



Understanding contextually based M&E and knowledge generation systems in the African region: Towards effective torture rehabilitation services in the region

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Executive summary

This scoping exercise is designed to be a first step in developing a better understanding of the contextual challenges and achievements of Monitoring and Evaluation (M&E) work in organisations that provide torture rehabilitation and prevention services in Africa. It also talks to the structure and design of M&E programmes and their implementation. The discussion presents and explores the findings of interviews with organisations in Africa that provide torture rehabilitation and prevention services. The organisations involved were the African Centre for the Treatment and Rehabilitation of Torture Victims (ACTV) in Uganda, Counselling Services Unit (CSU) in Zimbabwe, the Centre for the Study of Violence and Reconciliation (CSV) in South Africa, Independent Medico Legal Unit (IMLU) in Kenya, MyWellness/People's Education, Assistance and Counselling for Empowerment (PEACE)¹ in Namibia, and Prisoners Rehabilitation and Welfare Action (PRAWA) in Nigeria. Detailed summaries of the discussions coming out of the interviews are provided and tentative conclusions are drawn on factors necessary for successful M&E work.

Whilst each organisation is at a different phase in terms of the design and implementation of their M&E system, the report shows that M&E is being taken seriously by organisations, regardless of the programme's development. Organisations have required serious investment in the form of funding, human resources/staffing and training, in order to develop and implement M&E systems. Outcomes of the M&E are used for a range of purposes including strategic planning, report writing (both internal and external), observing individual client progress and trying to assess whether there has been an impact made through the services offered.

Organisations have shown innovation in how M&E can be used to serve the goals of the organization, to ensure that their clients are prioritised and to learn from the work being done within the organisations. M&E is also seen to support the agenda of preventing torture by (1) attempting to document it and (2) understanding the client's experiences of torture.

The report indicates the need for organisations to fully understand the purpose of their M&E system. It is clear from the responses that most organisations use their M&E system as a client management system and/or a way to report to funding organisations. The purpose of a client management system is to document and report on the clients who come to the organisations for services, including information such as the clients' demographics, medical information, their experiences of torture and trauma amongst other information. Very few of the organisations interviewed are using their M&E system - over and above a client management system and reporting tool - to understand the impact of the work that they are doing, and evaluating their work to ensure that they are making a difference to the clients that they see. However, all of the organisations interviewed are using their M&E / client information system in order to document their services, reflect on the work that they do, and use the information in order to change systems and procedures within the organisation for the betterment of their clients.

Progress still needs to be made regarding staff 'buy in' of the M&E - with many staff being reluctant to adapt to new ways of documentation and assessment. This is a long process and it is essential that there is management support, sufficient M&E knowledge (often in the form of an M&E officer) and practitioner input and buy in throughout the design and implementation process. However, even though staff 'buy in' has been a challenge within four of the six organisations, there is increasing adherence to M&E in terms of ensuring that documentation and assessments are being prioritised and completed within the correct time frame.

Interviews indicated that both internal and external reporting are essential motivations in ensuring effective M&E systems. These M&E systems include reports that are fed back internally to

¹ MyWellness and PEACE have a partnership as the former employed some of PEACE's staff and provides services to some of its clients as PEACE began downsizing

practitioners. These internal reports give an indication of who is being seen and what their experiences are. They assist in the internal reflection process for all organisations interviewed. Furthermore, in two of the organisations interviewed, internal reports assist in showing client progress over time and/or the impact of the work done. External reporting helps the organisations reflect on their work and stimulates internal discussion. These reports are also used for other organisations working in the torture prevention and rehabilitation field, and to feed information back to donors.

This scoping report indicates that more communication needs to happen between funder/donor organisations and recipient organisations. Positive M&E work is most often seen when donors were involved in the design and implementation of the M&E programme. There are indications from a number of organisations that they require more funder flexibility in terms of reporting formats and reporting time frames. It would also be useful to have feedback from funder organisations in terms of why they have chosen the formats that have been chosen, who they are in turn reporting to and why. This will assist in providing clarity and transparency on whether public funds are used properly.

Evolution of the M&E systems show that organisations are taking cognisance of the contextual challenges of their environments and are adjusting their programmes accordingly.

Recommendations suggest constant reflection on M&E programmes and how best to evaluate and inform future action regarding challenges. Organisational capacity for analysis must be increased and efforts must be made to improve partnerships both with donors and fellow organisations. Efforts to increase staff compliance to the programmes must be diversified and instruments must acknowledge both culture and contexts in their design.

Acknowledgements

This work would not have been possible without the support of several people. Firstly, thank you to all participants who gave up their time to participate, amid busy and stressful work schedules. This is particularly appreciated given the level of stress often associated with the nature of your work. Your enthusiasm for this report made it exciting to be involved in. This report goes out to you and all the staff members involved in the monitoring and evaluation in all of your organisations. It is inspiring to have a snapshot of the work that is being done regarding M&E on the continent.

Secondly we would like to thank Hugo van der Merwe from CSVR for reviewing this document and Craig Higson-Smith from the Centre for Victims of Torture for feedback and critical engagement throughout the process.

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Introduction

“Building and sustaining a results-based M&E system is not easy. It requires continuous commitments, champions, time, effort, and resources. There may be organizational, technical, and political challenges. The original system may need several revisions to tailor it to meet the needs of the organization. But doing so is worth the effort”

(Morra Immas and Rist, 2009: 135)

Perceptions of Monitoring and Evaluation (M&E) and its uses vary across organisations providing torture rehabilitation services in Africa. The aim of this report is to increase the understanding of the quantity and quality of M&E systems in torture rehabilitation centres in the continent. This includes understanding key challenges and achievements as well as how information gathered is circulated and used, both internally and externally. This report constitutes a preliminary step towards better understanding M&E in Africa and aims to assess whether fundraising for joint capacity building and peer learning would be useful and appropriate. Additionally, knowledge of achievements and challenges of M&E work can enlighten structuring and adjustments of M&E programmes.

