VOICE project to implement simple monitoring systems that record service progress, reveal issues that need to be resolved, and provide evidence of how well interventions are working.

Developing a Monitoring Tool

A first step in the process of establishing a monitoring system involved thinking through and identifying the issues that were regarded as absolutely essential to track for each intervention. It was important to make a distinction between issues or indicators that were necessary to capture, and those that were merely 'nice to have.' The goal was to keep the monitoring tool simple so that it would be as easy as possible for: 1) all program implementers to complete it, 2) program monitors to collate and analyze the data emerging from it, and 3) program decision-makers to glean useful information from the resultant monitoring data.

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The Sauti/VOICE project covers multiple refugee settings in a large region, each implementing different *Africa Regional SGBV Network* interventions, making monitoring tool simplicity paramount as each intervention has unique, specific monitoring needs. To help reduce potential indicators to the essential ones, for every intervention we had to ask: 'What is the one indicator that will help determine whether the intervention is a success or not?' As many tangential indicators as possible were omitted. Quantitative indicators were combined with qualitative questions to permit implementing partners to document issues best conveyed in words. The qualitative section of the monitoring tool includes sub-sections for stories that demonstrated change or challenges, along with a sub-section for photographs illustrating an aspect of the ongoing intervention.

Establishing a Baseline

Common questions posed by implementing partners were, '*How do we know what our baseline is? How do we figure out our starting point?*' As with the development of monitoring tools, the process of establishing baselines for each intervention was kept as simple as possible. One program intervention, *Integrating SGBV Screening into Health Facilities*, was designed to ensure survivors are proactively identified through screening, and then linked to SGBV care at one-stop centers within the same health facilities. Partners implementing this intervention were asked to collate service statistics for the total number of survivors served in the 12 months preceding the intervention at their one-stop centers for comprehensive SGBV care. As this information is typically recorded by one-stop centers in participating health facilities, obtaining these data was not an arduous task. The total number served as the baseline against which the monitoring data were compared over time to gain a sense of whether the intervention was making a difference—i.e. resulting in linking more survivors to SGBV services.

Figure 2: Mahama 1 Refugee Camp, Rwanda.
Credit: Population Council

Another intervention, *Medico-Legal Evidence Collection as Part of Post-Rape Care*, integrated sexual assault kits and training at participating health facilities to help structure care provision for rape survivors and promote collaboration between heath facilities and police stations to foster survivors' access to justice. As sexual assault kits were not previously used at the participating sites, the baseline for all sites was established as zero—i.e. the number of sexual assault kits used before the intervention to collect forensic evidence from survivors at each health facility.

Collecting Monitoring Data

Monitoring data are collected monthly from participating sites. In some cases, the process has helped foster collaboration between various departments or sectors, as information from more than one implementing partner is, depending on the intervention, sometimes required to complete the monitoring tool. Where this is the case, a liaison is identified (with guidance from implementing partners) to ensure the monitoring tool is completed monthly and circulated among the team. Completed monitoring tools also facilitate collaboration between UNHCR, Africa Regional SGBV Network partners (who provide technical support for implementation), and UNHCR implementing partners in identifying implementation successes and addressing concerns as they emerge.

In the process of completing the monitoring tool every month, implementing partners have offered suggestions for adjusting the tool, based on their practical experiences, which has helped ensure the tool's optimal efficiency and responsiveness to the exigencies of implementation conditions.

Combining Remote and Direct Monitoring

Sauti/VOICE partners convene periodically for direct (in-person) engagement. This provides an opportunity for all project members to discuss the importance of monitoring face-to-face, and to review the monitoring tool to address any emerging issues. Monitoring challenges that implementing partners may be reticent to document are often easier to discuss and resolve in person. In addition, implementing partners serve as peer monitors for one another, sharing successes and helping resolve mutual challenges. Africa Regional SGBV Network partners' periodic technical assistance visits to implementing partner sites are also informed by findings from monitoring reports, in addition to the partner meetings.

Analyzing Monitoring Data

Analysis of monthly monitoring data collated by country teams has been important for understanding what differences Sauti/VOICE interventions are making. From October 2019 to March 2020, the number of sexual assault kits used in health facilities implementing the *Medico-Legal Evidence Collection as Part of Post-Rape Care* intervention grew from zero to 159. We used this increase as an indication that the new intervention was taking root, health providers were using the new product, and, importantly, survivors' access to care was enhanced within health facilities.

Existing baseline data from health facility service statistics (i.e., the average number of survivors in participating health facility sites who received care at one-stop centers per month) indicated that in the 12 months preceding the intervention, an average of 24 survivors per month were linked to SGBV care at co-located one-stop centers. In the first six months of the *Integrating SGBV Screening into Health Facilities* intervention, an average of 55 survivors per health facility were linked to SGBV care at one-stop centers each month, representing a 129 percent increase in survivors who accessed care. Continued collation of monitoring data will permit comparisons between service statistics at baseline and at 12 months post-intervention commencement.

The monitoring also data revealed areas in which further technical support was required. Related documentation (i.e., police forms) was correctly completed at health facilities and submitted to police stations for legal action in most, but not all, cases, signaling the need to ensure systems for transferring documentation between health facilities and police stations were improved to ensure all survivors had access to legal justice. Similarly, monitoring data from the SGBV screening intervention indicated that, for most countries in the region, the proportion of survivors that were identified and referred for comprehensive SGBV care was slightly higher than the proportion of survivors that actually received SGBV services. This pointed to the need to work with implementing partners to strengthen survivor referral processes and systems.

Bottom line

Monitoring data are useful for keeping track of how SGBV interventions are evolving, and the process of setting up systems for generating such data does not have to be arduous or intimidating. When actual evaluations are not possible, monitoring data can help program implementers and decision-makers to identify areas of progress, and to course-correct, if necessary.

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Since 2006, the Population Council-led Africa Regional SGBV Network has worked to build effective responses to SGBV in low-resource settings, focusing on those who have experienced violence, as well as on violence prevention. From 2018-2020, the network is collaborating with the UNHCR EHAGL Africa Bureau in Nairobi, Kenya, to address the needs of survivors in refugee settings in the East, Horn, and Great Lakes Region of Africa through the ViOlence Response and Prevention through Information, Communication, and Education (VOICE) project. 'Voice' is translated as 'Sauti' in Kiswahili, and represents the project's emphasis on amplifying the voices of SGBV survivors and the efforts of those that work with them (UNHCR implementing partners and the network's civil society organizations), to broaden the reach of effective SGBV responses across the region.

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