

# **Malawi Violence Against Women and Girls Prevention and Response Programme**

## Technical Briefing Note: Measuring the Attendance of People with Disabilities in Community Engagement Activities for a VAWG Programme

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# 1. Introduction

The Malawi Violence Against Women and Girls (VAWG) Prevention and Response Programme, also known as Tithetse Nkhanza, is a six-year programme which aims to **reduce the prevalence of violence against women and girls and progress towards the full realisation of women and children's human rights in Malawi**. The programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO) and delivered by a consortium of Tetra Tech International Development (formerly known as Coffey), Social Development Direct and Plan International.

With a focus on Intimate Partner Violence (IPV), family violence within the household, and harmful traditional practices such as early marriage, Tithetse Nkhanza implements a range of interventions to contribute towards reducing the prevalence of VAWG and improving response services for survivors. These include:

- **VAWG prevention interventions:** Tithetse Nkhanza is piloting three methodologies in the first phase of the programme: SASA! Together; Champions of Change; and a combined social and economic empowerment model, Moyo Olemekezeka<sup>1</sup>. The interventions differ in design and include community-wide discussions with varying participants (SASA! Together), and activities delivered with a pre-determined group of individuals (Champions of Change and Moyo Olemekezeka).
- **VAWG response service strengthening:** This includes work with service providers operating in the formal and informal sectors, such as police, health care workers, the judiciary, and social welfare officers (formal), and traditional leaders, village tribunals, community victim support units and women's rights organisations (informal). Interventions focus on improving survivor-centred approaches delivered at the frontline, improving the process of referrals of survivors between the service providers, and improving case management processes. Activities are implemented across the delivery chain from the front-line, up to national ministerial level oversight.

Drawing on the strong evidence from Low and Middle Income Countries (LMICs) that women and girls with disabilities are two to four times more likely to experience VAWG than their non-disabled counterparts<sup>2</sup>, and evidence generated by the programme's independent evaluation baseline survey<sup>3</sup> which found that 'women and girls with disabilities and poor mental health are also more likely to report IPV'<sup>4</sup>, the programme's Gender Equality and Social Inclusion (GESI) Strategy<sup>5</sup> focuses on the meaningful inclusion of people with disabilities (PWD) in programme activities as a priority for social inclusion.

The programme's definition, as laid out in the GESI Strategy, for 'reaching' PWDs through interventions is that '*people, primarily women and girls, with disabilities are present at, meaningfully engaged in, and benefitting from programme activities*'. The programme further seeks to support PWD leadership on VAWG prevention and response issues.

Measuring achievement against this goal is important so that programme activities can be adapted to achieve the goal by increasing reach to PWDs or improving the relevance of activities themselves to the needs of disabled participants. A number of programme monitoring methodologies were developed and piloted to track the presence of PWDs in activities throughout implementation. As noted below, in section 6. *Limitations*, the methodologies outlined here do not capture 'meaningful engagement' of PWDs or the extent to which PWDs have benefitted from the programme's interventions. Other methodologies are in place to measure this.

This technical briefing note seeks to share learning from this pilot process with other programmes that seek to improve the extent to which they measure the presence of PWDs in VAWG prevention and response activities at community level.

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<sup>1</sup> Adapted from Zindagii Shoista

<sup>2</sup> [What Works \(2018\) Disability and Violence against Women and Girls](#) cited in Tithetse Nkhanza (2020) Rapid Review on Disability-Inclusive VAWG Programming

<sup>3</sup> Tetra Tech International Development (2020) Independent Evaluation of the Violence Against Women and Girls (VAWG) Prevention and Response Programme: Baseline Report

<sup>4</sup> These findings are not statistically significant due to the small sample sizes of women and girls with disabilities within the study

<sup>5</sup> Tithetse Nkhanza (2020) Gender Equality and Social Inclusion Strategy - <https://www.sddirect.org.uk/media/2153/tn-gesi-strategy.pdf>

## 2. Considerations in designing the measurement approach

The Rapid Review on Disability-Inclusive VAWG Programming<sup>6</sup> undertaken by the Tithetse Nkhanza programme in October 2020, found very little publicly available information on how other VAWG prevention and response focussed community engagement programmes measure the inclusion of PWDs in community-wide activity delivery.

The Tithetse Nkhanza Monitoring, Learning and Adaptation (MLA) unit therefore had little precedence upon which to base a design of measuring the presence of PWDs in community level VAWG prevention and response programme activities. Given the commitment of the team to include PWDs, the MLA unit designed a pilot programme monitoring approach to gather data in this regard.