The six organisations who participated in this research provide various forms of torture rehabilitation assistance and in some cases are the only centres providing such assistance in their country. This emphasizes the importance of the work done as well as the necessity to refine and improve M&E systems.

Before exploring the research findings, it is useful to clarify both why M&E is important and its utility. M&E is important in torture rehabilitation centres in order to:

- Follow up on client services (including psychosocial, legal and medical assistance), helping to ensure that the best service is given to each client
- Meet the legal and ethical responsibilities of lawyers, medical and mental health professionals document and assess their interventions with clients
- Recognise and follow up on the impact of the work that is being done within an organisation. This assumes that data is obtained when required in order to:
 - Ensure that the ethical responsibility of practitioners is being adhered to
 - Ensure that there is information coming in for analysis
 - Assist with feeding information back to staff and (ideally) clients
- Meet the legal and ethical responsibilities of organisations to document their finances and account for how public funds are used
- Meet the ethical responsibility of all professionals working in torture rehabilitation to document torture
- Assist with internal and external reporting through the documentation and learning of work happening within organisations
- Assist organisations with decision making processes if /when

The research conducted has yielded tentative conclusions on M&E processes. M&E success turns on a number of factors that need to work in conjunction with each other. These include (1) management support (2) staff ‘buy in’ (3) human resources: sufficient M&E knowledge and an M&E officer to formulate and oversee implementation of a plan and (4) some alignment between internal and external reporting. For the purposes of this report, a successful M&E system is one in which M&E is used for learning purposes. In this regard, as stated by Camacho Tuckerman (2007:21) M&E is able to “assist project managers and team members to improve their performance. The systematic collection and joint analysis of positive and negative experiences can enhance the learning necessary to promote organisational change and project steering.”

This report discusses the context in which participants work as well as the structure and design of M&E plans; databases and data collection; challenges; achievements; evolution of M&E programmes and recommendations.

Monitoring, Evaluation and Client Information Systems

"If you can't measure it, you can't manage it"

(Participant)

M&E "measures and assess[es] performance" of an organisation's work (Morra Immas and Rist, 2009: 16). Monitoring occurs internally and is carried out throughout a project's planning and implementation and includes information gathering and assessments of programme efficiency². It assists in keeping the project on track and determining whether an organisation's resources are sufficient and appropriate, and whether the organisation is doing what was planned. Evaluation is the periodic assessment of the performance of the programme or project. It seeks to answer the "why?" question, regarding the shape of outcomes. This occurs both internally and externally (Morra Immas and Rist, 2009: 16). When information is collected and processed it can be used for learning, assessment of goal achievement and reflection (Monitoring and Evaluation Plan: 9). M&E is also termed a part of "Performance-based funding" (Monitoring and Evaluation Plan: 3) hence the component of external reporting to donors/partners. M&E allows for the effectiveness³ of an organisation's work to be assessed.

A distinction should be made between M&E and client information systems. M&E enables an organisation to assess the quality and impact of their work, against action plans and the organisation's strategic plan (Civicus, 2013). Client information systems, on the other hand, include the documentation of the details of individual client's demographics, backgrounds, torture histories, medical and psychological functioning and so forth. Client information systems provide details of who is being seen within an organisation, their demographic information and information of the torture events. While M&E may use some elements of that information to assess the impact of the services provided within an organisation, a client information system should be seen as separate from M&E.

Within the torture ambit, both M&E and client information systems can assist in profiling what torture looks like within an organisation. However, neither measures the prevalence of torture⁴ within a country, nor gives an indication of who the perpetrators are because torture and Cruel, Inhuman and Degrading Treatment (CIDT) are largely underreported. Additionally, because in many countries where torture exists torture has not been criminalised, it is not reported as "torture" but rather typically reported as "assault" or a variation thereof.

² Efficiency relates to how well inputs have been used to produce outputs

³ Effectiveness relates to whether objectives have been achieved and whether outputs have transformed in outcomes. "Outcomes are the behavioural changes that result from the project outputs. Outcomes can be increased, decreased, enhanced, improved, or maintained" Morra, Immas and Rist, 2009: 109)

⁴ "Torture" is used in this document to denote the range of experiences of abuse which the United Nations Convention Against Torture (1984) defines as torture and cruel, inhumane and degrading treatment (CIDT). This convention defines torture as:

"any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act which he or a third person has committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions"

In the case of torture rehabilitation and prevention work, M&E allows for increased understanding and knowledge about clients and can help shape future work in the field. M&E should give an accurate reflection of the prevention and rehabilitation work being done within an organization, as well as the impact of work done. Consensus in the literature forms around a results-based M&E approach, which allows for “Assessment of a planned, ongoing, or completed intervention to determine its relevance, efficiency, effectiveness, impact, and sustainability” (Morra Immas and Rist, 2009: 108)

In order to promote learning exchange regarding contextually-based M&E in Africa, it became apparent that further knowledge regarding what M&E is being done, and how it is being done, was needed. This scoping exercise attempts to gain insights into the Monitoring and Evaluation of organisations that are working to prevent torture and rehabilitate victims of torture throughout Africa. It focuses on what is being done, what the challenges are, what the achievements are and how the organisations feel that this work can be improved.

