HUMANITARIAN INNOVATION FUND
GBV M&E Challenge Final Report

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

Organisation Name	The Global Women's Institute at George Washington University

Project Title	Small Sample Size Surveys for GBV Programs
Partner(s)	Institut de Formation du Sud (IFOS)
Problem Addressed / Theme	Measure the impact of GBV programmes
Location	Haiti
Start Date	1st August 2017
End Date	1st October 2018

Total Funding	Total HIF and other contributions to this project
Total Spent	51,488GBP

Innovation Stage	Invention
Type of Innovation	Adaption of small sample size survey techniques for GBV programs in humanitarian settings
Project Impact Summary	A new adaptation of LQAS for GBV programmes in humanitarian settings has been successfully tested in Haiti. It has the potential to be utilized for programme M&E of population-based GBV programmes in humanitarian emergencies.

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?

- To demonstrate the applicability of small sample size survey approaches for GBV programs in humanitarian settings.
- To understand the benefits and challenges of using a small sample size survey approach compared to traditional cluster based sampling

2. Describe all the activities carried out.

During the reporting period the following activities were achieved:

1. **Prepare Research Protocol for Approval by the GW University Institutional Ethical Review Board:** Originally GWI hoped that this project would be approved as an amendment to our ongoing work in Haiti (conducting an impact evaluation for a GBV prevention program in the same locations as this project). However, the GW IRB requested a full separate application. This was prepared and submitted.

2. Research Protocol Reviewed and Approved by GW IRB: The GW IRB has reviewed and approved this project (IRB #011830).

3. Review and edit data collection tools: Data collection tools have been reviewed and edited for use for this project. They are available in both English and Haitian Creole.

4. Finalize LQAS sampling strategy: GWI and IFOS statisticians have agreed on the final sampling strategies and communities for implementation of the survey.

5. Sub-agreement for Haitian partner IFOS completed and signed: GWI and IFOS have finalized the TOR and sub-agreement to implement the field work for this project.

6. Training materials developed: Training materials for the refresher training for data collection.

7. Refresher training for enumerators completed: Five Haitian women served as data collectors for the study. Each of these women had previously participated in the multi-stage cluster survey and had good knowledge of the survey tool and ethical considerations due to this previous experience. A three-day refresher training was held to review the data collection tools and survey administration including the new sampling procedures.

8. Fieldwork completed: Overall during data collection, the team visited 199 households and completed interviews with 93.5% (186). Data collection was completed over the course of 10 days.

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.

   No.

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

Yes the project has demonstrated the success of the innovation. Overall, the research team found LQAS to be a relatively quick and effective methodology for collecting population-level data on GBV indicators – including both prevalence and attitudes. Marigot Commune in south-east Haiti was selected as the location for the pilot due to its rough terrain that mimics the harsh conditions one would find in a humanitarian emergency. Data collectors often had to walk for multiple hours up and down local mountains to access the households selected for the survey. Despite these harsh conditions, the quality of the data collected via LQAS appeared to be high. For example, the Haiti Enquête Mortalité et Utilisation des Services (EMMUS-VI) survey from 2016 and 2017 found that 23.5% of ever partnered women aged 15-49 reported ever experiencing physical and/or sexual violence. Using the LQAS approach, an overall estimate of 38.49% (95% CI: 31.6-45.5%) was produced. As higher prevalence data is typically indicative of data closer to the "true" prevalence (as GBV is typically under reported), the data collected through the LQAS approach appears to be of high quality. In addition, the LQAS survey method was cheaper than the cluster survey with data collection costs only 25% of the costs for the multi-cluster survey. Logistically, while travel between houses took a bit more time compared to the cluster survey, overall the method was still not overly complicated to implement. Together, this suggests LQAS could be a reliable approach to get quick and accurate data in humanitarian settings.

APPROACH

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

In order to test whether LQAS would be an appropriate method for collecting population-based data on GBV indicators, researchers conducted a pilot study using the methodology in Marigot Commune in South-east Haiti. This location was selected because in 2017 GWI and IFOS had conducted a baseline study for an impact evaluation of a GBV prevention program and had utilized multi-stage

cluster sampling techniques. It was therefore possible for GWI and IFOS to directly compare the results of both approaches.

