

Overview of the WINGS SUNFLOWER M&E findings and recommendations



Monitoring & Evaluation framework being applied in Kyrgyzstan

The WINGS SUNFLOWER Central Asia implementing partners apply the following M&E efforts: formative evaluation, process monitoring, process evaluation, and outcome monitoring:





Formative Evaluation



Formative evaluation is the first type of evaluation that implementing partners conducted. Formative evaluation is defined as the process of collecting data that describes the needs of the population and the factors that put the woman at risk for IPV and GPV. Formative evaluation is the same as the agency "needs assessment" for WINGS SUNFLOWER and focuses on answering the following questions:

- What are the prevention intervention needs of your focus population?
- Do you provide education and prevention services to women (e.g., heterosexual, same sex, transgender, etc.)?
- Do you have the staff, funding, and resources necessary to implement WINGS SUNFLOWER?

Process Monitoring



Process monitoring is the next type of evaluation that the implementing partners have been conducting. Process monitoring is defined as the process of collecting data that describes the characteristics of the population served, the services provided, and the resources used to deliver those services. It aims at collecting, summarizing, and interpreting the data that are required by the funding agency, following the format described in the grant agreement. Process monitoring focuses on answering such questions as:

- *How many intervention sessions did we conduct?*
- What resources have we used to deliver the intervention?
- *How many referrals have we managed?*
- How many Istanbul Convention Forms have we arranged?

Process Evaluation



Process evaluation that is defined as the process of collecting more detailed data about how the intervention was delivered, differences between the intended beneficiaries and the population served, and access to the intervention, is the third type of evaluation that the implementing partners have been conducting. It looks at whether the agency maintain fidelity to the intervention's Core Elements and what Key Elements the agency identified and adapted. Process evaluation is a quality assurance component that ensures agencies are delivering WINGS SUNFLOWER rather than some unproven variation of the intervention. Some sample questions include:

• Was each Core Element presented as outlined in the manual? What time and resources were spent?



The last type of evaluation that the implementing agencies conducted, is called outcome monitoring. It is defined as the process of collecting data about client outcomes before and after the intervention. Outcome monitoring cannot be done until implementing agency has done formative evaluation, process monitoring, and process evaluation, and the intervention is being delivered as planned.

Project beneficiaries were surveyed at baseline and in 3 months after they received the GBV prevention interventions services.

Outcome Monitoring



Outcome monitoring surveys, in Russian and Kyrgyz, included the following sections:

Sexual experience and relationship, sexual health, traumatic childhood experience, stigma and discrimination and coping capacity

Demographic information, family status, employment, living conditions, use of unprescribed medicines, drugs and alcohol Service utilization, including referral experience and services provided as a part of onestop mechanism

History of IPV and GBV in the past 3 months, exposure to economic abuse, history of the most traumatic episode in the past 12 months



Beneficiaries' religion affiliation and their family status (n=89):





Beneficiaries' profile in brief (*n*=89):



The beneficiaries' monthly income is ca 6108 Kyrgyz som (\$77.3), from 1 to 7 people depend on them for money, including children (ca 2 per each), and in 30% cases it is the husband/partner who is the main source of income – however, 45% beneficiaries reported that they did not have enough money to buy food every day in the past 90 days.

97,5% beneficiaries are Kyrgyz citizens, 2,5% are citizens of Russia, and 1 woman has Tajik citizenship (she is a labor migrant and is in Kyrgyzstan with a purpose to make money).

No one has been arrested or detained by police or convicted of an offense or a crime in the past 90 days – however, two women have been accused in fulfilling an unlawful action.

Beneficiaries' use of illicit drugs and / or medicines (n=89):





Beneficiaries' exposure to violence in the past 90 days (*n*=89):

Someone called beneficiaries insulting names



Baseline survey 3-mo follow-up

Violence perpetrator(s)



Beneficiaries' exposure to severe physical violence in the past 90 days (n=89):





Someone twisted beneficiaries' arms, or thrown something at them that could hurt, or pushed, grabbed or slapped them Someone kicked beneficiaries, slammed them against a wall, beaten them up, punched them, hit them with something that could hurt or burned or scalded them on purpose Someone caused physical disfigurement of beneficiaries' body







Beneficiaries' exposure to psychological abuse and humiliation in the past 90 days (n=89):





Beneficiaries' exposure to economic control in the past 90 days (n=89):









How many beneficiaries received one-stop service scope, all in one place, in the past 90 days (n=89):









One-stop services that beneficiaries received all in one place in the past 90 *days (n=89):*





64.0% Where the beneficiaries would like to receive one-stop service scope, all in one place, in the past 90 days (n=89): Baseline **3-mo follow-up** 15.7% 0.0% 3.0% 4.0% 3.0% 0.0% 0.0% 0.0% 0.0% In crisis centers In feminist agencies At medical agencies At law enforcement At social protection agencies agencies

Where exactly beneficiaries received one-stop service scope, all in one place, in the past 90 days (n=89):

Significant changes that happened to the beneficiaries' status in the past 90 days (n=89):

days





Experienced Challenges

Underdeveloped legislation: implementation of the one-stop service provision mechanism in the government clinics will require significant changes in legislation

Crisis centers' and medical agencies' capacity: implementation of the one-stop service provision mechanism in the government clinics will assume systematic and ongoing efforts aiming at increasing and maintaining capacity of the crisis centers and medical agencies

Economic issues: implementation of the one-stop service provision mechanism in the government clinics will require significant finance support, including money for professional training for medical staff, social workers, case managers etc.

Advantages of WINGS and Sunflower Integration

One of the primary WINGS sessions' goals was to increase motivation of women to start exploring solutions to violence, to violence perpetrators and to documenting cases of violence. Crisis centers were identified entrance points for the clients because of long-lasting trust relations and community-based nature of the crisis centers' activity. The ideal pattern has to include sessions and services proposed by WINGS and one-stop service provision proposed by Sunflower.



Follow-up Recommendations



Active involvement of government officials could allow (a) make medical agencies' environment more favorable for applying the one-stop service provision and (b) start providing these services under supervision of the Ministry of Labor and Social Development and Crisis Centers Association utilizing multi-level M&E platform that was piloted in this project.

Methodology has to be further adapted considering gaps in the reproductive health outcomes.

Current design of WINGS SUNFLOWER service provision model does not fully consider specifics of the vulnerable groups like internal and external migrants, and has to be further adapted.

There are certain gaps in the project design associated with COVID, and it is mobile application built on WINGS SUNFLOWER intervention and available in multiple ? regional languages that can be a solution.

Mobile WINGS SUNFLOWER application development has to be conducted in cooperation with experts at State medical Academy that will ensure high quality of the outcome product.