Context

“To evaluate any intervention it is necessary to understand the context of the intervention, describing the rationale behind the intervention”

(Bantjies, Langa and Jensen, 2012: 3)

It is clear that the context in which assistance occurs affects both the process and its outcome. Safety concerns of both torture survivor and practitioner (including clinicians, doctors, and lawyers) has the potential to negatively affect success. It is logical that context shapes M&E work, and must be considered when structuring an M&E programme. Contextual barriers also highlight the difficulty of working with torture survivors and doing M&E in this field.

Torture in African countries

Torture in Africa is seen to be widespread. Amnesty International argues that “there is still an enormous gap between the rhetoric of African governments, which claim to protect and respect Human Rights, and the daily reality where human rights violations remain the norm” (Amnesty International, 2009). The African countries that house the Torture Prevention and Rehabilitation Centres included in this report are focused on below.

Of the six countries included, five had signed and/or ratified the United Nations Convention Against Torture and Other Inhuman or Degrading Treatment or Punishment (UNCAT). The country that had not signed or ratified the UNCAT by the time this report was finalized is Zimbabwe. Additionally, by the time this report was written, only Uganda and South Africa had passed legislation against torture and CIDT in state law. This was done in 2012 and 2013 respectively. Criminalisation of torture is essential to ensure that the country involved:

- Has policies and procedures that diminish the incentive to use torture, such as regulating the role that confessions play in the overall administration of justice
- Ensure the prosecution of persons who torture and /or ill-treat detainees
- Ensure overall responsibility for avoiding impunity

The table below gives indications of torture and Cruel, Inhuman and Degrading Treatment (CIDT) by country included in this scoping exercise as indicated in the Amnesty International 2013 report.

	Kenya	Namibia	Nigeria	South Africa	Uganda	Zimbabwe
Anti-torture legislation passed				2013	2012	
Independent police oversight body exists / in effect	Yes			Yes		
Widespread indications of torture and/or CIDT	Yes		Yes	Yes	Yes	Yes
Police disruption of activist political activity			Yes		Yes	Yes
Police disruption of collective civilian activity		Yes		Yes		Yes
Violence against refugees, asylum seekers and/or undocumented people by police / security forces	Yes			Yes		
Routine unlawful arrests and detention of civilians			Yes	Yes		Yes
Unlawful killings			Yes			
Indications of corruption			Yes	Yes		
Indications of impunity for law enforcement officials	Yes				Yes	Yes

Table 1: Indications of human rights mechanisms and human rights violations per country as indicated in the Amnesty International Report, 2013

In the countries mentioned above, the torture and/or CIDT is typically carried out by police, armed forces, rebel forces, private security or militia. It is often perpetrated against activists against the state, perceived or alleged criminals (with the possibility that these people may be innocent and wrongfully arrested or tortured), or people from other countries who have come to that country for refuge.

The above table indicates that of the six countries interviewed, torture and /or CIDT is widespread in five of them. Additionally, there are indications of impunity in three of the countries, corruption in two and disruption of either political or collective civilian activities in all of the countries except Kenya. Additionally, in three of the countries, there were routine unlawful arrests and detention of civilians.

In addition to what is stated above, interviews with two organisations showed that there are indications that the survivors of torture have changed over the years. Previously, the people who accessed services were largely survivors of political torture, who were activists against a repressive government. However, the victims are now predominately youth who are in conflict with the law, often uneducated and unemployed.

It is against this backdrop that organisations who are attempting to prevent torture and heal its effects are working.

Safety of staff and clients

The organisations interviewed operate in a variety of contexts, ranging from relative safety and stability to sporadic episodes of conflict, hindering their work. The CSVr attempted to interview one organisation that was unable to participate due to a recent conflict that warranted their complete attention. Two organisations had to delay their participation, the first due to political unrest and the

second the death of a staff member who had been documenting human rights abuses for the organisation. Such events painfully highlight the necessity for the work torture rehabilitation centres do, as well as shine a light on the difficulty of the task.

Depending on the political and social realities, those who work at such centres may be in danger due to the information they possess on the state/army/police, etc. One organisation interviewed discussed this danger, explaining the use of fake names when talking about case studies in reports. It is at times unclear who will have access to external reports so precautions are taken to protect client identities. The nature of the work done at organisations can also change, due to an increase in or change of conflicts and occurrences of torture.

Methods

Sample

For reasons of convenience and cost, English-speaking centres were invited to participate. The organisations⁵ that were chosen had been involved in work with the International Rehabilitation Council for Torture Victims (IRCT) and/or had participated in joint conferences, workshops or seminars between 2010 and 2013.

Eight organisations were contacted to participate in this scoping exercise. Of those, six replied and agreed to participate in the interviews. Of the two organisations who did not participate, one centre had closed down prior to this scoping exercise, and one centre was unable to participate at that time due to heavy workloads and project activities.

Interviews were conducted with six organisations working in torture rehabilitation in Africa. These organisations include:

- The African Centre for the Treatment and Rehabilitation of Torture Victims (ACTV) in Uganda
- Counselling Services Unit (CSU) in Zimbabwe
- The Centre for the Study of Violence and Reconciliation (CSVR) in South Africa
- Independent Medico Legal Unit (IMLU) in Kenya,
- MyWellness/People's Education, Assistance and Counselling for Empowerment (PEACE)⁶ in Namibia
- Prisoners Rehabilitation and Welfare Action (PRAWA) in Nigeria

All of the organisations are doing some form of psychological/psychosocial rehabilitation with victims of torture. Four of these organisations also provide medical treatment to victims of torture, two of these organisations provide legal aid to victims of torture, and five of the organisations formally advocate against torture in their countries. Other services that are provided are capacity building, psychiatric care, documentation of torture and human rights abuses, forensic documentation, services to children, and research.

