



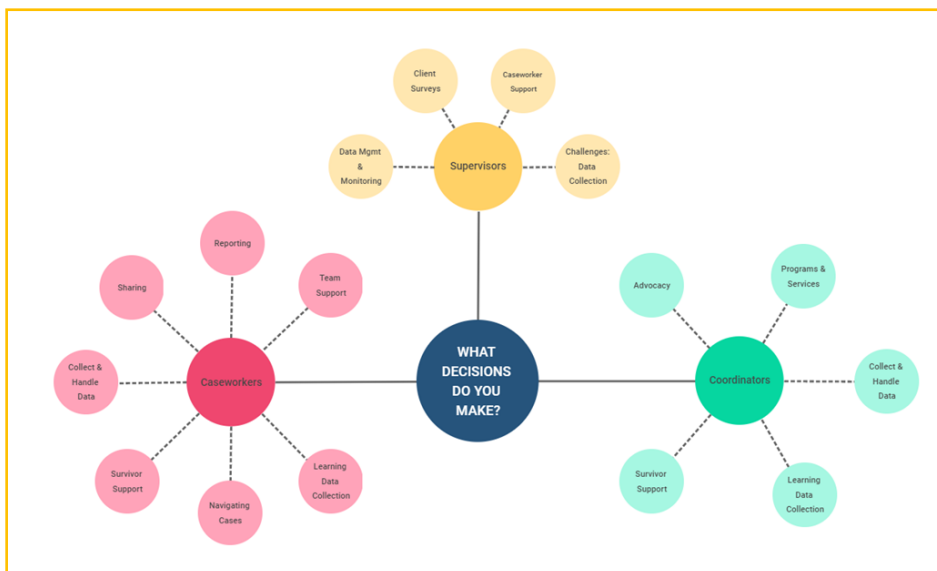
WPE Remote Design Workshop Recommendations & Feedback

On July 29 and August 13, 2020, WPE Remote Design Meetings were held with a total of 21 participants. Caseworkers, supervisors and coordinators representing Jordan, Iraq, Lebanon, Kenya and Nigeria were present. Through the discussions, participants shared ways to be more effective with our use of data in WPE programs. Specifically, they discussed how can we make data easier to use and more actionable. The following information is a summary of the feedback collected during these meetings.

What Decisions Do You Make in Your Work?

First, we asked participants about the decisions they make on a regular basis. This question was asked to better understand and identify ways that data can be used to inform decisionmaking.

All participants reported a need to make decisions about how to best to structure services for survivors. This includes deciding how to support survivors (and caseworkers) with difficult or complex cases, understanding survivor satisfaction with services and feeding that information back into programming, ensuring that the needs of diverse women and girls are being met, making sure services are based on recognized needs, and monitoring changes over time in survivor wellbeing and feelings of stigma.



Program staff also make numerous decisions that broadly impact the program. This includes decisions such as: where services should be located, what data to share for reporting; caseworker training and coaching needs; staff management; program composition and when to downsize or scale up; and how to work within the constraints of existing or projected funding. Macro-level decisions are also made, such as how to use data for advocacy and how to use data for resource mobilization.

Where Do You Get Information to Make Decisions About Your Work? What are the Challenges in Gathering Information for Decision-Making?

Next, we talked about where information is coming from to support the above decisions, and the challenges in gathering that information. Understanding where case workers, supervisors and coordinators are currently sourcing information that guides decisions allows us to identify gaps in data collection, duplicated efforts, potentially under-utilized resources, as well as information that is both easy to use and actionable. Identifying existing challenges creates opportunities to identify ways to overcome these obstacles, provide relevant guidance on data use and action and prevent potential challenges in the future.

All participants reported getting information from various information management systems, including Ona, Kobo, CommCare, GBVIMS+ (Primer), and GBVIMS. This includes case management forms and details (safety plans, referrals, incident reports, etc.), outreach data collection, caseworker knowledge and feedback, client feedback (surveys) community feedback (community mapping, FGDs, safety audits, etc.), and lessons learned from programming efforts. Reporting provides another source of information that influences decision making, whether weekly, monthly or interagency reports. Finally, high-level guidance informs decision making. This includes IRC policy, local government laws and policies, donor correspondence and guidance, and country program strategy.

