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Turning Oppression into Opportunity for Women Worldwide

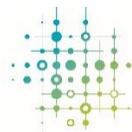
HALF THE SKY MOVEMENT GLOBAL ENGAGEMENT INITIATIVE



Final M&E Report

January 2016

SHOW OF FORCE



CENTER FOR
GLOBAL
COMMUNICATION
STUDIES



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SECTION 1: INTRODUCTION

1.1 BACKGROUND

The Center for Global Communication Studies (CGCS) has monitored and evaluated the Half the Sky Movement (HTSM) / USAID project “Half the Sky Movement Global Engagement Initiative” for the past two years, from January 2014 to January 2016. This report summarizes the findings from this work.

The evaluation sought to 1) assess the impact of the HTSM media interventions and 2) improve and inform future efforts to use media in developing and conflict-affected regions. The evaluation also investigated whether HTSM’s media tools can be packaged as a ‘toolkit’ that can be scaled up and / or used by other NGOs working on issues pertaining to women’s empowerment in developing regions.

To implement the evaluation, CGCS relied on two in-country M&E Officers, Kamakshi Khazanchi in India and Benard Moseki in Kenya, who coordinated directly with the NGOs on the ground. In Kenya, CGCS employed research firm Research Solutions Africa (RSA) to carry out in-depth-interviews as well as pre, post, and three-month follow-up test surveys for discussion group beneficiaries at YWLI. India M&E Officer Kamakshi Khazanchi coordinated all beneficiary in-depth-interviews and pre, post, and three-month follow-up test surveys for the Tonk NGOs. Dr. Maureen Taylor, Professor and Director in the School of Advertising and Public Relations at the University of Tennessee, assisted with the development of the project’s Milestone Index for NGO capacity measurement, as well as completed all final evaluation interviews with Kenyan and Indian NGO coordinators and staff members.

Much of the data collected was sent to CGCS through partners contracted by Show of Force. This included Third Sector Communications (India), Brand Spark (Kenya), Letiarts, Games for Change, and PVR Nest (India).

1.2 PROGRAM OVERVIEW AND KEY TAKEAWAYS

CGCS implemented a developmental evaluation approach for this project. Developmental evaluation¹ is an evaluation model that allows for flexibility in design and approach, and in the words of its founder “supports innovation by bringing data to bear to inform and guide on-going decision-making as part of innovative processes.”² This approach allows organizations to not only see that a particular intervention is succeeding as hoped, but encourages organizations to understand *why* a project is succeeding or failing, based on a pre-defined theory of change. This process “involves questioning the assumptions, policies, practices, values, and system dynamics that led to the problem in the first place.”³

¹ Patton, M.Q. (1994). *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*.

² Ibid, 37.

³ Ibid, 11.

Our approach also moves the evaluator to a role of facilitator – helping with decision making in the implementation design, and advising on project modifications as the project rolls out and as hurdles, unexpected outcomes, or unintended consequences arise. In all projects, but particularly in development projects, which take place in complex, culturally distinct environments, it is crucial for implementers to engage in ongoing reflection on and refinement of project strategies and goals. An evaluator can aid in this task by helping implementers hone in on whether project needs are being met and how design can be improved. More evaluators and implementers are realizing that total independence of evaluators is not always in the best interest of the project or evaluation.⁴

The approach thus sought to integrate and align implementation, monitoring, and evaluation. The evaluation answered five key media-related evaluation questions:

1. What is the impact of the HTSM intervention on public discourse about gender issues in Kenya and India?
2. Did the project increase the capacity of NGOs to address gender empowerment through the use of media?
3. What is the impact of the HTSM media tools on audiences' knowledge, attitudes, and behaviors with regard to women's empowerment?
4. What is the impact of the HTSM intervention on policy regarding gender issues in Kenya and India?
5. Did the NGO partners find the tools useful, why or why not, and would they use them again? How can the tools be improved?

Together, these research questions address larger research questions regarding whether the HTSM media tools can be packaged as a toolkit for NGOs, schools, or other institutions that wish to change local community attitudes and behaviors, and whether the HTSM media tools can be used to advance gender discourse and policy on a national scale.

Ultimately, our evaluation concludes that the HTSM intervention did indeed have positive and promising outcomes for the questions above. While we found that the project did not have substantial impact on national public discourse or on national gender policy, the project did have substantial impact in its other objectives.

We also found that there is significant potential to scale up the project by marketing the discussion guide and videos as a toolkit for other organizations working in this area. We therefore conclude that the HTSM project offers promising potential as a bottom-up media intervention model. If used with local populations in high need areas, these media tools can help change individual attitudes and behaviors that will pave the way for local gender empowerment. Bottom up, grassroots changes in women's empowerment can, of course, lead to national level change over time, and many scholars and practitioners believe that such local, grassroots efforts are the most effective way to promote long lasting change.⁵

⁴ White, H. (2014). "Is independence always a good thing?" *Evidence Matters: Improving development policy and practice*. <http://blogs.3ieimpact.org/is-independence-always-a-good-thing/>.

⁵ Servaes, J. (2008). *Communication for development and social change*. New Delhi: Sage.

This report provides a detailed analysis of each goal above, as well as their successes and failures, and makes recommendations for improving the intervention in the future.

Key Takeaways:

1. Of the two sites evaluated, and of all the attitude changes evaluated, the largest change was seen in India, with respect to male attitudes towards girls' education. After the sessions, men were more likely to believe that girls could contribute financially to families if they were educated and that marriage for girls should be delayed.
2. In Kenya, the discussion groups empowered forward-thinking participants to speak confidently to friends, family, and neighbors about women's empowerment, spreading knowledge and attitudes. This was most strongly seen with the topic of gender-based violence: not only did many participants start *talking* about GBV in their communities, they started taking *action* as well.
3. After the discussion sessions in India, many of the women in the groups began reporting domestic abuse to the police.
4. Of all the videos, *Pooja's Story* in India was associated with the most concrete change, and seemed to have a direct impact on girls' education. In Tonk, at least four parents bought their children bicycles to travel to school after watching the video. Nine girls in the discussion groups who had previously dropped out of school re-enrolled. The story was successful because it was a positive story with an interesting and relatable role model.
5. Media (the HTSM educational videos) had important impact above and beyond the interpersonal communication of the discussion groups, and helped promote attitude and behavior change.
6. The video games received good reviews from those participants that were able to play them, but they were not sufficiently practical. Most people were not able to play the games for technical reasons.
7. More men need to be targeted for the intervention. It is insufficient to change the attitudes and behaviors of women when it comes to women's empowerment.
8. Changes in knowledge, attitudes, and behaviors not only endured, but increased three months after the project ended, suggesting that people discussed issues of women's empowerment with others, reinforcing and spreading ideas.

SECTION 2: PROJECT DESIGN

2.1 THEORY OF CHANGE

The M&E design was crafted based on the overall project design and goals of the HTSM. The M&E was designed to evaluate whether HTSM's theories about how to empower women (their 'theories of change') were valid and effective. This section outlines the theories of change for each objective of the project.

Articulating these theories of change is crucial for effective intervention design as well as for effective monitoring and evaluation. The M&E plan constructed here was designed to measure stages in the theory of change. Understanding precisely how a logic model works under particular conditions allows for fine tuning of the intervention design when desired outcomes are not achieved. A theory of change based on previously tested theories of communication, development, and behavior change also strengthens the knowledge base and improves the potential of future interventions when it comes to the use of media in development, by providing evidence for how the theories work in particular contexts. This is particularly important in the field of media, as there is a dearth of practical, actionable evidence on the role of media in development.

The theories of change outlined below suggest short term and long term outcomes. We use the term "intermediate outcome" in the Summary Indicator Table to indicate that these are outcomes that previously developed theories suggest have the potential to lead to long term outcomes. For example, agenda setting theory⁶ suggests that if media coverage of a particular issue increases (intermediate outcome), then that issue will become more highly prioritized in the national agenda and in policy discussions, and can ultimately lead to policy change. The integrative model of behavior change⁷ suggests that changes in knowledge and attitudes (intermediate outcomes) can lead to changes in behavior in the long term.

The overall goal of Half the Sky Movement Global Engagement Initiative is: "To activate knowledge, attitudinal, and behavioral changes on specific gender concerns at the community and national level in India and Kenya through various media platforms."

From this, Half the Sky Movement Global Engagement Initiative's overarching objectives are as follows:

- Objective 1: Public Dialogue on Key Gender-Related Concerns Improved: Increase public attention, discourse, and awareness related to key gender issues at the national level.
- Objective 2: Capacity of NGO Partners Developed: Build the capacity of NGO partners to sustain the Half the Sky Movement Global Engagement Initiative transmedia

⁶ McCombs, M., & Shaw, D. (1972). The agenda setting function of mass media. *Public Opinion Quarterly*, 36 (2).

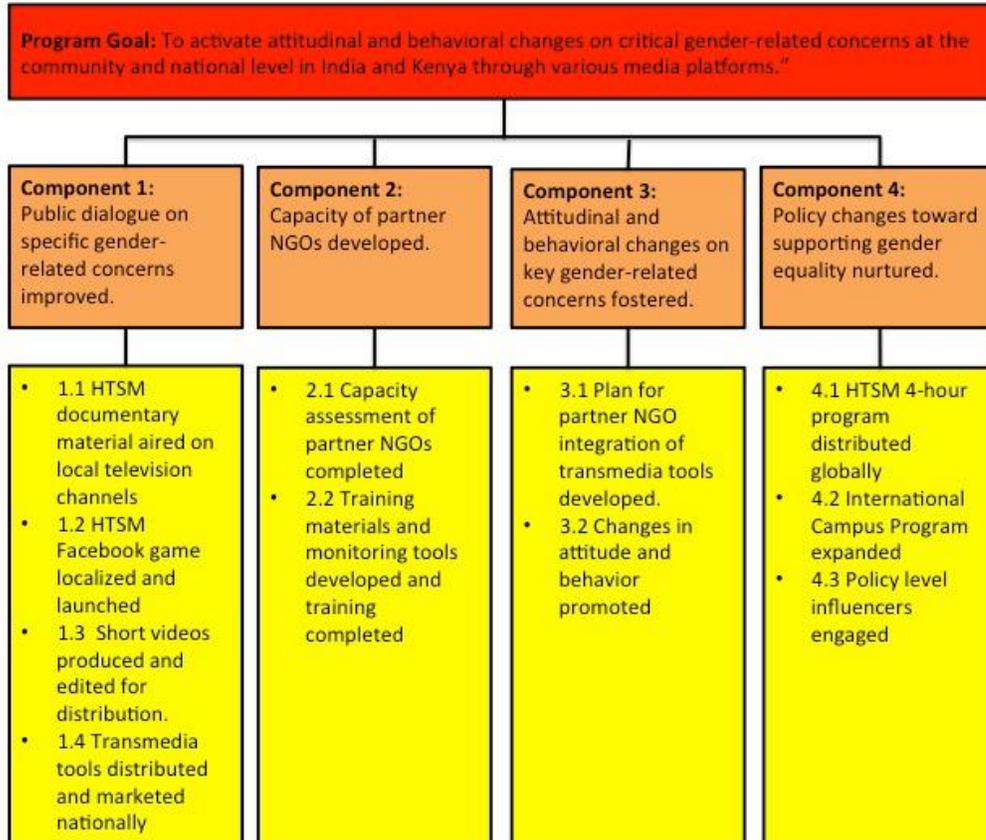
⁷ Cappella, J. Fishbein, M., Hornik, R. R. Kirkland Ahern & Sayeed, S. (2001). Using theory to select messages in anti-drug campaigns. In R.E. Rice & C.K. Atkins (Eds.), *Public communication Campaigns* Thousand Oaks, CA: Sage, 214-231.

intervention, extend learning, and inspire innovative uses of media and technology to help achieve goals of gender equality and women’s empowerment.