Five of the six organisations are non-governmental organisations (NGOs). One organisation had been an NGO in the past, but had combined with a private organisation to provide care to victims of torture and trauma and is currently considered a private organisation.

Given that the sample of organisations interviewed is very small, the findings of this centre may not be generalisable (explored in further detail under 'reporting') to all organisations working on

⁵ For the purpose of this report the terms "centre" and "organisation" shall be used synonymously.

⁶ MyWellness and PEACE have a partnership as the former employed some of PEACE's staff and provides services to some of its clients as PEACE began downsizing

preventing torture and healing its effects in Africa, however, it is hoped that it gives a good foundational understanding for this work.

The identity of participants and organisations during discussion shall be kept anonymous to avoid any potential conflict within the organisation and with external parties. All organisations participated voluntarily with no penalties for non-participation. This is elaborated in the section “Motivation to participate in the scoping exercise” below.

The research was conducted through a series of semi-structured interviews taking between 45 minutes and an hour each. One person from each organisation was interviewed in four of the organisations, while with two people were present in the interview in the other two organisations. Half of the participants were the organisational equivalent to the M&E officer with two interviews including discussion with the organisation’s Head and one with another member of staff - a psychologist.

The questions related to:

- Design of evaluation research systems
- Use of appropriate measures (qualitative; quantitative)
- Data collection, quality management and security of data
- M&E staffing
- Monitoring adherence to data collection systems
- Analysis of information pulled from the M&E system
- Reporting of information
 - To internal stakeholders
 - To external stakeholders

Motivation to participate in the scoping exercise

“I felt it critical to be part of the involvement in the scoping exercise”
(Participant)

Indications from the interviews conducted were that organisations responded positively to the scoping exercise and participation. This includes the desire to learn from other organisations as well as to enable the updating and review of current M&E systems. “The scoping exercise is a wonderful idea and we hope to see the report and best practices from other institutions in Africa” (participant). The value of lessons learnt was particularly emphasized, which lead to the report structure including large sections on challenges and achievements. The desire to foster relations with other organisations was also addressed with one participant describing this benefit as being “a force of many as opposed to just struggling alone.” There is one exception to this enthusiasm, as one interviewee explained participation saying they “were told to” do the interview by management.

Limitations to this scoping exercise

There are a number of limitations to this scoping exercise:

1. Interviewees may hide or exaggerate successes or failures within their organisations. This may be because the organisation wants to give a better (or worse – although this did not appear to be the case with the interviews) picture of their organisation. Attempts may be made to impress the interviewer, potential donors who read this scoping report, or peer organisations who are involved in this area of work. Such efforts may influence the results of this scoping exercise. The interviewer attempted to deal with this problem by asking reflective questions and probing if inconsistencies were noted. However this is not always possible and so answers may not be a true reflection of the work done within organisations.

2. The CSV, through their work with United States Agency for International Development (USAID), initiated this scoping exercise, and are one of the organisations included in this report. In order to ensure that this does not influence the report, an external consultant was used to perform the interviews, and the research was conducted from a different programme to that of the M&E staff member who was interviewed. However, it is noted that this may cause bias in the report.
3. Given that not all organisations involved in torture prevention and rehabilitation in Africa were involved in this scoping exercise, we cannot generalise the findings to all such organisations working in Africa. However, given that the organisations interviewed provide some representability to other organisations working in the field, we feel this scoping exercise provides good foundational knowledge on the M&E of organisations preventing and rehabilitating torture in the continent.

Results

Motivation for M&E programme

“The original system was put in place to track clients, to have a tracking and review tool.”
(Participant)

Civicus (2013: 5) states:

In many organisations, “monitoring and evaluation” is something that is seen as a donor requirement rather than a management tool. Donors are certainly entitled to know whether their money is being properly spent, and whether it is being well spent. But the primary (most important) use of monitoring and evaluation should be for the organisation or project itself to see how it is doing against objectives, whether it is having an impact, whether it is working efficiently, and to learn how to do it better.

With the exception of one organisation, all M&E programmes were donor-initiated. Four participants explained it as a joint process, seeing the internal benefit of an M&E programme. One participant stated that even though the donors “kick-started” the process, it was supported by the organisation. Another participant explained the process as stemming from conversations with donors (termed by this participant as “partners”) two years before the M&E systems was properly established. One participant explained that M&E started at the time they received donor funding, and saw it as part of client tracking – “You can’t run a [torture rehabilitation] service without a client tracking system. The original M&E was embedded around [this] system. [It is a] ... planning tool for work exercises, funding etc.”

There is general consensus that donor requirements meant organisations needed to report numbers. This system allowed for learning and reflection as well as improvements to interventions. The centre with the self-initiated M&E system explained the motivation being to improve the service given and assess the work done by staff. This includes incentive structures and attempts to optimize employee output. Two of the M&E programmes were initiated very soon after the start of the organisations. One immediately and one a year later, as the organisation grew. Three of the M&E programmes were implemented about fifteen years after the organisations started while one after eight years.

One participant explained how their M&E programme particularly complimented their goal of documenting cases of torture. Another organisation explained how they saw M&E as helping to improve speed, efficiency and quality of reporting as well as increasing the quantity of data. They discussed donor requirements as related to the issue of outcome reporting and how assessing outcomes have become increasingly important, both internally and externally. The same organisation explained that M&E was seen as a tool for improving strategic planning as well as to ease the yearly internal and external report-writing process. The process is and was used to set objectives and targets, assess achievements and develop indicators for success as well as explain why progress may not have been made.