As noted above, Tithetse Nkhanza implements a range of activities that are delivered both with fixed groups of people, and with groups of varying participants. The processes for gathering data on the number of PWDs present in these activities needed to be relevant to the way activities were engaging people (e.g. fixed participants or fluctuating participation), and therefore required modified approaches for different activities.

A number of issues were considered when designing the approach, as shown in Table 1.

*Table 1: Issues considered in the design of the programme monitoring data collection approach for measuring the inclusion of PWDs in activity implementation.*

<b>Use of global standards</b>	The programme adopts the social model of disability, which recognises the <b>attitudinal, environmental and institutional barriers</b> that limit or exclude people with impairments from participation. In order to measure the inclusion of PWDs in programme activities, the Washington Group Questions (WGs) short set were considered the most appropriate approach to determining whether an individual is a person with a disability. Moreover, the Malawian 2018 National Population and Housing Census used a set of questions that were drawn from the WGs. Tithetse Nkhanza was interested in comparing its programme monitoring data with census data on the prevalence of disability within the population generally, in order to provide a benchmark against which programme reach of PWDs could be compared.
<b>Ethical approaches to data collection</b>	The programme’s Disability Inclusion Advisors recommended that the same level of sensitivity and ethical consideration applied to gathering data related to experience of VAWG should be applied to gathering data relating to disability. For example, whilst the programme would not ask women to publicly report that they had experienced violence through raising their hand in a group, the programme should not ask participants to publicly report that they have difficulty seeing, even when wearing glasses.
<b>Data protection</b>	The data collected is sensitive, and so must be protected and provided with consent in order to meet ethical and legal data protection standards. As noted below, for some respondents the data gathered is recorded alongside their name for tracking purposes, whilst for respondents from groups with varying participants, names are not recorded. Tithetse Nkhanza sought to implement the highest forms of data protection possible, and so instituted a process of obtaining consent from all individuals from whom the data was gathered, and developed data entry processes which protected the data submitted.
<b>Timing</b>	The length of time the programme asks activity participants to be engaged is integral to Tithetse Nkhanza’s community engagement approach. Raising Voices, who developed the SASA! Together approach, strongly advise that community members should not be asked to give more than an hour of their time for an activity, given the need to maintain enthusiasm and interest, and also to respect participants and the multiple priorities they may have in their day to day lives.

<sup>6</sup> <https://www.sddirect.org.uk/media/2154/rapid-review-on-disability-inclusive-vawg-programming.pdf>

	The PWD inclusion measurement methodology, therefore, needed to be designed in a way that would not add an inappropriate time burden to activity facilitators or participants, and so the number of questions asked were purposely kept to a minimum whilst not affecting the quality of the information gathered.
<b>Secure, efficient and cost-effective process for data collection</b>	<p>The majority of Tithetse Nkhanza’s community engagement activities are delivered by volunteer activists or facilitators, who are supported by a civil society organisation (CSO) which works in partnership with Tithetse Nkhanza. Therefore, the data collected moves from volunteer, to field officer, to the MLA unit within the Tithetse Nkhanza team for processing. The MLA unit needed to design an efficient process to move data quickly, securely and accurately such that findings could be shared rapidly to facilitate effective programme learning.</p> <p>Moreover, Tithetse Nkhanza works with over 200 volunteers, and as such it was not affordable or cost-effective to provide each of those volunteers with a smart phone to facilitate data submission using the digital data platform. Consequently, the MLA unit designed a process using both paper-based and digital data collection processes.</p>

### 3. Design of the pilot approaches for data collection

#### 3.1. Set of questions included

Firstly, Tithetse Nkhanza decided upon the set of questions to ask activity participants to determine whether or not they have a disability. As noted above, the primary concern was to ensure that the questions asked reflected the programme’s adoption of the social model of disability, and that the data would be comparable with national census data, to provide a benchmark against which the MLA unit could determine if too few PWDs were present in programme activities. Moreover, the programme delivery team was eager to better understand the needs of participants targeted by their activities, so that they would be able to adapt the delivery of activities as needed.

On this basis, the MLA unit adopted the questions used in the national census within the main programme monitoring tool. These questions are:

	Question	Optional responses
1	Do you have difficult seeing, even if wearing glasses?	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 8. Don’t know
2	Do you have difficulty in hearing, even if using a hearing aid?	
3	Do you have difficult in walking or climbing steps?	
4	Do you have difficulty in speaking?	
5	Do you have difficulty learning new things or solving problems or remembering?	
6	Do you have difficulty (with self-care such as) washing all over or dressing?	
7	Do you have Albinism?	1. Yes 2. No
8	Do you have Epilepsy or seizures?	