- Objective 3: Attitudinal and Behavioral Changes on Key Gender-Related Concerns Fostered: Create a positive shift in knowledge, attitudes, and practices of target audiences and community norms where NGOs have gender-improving interventions.
- Objective 4: Policy Changes toward Supporting Gender Equality Nurtured: Encourage global policymakers, business leaders, and influencers to advocate for institutional changes to support gender equality.

These four objectives are promoted through a set of “media tools” designed by Show of Force and their partners: the *Half the Sky* documentary film; a series of short educational video pieces; a discussion guide to accompany the videos; a Facebook game; and several mobile phone games.

These four objectives are encapsulated in eight primary activities in India and Kenya: national broadcasts of the *Half the Sky* documentary; production and distribution of the Show of Force educational videos; development and distribution of Facebook and mobile phone games (created by Games for Change); national marketing and events around the media tools (in conjunction with Third Sector and Brank Spark); capacity training of NGO staff; community level activities by NGOs to promote changes in knowledge, attitudes, and behaviors; a campus ambassadors program; and promotion of events designed to promote policy advocacy. SOF’s overall project framework is modeled in the figure below, as seen in SOF’s project Work Plan:



Because of resource constraints, the evaluation focused heavily on measurement of these intermediate outcomes, or intermediate results (IRs). Measurement of long term outcomes for some of the objectives is beyond the scope of this M&E plan.

2.1.1. Objective 1 theory of change: Public dialogue on key gender-related concerns

improved: This element of the SOF intervention was meant to push forward discussion on gender issues at the national level, to a large extent through the media, thus promoting increased political attention and engagement with the issues at stake, as well as individual-level behavior and attitude change. The theory of change for this element of the program is based on communication theory regarding the impact of the mass media.

Agenda setting theory: McCombs and Shaw argued that it was not the case that issues important to the public came to be featured in the media. Instead, the reverse was true: media coverage influenced what the public saw as key issues of public importance.⁸ Thus, increased coverage of gender issues in the media may convince audiences that this is an issue of high public importance that should be prioritized on the national agenda and in policymaking. Newspapers are also the media source that political elites and decision-makers are most likely to access, and what is covered in the news media is often found to reflect the discourse and discussion of elites and decision makers.⁹ Therefore increased coverage is likely to impact elites as well as the general public, and thus contribute to policy change. SOF planned to increase media coverage of gender issues by, together with marketing teams in India and Kenya, publicizing the HTSM media tools broadly. Celebrities were also targeted to increase media coverage.

Social learning theory:¹⁰ Suggests that people learn behaviors by modeling others – in particular role models. Celebrities serve as strong role models and have heavy influence on attitudes and norms. Audiences are often eager to listen to celebrities, and sometimes trust their views on political topics even more so than politicians.¹¹ (Evidence of this can be seen in the number of celebrities that have been elected to public office.)¹² The scholarship on celebrity communication suggests that audiences often look to celebrities to help form their own stance on topics generated in the public sphere.¹³ The HTSM documentary film features celebrities exhibiting desirable attitudes and behaviors; the marketing teams also engaged with Indian and Kenyan celebrities to promote the issues.

Theory of planned behavior / integrative model of behavior change:¹⁴ This model suggests that behavioral intentions result from an individual's knowledge, attitudes, and self-efficacy, among other factors, and that these factors need to be addressed in order to promote behavior change,

⁸ McCombs, M., & Shaw, D. (1972). The agenda setting function of mass media. *Public Opinion Quarterly*, 36 (2).

⁹ Bennett, W. L. (1990). Toward a theory of press-state relations, *Journal of Communication*, 40, 103-125

¹⁰ Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.

¹¹ Street, J. (2004). Celebrity politicians: Popular culture and political representation. *British Journal of Politics & International Relations*, 6(4), 435-452.

¹² Turner, G. (2004). *Understanding celebrity*. London: Thousand Oaks.

¹³ Marshall, D. (1997). *Celebrity and power: Fame in contemporary culture*. Minneapolis: University of Minnesota Press; Turner, G. (2004). *Understanding Celebrity*. Thousand Oaks, CA: SAGE.

¹⁴ Cappella, J. Fishbein, M., Hornik, R. R. Kirkland Ahern & Sayeed, S. (2001). Using theory to select messages in anti-drug campaigns.

such as a reduction in gender-based violence, parents sending their daughters to school,¹⁵ or engaging politically and encouraging the political leadership to adopt particular gender policies. Thus, information regarding gender equality behaviors and policies, and news pieces reflecting support of positive gender attitudes, may influence readers to adopt those attitudes and behaviors. A sense of efficacy – in this case that the desired gender-related outcomes can realistically be achieved – is also a crucial piece of the integrative model. Media narratives that suggest positive change is occurring can also increase the audience’s sense of efficacy regarding gender equality. Such a narrative of efficacy is supported by the HTSM media tools, the documentary in particular, as they were produced not only to raise awareness and increase knowledge about gender issues but, based on the principles of Nicholas Kristoff, were also designed to promote the idea that 1) *engaged individuals* can help improve the status of women in their own countries and around the world; and 2) there are organizations and individuals that *already exist* that are succeeding in pushing forward gender issues in their respective communities. Such messages drive home the idea that change is not only possible, but that individuals can and do help promote that change, thus increasing optimism about the future of gender equality and about the potential impact of political engagement.

Framing: While agenda-setting influences *what* audiences think about, media framing impacts *how* audiences think about a particular topic. Building on the importance of attitudes and efficacy described above in the integrative model of behavior change, if news pieces resulting from the SOF media intervention increase knowledge, change attitudes, or take on the tone of the HTSM media tools by emphasizing optimism and political engagement, this could promote positive behavior change.

The results framework for SOF’s mass media campaign designed to improve public dialogue is captured in the Results Framework figure below:

¹⁵ Specific behaviors promoted through the HTSM tools are outlined in Section 4.3.

Intervention	Intermediate Results	Intermediate Results	Long-term Outcomes
Mass Media Campaign	Increased media coverage of gender issues	Issue seen as important in the policy agenda Issue seen as important to others (shift in perceived norms)	More gender policies Increased enforcement of gender policies Increased public support for gender policies
	Gender issues framed optimistically	Increased perception that improved gender equality is inevitable	Increased political engagement on gender issues by public
	News articles framed to promote self-efficacy and political engagement	Increased knowledge on how to engage politically Increased self-efficacy to engage politically	Increased positive behaviors regarding gender issues
	News articles framed to support positive gender attitudes	Increased positive attitudes regarding gender issues	

Critical assumptions embedded within this results framework are that the theories employed are appropriate, that media are credible sources of information in India and Kenya, that audiences are accessing these media sources and paying attention to them, and that the Indian political system is such that public opinion can impact policymaking.

2.1.2. Objective 2 theory of change: Capacity of NGO partners developed: The Show of Force and Half the Sky model is based on the idea that change takes place from the ground up, and therefore that individuals and civil society organizations working at the grassroots level on gender issues are the actors that should be the most heavily supported. The project therefore assumes that grassroots interventions are the early steps toward national gender policy and attitude change. Capacity building of NGOs was thus designed to promote this process and serve as a mid-level influence on national change (in between the mass media and the individual).

The results framework for strengthening the capacity of NGOs is depicted in the Objective 2 Results Framework below:

	Intermediate Results	Long-term Outcomes
Training and technical support for NGOs	<p>Improved capacity to run discussion groups</p> <p>Increased knowledge on gender topics</p> <p>Increased incorporation of media in community interventions</p> <p>Increased capacity to carry out monitoring and reporting of data</p>	<p>More effective community interventions</p> <p>Increased ability to attract donor funding</p>

Critical assumptions embedded within this results framework are that the organization’s programs benefit from the use of the HTSM media tools and that effective M&E capacity is useful in securing future donor funding, so that they can continue their outreach work after the project ends.

2.1.3. Objective 3 theory of change: Attitudinal and behavioral changes on key gender-related concerns fostered: Grassroots interventions relating to gender issues are the heart of the HTSM framework. Therefore efforts to boost behavior and attitude change through grassroots interventions formed a key piece of the intervention program. Behavior change outcome goals for grassroots NGOs focused on the following four outcomes:

- 1) Early education
- 2) Economic empowerment
- 3) Safe pregnancies & family planning
- 4) Reduction in gender-based violence

The concentration on these four goals was based on lengthy discussions between SOF, the partner NGOs, and CGCS about the areas that are of most concern to the NGOs and where they saw the HTSM media tools as being the most relevant. The results framework for this objective also comes in large part from these discussions with NGOs regarding the outcomes they sought to achieve, what they felt were the key barriers standing in the way of those outcomes, how those barriers could best be addressed, and the assumptions held in the design.

Development of a theory of change in conjunction with stakeholders is crucial for effective implementation design. Despite extensive research on the topics at hand, outside researchers approach the project from our own world-view and cannot fully capture the knowledge, experience, and insights of those working on the ground. In order to avoid making inappropriate assumptions about needs and goals, stakeholder input was considered crucial for project design

and evaluation.¹⁶ Stakeholder input in design also insures a degree of “cultural competence” in evaluation, which “is actively cognizant, understanding and appreciative of the cultural context in which evaluation takes place... and [] uses stakeholder-generated, interpretive means to arrive at the results and further use of findings.”¹⁷

For example, in the project design, conversations with NGOs revealed their stance that it is crucial to talk to adolescent boys about the importance of girls staying in school so that they can help convince parents to send their sisters to school and can offer to help with their sisters’ household chores, giving their sisters more time for school and homework. This perspective, to our knowledge, is largely absent from the literature on early education and thus may have been excluded from the intervention design if these conversations had not taken place. In our ongoing evaluations, the NGO staff observed, for example, that they could make better use of the videos if some discussion questions were embedded into the videos themselves. We have incorporated this into our suggestions for future revisions to the project.

The heart of Objective 3 takes the form of discussion groups led by the NGOs to engage community members in discussions related to gender norms and gender empowerment. These discussion groups will use the HTSM media tools to promote discussion and highlight positive gender norms.

The theory of change for this element of the program was based on theories emanating from the fields of communication and psychology:

Theory of planned behavior / integrative model of behavior change: As described above, this theory suggests that knowledge, attitudes, social norms, and self-efficacy, among other factors, influence behaviors and behavioral intent. For example, knowledge about how to use and access contraception may increase use of contraception. These factors can be directly addressed both through the videos and games and through the group discussion aspects of the intervention. While changes in knowledge or attitudes certainly do not guarantee changes in behavior, they suggest potential behavior change, and these intermediate outcomes are often all that can be expected within the lifetime of an individual project. It is also beneficial to measure changes in knowledge and attitudes even if we *do* see positive behavior change within the lifetime of the project, because understanding the impact of the intervention on these intermediate outcomes helps us better understand how that behavior change came about. Such findings help the development community better understand the problems at stake, inform policymaking on development interventions, and inform how to strengthen the program the next time around.

Self-efficacy features as a key factor in the integrative model of behavior change. Individuals may desire to take on a particular behavior but feel that they cannot for psychological reasons (e.g., they are not brave enough) or practical reasons (e.g., they do not have the knowledge or the

¹⁶ Botcheva, L., Shih, J., & Huffman, L.C. (2009). Emphasizing cultural competence in evaluation: A process-oriented approach. *American Journal of Evaluation* 30(2), 176-188.