On the subject of outcomes, one participant stated “We hoped to strengthen outcome measurement, hence the need to establish a client database that would facilitate follow-ups on clients’ progress.” In the organisations which provide legal assistance, M&E was implemented to track detail necessary for legal proceedings and has been used as such. A participant described the M&E system having been initially set up as a tool for measuring prevalence of torture by various perpetrators and later updated to measure treatment outcomes, “...ensuring follow up of rehabilitation of torture cases...”. This organisation’s M&E system, although donor initiated in 2009 saw an internally motivated system update in 2011. “It was initiated as part of the internal

processes required for monitoring and evaluation of our rehabilitation programmes...” (Participant). Another participant explained M&E as being developed at the end of the organisation’s last strategy plan and how it is now part of their strategic objectives.

Structure and Design

Four participants described their M&E programmes as still in their developmental phase. One participant explained their programme as being “very new and basically [we are] trying to input data and ... [are] using it more or less to help store statistical information for analysis.” Another participant explained the diversity of the work they do and thus their M&E system could never account for “all the possibilities.”

Involvement in system design

Those involved in the designing of the M&E systems covers a broad range of internal staff and external consultants. Throughout five of the organisations, the same group of staff who set up the M&E system was involved in designing or choosing the measures/tools. When rehabilitation assistance is psychological, clinicians were involved in designing or choosing tools and indicators due to their knowledge of the consequences of torture, including, but not limited to, post-traumatic stress disorder (PTSD), anxiety and depression. Senior management was often involved in the process, one participant citing involvement of the financial director, human resources manager, data manager and programme directors. In this case the team collectively planned the skeleton of the programme. M&E in this organisation has proved very successful, the participant inferring the constant involvement of management as a factor in this.

Involvement of management has been explained in different ways. One organisation’s M&E started at the management level and was developed with a top down approach, yet the participant explained this was “not done in isolation” and all staff members were consulted. This is contrasted with another organisation, whose approach is described as “bottom up,” with each department being asked to develop tools as they would be the ones using them in their reporting. The process occurred like this so that M&E could be “user-friendly” (participant).

Using consultants to assist in designing M&E systems

In two cases, a consultation was used to assist in designing M&E systems. In both of these organisations, a relationship has been built and sustained with the consultant. This assists with ensuring that knowledge transfer and skills continue and that future development and evolution of systems continues. However, in both of these organisations, transfer of skills was imperative in the setting up of M&E systems to ensure sustainability.

One organisation who used a consultant to assist them in designing their M&E system stated that “The use of a consultant sets a good precedent for the importance of sufficient M&E knowledge within an organisation”(participant). This organisation felt that sufficient M&E knowledge is essential and that this could be better attained externally.

Both of the organisations who used M&E consultants have dedicated M&E personnel. They felt that there was sufficient skill and knowledge transfer of M&E design and implementation to ensure that the system was sustainable. One of these organisations felt that should changes need to be made, this organisation is confident that they are able to go through a similar process of designing or changing tools in the future. In the second centre there was a clear change in the relationship between the consultant and the organisation. This was tracked by the participant from the organisation making use of the consultant for M&E knowledge and assistance in refining the choice of tools to a point where there was ‘know how’ within the organisation.

Dedicated M&E Staff member/s

Five organisations have dedicated M&E staff members. All M&E programmes that appear to have strong elements of success (evident in three organisations) have a dedicated M&E officer. The organisation without a dedicated staff member did not show strong elements of success. Often the M&E officer position is supported by a data manager, yet not all organisations have this position. The M&E officer is sometimes solely responsible for educating staff on M&E, analyzing information that comes out of the system, feeding information back to staff, reporting and monitoring system adherence. The M&E staff member in one organisation recently retired, thus placing the organisation in an unstable position with regard to their M&E. This highlights the necessity to have someone in the M&E officer position as well as sufficient M&E knowledge in the organisation, i.e. knowledge must not be housed merely with one person.

Additionally, as seen in three organisations, the collaboration and involvement of management in the implementation of M&E is essential to the smooth running of the M&E system.

Staff qualifications

It is important to consider the qualifications of staff in charge of, and involved in, M&E work. Qualifications of those involved in M&E vary, including social science programmes, psychology, economics, statistics and medicine. One M&E officer had recently obtained a postgraduate diploma in M&E, to supplement their undergraduate in economics and statistics. Another participant stated that it is “very common for people to get jobs they aren’t qualified for”. Interestingly, organisations indicate successful M&E without staff necessarily having relevant qualifications. This indicates that M&E staff are able to creatively find workable solutions to the challenges of M&E within their organisations, and learn on the job.

However, while it is commendable to learn on the job, the staff qualifications also points to the need for capacity building both within the M&E field broadly and within torture rehabilitation and prevention specifically. This ensures that there are constant decisions made regarding best practice and ensuring that M&E staff is continually aware of knowledge being produced in the field and debates that are occurring within M&E.

Adherence to the M&E system

In order to ensure that information is collected at the correct time, and to ensure its validity, an adherence system monitors what information needs to be collected and when. Through the M&E officer, the system should ideally send reminders to practitioners to remind them what information is needed and when.

Half of the participants explicitly discussed the role of the M&E officer being to monitor adherence to the M&E programme. One participant explained how the M&E officer uses part of the programme meetings to “try and police” adherence to M&E. In another organisation, the M&E officer and clinical manager use the weekly and monthly adherence reports to check “...whether what was supposed to be done was done” (participant). Another organisation has several staff members from their research unit in charge of monitoring adherence to M&E, with the head of this unit in charge of the process.