Furthermore, given that some programme activities engage young people and children from the age of 10, the Washington Group Questions Child Functioning Model was consulted to generate findings to better understand the needs of children involved in these activities. The additional questions adopted for this group are:

	Question	Optional responses
1	Compared with children of the same age, do you / does (name) have difficulty learning things?	1. No difficulty

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2	Do you / does (name) have difficulty making friends?	2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know
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In line with guidance on using the Child Function Model, these questions were asked to a proxy respondent acting on behalf of the child or young person, for those aged under 18.

Finally, an additional question was added for groups of people who would be continuously engaged by the programme in fixed participation groups, to understand the need to adapt activity delivery to their mobility needs. This question is:

	Question	Optional responses
1	Do you use or need any of the following: <ul style="list-style-type: none"> <li>• Cane or walking stick</li> <li>• Walker or zimmer frame</li> <li>• Crutches</li> <li>• Wheelchair or scooter</li> <li>• Artificial limb (e.g. leg/foot)</li> <li>• Someone's assistance</li> <li>• Other (please specify)</li> </ul>	1. Yes 2. No 3. Refused 9. Don't know

The questions were translated into the relevant languages used by the facilitators and participants.

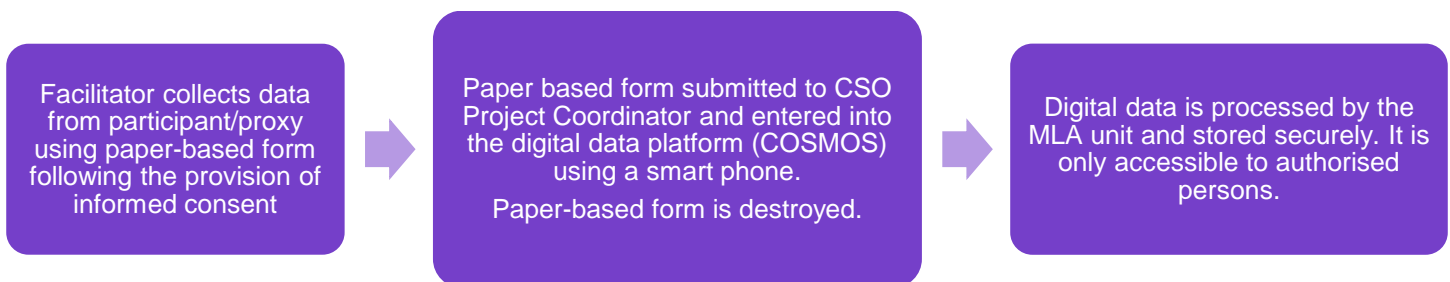
### 3.2. Methodology of gathering data

Tithetse Nkhanza adopted two approaches to gathering data on the inclusion of PWDs in programme activities.

#### Activities delivered with a group of fixed participants

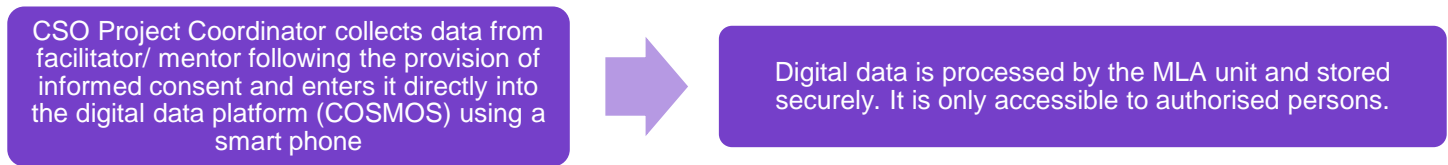
This set of activities was relatively easy to design around. Where a fixed group of individuals is engaged continuously by the programme, for example in the Champions of Change intervention which works consistently with a group of facilitators, mentors, adolescents and parents to deliver a set curriculum, the relevant questions were asked to all individuals at the beginning of the process and recorded against their names (with their consent). Subsequent sessions then record an attendance register by name, such that the attendance of PWDs can be tracked over time, and findings provided to the technical lead for delivery to act if a PWD's attendance is lower than that of group members without a disability.