¹⁷ SenGupta, S., Hopson, R., & Thompson-Robinson, M. (2004). “Cultural competence in evaluation: An overview.” In M. Thompson-Robinson, R. Hopson & S. SenGupta (Eds.), *In Search of Cultural Competence in Evaluation: Toward Principles and Practices, New Directions for Evaluation*, 102, 5-19. San Francisco: Jossey-Bass, 15.

tools to carry out the behavior).¹⁸ Bandura¹⁹ stresses the importance of both personal efficacy and outcome expectations, and in health communication several studies have found that self-efficacy is an important element to include in persuasive messages in order to promote behavior change.²⁰ One way the intervention explicitly targeted self-efficacy was through role play that helped the discussion group participants model the same behaviors and attitudes featured in the media tools. Participants were given the opportunity to, for example, practice standing up for themselves, making arguments to parents about why girls ought to be kept in school, or making arguments to partners about the importance of contraception.

Behavior change through interpersonal communication: Communication theories regarding interpersonal communication are based on the idea that one of, if not the most effective route to behavior change, is through interpersonal communication with peers, because these are the most influential people in our lives. Therefore discussing these topics in a setting surrounded by others, including peers, may increase the likelihood that discussion group participants will take on the desired attitudes and norms. Engaging in conversation about messages also aids in sense-making, meaning-making, and message reinforcement, and contributes to the perceived social norm around the issue or behavior. Interpersonal communication is also likely to impact perceptions of social norms, which are considered to be crucial to behavioral intention according to the integrative model. Theories behind social norms posit that people's behaviors are guided, in part, by what they believe others like them believe and do.²¹ This can certainly be affected by what audiences see well-liked characters do in the media. However, it is likely that people's beliefs about social norms are more strongly affected by a group of peers than by a character in the media.

Diffusion of innovations:²² This theory suggests that ideas, attitudes, and norms diffuse through social networks. In this project, such a theory indicates that the intervention can have impact beyond the discussion group itself. Participants were taught how to discuss these topics with family and friends through role play activities, thus enabling them to spread the messages to others during and after the intervention, taking further advantage of the power of interpersonal communication. Several research studies indicate that interpersonal communication helps improve the impact of interventions, particularly in the field of health.²³

¹⁸ Keller, P.A. (2006). Regulatory focus and efficacy of health messages. *Journal of Consumer Research*. 33 (1).

¹⁹ Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*.

²⁰ Keller, P.A. (2006). Regulatory focus and efficacy of health messages.

²¹ Cappella, J. Fishbein, M., Hornik, R. R. Kirkland Ahern & Sayeed, S. (2001). Using theory to select messages in anti-drug campaigns.; Crandall C.S. and Stangor C. (2005). Conformity and prejudice. In J.F. Dovidio P. Glick, & Rudman, L. (Eds.) *On the Nature of Prejudice: Fifty years after Allport*. Oxford, England: Blackwell, 295-309.

²² Rogers, E. (1962). *Diffusion of Innovations*. New York: Free Press of Glencoe.

²³ See, for example, Cleland, J., Phillips, J. F., Amin, S. and Kamal, G. M. (1993) Bangladesh : The Determinants of Reproductive Change, World Bank, Washington, DC; Kaufman, Z.A., Welsch, R.L., Erickson, J.D., Craig, S., Adams, L.V., and Ross, D.A. (2012). Effectiveness of a sports-based HIV prevention intervention in the Dominican Republic: a quasi-experimental study. *Aids Care*, 24 (3), 377-385; Montgomery, M. R. and Casterline, J. B. (1993) The diffusion of fertility control in Taiwan: evidence from pooled cross- section time-series models. *Population Studies*, 47, 457-79.

Diffusion occurs even more rapidly when influentials or community leaders are the ones spreading the ideas.²⁴ When these ‘opinion leaders’ take on a new attitude or idea, they are more likely to impact overall attitude change in their communities as a whole.²⁵ Again, research on spreading ideas through influentials in development contexts is less documented, but there are several projects that have used this theory to spread development messages. Clark et al.,²⁶ for example, used professional soccer players as role models to spread information about HIV in Zimbabwe, and other interventions have targeted influentials as well.²⁷

HTSM and its NGO partners targeted religious leaders for discussion groups in India and Kenya for this reason, in the hopes of ‘seeding’ these ideas regarding gender empowerment into communities, therefore broadening the impact of the discussion groups.

Social learning theory:²⁸ Suggests that people learn behaviors by modeling others – in particular role models. The women featured in the videos (such as Pooja in India and Maggie in Kenya), games (such as Rhadika in the Facebook game and Mercy in “Family Choices”), and documentary film (U.S. celebrities) are meant to serve as role models for audiences, exhibiting positive and desirable behaviors for empowered women. Social learning theory has been used in many development interventions in a media context, typically with fictional storylines through edu-tainment programming.²⁹ Most of this work has focused on modeling particular behaviors (such as condom use) but some has also focused on changing attitudes. Much of this work has focused on changing attitudes in post-conflict settings, such as Search for Common Ground’s multi-national television drama *The Team* or Radio La Benevolencija’s radio soap opera *New Dawn* in Rwanda.³⁰

Beyond the role models in the videos and games themselves, empowered discussion group participants can also become role models for others in their communities.

Elaboration likelihood model (ELM): Suggests that persuasion occurs both through central and peripheral processing. Central processing is the stronger and more long-lasting route, and more likely to work when the individual cares about and engages deeply with an issue, such as through interpersonal communication or group discussion. Peripheral processing occurs when the individual is less engaged with the subject but is picking up attitude or other change cues through mechanisms such as source expertise or attractiveness of the source. Such peripheral processing can occur with entertainment activities such as playing games. Thus, while much of the content of the discussion groups was processed centrally, as participants engaged in personally relevant

²⁴ Watts, J.D, Dodds, P.S.. (2007). Influentials, Networks, and Public Opinion Formation. *Journal of Consumer Research*, 34 (4), 441-458.

²⁵ Katz, E. & Lazarsfeld, P. (1955). *Personal influence: The Part Played by People in the Flow of Mass Communications*. Livingston, NJ: Transaction Publishers.

²⁶ Clark, T.S., Friedrich, G.K., Ndolovu, M., Neilands, T.B., McFarland, W. (2006). An adolescent-targeted HIV prevention project using African professional soccer players as role models and educators in Bulawayo, Zimbabwe. *AIDS and Behavior*, 10(1), 77-83.

²⁷ See, for example, the work by Radio La Benevolencija in Rwanda.

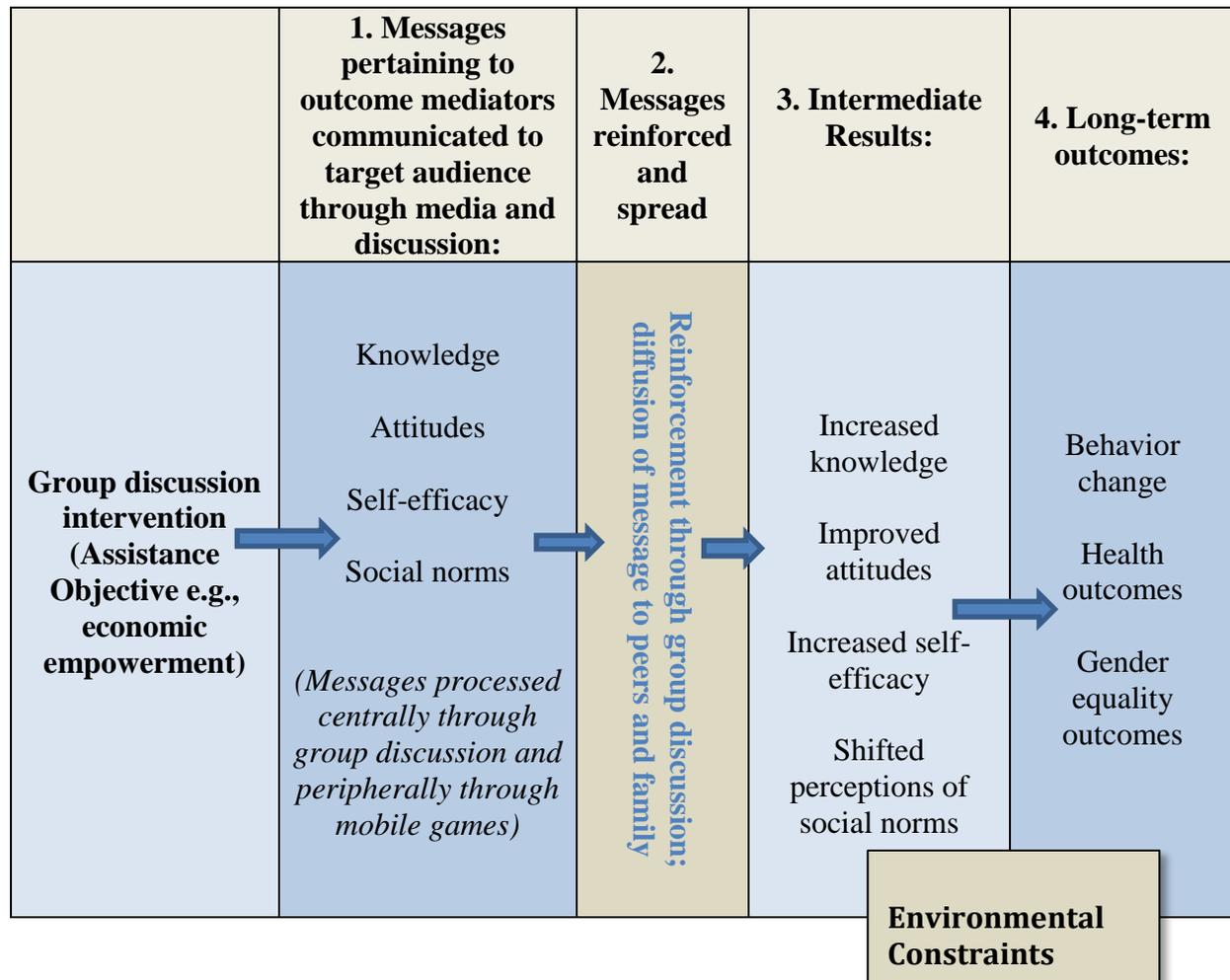
²⁸ Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*.

²⁹ Such as BBC Media Action’s *Jasoos Vijay* in India; Search for Common Ground’s *The Team* in Africa; or Radio La Benevolencija’s *New Dawn* in Rwanda.

³⁰ Paluck, E.L. (2009). Reducing intergroup prejudice and conflict using the media: A field experiment in Rwanda. *Journal of Personality and Social Psychology* 96(3), 574-587.

and meaningful conversation, we also expected peripheral processing of information through the games, as the entertainment-oriented aspects of the intervention.

Together, these five theories suggest a model, or a theory of change, for the discussion group interventions. This model is presented below in the Discussion Group Results Framework:



Assumptions: For each of the four focus topics (girls stay in school, economic empowerment, gender-based violence, and safer pregnancies & family planning) the *critical assumptions* in these models were that environmental constraints were not so limiting that they rendered the persuasion messages moot. For example, while the intervention may have convinced girls and their parents that school is important, an inability to pay school fees would limit a family’s ability to follow through on good intentions. Part of the aim of the intervention was to address these constraints to the extent possible (for example by convincing families with little disposable income that school fees should be prioritized).

Content of discussion groups: In order to determine the *content* of the discussion groups (i.e., the messages to be emphasized), key behavioral outcomes, the barriers to those outcomes, and the relevant target audiences were first identified. Barriers include, among other factors, lack of

knowledge, attitudes un conducive to gender empowerment, and lack of self-efficacy to carry out particular behaviors. Identification of behavioral outcomes, barriers, and target audiences was based both on gender analysis research regarding the status of the four issues (early education, economic empowerment, gender-based violence, and pregnancy health) in India and Kenya, and on conversations with the NGOs themselves.