One participant included discussion of human resources and financial staff involved in tracking of system adherence, while another participant referred to the adherence to M&E being dependent on each counsellor, meaning there was inconsistent reporting due to inconsistency adherence to M&E.

Two organisations indicated that they had difficulty in tracking how much information and/or data was “lost” through their M&E system and that this was an insurmountable challenge. Lost data includes data that was never captured in the M&E system. On whether knowledge falls through the

cracks a participant stated “I have a hunch”. In this context it is difficult to assess how much data and information is not getting captured and documented, which impacts on the outcomes of analysis. It was explained as only possible in hindsight to assess how much knowledge is missing and by then it is too late. This organisation stated that they do not know how big the knowledge gap is. Another organisation said that they “don’t have an M&E system that has all the facts of what has worked and [what] hasn’t.”

This indicates the difficulties that some organisations are having in tracking and monitoring the adherence to their M&E system, and how having data that cannot be retrieved or incomplete datasets can be frustrating for the M&E officer and negatively affect the results of the analyses and reporting of these results.

Data collection and instrument timeframe

As mentioned above, information needs to be collected routinely in order to ensure that practitioners are meeting their ethical responsibilities and that there is enough information to analyse. Additionally, in order to check impact, it is essential that accurate follow-up assessments are being completed.

Depending on the service, data is collected in a variety of ways yet generally it occurs with an initial interview/screening intake to assess the clients’ needs. Two participants reported a baseline assessment being done at the time of screening and the constant taking of process notes.

At one organisation, clients have interaction with many employees and data collection is done at various units. Screening tools need to capture all necessary information for all of these different units. When the client first comes to the centre a nurse or counsellor does an initial screening, highlighting the type of need the client has. This could be for a social worker, legal help or psychologist. Services will be referred if necessary. Data will be passed on and the tracking process taken over by the referral person with their own tools.

Two participants explained how various doctors, lawyers, counsellors and health workers were trained on how to collect information. In one of these centres the participant explained how all staff (including part time and voluntary staff) who are involved in the earlier stages of interviewing clients are involved in data collection.

With the exception of one organisation, all centres that give psychological assistance to torture victims have follow-up assessments to track progress of the client. One of the organisations that provides many forms of assistance emphasise follow-ups being strongest with psychological assistance.

Time frames for instruments depend on the type of service being provided. One participant explained frequency of instruments given being at the discretion of each staff member, yet the rest of the organisations have set time frames. One organisation providing psychological assistance gives the instrument every three months, with intervention process notes taken after every session in order to describe what has happened in that session. In one organisation instruments are given after each session, complimented by the session’s process notes. Another participant explained the follow-up instrument being given after six sessions followed by every three months, although this depends on the condition of the client.

Client progress is also followed up through follow-up telephone calls and emails. One centre includes home visits as part of its service. These take place six months after completion of the service to record how the client is.

Data cleaning

For an M&E and client information system to run smoothly and effectively, data cleaning and checking is essential. The three organisations that appear to be the strongest in this area of work have either daily or weekly data cleaning and checking, overseen by an M&E officer.

One of the other organisations reports data checking and cleaning is done at random and usually occurs about once a month. One organisation checks and cleans data twice a year. The organisation whose equivalent of an M&E officer retired is now in an unstable position regarding data cleaning and M&E as a whole.

Comprehensive M&E indicators

As mentioned previously, what is followed up on by the rehabilitation centres varies depending on the types of assistance offered. There are a range of different areas being assessed by different organisations. The list includes a number of client information questions as well as follow-up M&E questions to understand client progress. These questions include brief descriptions of the clients' trauma, demographics (including age and gender) and perpetrator distribution.

Client progression, medical and psychological health, success/effectiveness of the legal system, PTSD, anxiety, depression, and self-reports of the client's current functioning are also measured. One organisation explained that they have developed a model for psychosocial rehabilitation of torture victims within their context. This organisation now includes, as part of their ongoing assessments, indicators regarding locus of control, coping mechanisms and how clients manage different stressors in their lives as well as psychiatric indicators such as PTSD, anxiety and depression.

The two organisations that appeared to be doing well regarding their indicator sets spent substantial time planning and designing M&E programmes – with a wide variety of staff involved. These organisations have the necessary material for thorough analysis of their impact.

Instruments

This relates to how well the tools or instrument are used to assess indicators. Organisations used a variety of symptom checklists and questionnaires for this purpose. The Harvard Trauma Questionnaire (HTQ) and Hospital Anxiety and Depression scale⁷ was reported as useful by one organisation and is used in two other organisations (with its usefulness not discussed during the interviews). Three other centres developed their instruments internally, sometimes with help of a consultant, as discussed above. One organisation adapted five questions from the International Classification of Functioning and Disability (ICF) which includes questions regarding how the client is able to function and connects to people within his/her social environment. Another organisation follows up on daily functioning after every session.

⁷Both the Harvard Trauma questionnaire and HADS have been shown useful in organisations around the world. They have been indicated to be reliable and valid in different contexts and has high test-retest reliability. See, for instance:

- Shueb, M, Weinstein, H & Mollica, R (2007) Harvard Trauma Questionnaire: Adapting a Cross-Cultural Instrument for Measuring Torture, Trauma and Posttraumatic Stress Disorder in Iraqi Refugees: *International Journal of Social Psychiatry* 53 (5): 447-463.
- Rothan, C, Stansfeld, S, Matthews, C, Kleinmans, A, Clark, C, Lund, C, Flisher, A (2011) Reliability of self-report questionnaires for epidemiological investigations of adolescents mental health in Cape Town, South Africa. *Journal of Child and Adolescent Mental Health* 23 (2) 119-128.
- Bjelland, I, Dahl, A, Haug, T & Neckelmann, D (2002) The Validity of the Hospital Anxiety and Depression Scale: An updated Literature Review *Journal of Psychosomatic Research* 52: 69-77

An Intake Form is used by one of the organisations, which filters the sort of assistance needed by the client. The participant explained how this part of M&E “makes it easier [for the organisation] to function”. Staff at this organisation read an explanation of the process which the client has to sign, yet it is “not a self-assessment form” (participant). Rather, it appears to be a consent form outlining what will be included in the M&E process.