With information coming from various sources, diverse challenges were also identified. First, information systems come with barriers to facilitated use. Connectivity issues prevents consistent access to information management systems, and without proper training and support, there are issues with understanding how to use and navigate information systems, data entry and understanding how the systems align with the interests and needs of survivors. Additionally, the amount of data means the signal can get lost in the noise and create burdens that lead to inaction. Accessing consumable data readily and easily was a significant barrier. A related challenge was identified in knowing the right questions to ask in order to collect relevant and useful data, as well as how to analyze this information.

Other broad challenges when gathering information for decision-making include making sure data is safe, accurate, manageable, useable and accessible. When indicator calculations are not automated, manual analysis and entry increases effort and potential inaccuracy. Funding can also be a challenge when trying to collect data. For example, it is difficult to prioritize impact assessments when facing budget cuts. Finally, data collected do not always use a lens that focuses on women and girls. Recently, challenges have also been raised in collecting data over the phone during emergencies such as COVID-19. Explanation of the questionnaires can be difficult, and survivors may not have access to phones, or they may not return for follow-up sessions where data is gathered.

How has Data Helped Make Decisions?

We also spoke with participants about how data have helped them make decisions. Understanding this will inform guidance by creating a foundation of data use while also identifying gaps.

Some of the ways data have helped includes presenting opportunities to better understand projects, specifically



the challenges and barriers that exist and prevent projects from being fully successful. Data, specifically case details, help develop needs-based solutions for survivors. Data also informs decisions around what information and messaging to share with communities, potential risk mitigation measures, proposal development, and collaboration efforts. With data, we can better understand trends and affected persons.

On a macro-scale, data can also help communicate effectively with donors to support their decision-making processes, specifically convincing donors of impact, supporting requests for funding, and advocating for lifesaving GBV services.

How Have You Used the GBV Outcome Measurement Scales?

Next, we talked specifically about the GBV Case Management Outcome Measurement toolkit. Knowing how this toolkit (specifically the scales) are being used helps identify gaps and opportunities for additional uses. It also creates an opportunity to identify uses that can be shared across countries.

By administering the scales at different points throughout the case management process, the Psychosocial Wellbeing and Felt Stigma Scale questionnaires have been used with clients to show their progress over time, the outcomes survivors achieve while accessing services, and any potential need for further-follow-up. This information helps caseworkers develop action plans with the survivor and informs women's rights programs and psychosocial services. It was recommended that programs analyze the results of the GBV Outcome Measurement Scales to better understand the impact of WPE programming and potential adjustments to the program that may need to be made to better address the needs of survivors.

The results of the GBV Outcome Measurement Scales are being regularly shared directly with survivors. This helps women see their improvements, self-reflect, and identify where changes or adaptations may be needed. Further, the act of administering the scales has also presented an opportunity for survivors to raise concerns or ideas about program access and other program improvements.

The results of the outcome scales can also be used for quarterly, yearly and donor reporting because they show outcomes that survivors achieve while accessing IRC's programming.

How Have You Used Indicators in the Past? How Could Key Performance Indicators (KPIs) Be Used?

Finally, we discussed program-level indicators, and the participants shared their feedback on using these types of indicators, including confusions they have. Knowing how program-level indicators have been used helps identify gaps and opportunities for additional uses. It also creates an opportunity to identify uses that can be shared across countries and creative ideas from frontline workers to make sure services and programs are on the right track. Understanding challenges with their use will help us make KPI data easier to use and ultimately more actionable by identifying areas of improvement and concern. Program-level indicators have been used for reporting to and advocating with donors. Participants shared that KPIs such as the number of follow-up sessions conducted, could communicate the complexity and need of services. KPIs could also be used for internal reflection by helping to identify needs and where services are lacking. KPIs can be compared with other data and reviewed weekly to understand caseworkers' needs and capacities. In regard to survivors, KPIs help ensure client satisfaction and help with follow-ups by understanding the services provided to and received by clients. Although participants identified uses, there is uncertainty around how KPIs will help and what they tell us. With training and guidance on KPIs, their meaning, how to use them and how to report on them,