The data flow chart for Champions of Change participants is as follows:



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The data flow chart for Champions of Change facilitators and mentors is as follows:



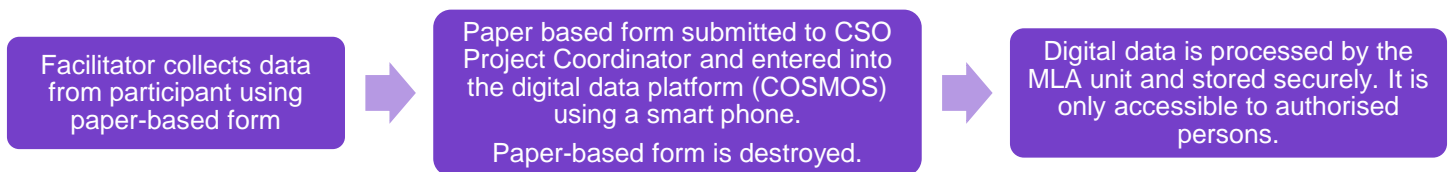
The Moyo Olemekhezeka intervention also works with the same set of people over a period of time, and so will adopt this methodology when roll out commences.

### Activities delivered with groups of varying participants

This set of activities was more challenging to design around and is primarily applied to the delivery to SASA! Together. Given that activities are delivered with different groups of people each time, the MLA unit needed to develop a methodology that would not be overly time-consuming for the facilitator or participants and that could be delivered ethically and effectively.

The process adopted uses a sampling methodology, whereby a randomly selected group of up to eight people per activity are asked for five minutes of their time at the end of a session. A statement is made to the entire group to explain why this set of people have been asked for additional time, and to clarify that they will receive no payment or benefits for providing their time. The facilitator then asks the eight main questions noted on page 4 to each of the individuals privately, without asking their name, and records the information on a paper-based form. In SASA! Together, the intervention is delivered in phases of approximately eight months each. This data is planned for collection at the beginning, mid-point and end-point of the phase, such that trends can be analysed over time.

The data flow chart for SASA! Together participants is as follows:



Facilitators were provided training and guidance in appropriate approaches for administering the questions to respondents. This included guidance that questions should not be presented as 'questions on disability'.

### 3.3. Methodology of analysing data

In line with the methodology adopted by the National Statistics Office, which carried out the 2018 Malawi National Population and Housing Census, and guidance produced by the Washington Group on Disability Statistics, Tithetse Nkhanza has defined all respondents with one or more domains coded as 'a lot of difficulty' or 'cannot do at all', and those who recorded a response of 'yes' to the questions relating to albinism and epilepsy or seizures, as a PWD.

## 4. Data processing and decision making

Following submission using the digital data platform COSMOS, the data is then analysed and presented using Microsoft PowerBI, which provides a dashboard of findings that is accessible to the programme team technical leads, civil society partners and MLA unit. The dashboards are updated monthly and are accessible at any time to inform decision making. Findings are discussed in greater depth during quarterly learning reviews to determine necessary programme adaptations.

### Activities delivered with a group of fixed participants

Some of the interventions designed to be delivered in this manner, for example Champions of Change (CoC), had selected the fixed participants to engage prior to the development of this methodology. Whilst effort was made during this selection process to identify PWDs to participate, without using a set of questions based on the Washington Group Questions, it is likely that people with hidden disabilities would have been overlooked. Given that the intervention has now commenced, it would not be ethical to change the selected participants. However, there are still a number of actions that can be taken to reach PWDs through the intervention, if the data collected demonstrates that participation of PWDs in the CoC intervention is low, such as:

- **Reaching PWDs as ‘secondary’ participants:** Within the CoC curriculum, participants are supported to plan and deliver actions to reach out to their wider peer network and community to address issues relating to VAWG prevention. The CoC team could provide specific guidance to CoC participants on reaching PWDs within this process, to improve inclusion.
- **Facilitating leadership of PWDs to address participants:** Working with Organisations of Persons with Disabilities (OPDs), the CoC team could proactively create space for PWDs to work with the CoC participants, highlighting disability as a key consideration in their work to address VAWG in their communities.

The other key prevention methodology which works with groups of fixed participants, Moyo Olemekezeka, had not identified participants before the roll out of this process. Therefore, this monitoring methodology will be adapted, to support the selection of participants with disabilities, which is one of the key selection criteria adopted by the intervention. Moreover, one of the civil society organisations delivering Moyo Olemekezeka in partnership with Tithetse Nkhanza is an OPD, and will provide critical guidance to the process of selecting participants. If there is a substantial difference in the inclusion of PWDs between CoC and Moyo Olemekezeka as a result of the different approaches to participant selection, lessons in this regard will be applied to any scale-ups of these interventions.