Pieces of this results framework were also taken up by other aspects of the grassroots intervention. Public screenings and home visits by community health workers (CHVs) can contribute to changes in knowledge, attitudes, self-efficacy, and perceptions of social norms; online discussion groups help reinforce attitude changes through interpersonal communication. Because the in-person discussion groups bring together many of the theories of the change used in the Show of Force intervention, evaluation resources were concentrated here, as the groups can provide deeper insights into the various stages of the models, including the role of media in promoting gender empowerment.

Results frameworks pertaining to each of the four focus topics (early education, economic empowerment, gender-based violence, and pregnancy health) can be found in the original PMP for the project.

Scalability: The project sought to employ systems thinking by fitting the discussion groups into an ecological model of the communities in which these NGOs work. HTSM recognizes that these discussion groups are part of a complex system of community relationships and local dynamics. If the model is successful at the local scale, this suggests that the project can be scaled up. This could be done by 1) marketing the HTSM materials (videos, games, and discussion guides) to other NGOs, so that they can use the program in their communities; and 2) implementing the discussion group format in schools, either by adding it to curricula or creating after-school programs.

2.1.4. Objective 4 theory of change: Policy changes toward supporting gender equality: Ultimately, national level changes in gender equality require attention and prioritization at the policymaking level. Laws supporting gender equality need to be passed, and gender laws that already exist require stronger enforcement. Therefore the final component of the intervention involves support of policy advocacy efforts.

The results framework for supporting policy changes is depicted below in the Objective 4 Results Framework:

	Intermediate Results	Long-term Outcomes
Use of HTSM videos in national policy advocacy campaigns	Increased exposure of key policymakers to relevant policy issues	Changes in gender policy Improved enforcement of current gender policies
Use of HTSM videos in College Ambassador Program	Increased exposure of educated, urban audiences to relevant policy issues	Increased public support for passage of and enforcement of gender policies

SECTION 3: PROJECT IMPLEMENTATION

3.1 M&E APPROACH

A useful monitoring and evaluation plan requires careful selection of indicators. This project monitored the quantitative output and outcome indicators that we believed were most likely to yield useful direction for future project planning, both for SOF and for global NGOs engaged in gender work.

Quantified measurement of outcomes is not always possible or desirable. Our approach therefore also included qualitative assessments of impact, including in-depth interviews with key stakeholders who could provide insight and guidance beyond the numbers provided by quantitative indicators. Well designed qualitative data can help put numbers in context, filling in a narrative that helps project managers understand what worked, what did not, and how projects can be improved. These qualitative data are therefore used to supplement the quantitative data.

Prioritization of discussion groups: Not all of the elements of the Half the Sky project could be evaluated with the same rigor given time and resource constraints. Therefore, analysis of the group discussions was prioritized for more rigorous evaluation. This choice was based on 1) their potential impact on the key outcome goals of the program and 2) their potential for replication and scalability. This was the element of the program for which the evaluation could provide the most useful feedback for informing intervention design and understanding the success or failure of the theories of change employed.

This evaluation is a performance evaluation, as opposed to an impact evaluation, in that it does not measure change through comparison of the intervention group with a rigorous counterfactual. However, a key component of the evaluation does look at change over time within individual discussion group participants, which serves as a counterfactual because it suggests what attitudes, knowledge, and other indicators *would have been* for individuals had they not taken part in the project.

In addition to the monitoring of outputs, the evaluation primarily relies upon 1) a content analysis of media discourse; 2) a capacity building benchmark and milestone index; 3) a panel study of discussion group participants to track changes in knowledge, attitudes, and behaviors over the life of the project (featuring a pre-test, post-test, and three-month follow-up); and 4) in-depth interviews with key informants regarding the success of the various aspects of the project;

Content analysis: Objective 1 (Public Dialogue on Key Gender-Related Concerns Improved) was evaluated through a content analysis of each country's major news outlets. A society's news outlets tend to reflect the 'pulse' of the society's current social and political agendas.³¹ Therefore, looking at how, and how often, the media discuss women's empowerment reflects whether the issue is currently on the country's agenda, and also *how* the issue is being understood. Our analysis tracked the number of articles and tone of articles. "Tone" was defined by whether the article suggested that the situation for women was 'deteriorating,' 'improving,' or essentially staying the same.

³¹ McCombs, M., & Shaw, D. (1972). The agenda setting function of mass media. *Public Opinion Quarterly*, 36 (2).

An increased number of news articles would suggest that more attention was being paid to the issue of women's empowerment in the public sphere – a direct measurement of the first objective. An improved tone in news coverage would suggest things were, indeed, improving for women in each country, and / or that there was an increased sense of optimism about the future for women's empowerment.

The aim of the content analysis was *not* to track articles which explicitly discussed the HTSM project. Such articles were captured under a separate indicator (“number of original media pieces on HTSM tools”).

Capacity-building benchmark and milestone index: As part of Objective 2 (Building Capacity of NGO Partners), we developed a benchmark and milestone index to track progression of NGOs along a continuum of ‘check points’ that indicated increased programmatic capacity. Various points were assigned to organizations as the project progressed, based on categories such as ability to monitor and evaluate, ability to effectively implement program design, and increases in knowledge on issues surrounding women's empowerment (based on HTSM-led trainings). 130 total points were available based on our rubric, and NGOs were assessed and scored at several points during the project.

KAP surveys of NGO-led discussion groups: Objective 3 (Attitudinal and Behavioral Changes on Key Gender-Related Concerns Fostered) was evaluated, in part, through KAP surveys in which respondents were tested at pre-test, post-test, and three-month follow-up periods. We looked for changes from baseline to end line, and conducted sub-group analyses to look for differences between groups (adolescents, mothers, boys, etc.).

In-depth interviews with discussion group participants: In-depth interviews were conducted to help us interpret the results from the surveys and provide more thorough explanations for intervention results for Objective 3.

Tracking use of HTSM media tools by other organizations: If other NGOs request and use the HTSM tools, this is a clear indication that there is demand for this type of product, that it meets the needs of civil society, and that the project is indeed being scaled up without outside assistance or additional funding. It suggests that the project is scalable, and not only applicable to the few NGOs for whom the products were developed.

On-going monitoring: In addition, monitoring of outputs such as the number of television and theater spots highlighting HTSM and its country campaigns; number of HTSM Facebook game players in India and Kenya; number of mobile game downloads; numbers of attendees at events organized to promote HTSM tools; and advertising impressions of HTSM campaigns, capture the range of the project's activities and feed into our analysis of Objective 1. Likewise, monitoring of policy and advocacy oriented activities (number of Campus Ambassadors; number of attendees at policy advocacy and Campus Ambassador events; original media pieces on HTSM and partner advocacy efforts in India; national celebrities citing HTSM and partner efforts in the media; and advertising impressions from policy and advocacy campaigns) tracked the success of Objective 4 (Policy Changes Toward Supporting Gender Equality Nurtured).

Show of Force, as well as local partners contracted by SOF, collected data for the above outputs on a monthly basis and submitted them to CGCS, at which point they were compiled into the PMP Tracking Table.

Midterm and final evaluations: Midterm and final evaluations included in-depth interviews with local project staff. Our approach required that the evaluations not be hidden from local actors, who were treated as culturally competent and well placed to provide insight on the efficacy of the program. Self-assessments by NGO partners allowed the NGOs to reflect on their own development as the project progressed.

SECTION 4: RESULTS, AND ACHIEVEMENTS

This section discusses the major findings related to project outputs and outcomes. The subsections below cover the four Project Objectives. Under each objective, we first outline whether the targets for the project outputs were met, then describe our evaluation of the project outcomes. The evaluation of project outcomes is more useful for understanding the overall value of the project.

4.1 OBJECTIVE 2 OUTCOMES: CAPACITY OF NGO PARTNERS DEVELOPED

Outputs: Outputs for Objective 2 measured the percent increase in organizational capacity for the NGOs as well as the number of person hours of training for NGO staff. The NGOs' average organizational capacity scores increased to 85%³² (surpassing the end of project target of 82%) in Q3 2015 after final staff trainings were carried out. Number of person hours of training for NGO staff well exceeded the target, reaching 1,932.50 person hours.³³

Outcomes: A milestone index was developed to evaluate whether there was an overall improvement in the organizations' capacity to carry out, monitor, and evaluate development projects, as described in Section 3. In addition, in-depth interviews with project staff add qualitative data about organizational and implementation capacity.

Based on our analysis, the capacity of the NGOs involved in the project was significantly improved over the life of the project, starting from a baseline of 25% (roughly 32 out of 130 points), and increasing to 85% (roughly 111 out of 130 points) by the end of the project.

Capacity development at SHOFCO:

SHOFCO has increased its organizational capacity during the project. The staff of SHOFCO gained new knowledge about the eight topics of gender empowerment. More importantly, they have a better understanding of the link between gender empowerment and their core health and education mission in Kibera. Albanous Gituro (Kibera Program Manager at SHOFCO), told us

³² STC Tonk: 87%; STC Delhi: 82%; YWLI: 82.5%; SHOFCO: 90%

³³ The target for number of person hours of training was 1,082.

that the discussion group leaders have “mastered the content” of the gender topics and “emerged as experts.”³⁴

The M&E skills learned as a result of this project have helped SHOFCO in their other endeavors. They are now creating their own midterm evaluations for other projects, and they now engage in quarterly reporting for all donors. According to Solomon Odera (SHOFCO’s M&E coordinator), Benard Moseti (CGCS’s local M&E coordinator) helped them improve their data quality assurance protocols and taught them about random sampling.

One specific example highlights how improvement in M&E capacity has helped the organization. According to Gituro, because of the engaged use of monitoring data, SHOFCO’s fourth and fifth set of discussion groups started to see real change. The M&E team reported the data, shared it with the teams, and then the facilitators developed better strategies for discussing the topics. The M&E manager and facilitators were able to look at what questions/topics were not showing changes and strategized ways to enhance the discussion group process. Specifically, for the question about “women earning more than men” and “girls getting married young,” the M&E data showed that the awareness and attitudes were not changing. The facilitators needed to work on that area more. “I [Albanous] worked with the facilitators and talked about examples that were *not* in the video clips so that they had better content for the training.”³⁵

Capacity development at YWLI:

Of the three organizations involved in the HTS project, YWLI appeared as the weakest organization in terms of general organizational capacity and M&E capacity. The YWLI portion of the project faced many challenges. It had low capacity at the beginning of the project to implement activities (new director, no M&E capacity, and staff turnover midway through the project).

The interviews suggest that there have been improvements to YWLI’s capacity to implement gender empowerment projects. However, the capacity is in the people who work for YWLI, rather than in the organization. The organization appears as a loose group of people with little management or coordination.

There was improvement in capacity in two specific areas. First, the mobilizers and facilitators are much more knowledgeable about the eight topics and they have improved their capacity to implement discussion groups and screenings. They appeared very reflective on how to better recruit community members and how to engage with schools. We believe they will draw on the knowledge and capacities gained from the HTS project in other projects.

A second improvement is in M&E capacity. YWLI improved its monitoring, evaluation and reporting from being nearly non-existent to showing functional levels. Facilitators now understand monitoring and are more capable of completing the monitoring paperwork correctly. The Director better understands the relationship between the activities and the goals of the program. However, the failure to hire a M&E person throughout the project means that the Director continues to manage the M&E function.

³⁴ Interview with Maureen Taylor, December 17, 2015.

³⁵ In person interview, December 17, 2015.

Capacity development for STC and India Partner NGOs:

There were two key outcomes for enhanced organizational capacity of the NGO partners.

First, there was increased CHV knowledge on gender empowerment topics and increased capacity for the organizations to facilitate the home visits and discussion groups. The STC partners had previous experience facilitating discussion groups. These groups had focused on health topics. This was their first gender empowerment project. CHVs were able to add more depth to their health communication discussions and they also learned how to introduce the new topics of gender empowerment into discussion groups and home visits. Both the CHVs and their project coordinators now see links between health and gender empowerment.