For the impact evaluation, Marigot Commune was being utilized as the control community (i.e. the GBV intervention that the impact evaluation is studying is not being implemented in this location). Therefore, it is not expected that any measureable change on GBV attitudes or prevalence would have taken place between the cluster survey conducted in 2017 and the LQAS survey conducted in 2018. After collecting data in the commune utilizing both sampling methods, the research team compared the results of the two approaches for select GBV indicators as well as cost, logistics and human resources considerations.

Overall this was successful because data was collected from comparable locations using a similar tool. However, while every effort was made by the research team to replicate conditions as closely as possible when delivering both surveys – there were a number of factors that may have contributed to the higher disclosure rates in the LQAS survey. For example, GWI and IFOS used data collectors who had previously participated in the cluster survey rather than recruiting a completely new data collection team. This could have influenced the quality of the second survey in a number of ways as the highest performing data collectors from the previous study were selected for the LQAS survey. In addition, these women had been previously participated in in-depth training and collected data utilizing a very similar data collection tool during the previous survey. This could have resulted in a more highly skilled data collection team for the LQAS survey, which may have led to respondents feeling more comfortable disclosing their experiences of violence during the second survey. In addition, the one year difference in timing of the surveys could have meant that underlying attitudes could have changed during this period despite the fact that the survey was done in the control site.

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?**

Overall, the major M&E activity for this grant was the comparison of results from both survey approaches on key GBV indicators. In addition, GWI and IFOS de-briefed with data collectors who had participated in both data collection activities to get their opinions on the ease and utility of the LQAS approach.

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

Overall, as noted above, the innovation has worked well with respondents appearing to be more comfortable disclosing incidents of violence using the LQAS approach. See the attached annex for the full report on comparisons of key indicators.

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

Overall, a number of learnings relevant for the application of population-based surveys have been collected through this process. As noted above, the importance of highly skilled data collectors is essential to the collection of high-quality GBV data. In addition, the smaller research team was considerably easier to manage and supervise compared to the larger pool of researchers from the cluster survey. This allowed for closer monitoring of quality and more individualized support from GWI and IFOS to the data collectors. Another potential factor affecting the quality of survey implementation was the shorter timeframe overall for data collection. While data for the cluster survey was collected over 22 days, all data was collected for the LQAS over the course of 10 days. While this has implications for budget and logistics considerations, it also may have an effect on data quality. There is potentially a fatigue factor that plays into lengthy data collection exercises no matter the quality of the data collectors and design of the study. The implication is that shorter data collection exercises might lead to higher quality data suggesting that small sample size surveys could improve quality.

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

The final results of the 2 survey approaches were compared based on their results, costs, and logistics requirements. Specifically we looked at:

- ***Differences between prevalence data on GBV between the two survey approaches***

– Overall, the LQAS approach was similar to the cluster survey approach, however point estimates were higher in the LQAS survey indicating that women felt more comfortable disclosing during this exercise.

- ***Differences between gender attitudes between the two survey approaches***

– Overall, the data collected was quite similar though the respondents generally had slightly more equitable attitudes – both on gender roles and use of violence – in the LQAS survey.

- ***Difference in costs for the two survey approaches***

– Overall, the LQAS methodology showed very considerable cost savings – with overall costs only 25% of the costs of collecting data in Marigot Commune using the multi-cluster model – due to the smaller number of data collectors and reduced days of data collection.

- ***Differences in implementation time for the two survey approaches***

– While data for the cluster survey was collected over 22 days, all data was collected for the LQAS over the course of 10 days.

- *Differences in logistic outlays (time traveling to survey location, number of enumerators needed, etc) between the two survey approaches*

– From a logistics perspective, there are some advantages and some disadvantages to the LQAS approach. For this survey, the research team had the added advantage having previously completed a household listing exercise in the Commune in preparation for the original multi-cluster survey. This allowed the research team use the database of household GPS coordinates to randomly select households to participate in the survey. Data collectors would manually enter the full GPS coordinates of each house in the area at the beginning of the day. They would then use Google maps (offline with previously downloaded maps) and follow their "blue dot" representing their current location to the selected households. This approach had mixed success. In general most data collectors were able to find the general location of the household using Google maps but the specificity of the app was often not good enough to ensure that exact house noted by the coordinates was found. In these cases, the data collectors selected the house closest to the Google maps marker. In addition, the lack of detailed maps on Google maps in more rural areas sometimes meant that there no indication of roads, waterways or other landmarks – just a grey screen with the target location and blue dot representing the data collector. In these cases, data collectors had to cross check with paper maps developed by IFOS that placed the GPS coordinates in relation to key local landmarks.