### Activities delivered with groups of varying participants

If findings demonstrate that, compared to national disability prevalence rates, fewer PWDs are present in these activities, facilitators will be guided on actions to be taken to reach out to more PWDs. This may include working with local OPDs to identify relevant strategies for engagement.

## 5. Findings to date

At the time of writing, data is still being submitted by Tithetse Nkhanza’s CSO partners through the digital data platform. The following findings have been generated thus far:

- **Champions of Change:** Data for 35 facilitators (58% of facilitators) and 19 matrons and patrons (63% of matrons and patrons) had been submitted, demonstrating that 9% and 11% of these cohorts are PWD respectively. These findings are largely in-line with the national prevalence of PWD, according to the Malawi 2018 census, of 11.6%. No data has yet been submitted on the participants of the CoC groups.
- **SASA! Together:** Data for only eight participants of SASA! Together activities has been submitted, none of whom were PWD. SASA! Together is expected to reach approximately 2,600 people over the course of delivery, and so this data is insufficient to inform discussion at this stage.

## 6. Limitations of approach

As a pilot approach, the team has recognised a number of limitations to the methodology and is seeking to implement a range of responses to improve the process moving forward. These are outlined in Table 2.

Table 2: Limitation to methodology

Limitation	Response
<p><b>Measuring attendance, not meaningful participation</b></p> <p>This approach will only measure whether or not a PWD has attended a Tithetse Nkhanza community engagement activity, but does not capture any information relating to their meaningful participation or whether they have benefitted from the intervention.</p>	<p>A follow up process will be developed whereby activity observation by CSO field staff and Tithetse Nkhanza team members will assess the extent to which the facilitators are proactively and appropriately creating space for PWDs to actively participate in activities.</p> <p>The independent evaluation process includes a disaggregation of data by disability status using the Washington Group Questions. The evaluation planned at the end of phase 1 will contribute towards an understanding of the extent to which PWDs have benefitted from Tithetse Nkhanza interventions.</p>
<p><b>Delays in data collection and submission</b></p> <p>As with all innovations, the process has faced challenges in its commencement, particularly around the timely submission of data collected. It is envisaged that in time, as the team and partners appreciate the value of the reflections derived from the data submitted, the frequency and timeliness of data submission will improve.</p>	<p>The MLA team being proactive in sharing learning from the data submitted, such that data submission is not perceived as an extractive process.</p>
<p><b>Acting on findings</b></p> <p>As noted above, where groups of participants are fixed, and were selected before this methodology was rolled out, it is not possible to take action to address low presence of PWDs at this point in implementation, if the findings determine this.</p>	<p>As noted above, other actions can be taken to address low inclusion of PWDs in CoC participant groups.</p>
<p><b>Random selection in groups of varying participants</b></p> <p>Despite guidance that the selection of individuals to respond to the questions should be random, it is likely that the facilitators may subconsciously (or consciously) select individuals with visible disabilities for this process. As this process is based on sampling, this may impact findings giving falsely high rates of PWDs present in activities.</p>	<p>The MLA unit will continue to monitor the implementation of data collection and findings for this risk.</p> <p>The 2018 Malawi Population and House Census Disability Report provides a breakdown of prevalence of types of disability. The MLA unit will compare findings for 'visible' types of disability, such as mobility, sight and hearing impairments, to the national and regional prevalence rates for these types of disability, to gauge whether TN findings appear to be artificially high.</p> <p>If this is found to be the case, the methodology for data collection will be revisited, and further data collection guidance will be provided to the facilitators.</p>

## 7. Conclusion

The development of this approach has been a challenging innovation on behalf of Tithetse Nkhanza, for which the team is still learning and developing. Tithetse Nkhanza greatly welcomes feedback and input from others who have tackled similar aspirations and processes, to inform improvements to the process going forward.

Tithetse Nkhanza will continue to share learning in this regard. If you are interested to learn more or share reflections, please contact Amanda Bangura, Deputy Team Leader on [Amanda.Bangura@tetrattech.com](mailto:Amanda.Bangura@tetrattech.com), or Stella Makhuva, Research and Learning Officer on [Stella.Makhuva@tetrattech.com](mailto:Stella.Makhuva@tetrattech.com).