In terms of M&E capacity, all of the NGOs in Delhi had already developed monitoring practices to oversee the CHV visits. The HTS project prompted the partners to scale up two areas of M&E: data quality and reporting. They have increased capacity to carry out a higher level of M&E and reporting. The HTS reporting was much more detailed and the project coordinators acknowledged that this style of reporting could be used in other projects. There is, however, awareness that their current monitoring system does not capture project impacts and many project coordinators expressed a desire to better integrate evaluation into their projects.

Some of the project coordinators in Delhi, where evaluations were not carried out by CGCS, were frustrated about the disconnect between the monitoring (counting and data checking) and the evaluation of project outcomes. The project monitoring did not, in their view, contribute much to the NGOs' capacity for measuring outcomes and impacts. This suggests that future project would benefit from empowering the NGOs to conduct a baseline survey and participate in the evaluation process.

The improvements in capacity bodes well for the future sustainability of the project because it suggests the organizations 1) will be able to continue with the work after the HTSM-led portion of the project comes to a close, and 2) that they may be more successful in applying for and securing funding from outside donors.

4.2 OBJECTIVE 3 OUTCOMES: ATTITUDINAL AND BEHAVIORAL CHANGES ON KEY GENDER-RELATED CONCERNS FOSTERED

Outputs: The number of person-hours of media-based discussions held for all NGOs significantly exceeded the target by almost 25,000, reaching 58,210.56 person-hours.³⁶ NGOs were less successful at meeting the target of 12,200 for number of attendees at NGO public screenings. Over the project, the NGOs recorded 5,004 people at public screenings.³⁷ At its Johanna Justin-Jinich Community Health Clinic, SHOFSCO brought in a total of 3,014 people who viewed Show of Force videos.³⁸ Those who played mobile games at the SHOFSCO clinic

³⁶ The target for this outcome was 33,870.

³⁷ Indian M&E Officer Kamakshi Khazanchi notes that getting people to be part of public screenings in cities such as Delhi is difficult, especially as the screenings took a lot of time as they included both video screenings and discussions.

³⁸ The target for this outcome was 27,200.

played for, on average, 8.15 person-minutes.³⁹ CHVs in India significantly exceeded the target for amount of times videos were played per week through home visits,⁴⁰ ending Q3 2015 with 1,894 total video played. During Tonk Nutrition Days, however, the NGOs failed to meet the target number of videos, showing an average of 2.78 videos from Q4 2014 to Q3 2015.⁴¹

Outcomes: Objective 3 captures the most crucial element of the project: changes in individual project beneficiaries with respect to women's empowerment. As described in Section 3, a survey captured individual changes in knowledge, attitudes, perceptions of social norms, self-efficacy, and certain behaviors, based on participation in the discussion groups – arguably the key and most promising activity of the HTSM project.

In-depth interviews and case study reports by the NGOs add a qualitative supplement to the quantitative survey data, and round out the analysis.

4.2.1 Summary of outcomes: The pre- and post-surveys showed significant changes in some areas:

- Participants' *knowledge* about certain areas of women's empowerment, particularly education and pregnancy, increased in both countries. In Kenya, knowledge about economic empowerment increased as well.⁴²
- Participants' *attitudes* about particular areas of women's empowerment, particularly education, improved in both countries. In India, attitudes about reproductive health improved as well; in Kenya, attitudes regarding gender-based violence improved.⁴³
- Participants' *perceptions of social norms* with regard to gender-based violence improved in India. Perceptions of social norms with regard to education improved in Kenya.⁴⁴
- Participants' *self-efficacy* regarding their own ability to make changes increased in the area of gender-based violence in both countries. In India, self-efficacy in the areas of education and reproductive health increased as well.⁴⁵

³⁹ This output was only measured in Q1 2015 – Q4 2015. Results per quarter are as follows: Q1-8.2 person-minutes; Q2-7.7 person-minutes; Q3- 8.58 person-minutes; and Q4-8.1 person-minutes. The target person-minutes throughout the project was 10.

⁴⁰ The target for this outcome was 347 videos.

⁴¹ Results per quarter are as follows: Q4-3 videos; Q1-2.5 videos; Q2- 2.6 videos; and Q3-3.03 videos. The target person-minutes throughout the project was 4.

⁴² In India, knowledge about the importance of education increased from 4.0 to 4.3 ($p<.05$); knowledge about pregnancy increased from 4.5 to 4.7 ($p<.001$). In Kenya, knowledge about the importance of education increased from 2.9 to 3.1 ($p<.05$); knowledge about economic empowerment increased from 3.4 to 4.2 ($p<.001$); knowledge about pregnancy increased from 4.3 to 4.4 ($p<.01$).

⁴³ In India, attitude scores for education increased from 4.6 to 4.8 ($p<.001$); attitude scores for reproductive health increased from 4.1 to 4.3 ($p<.001$). In Kenya, attitudes scores for education increased from 4.6 to 4.7 ($p<.001$); attitude scores for economic empowerment increased from 3.7 to 3.9 ($p<.001$); attitude scores for gender-based violence increased from 4.0 to 4.2 ($p<.001$).

⁴⁴ In India, norms scores for gender-based violence increased from 3.5 to 3.7 ($p<.05$); in Kenya, norms scores for education increased from 2.2 to 2.4 ($p<.05$).

⁴⁵ In India, self-efficacy scores for gender-based violence increased from 4.7 to 4.8 ($p<.01$); self-efficacy scores for education increased from 4.7 to 4.8 ($p>.001$); self-efficacy scores for reproductive health increased from 4.2 to 4.5 ($p<.001$). In Kenya, self-efficacy scores for gender-based violence increased from 4.6 to 4.8 ($p<.05$).

In India, in general, changes in individuals were larger than in Kenya. Changes were also generally more dramatic for women than men: Women had larger changes in the areas of early education (both in terms of knowledge and self-efficacy), were more likely to say they had talked to their parents since the group began about the importance of girls' education, had larger changes in the area of gender-based violence (with respect to societal norms), and had larger changes in the area of pregnancy health (with respect to knowledge).

In India, there was one area in which changes for men were far more dramatic than changes for women: attitudes about girls' education. While women already had favorable attitudes to girls' education, men's attitudes were less favorable. Men's attitudes toward girls' education in India saw the largest change of any area of the project. For example, before the discussion groups began, men had an average score of 3.7 out of 5 (somewhere between 'neutral' and 'somewhat agree') when asked whether they believed that "girls who finish senior secondary school are able to contribute financially to their families." After the session, this score moved to a 4.5 (between 'somewhat agree' and 'strongly agree').⁴⁶ Similarly, before the discussion groups began, men had an average score of 4.3 (close to 'somewhat disagree') when asked whether they believed that "early marriage for girls is good because then the girl will be protected." (The question was reverse coded as this is an undesirable attitude.) After the session, this score moved to a 4.8 (very close to 'strongly disagree').⁴⁷ Finally, before the discussion group began, men had an average score of 3.3 (close to 'neutral') when asked whether they believed "it is more important to educate a boy than a girl" (reverse coded). After the session, this score moved to a 3.8 (close to 'somewhat disagree').⁴⁸ These changes are impressive and important. Female attitudes on these same indicators started out higher, and so changes were not as dramatic.

In Kenya, changes in attitudes, knowledge, etc. were smaller than in India, and did not benefit from a sub-group analysis of males vs. females, or of the different groups. Part of this is due to a ceiling effect: To some extent the program seems to have reached community members who are already forward thinking and ready to accept women's empowerment. At YWLI, many of the discussion group participants have already taken part in several of YWLI's previous groups. These participants, therefore, already have many of the attitudes the program aims to instill. The in-depth interviews suggest that many of the participants had already been made aware of the topic of women's empowerment, and knew what attitudes and behaviors they were 'supposed' to have.

In Tonk, India, by contrast, the in-depth interviews suggest that many people were less exposed to discussions of women's empowerment, and faced more severe oppression as women than in Kawangware, Kenya. Women in Tonk were much less likely to have discussed these issues before, whereas women in Kawangware were less inhibited. One CHV from Tonk stated:

We showed these movies to those oppressed women... At first, women remained silent and did not say anything, but they kept coming to the meetings and we assured them that we are friends and they shared their grievances with us, we would not tell anybody... One of them spoke about the reality, followed by

⁴⁶ p<.001.

⁴⁷ p<.05.

⁴⁸ p<.05.

another, and gradually every one of them told us that, even though many years have passed... even still the husband comes and beats us... 'We cannot say anything. If I said anything he would ask me to go to my parent's house and stay there and never come back.'⁴⁹

However, in-depth interviews with discussion group participants at YWLI reveal a different, but related impact of the discussion groups. While attitude change may have been smaller, it seems that one of the major impacts of the group was empowering its members to be able to speak more confidently about the issue of women's empowerment with their friends, family, and neighbors. Interviewees repeatedly said that, even though they had heard the information before, they had heard it and processed it superficially. The discussion groups gave them a chance to take a deeper dive into the topics and think about them more carefully. The members were thus empowered to become local opinion leaders who could confidently spread the message from the group to others.

- Imelda, a YWLI interviewee, stated: “[The topics] had been introduced, but when you know them by yourself you don’t know that they should be explained more deeply... [Like] about early education being good. We understood it shallowly, but it was later explained deeply and we understood it better.”
- Magalfine, another YWLI interviewee, stated: “I can’t say [the topics] were new, because I had heard of such information, but I had not talked about them.”
- Imelda then went on to discuss issues such as GBV with her friends: “I told them they shouldn’t accept it, don’t give it time, and don’t say it is your husband causing the violence and so therefore you shouldn’t take action, because you must take action. There is no constitution that condones domestic violence, so you must report him.”
- Joseph, another YWLI interviewee, was better able to discuss the issues with his male friends: “You can find that maybe you were very silent when with friends, but now you can talk to them and educate them on some matters... Those who are shy can now talk and even contribute.”
- Similarly, another YWLI participant stated that “I took a chance to upgrade my dignity... I know that even if I live in a slum or ghetto I can be a role model to many, because once I change someone, through that person another person will be changed.”
- Another YWLI participant stated: “If I see someone who is against a girl’s rights, I am ready to stand up and say ‘No!’”

Esther Wambui, (Executive Director at YWLI) in Kenya, summarized the changes: “We can’t say that all of [these positive changes are] happening because of us, because there are so many programs and all of this is being told each and every time. It’s about adding to existing knowledge they have and driving the knowledge further into action... That is what is important. They already have the information... [The women] are now better informed, and they are more likely to follow up if they need more information. They can challenge the status quo and ask about topics in the discussion groups and also go outside of the groups to get information for their own lives.”⁵⁰

⁴⁹ In person interview, December 2015.

⁵⁰ In person interview, December 15, 2015.

This is also why it is important to keep working with community leaders and religious leaders. The YWLI project design included a two day discussion session with local religious leaders. As the post-test was conducted immediately following the session, it was not possible to tell if major community changes occurred. However, the leaders did say that they intended to spread these ideas to members of their communities.

4.2.2 Changes with respect to early education

Knowledge and attitudes changed in both countries though, as stated above, and changes were more pronounced in India. In India, changes were more dramatic for men. CHVs and NGO staff in Tonk had many examples for us of how the program influenced families to prioritize education for their daughters. Mohammed Iqbaal, a religious leader, stated: “I myself put my children in the school... The video does influence. I started my kids’ studies after watching it” and that “after watching video of Pooja, [three or four] people gave cycles to their kids to commute to their school, and to some extent the distance is no longer a barrier.”⁵¹ STC Tonk’s self-assessment also reported that after watching Pooja’s Story, “many parents are showing interest in sending their children to school.” According to the CHVs, the women in this community “are very poor, so they could not get educated. But now they realize that they have made a mistake by not studying. Now we will educate our younger brothers and sisters.”