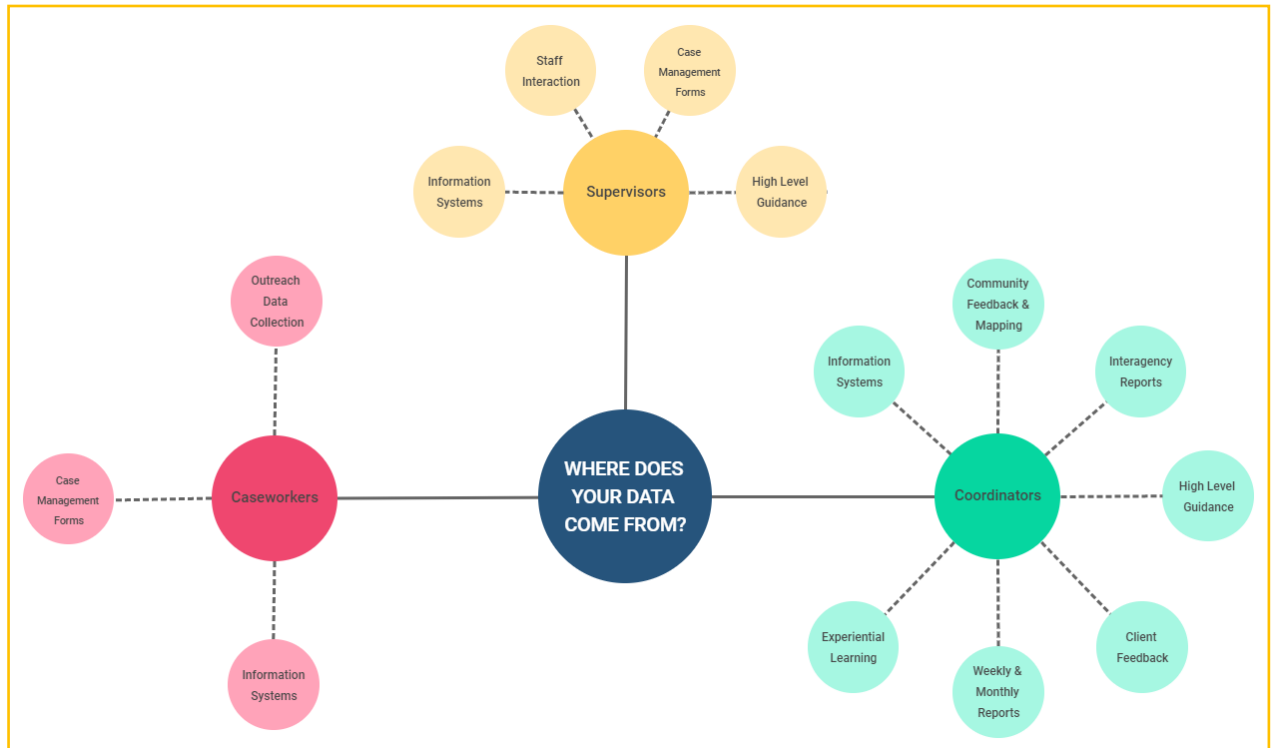
participants believe that there can be a stronger understanding of KPIs and how they can help. They hope to be able to accurately report to donors and other stakeholders using KPIs.

Key Considerations, Highlights & Recommendations

Data are essential to making evidence-based decisions at every level. They provide valuable insight into survivor needs, caseworker needs, trends, and so much more. There is a lot of data available, but that does not mean that it is useful, accurate or actionable. From the insights gathered from participants, we suggest the following recommendations:

- Provide training, coaching and guidance on how to use, analyze, interpret and make decisions based on data. This could include, for example, at what points in service delivery tools should be used and appropriate uses for tools
- Clarify the GBV Outcome Measurement Scales and KPIs, including their meaning, how to use them, and what to do with the results
- Consider challenges around data collection and provide guidance on how to overcome them
- Adapt GBV Outcome Measurement Scales for remote applications
- Provide guidance on how to use results in reporting
- Develop a training package that includes guidance on how to use these tools customized to each role