One participant emphasised how the Istanbul protocol⁸ guides the bulk of forensic medical documentation. In one organisation, medical documentation is tracked, with follow-up medical documentation after every visit.

Psychological documentation was learnt in one organisation by having a staff member from an international non-government organisation (NGO) posted at their organisation for 18 months. Various changes were made as a result of this long-term posting.

Contextual appropriateness

Most organisations seem to have questionnaires that participants feel are contextually and culturally appropriate. There are attempts in all organisations to allow for some degree of cultural and contextual sensitivity. One of the participants said that their organisation tries to use measures that can be applied to a range of circumstances/contexts. A centre providing medical assistance structured the questionnaires to ensure extensive reporting with a great deal of medical and psychological history.

Participants discussed how they attempt to have staff available who speak a variety of languages in order to accommodate clients’ needs. The organisations that have clients from other countries emphasised how they have interpreters at hand so that each client can feel accommodated. One participant explained that they are currently engaging with the UN High Commissioner on Refugees (UNHCR) on how to ensure that the services offered are appropriate to refugees. In this organisation tools were constructed to accommodate reporting on both citizens and refugees/asylum seekers.

However, one of the participants discussed the questionnaires used with a counsellor and reported back that the counsellor did “not find the questionnaires user-friendly as far as [their] context is concerned.” The participant explained that as a result “at times [the counsellor] is forced to fill them in just as routine procedure...” In this organisation the same staff was involved in designing M&E instruments. The above comment could be explained by a variety of factors:

- The difficult nature of working in an organisation dealing with difficult issues
- The challenge of accommodating all staff
- Consultation of staff was insufficient
- The work of the organisation has changed faster than the M&E system can catch up with

Being aware of this problem, another staff member of this organisation stated how they are part of a team “that has been cracking brains to come up with contextually sensitive M&E” in order to solve the problem.

It is interesting that most organisations indicate that they use culturally sensitive and appropriate tools while the mentioned instruments have largely been developed in Western/developed countries. While the HTQ is a “cross-cultural instrument that is designed for the assessment of trauma and torture related to mass violence”, and has “demonstrated efficacy in the identification

⁸ The Istanbul Protocol is the International UN Guidelines for investigating and documenting torture. For more on the Istanbul Protocol, see <http://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>

of PTSD symptoms and psychological distress in culturally diverse environments” (Shoeb et al, 2007: 449), Mollica et al (1998) suggests that it should be modified and adapted to the characteristics of each cultural group. This is because the trauma varies according to social, political and historical contexts. Additionally, language and culturally appropriate idioms of distress should be incorporated into the scale.

Considering the scope of refugees who are given access to services in the torture centres in Africa – their multiple languages, idioms of distress, social, political and historical contexts - this is a difficult (if not impossible) feat. Additionally, it is often not a priority for the centres who deal with torture survivors. For this reason, Western-produced and Western-based tools and instruments are used in these centres because they have been seen to be “evidence-based” within refugee camps, or Western-based organisations assisting refugees and torture survivors. Additionally these tools and indicators may have been used in different contexts internationally and are seen to be reliable and valid in those circumstances.

Data security

Data security relates to who has access to information, the location and whether data is backed up regularly. Access to information differs amongst organisations, with most restricting access - allowing the M&E officer and various programme officers as well as the director access, while not allowing administrative staff access. One of the organisations working in psychological rehabilitation allows data access to the clinical staff, M&E officer, programme manager, senior researcher and M&E assistant. Another organisation doing similar work allows access to clinical staff as well as the head of the Research unit.

Even though some organisations are trying to be as paperless as possible there is still a large amount of hard copy files. One participant reports that even though “files [are] kept under lock and key,” safety could still be improved. In this context they discussed issues of client confidentiality and client safety. Additionally, they spoke about the threat which having information of torture could pose for alleged perpetrators of torture. The documentation that this organisation keeps on both the victims of torture (its clients) and those who perpetrated the torture may mean that the perpetrators could feel unsafe from legal prosecution if they knew this documentation existed. This in turn, threatens the safety of the organisation.

One participant contrasted the safety of electronic and hard copies, the former on a server being “safe and secure” yet for the latter it “could be easy for someone to enter and get a file.” This organisation stated a challenge for their organisation being that they don’t have space for a file room, hindering the safety of information. Safety was emphasized by four of the organisations, discussing the necessity that hard copies are locked in a safe environment. One organisation faces safety risk as facilities are soon to be rented out to people outside the organisation.

All organisations back up their data, some weekly and some monthly while others do so more sporadically. One participant explained their system of having two hard drives that are stored at the bank, ensuring safety of hard drives and data. One of the organisations has two branches and is soon to implement a backing up system in its second branch.

Another organisation emphasized the importance of client confidentiality and the use of fake names to protect clients. This was echoed in four organisations who indicated that they use fake names or client codes to protect the confidentiality and identity of the clients.