Amit Pandey (Program Coordinator at CECOEDECON) in Tonk tracked re-enrollments during the project, and found that nine of the girls in the discussion groups who had previously dropped out of school re-enrolled during the project. Pandey attributes this to the project and to the influence of the discussion and the Pooja video.

In both Kenya and India, many of the adolescents who took part in the discussion groups started discussing the importance of girls’ education with their parents.⁵²

In YWLI as well, parents began to acknowledge the importance of education for their daughters. While many of the women in YWLI’s discussion groups did not complete their education, many of these same women acknowledged after the education module that they “would do it differently” for their daughters and “make sure they go to school.”⁵³

⁵¹ In person interview, October 2015.

⁵² In India (Kenya), 65% (55%) of teen participants had spoken with their parents about the importance of girls’ education before the discussion series began. After the series, 84% (63%) had spoken with their parents.

⁵³ Esther Wambui, Executive Director at YWLI, Kenya, in person interview, December 15, 2015.

4.2.3 Changes with respect to economic empowerment

With respect to economic empowerment, the YWLI discussion group was successful in changing knowledge,⁵⁴ attitudes, and behaviors regarding women earning an income. Many of the discussion group participants opened a checking or savings account during the series.⁵⁵

The interviews provide further evidence of changes in attitudes and behaviors. One respondent stated, with regard to others in the group: “Some women were depending on their husbands but now they have their own jobs and their own money and those who used to shy from doing jobs like washing for other people are now more open about it.”

The interviews also included many examples of women starting savings groups after the discussion sessions. In Delhi, in particular, the *Lakshmi* video received much praise (though NGO staff added that the translation was poor). In Delhi, according to project staff, the video was “very motivating,” and some of the children even watched it and began saving.

Given that behavior changes such as starting a self-help group or opening a savings account, in which women are actually working, earning money, and saving money, is the ultimate goal of economic empowerment work, it is impressive that this sort of change was seen during the short duration of the project.⁵⁶

The economic empowerment module was not included in the intervention design in Tonk.

4.2.4. Changes with respect to gender-based violence

Changes regarding perceptions of social norms and self-efficacy with respect to gender-based violence occurred in both countries. Survey results show changes in attitudes in Kenya, though interviews reveal some changes in attitudes in India as well. As can be seen in the indicator table, the portion of individuals whose attitudes regarding GBV changed during the sessions was higher in India than in Kenya; however, the change was small and so was not statistically significant in our survey data analysis.

There was less evidence of strong changes in attitudes regarding gender-based violence in the interviews, which was consistent with the survey data. Some of the interviews suggested that attitudes were already in line with desired attitudes. However, according to the CHVs in India, there is still much violence that occurs, but is rarely mentioned.

It therefore seems difficult to assess changes regarding attitudes or behaviors surrounding GBV, particularly in India, as women are reluctant to speak about it and men deny that it occurs.

⁵⁴ Knowledge scores are reported in section 4.3.1 above.

⁵⁵ In Kenya, 22% of participants had a savings or checking account before the discussion series began. After the series, 31% had a savings or checking account.

⁵⁶ In Kenya, the surveys did not corroborate the information in the interviews regarding starting of self-help groups. It may have been the case that certain discussion groups were very successful in starting self-help groups, in which all or many of the participants started a group together, while other groups did not initiate self-help groups.

Despite this however, there were some limited instances of changed attitudes. Several interviewees stated that before the session they thought domestic abuse was acceptable, that if a woman was beaten by her husband that it was the woman's fault or that it was "just normal."⁵⁷ One mother in Tonk said, "Initially, I used to think that if any women was beaten by her husband it is right because she must have done something wrong. But now I am thinking that women have a right to put forth their views. Beating and abusing her are not right."⁵⁸

More important than changed attitudes however, are changes in self-efficacy and behaviors with respect to GBV. Part of the aim of the discussion groups was to improve perceptions of self-efficacy, so that participants could take on the behaviors modeled in the media and activities. Changes in self-efficacy were significant in both countries, and this was corroborated by many anecdotes from the interviews with beneficiaries and staff.

Regarding self-efficacy, in its most basic form, women are now more willing to *talk* about GBV. According to staff in Delhi, after seeing the videos and being part of the discussions, women "share their private stories after meetings [and talk] about the issue with the CHVs."⁵⁹ Another woman in India stated that she "used to keep quiet for the sake of [her] husband but now [realizes] that she should not keep quiet."⁶⁰

I used to cry after getting beaten up. Then I realised that you should open up about this. You should not let anyone beat you like that. I knew that it wasn't right but I used to keep quiet for the sake of my husband. But now I realize that we should not keep quiet.

Participant in Tonk

Before seeing the video I was not able to raise my voice in front of anyone I was very silent type but after that I got spirit and I could raise my voice for my rights

Participant in Tonk

Self-efficacy improvements also occurred in Kenya. As stated at the beginning of this section, the participants in Kenya were more likely to benefit from the sessions by being empowered to discuss issues of women's empowerment, speak to others outside of the group, and serve as role models. The topic of gender-based violence is, perhaps, the best example of this kind of change at YWLI. Wambui, one of the YWLI discussion leaders, told us:

In the discussions the women were first shy. They felt that is not their place to talk about their issues. Efficacy was always an issue. But after three months they talked about personal solutions to common problems. Women spoke of refusing to be beaten. The community knew what we were talking about. Women accepted that they could be equal and still be feminine.⁶¹

Another YWLI discussant reported:

⁵⁷ Male youth, YWLI, in person interview, April 2015.

⁵⁸ Mother in Tonk, in person interview, April 2015.

⁵⁹ Rachna Sharma, Program Coordinator at CIS, Delhi, in person interview, December 23, 2015.

⁶⁰ Prem, Tonk, in person interview, October 2015.

⁶¹ Esther Wambui, Executive Director at YWLI, Kenya, in person interview, December 15, 2015.

[Before the discussion], I could be beaten but I would not do anything because I didn't know what to do... It is something that occurs daily among many women so I felt it was something normal and if someone hurts you, you just ignore it and start thinking that they will eventually change... [Now], if I see someone being abused or if I am abused, at least now I can stand up for myself and report the case and it will be handled. Before I encourage other people to do it I will be an example.⁶²

Changes in attitudes and self-efficacy are already resulting in changes in behaviors. Of note, according to staff in India, many more women are actually *reporting* domestic abuse, or threatening to report. Interviewees stated that either they, or their friends in the group stood up to their husbands and told them they would report them if they did not stop beating them;⁶³ NGO staff in Delhi reported that several of their participants reported GBV to the police after the discussion groups because “the video made women more aware of their rights.”⁶⁴ At YWLI, one of the members discussed her rape with the group and finally reported the rape after the session.⁶⁵

No one is quiet now. They have mentally and physically become strong, they share with their families, they take major steps. They are not cowards anymore.

Participant in Tonk

In men, as well, discussion about GBV has changed. The lead staff on the project stated that “discussion of GBV among men has definitely increased” since the start of the project. “Earlier they wouldn't even like to talk about it; they would say they don't do any sort of violence on women; what is all this nonsense that is being discussed. But now they talk, they tell others also that violence should not be done against women.”⁶⁶

Among both men and women, those who reported in the survey that they “would try to stop men from beating their wives” increased during the discussion series.⁶⁷

Improvements in self-efficacy, however, should not be overstated. There are still significant barriers to women standing up for themselves in terms of GBV, particularly in the India project. Participants felt more empowered to take on the actions, but on the other hand, many of the women still do not feel capable of standing up to the men in their lives, even if they desire empowerment. Several of the beneficiaries noted in their interviews that limited change was possible until the attitudes of community men changed. According to Tonk CHVs, “many women in the community get inspired by the videos, but the only problem is that they don't have a say in their family. They are helpless in front of their elders.” A common response by women in Tonk, according to CHVs, is that “no matter how much effort we make, we are helpless, as our husbands are against all this.”⁶⁸

⁶² In person interview, November 2015.

⁶³ Prem, Tonk, in person interview, October 2015 and Rehana, Tonk, in person interview, October 2015.

⁶⁴ Sadhna, CHV at NDS, Delhi, in person interview, December 22, 2015.

⁶⁵ Ywilikete, YWLI staff, in person interview, December 14, 2015.

⁶⁶ Amit Pandey, Program Coordinator at CECOEDECON, Tonk, in person interview, December 2015.

⁶⁷ Intention scores increased from 4.5 to 4.8 (p,>001).

⁶⁸ In person interview, December 2015.

4.2.5 Pregnancy and reproductive health

There were significant changes in knowledge and attitudes regarding pregnancy and reproductive health.⁶⁹ These changes were corroborated by the interviews. According to one interviewee: “After the video, [the women] came to know of check-ups, vaccinations... that pregnant women need to rest and take iron and calcium. Before only this was known: ‘go and get poshahar⁷⁰ and go home.’”⁷¹ According to Sanjay, (Program Coordinator at ACT in Delhi), institutional (hospital) deliveries have increased because of the videos. “People are demanding more services from the government. They are asking for iron tablets. This project has uplifted up the status of the CHVs. The target community is now sensitized.”⁷²

Interviews suggest that birth control was also an important area of knowledge acquisition.⁷³ Many mentioned learning about different contraceptive medications, or learning more about them, especially pills and injections. YWLI’s staff found that there were many “myths and misconceptions” that were revealed, and addressed, through the discussion groups. One YWLI beneficiary stated: “I thought that if you continued using [birth control] pills you might become infertile but I was wrong. After listening to the discussion I realized that is not true.”

Likewise, myths surrounding birth control were addressed in Tonk. According to one community health worker (CHV) leading the discussions, “before this, they were afraid of the side effects [of birth control] so they didn't use it.” In this way, the program “has left a major influence in the community... Due to watching they understood all about it.”

4.2.6 The SHOFCO data

CGCS carried out surveys and interviews at two of the four intervention sites (YWLI in Kenya; STC Tonk in India) in order to stay within budget. SHOFCO chose to use the survey that CGCS developed to carry out pre- and post-tests on their own, so that they could see whether their work had promoted change within their own community. SHOFCO’s decision to carry out this work on their own is, in itself, a testament to their interest in using M&E to improve programming. It is encouraging that this was carried out, and that the HTS project helped SHOFCO improve its own internal M&E (see section 4.2 above for further discussion of this). We do not include SHOFCO’s results in our own data reporting, since we could not supervise the data collection, but we summarize them here:

- SHOFCO’s results with respect to changes in attitude, self-efficacy, etc. were similar to those of YWLI (suggesting accurate data collection), but SHOFCO achieved a slightly larger change on some key indicators. SHOFCO saw greatest change in the areas of economic empowerment and gender-based violence.⁷⁴

⁶⁹ See introduction Section 4.3.1.

⁷⁰ Food supplements for pregnant women given out monthly by the CHVs

⁷¹ Kusum, India, in person interview, October 2015.

⁷² Sanjay, Program Coordinator at ACT, Delhi, in person interview, December 23, 2015.

⁷³ This was not reflected in the survey data, but our analysis suggests that this is because many respondents (especially in India) were not even willing to answer the survey questions about contraception in the pre-test.