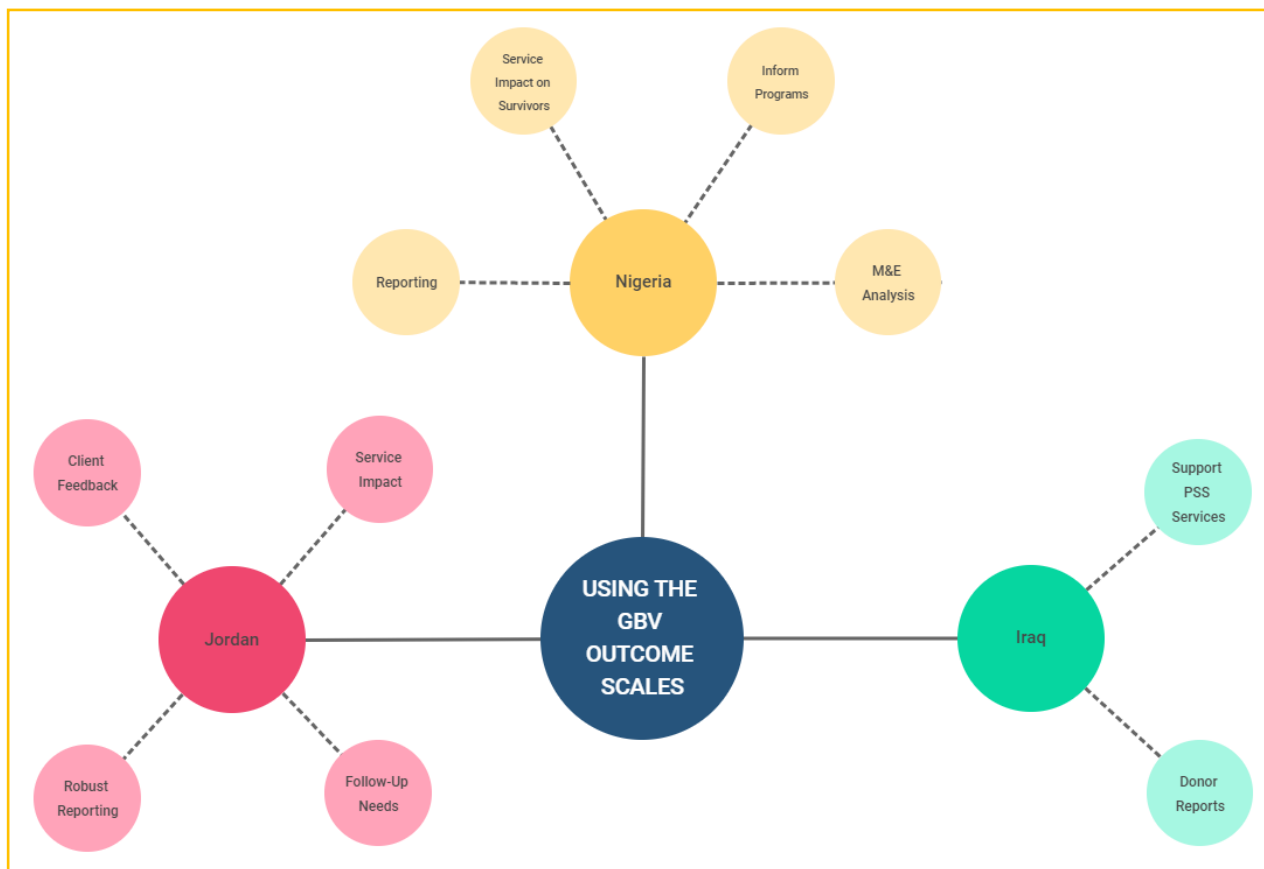
Annex A: Where Does Your Data Come From, Visual



Annex B: Challenges with Data, Visual



Annex C: How Have You Used the GBV Measurement Outcome Scales, Visual



Annex D: How Have You Used KPIs, Visual



Annex D: What's Confusing about KPIs, Visual