Other logistical challenges occurred in the distance between households. In multi-stage cluster sampling, the final households were selected using a systematic sample within each SDE. In LQAS sampling, the distance between households can be much greater. This caused challenges for the data collection where fieldworkers had to walk long distances between households. In addition, safety considerations meant that often data collectors would need to work in pairs to find houses in more remote areas. Despite this, most data collectors were able to complete the expected quota of 4 completed surveys per day per person.

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

A small sample size survey technique – LQAS – could be utilized by GBV programs in conflict and humanitarian settings. This approach could impact the sector by reducing some of the barriers to large-scale population-based surveys of GBV in conflict settings, such as lack of time, expertise and money. The LQAS methodology could allow researchers to produce quick, accurate results in real time so that current GBV programs could be adjusted accordingly to better serve the community. It could also allow humanitarian organizations to develop more customized and effective GBV prevention programs for communities in conflict settings in the future.

This was evaluated by the proof of concept paper (attached) that shows the comparison between the approaches.

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

For both survey approaches, there were a number of ethical considerations taken into account in study design and implementation. First, safety of the respondents was prioritized through a number of actions. The surveys were never described as a survey on violence against women and girls in the wider community or with the head of households when introducing the purpose of the interview. Instead they were framed as surveys on women's health and life experiences. In addition, only one woman was selected per household – to ensure that no one else in the household knew the true subject matter of the survey. In order to ensure the confidentiality of the collected data, no identifiable information (name, addresses, etc.) were collected through the survey.

All data collectors were female to ensure that the female respondents felt comfortable disclosing experiences of violence. In addition, the data collectors were trained to stop the interview if anyone else came into the room or to pivot the discussion to topics not related to violence (for example menstrual hygiene). In addition, data collectors were trained on supportive listening and managing distress, in case any respondent experienced any mild distress during the interview. They also learned how to identify more serious signs of distress and were instructed to refer these cases to their supervisors if encountered. All women who participated in the study were offered referral information on available GBV services in the community. In addition, the survey protocol was approved by the George Washington University IRB.

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.

Challenge/Barrier	Impact of Challenge/Barrier
1. Delay of approval from IRB	Delays in fielding the survey.
2. Difficulty in accessing remote field sites	Data collectors had to walk for long periods to access households
3. Difficulty in finding houses due to lack of specificity of GPS based maps	Data collectors had to select the house as close as possible to the GPS coordinate – not the exact house picked by the IFOS team

13. **Please indicate what steps were taken to address these challenges and barriers, and whether the solutions were effective.** *Please provide as much data and evidence as possible*

Solution	Effective?
1. Constant communication with the IRB to get comments early and make any needed modifications	Yes
2. Support from GWI and IFOS in the field to help data collectors find houses	Yes
3. Paper maps with local landmarks to help data collectors find houses	Yes

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LOCAL ENGAGEMENT

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

Not applicable as this is a data collection methodology.

15. **How and at which stage of the project have connections and engagement with local actors been considered and implemented?** *(E.g. civil actors, local NGOs, public stakeholders). This can be in terms of problem identification, problem solving, or both.*

Not applicable as this is a data collection methodology.

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?**

No

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?**

IFOS and GWI remain partners in Haiti and will continue to actively work together to implement our ongoing impact evaluation.

RISK MANAGEMENT

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

– Delays on IRB approval – mitigated by constant communication with IRB staff to ensure needed information provided.

NEXT STEPS

19. **How has the project been shared with others during the reporting period** (e.g. events, publications, media, and informal interactions)?

During the reporting period, the final research report was being draft so it was primarily shared between IFOS and GWI. In future it will be included on our website, shared at international conferences such as SVRI, and a peer-reviewed paper will be developed on findings.

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?**

We would like to pilot this approach in other settings, particularly in an acute emergency. We also plan to incorporate this approach into GWI's on-going capacity building efforts around M&E in humanitarian settings.

Suggestion/issue	*1*	*2*	*3*
1. Look for further funding to pilot this in a more acute emergency setting.	☐	☐	☐
2. Incorporate these findings as a case study in GWI's Research, Monitoring and Evaluation Manual for GBV programs in refugee and conflict-affected settings.	☐	☐	☐
3. Present the findings at key international conferences on GBV (e.g. SVRI)	☐	☐	☐

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