⁷⁴ Knowledge scores for economic empowerment increased from 4.1 to 4.4 ($p < .01$); attitude scores for economic empowerment increased from 3.9 to 4.2 ($p < .001$); self-efficacy scores for economic empowerment

- At SHOFCO, participants saw significant changes in self-efficacy with respect to economic empowerment (a change not seen at YWLI). For example, when respondents were asked (before the discussion sessions) if they thought they would be successful at starting a business, the average response was 4.1 (agree). After the sessions, the average score was 4.6 (closer to ‘strongly agree’).⁷⁵
- SHOFCO saw significant changes in norms related to gender-based violence, which YWLI did not. When respondents were asked if it was ‘normal’ for a husband to beat his wife, the average response (before the discussion sessions) was 3.7 (between ‘neutral’ and ‘disagree’). After the sessions, the average score was 4.4 (between ‘disagree’ and ‘strongly disagree’).
- SHOFCO saw significant changes in self-efficacy with respect to pregnancy and reproductive health (a change not seen at YWLI). When respondents were asked (before the discussion series) if they were comfortable talking with their families about pregnancy and reproductive health (parents were asked about talking to their children; young adults were asked about talking to their parents), the average response was 4.4⁷⁶ (closer to ‘agree’). After the sessions, the average score was 4.8⁷⁷ (close to ‘strongly agree’).

4.2.7 Endurance of change three months after the end of the project

Respondents were surveyed again three months after the end of the project. One worry about projects like this is that the effects will dissipate after the project ends and beneficiaries go back to their normal lives. However, for both India and Kenya, all of the significant changes described above were maintained, and in many cases *increased* at the follow up survey, which took place three months after the end of the intervention. It is possible that this was because respondents learned what the ‘right’ answers were and wanted to please the interviewer, but in-depth interviews suggest that a more likely explanation is that continued discussion of women’s empowerment with group members, and particularly with those outside the group, reinforced, and likely spread ideas.

Interviewees’ comments described above, on the increased self-efficacy (particularly at YWLI) regarding the ability to discuss the issues with others, suggest that this is the case, as do responses to survey questions about whether participants discussed issues in the group with family and friends, and how many people the participant discussed them with. Most respondents reported that they talked to between two and five people outside of the discussion series, about the discussion series. But many spoke with more: In Kenya, about one fifth of participants spoke with six or more individuals. In India, more than 40% of participants spoke with six or more

increased from 4.3 to 4.6 (p<.001); Attitude scores for gender-based violence increased from 3.7 to 4.0 (p<.001); norms scores for gender-based violence increased from 3.7 to 4.4 (p<.001); self-efficacy scores for gender-based violence increased from 4.4 to 4.7 (p<.001); self-efficacy scores for pregnancy health increased from 4.4 to 4.8 (p<.001); knowledge scores for reproductive health increased from 4.2 to 4.4 (p<.001); attitude scores for reproductive health increased from 4.3 to 4.5 (p<.001); self-efficacy scores for reproductive health increased from 4.2 to 4.6 (p<.001).

⁷⁵ p<.001

⁷⁶ 4.2 for reproductive health

⁷⁷ 4.6 for reproductive health

individuals. This data comes from the period immediately after the end of the sessions, and so the number of people with whom beneficiaries discussed these issues after an additional three months could be even higher.

Although self-efficacy about discussing the topic outside the group was more pronounced in Kenya, reports from discussion leaders in Tonk suggest similar results. One CHV stated that:

Whenever we showed the videos... people go outside and talk to others on this subject. Therefore, the message which we wanted to convey through the videos and films reaches out to a wider audience. Hence, each time the number of people attending the meetings increases and it never goes down.

Amit Pandey, (CECOEDECON), confirmed that more and more people in the community have wanted to join the group since it began.

4.2.8 The role of the media tools in the discussion groups

One important piece of this project was determining the impact of *media* on women's empowerment. The analysis above suggests that the HTSM media tools did, indeed, create positive impacts. However, it is important to investigate to what degree the *media* at large made a difference, and to what degree they merely 'topped off' the discussion. In other words, would the discussion groups have been as successful if the videos and games were not included? Were the changes due solely to the act of discussion and the information provided by the discussion leaders? Our analysis indicates that the media played an important role in the intervention, and that the discussion groups *would not* have been as impactful without them.

Survey results indicate that in some cases, better recall of the videos correlated with more desirable survey responses. For many variables, the differences between those who attended few and many sessions, and those who had great recall and poor recall of the videos, was minimal. But in several of the areas mentioned above, where significant change was seen, there are substantial differences based on attendance and media recall.

For example:

- 89% of those with low recall of the videos spoke with their parents about girls' education, compared with 95% of those with high recall
- 62% of those with low recall of the videos said it was not normal for husband to beat wife, compared with 69% of those with high recall.
- 54% of those with low recall of the videos were able to cite many of the things one is supposed to do while pregnant, compared with 92% of those with high recall of the videos.
- 69% of men with low recall of the videos disagreed that it was more important to educate boys than girls, compared with 73% of those with high recall.

One of the key reasons the media were helpful in the groups was because they were interesting and unique. They got people excited, kick started discussion, and gave beneficiaries something to

talk about. The videos earned high praise from the NGOs, who stated that beneficiaries found them interesting, captivating, novel, relevant, and informative:

- The CHVs in India found that women are more willing to trust the information presented in the videos than the information provided by the CHVs. This is not surprising as the videos are seen as professional and the CHVs often have little health training. According to CHVs, this makes their jobs much easier as it becomes easier to convince women of things such as the importance of prenatal visits and taking iron pills.
- Videos make CHVs in Delhi more credible as well, according to NGO staff. “The community liked the videos. They asked, ‘what will you show today?’ The demand was high. When the CHVs used to go to the houses in the past, the people were bored. The CHVs are now more welcome because people like seeing the video.”⁷⁸
- The discussion leaders in India have found that the videos can be helpful for broaching sensitive topics: “In [one] group we were unable to freely discuss family planning with the men. But this problem has been resolved since we have started using the videos. Now we just show them the video and they understand it easily.”
- Amit Pandey (CECOEDECON), states that it is much easier for the audiences in Tonk to understand messages through pictures rather than words. “It affects their brains immediately and thus it’s... easier to understand. So it’s really good.”

Different videos had different impacts. Of all the videos in India and Kenya, the video that was the most impactful, by far, was *Pooja’s Story*. It was almost unanimously liked (96% of participants), and preferred over all other videos. Interview after interview brought up the story of *Pooja* as interesting, relevant, important, and educational. *Pooja’s Story*, unlike the other videos, was an uplifting *story*. Rather than provide information on contraception, or healthy pregnancy, this video took the story of one girl and made it relevant to the discussion groups. Pooja served as a role model, jump starting discussion and inspiring girls to take more interest in their education. Interviewees, in fact, wanted to know more about Pooja, and wanted more videos about her. What happened to her? What happened to her friend who was married young? They suggested a follow up video that shows the positive results of Pooja attending school, and another follow up video showing the negative results for Pooja’s friend of being married young. It may seem surprising that such a short video (approximately six minutes) created such interest and such attachment to the character, but the fact that the story was so relevant to their lives touched a chord with the women of Tonk. In our ‘Recommendations’ section below, we discuss how HTSM might tap this reaction to the video to modify other videos in the series.

Other videos which received positive feedback were the GBV video (79% found helpful) and the pregnancy health video (78% found helpful).

In Kenya, *Maggie’s Story*, which was the equivalent of *Pooja’s Story* but for a Kenyan audience, also had positive reactions, but not to the same degree. This was primarily because Maggie was Maasai, and viewers in Kawangware did not feel that they could relate to the Maasai culture. (The difficulty of tailoring videos to specific audiences is addressed in our conclusions and recommendations section below.)

⁷⁸ Rinki, CHV at NS, Delhi, in person interview, December 21, 2015.

In Kenya, the videos were less well received. *Maggie's Story* was the most popular, with approximately 30% of respondents stating that the video was helpful. Other videos received between 11% and 16% positive feedback. 43% of YWLI participants said they “didn’t know” whether the videos were helpful. Our analysis above does suggest that the videos made a difference in the Kenya intervention, but it is clear that the videos could be improved to make them more impactful, raising the enthusiasm of the Kenyan audience to match those in India. One reason for this lower level of enthusiasm is likely the fact that, as already described, Kenyan audiences had already been exposed to these ideas. For them, the ideas presented in the video were not necessarily new, but gave them an opportunity to dig more deeply into the issues involved. The fact that many of the characters were not relatable (Maggie was Maasai; Lakshmi was Indian) likely also lowered interest in the videos.

4.3 OBJECTIVE 4 OUTCOMES: POLICY CHANGES TOWARD SUPPORTING GENDER EQUALITY

Outputs: Four of the six outputs for Objective 4 exceeded targets. At the close of the project, 229 Campus Ambassadors are active in India and Kenya, and 37 Campus Ambassador sponsored events took place.⁷⁹ Attendance at policy advocacy events reached 732 people, exceeding the target of 435. As part of the India media campaign, 85 original media pieces⁸⁰ on HTSM/partner advocacy efforts were produced. Only nine celebrities, however, cited HTSM and partner efforts in the media, falling short of their target of 27 celebrities. Advertising impressions for policy advocacy events, however, exceeded the target impressions by over 1,000,000, reaching 9,913,726 by the end of Q4 2015.⁸¹

Outcomes: Our M&E plan did not include an extensive evaluation of Objective 4. Instead, our assessment here relies on HTSM’s ability to meet their target outputs and the extent to which HTSM’s advocacy efforts received national media attention in India and Kenya. The theory of change behind this aspect of the project was, in part, that media coverage resulting from the campaigns would convince audiences that these are issues of high public importance that should be prioritized on the national agenda and in policymaking. Newspapers are also the media source that political elites and decision-makers are most likely to access, and what is covered in the news media is often found to reflect the discourse and discussion of elites and decision makers. Therefore increased coverage is likely to impact elites as well as the general public, and thus contribute to policy change.

HTSM went far beyond most of their targets in terms of reach for the advocacy campaigns. In this respect, we can say that this portion of the project was successful. It is beyond the scope of the project, however, to assess whether these achievements will produce actual policy change.

⁷⁹ There were 345 Campus Ambassadors in India and 112 in Kenya. The Campus Ambassador program fell short of its goal of sponsoring 70 events by the end of q4 2015.

⁸⁰ This included both print and online articles as well as photos of advocacy efforts that appeared in newspapers. The total number of media pieces exceeded the target of 45, however, many of the online pieces, were not on India’s top 500 websites which indicates that the reach and impact of these pieces may be limited.

⁸¹ The target for this output was 8,683,190.

As described above in Section 4.1, the intervention did not gain much traction in national media outlets, either for the HTSM tools in general or for the advocacy projects specifically. Though not a foregone conclusion, this suggests that the advocacy campaigns did not make significant headway in penetrating the national political agenda.

Anecdotal evidence from the marketing teams suggests that change may come in the future. The marketing team in India (Third Sector Communications) told us that they recently met with the chairman of the Ministry of Information committee investigating the censor board. The chairman supports the goal of the campaign and told Third Sector that he will discuss the issue with the other members of his committee. Whether this will happen, or whether it will result in policy change, remains to be seen.

The marketing team in Kenya (Brandspark) told us that they have met with “policy shapers” including the Anti-FGM Board, and that they have coordinated a stakeholders meeting for various groups working on the issue of FGM. It is not clear what has come from these meetings, or what may come from them in the future.

SECTION 5: SUSTAINABILITY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 SUSTAINABILITY EFFORTS

Three key items suggest sustainability and /or the potential to scale up the project in the future. First, the project included a heavy focus on capacity building at the grassroots level and at the local NGOs, meaning the NGOs can now carry out the projects themselves and adapt projects as needed by their community or by other funders. Overall, these NGOs are more desirable to other funders because of their ability to carry out high quality interventions and carry out detailed monitoring.

Second, since the DVDs and discussion guides can be packaged as a ‘toolkit,’ the program itself promotes the potential for sustainability. Because they are meant to be self-contained, NGOs should be able to receive the discussion guide and DVDs and be able to use them straight away without the need for training (though training is certainly helpful). This means the toolkit can be used by other NGOs without additional cost, as long as they have the means to run the discussion groups and screen the DVDs.

Finally, the project format, which includes mainly discussion groups – promotes effects that go beyond the termination of the project because people in the groups talk to others outside of the group, spreading the group messages. As described above in Section 4.3, this certainly occurred for the HTSM project. Not only did many of the interviewees report sharing their views (forcefully!) with others, but the three month follow up corroborates this by showing that attitudes and other indicators *strengthened* three months after the project was officially over.

5.2 SUCCESS STORIES CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE PROJECTS

Overall, there is general agreement that the project had a positive impact on communities. According to the NGOs’ self-assessment forms, most of the three components (videos, games,

discussion guide) met or exceeded expectations.⁸² NGOs and beneficiaries described the project as “successful”⁸³ and “integral.”⁸⁴ The surveys and IDIs also suggest that behaviors and attitudes are changing in the communities.

The discussion groups fostered significant changes in audiences’ knowledge, attitudes, perceptions of norms, self-efficacy, and behaviors, with respect to various areas of women’s empowerment, including early education, economic empowerment, gender-based violence, and pregnancy and reproductive health. In India, in general, changes in individuals were larger than in Kenya. Changes were also generally more dramatic for women than men. Some of those most dramatic changes occurred in men’s attitudes toward girls’ education, and in women’s self-efficacy with regard to gender-based violence.

The videos and discussion guide are the most successful parts of the project and the most adaptable to other NGOs in the form of a ‘toolkit’ that could be distributed. The mobile games require more modifications in order to be as effective and adaptable as other parts of the project.

The novelty of videos, mobile phones, tablets and mobile games is enough to bring many to the groups. This is important to note as it suggests not only that media technology is bringing information to these groups, but also that the technology itself, as a new phenomenon, can act as a catalyst for discussions on gender.

In both locations, the project seems to be occurring at the same time as a zeitgeist of attention to women’s empowerment. This suggests it is an opportune time for this kind of intervention. Changes are happening, but slowly, and projects such as this catapult the discussion and accelerate change. Audiences are increasingly open to the ideas presented in the HTSM media and eager to discuss the themes and how they relate to their daily lives. A common theme in the interviewees was that the situation for women is improving, but that there are still severe hurdles.

The following conclusions and recommendations should be taken as suggestions and evaluated for feasibility and desirability by Show of Force / HTSM and USAID.

VIDEOS

Conclusions: Media had an important impact above and beyond the discussion group (the videos, not games). The videos were broadly liked, and the evidence overwhelmingly suggests that they played an important role in the intervention. The surveys indicate that for some measures, better recall of the videos correlated with more desirable attitudes, knowledge, etc; the IDIs also indicate that the videos were valuable. Results not only endured, but increased three months after the project ended, suggesting that people discussed issues of women’s empowerment with others, reinforcing and spreading ideas.

⁸² In Tonk, mobile games were categorized as “improvement needed” and in Delhi the discussion guide was categorized as “improvement needed.”

⁸³ Tonk self-assessment

⁸⁴ SHOFCO self-assessment

In particular, the Pooja video was associated with much concrete change with respect to enrolling girls in school or getting them bicycles to ride to school. In the Tonk program, nine girls in the discussion groups who had previously dropped out of school re-enrolled.

Most of the NGOs used tablets provided by SOF to screen the videos, but this is likely unrealistic for other NGOs without substantial funding. Screening the videos with a DVD player, on a laptop, or on a computer may be more realistic. The fact that many NGOs have requested the DVDs suggests that they do have the means to screen the DVDs. All Delhi NGOs plan to use the videos in their future projects and three groups have started to download other videos on health topics to integrate into their outreach

Recommendations:

- For future versions of the videos, consider inserting discussion questions into the video itself so that discussion leaders can pause the video, start a discussion, and then continue the video. This was a suggestion made by several discussion leaders in both India and Kenya for 1) facilitating discussion and 2) getting more mileage out of the videos. For instance, one discussion leader suggested inserting the question “What do you think Pooja’s father will say?” after Pooja tells him she wants to continue her education rather than be married at a young age. Participants could discuss common attitudes of fathers toward girls’ education before seeing how the scene in the video plays out. This format of media-discussion-media is precisely what made the Facebook game so desirable by YWLI.
- A common lament by beneficiaries was that the videos were not sufficiently localized, and therefore that audiences had a hard time relating to the characters. This will be very hard to address without the creation of videos for many different populations. HTSM / SOF should research ways to streamline the creation of videos, perhaps with local assistance, so that more localized videos can be created cost effectively. Creating an avenue for communities to create their *own* videos would be useful and empowering for local populations. YWLI appreciated seeing the women in other countries and used this as a jumping off point to discuss the oppression of women around the world. In Tonk, however, the CHVs stated that the audiences had trouble relating to the Africans featured in some of the videos. Even *Maggie’s Story*, which was set in Kenya, was not seen as relevant to the audience in Kawangware, because it was set in a rural Maasai village rather than in an urban area. Likewise in India, which spans many cultures and languages, some of the videos were not seen as culturally specific and / or the language was not the same (or not translated well). This may limit the degree to which NGOs in other parts of Africa or India (or the rest of the world) are able to effectively use the videos. Some suggestions about how to address this can be found in the next section.
- For future videos, use *Pooja’s Story* as a model. Create videos with an appealing and inspiring character and tell a story, rather than describe details or facts about an issue. Creating likeable role models and engaging narratives draws viewers in, helps them remember the videos, facilitates discussion, and facilitates attitude change.
- Sound quality on the tablets was not always good. Additional speakers may be needed, or NGOs may need to play the videos on a different kind of device.

- Have a ‘play all’ option on the DVD so it can be played in waiting rooms, buses, etc., without people having to manually select the next video.

DISCUSSION GUIDE

Conclusions: The discussion guide received much praise from the NGOs and will be used again. In Kenya, SHOFCO has even used the GBV module in another program they run in their community. In India, the CHVs are more confident running their discussion groups due to the videos and the discussion guide, and they are now “more respected because they are now experts,” according to Snehaswini Saha (STC in Delhi).⁸⁵ Sanjay (ACT in Delhi), stated that they “had discussion groups in the past... but now we see that they were not very good.... The videos made it more interactive. In the future, we use more videos... They were not as good as HTS... This was the first case with modules. We did not have such structure and now see that structure helps.”⁸⁶

Recommendations:

- In India, the language in the guide was reported to be too complex. The language may need to be changed. The CHVs stated that even words like “comment” and “expectation” are difficult for illiterate women. However, the instructions are understandable to the CHVs, who then translate the instructions into easier language for the group. This is a reasonable way for the guide to be used (with discussion leaders adjusting the instructions for local audiences) so it is not necessarily the case that the language of the guide needs to be simplified, as beneficiaries do not need to read it themselves.
- In India some of the CHVs have found the role plays difficult to carry out as participants are “shy and embarrassed” to enact the roles. This seems to have improved as the project progressed, but strategies for making the role play more accessible should be considered. Role plays are a crucial piece of the intervention, as they may promote self-efficacy. Participants who, as the CHVs stated, “don’t have the guts” to stand up to their husbands may feel braver after ‘practicing’ what such a conversation with their husband might look like. Role plays could be shortened and simplified by presenting a role play scenario with one side of dialogue already included, rather than asking participants to create both sides of the conversation. For example, the discussion leader could play the role of a husband who does not want his wife to get a job, and a short script could be included in the guide, to be read by the discussion leader. A “what would you say?” format could allow individuals to come up with responses. Reducing how much participants have to script the scenes themselves may encourage more participation. This could be included as an alternative format, or could replace the current role play activity for some of the modules.
- In many cases, discussion groups suffered from low attendance. This was often due to reasons outside the control of participants, such as the need to miss sessions because of work, illness, or children. In Delhi, many of the targeted populations were transient, and therefore were not in the area long enough to take part in the entire series. In Tonk, many of the participants were pregnant women who were unable to return after they gave birth.

⁸⁵ Snehaswini Saha, Program Coordinator STC, Delhi, in person interview, December 21, 2015.

⁸⁶ Sanjay, Program Coordinator ACT, Delhi, in person interview, December 23, 2015.

Future designs of the project need to take this attendance problem into account. (See recommendations to address this below under ‘discussion group design.’)

General discussion group design recommendations:

- Many discussion leaders in India complained that it was difficult to conduct the required activities in the allotted time. An alternative to shortening the activities may be to increase the overall number of sessions. The discussion guide could be redesigned so that each “module” requires 2-3 separate sessions. This could have several potential benefits:
 - Attendance was a major problem in both countries. Attendance was low for many sessions, as described above in the section on the discussion guide above. Participants who are unable to attend all sessions would be more likely to attend at least one session on each topic.
 - Videos could be re-aired for each session, thus reinforcing the messages in the videos.
 - More discussions on gender issues would take place over an extended period of time.
 - Time constraints on activities would be less burdensome. For example, a second or third session on GBV could be dedicated exclusively to role play.
 - This type of discussion guide, with 20 or more sessions, rather than nine, would provide greater flexibility for NGOs to design their own program and their own use of the guide based on their community’s priorities.
 - In regions like Kenya, where there is a desire to ‘dig deeper’ into the issues, more sessions were explicitly requested. One YWLI participant stated, “you find that the next week we are onto another [topic] but they still wanted a deeper explanation to better understand the previous session.”⁸⁷
- In order to increase the efficacy of the project, more men need to be targeted for the intervention. The original project design aimed for a makeup of 50% men and 50% women across discussion groups. However, by the end of the project women made up 80% of the discussion groups. This is because the discussion groups generally occur during the day, when many men are at work. Therefore, one possibility is to create more evening sessions (see next suggestion below). Men could be incentivized to attend these evening sessions through the inclusion of food and beverages, thus marketing the screening as more of a social event rather than an event aimed at empowering women. As stated above, many of the women feel that even if they are inspired by the sessions, they are limited, at least to some degree, by their husbands who have not taken part in discussions and are not progressive in their attitudes toward women.
- Consider development of an all-male adult group (aside from religious leaders). Tonk staff state that some activities on sensitive issues are difficult to carry out with a co-ed group and would be easier with an all-male group. Tonk staff also suggest, as another option, one-off public screenings for all-male audiences rather than, or in addition to, an all-male discussion group. Male discussion groups may be difficult to create, first, because many of the men work during the day, and second because many may be

⁸⁷ Imelda Salma, YWLI in Kenya, November 2015.

resistant to the idea. But single evening screenings, according to Tonk staff as well as female beneficiaries, have the potential to attract men and can be a good venue for discussion.

- Create local experts who can visit the discussion groups. The current project takes a “jack of all trades” approach whereby the facilitators are expected to be experts on all eight topics. This type of expertise was not possible and even though HTS provided one day lectures (most agreed the content was good but the lectures were not the best vehicle for training), SHOFCO members suggested that they bring in local experts to the discussion sessions. One recommendation was that each facilitator become an expert on a topic, or that local experts be invited to discussion sessions.
- Provide more expertise training. In many cases the discussion leaders are not gender experts and their role was to introduce new ideas to the beneficiaries. They needed deeper understanding to the gender topics to better build knowledge, positive attitudes and behavior change.
- Many participants are eager to join the sessions in order to gain knowledge about health issues such as pregnancy and family planning. If this is the case, future discussion groups could be ‘marketed’ to communities, in a sense, by stressing that such issues will be addressed. Issues surrounding pregnancy and family planning are a natural segue to discussions of gender empowerment.
- To make the economic empowerment more valuable to youth, a section could be added on how to present themselves for jobs, CVs, studying for exams, how to apply for jobs. This was a suggestion made by staff.