Database

The database is a key component of M&E. One participant discussed the gaps of knowledge in their organisation and said if they had a better database it would “help miss the cracks.” One of the

organisations only has a paper filing system yet they hope to develop an electronic case management system. Four organisations interviewed have both electronic and paper filing systems yet one participant stated they are “trying to be as paperless as possible”. All organisations have a centralized data system.

The organisation with two branches is executing a plan of having a shared server where data is entered into one of the centres, and appears in the joint server. Currently each branch has its own server. The participant explained the organisation being at the stage of introducing this system to staff and encouraging them to use it. Another organisation uses Mydropbox and servers so everyone has access to information.

One of the challenges another participant mentioned was that the server could not be accessed remotely. It is the nature of such work that assistance must sometimes occur on location. In this case data could not be put into the system until practitioners were at the office. Yet the participant discussed a security risk of having a remote server on the internet, regarding the sensitivity of information about torture survivors.

Software used by different organisations varies but consensus exists around its use to generate reports and work out costs with ease. One participant explained their use of Epi Info^{tm 9} which enabled them to create and adjust tools during their work. In this organisation, there is sufficient knowledge of the system that external assistance or consultation is not needed. Epi Info allows for basic quantitative analysis. When more complex analysis is needed data is transferred to other software, such as STATISTICA or SPSS.

One participant explained how their organisation uses SPSS when doing analysis. Another organisation uses a combination of Microsoft based software, including SQL¹⁰ tracking systems with costing being done using this. This organisation is having problems with its system after spending a few years discussing the migration to this software. It is clear that reliable internet access and a functioning database is a useful part of M&E work.

Another organisation is in the process of developing a system of software analysis while two other organisations do not have the appropriate software and skills to do quantitative and qualitative analysis. An organisation that only uses Microsoft Exceltm as its database has difficulty writing reports, the participant explaining how they cannot generate reports “at a touch” - meaning with ease and speed. This view of generating reports “at a touch” is unrealistic, since reporting requires a great amount of input, analysis, and collation. For an organisation to expect reporting to be immediate, as the practitioner’s response indicates, is idealistic and impractical. This indicates that this organisation expects more from its M&E system than is reasonable, and that there needs to be a better understanding of the roles and limitations of M&E and the M&E staff members.

Another organisation that uses Microsoft Exceltm explained their colour coding system. In this case there was still active and successful M&E work done despite what they feel is an inadequate database. This organisation has monthly meetings where they discuss findings from the database and discuss success stories and lessons learnt. This organisation mentioned that when using Microsoft Excel, you have to do a manual count of data. They have started using SPSS to allow for basic analysis yet this has proved challenging for the organisation.

Organisations do not use more expensive databases because of limited funds. This may also account for poor utilization of software. Furthermore, minimal software and analytical skills may also account for the lack of outcomes in the form of analysis.

⁹ Free software created by the Centre of Disease Control; useful for the rapid creation of data collection instruments and data analysis, visualization, and reporting.

¹⁰ Structured Query Language, programming language used to assess databases

Theory of Change

Theory of Change (ToC) is defined as “a specific and measurable description of a social change initiative that forms the basis for strategic planning, on-going decision-making and evaluation” (Centre for Theory of Change, 2013:11). It requires that organisations are clear on their long term goals, have identifiable measures of success, and formulate actions to achieve those goals. A ToC helps to clarify and develop the thinking of staff and assists with navigating complex systems without over simplifying them.

All participants were able to engage to some extent about the ToC within their organisations although one organisation was unfamiliar with the language of ToC. An important part of this that arose was planning the M&E approach, and making sure these objectives related to the overall objectives of the organisation. One participant stated “We have to be quite clear on what our services are; we have to choose what’s important.” This sort of clarity is seen as important in order to successfully plan and implement an M&E system as well as to ensure that overall goals are met.

With regard to successfully planning and implementing project goals, one organisation focused on how policy work and public interest litigation will affect torture occurrence. This participant explained that they aimed to psychologically prepare clients for the advocacy intervention and legal proceedings and thus M&E was seen as a way to foresee challenges. The participant from this organisation felt that they never had a clear M&E plan and that they are in the very early stages of development.

Another participant discussed their using a consultant as a way to increase M&E knowledge. Once there was sufficient knowledge of M&E within the organisation, it embarked on a multi-level approach to M&E with as many staff members included in this as was useful and appropriate. A further explanation of organisational ToC within the above mentioned organisation shows the lack of clarity on M&E as well as the absence of a clear ToC. The organisation in question mainstreamed components of M&E into all their projects, programmes and activities. There was not a clear objective for M&E and thus it was fitted into their work in hindsight.

Another organisation appeared to mix up the notion of case management or treatment planning with ToC. They discussed their ToC in light of their day-to-day planning tools for clients. The results of this are that, while the ongoing daily activities and treatment planning continues, there appears to be no strategic goal that this organisation is aiming towards.

Additionally, one participant mentioned that they found it difficult to be “constantly changing” their M&E system to match donor requirements, indicating that they need to re-focus on their ToC, and ensure that their M&E fits into this, and that the donor organisations are clear about what the ToCs of this organisation are.

Yet even though most participants did not directly relate this discussion to the overall goals of the organisation, there seemed implicit consensus to move in the direction of aligning M&E aims with those of the organisation.

Evaluation

In this report, evaluation is divided into formative evaluation and impact evaluation. Formative evaluation refers to a method of judging the worth of a programme while the programme activities are still in progress. Impact evaluation refers to “the attainment of development goals of the project or program, or rather the contributions to their attainment.” (OECD, 2013). It looks at whether or not a programme is making the difference that it would like to achieve.

Two participants inferred how M&E has assisted with their formative evaluation yet progress needs to be made across the board regarding impact evaluation. Indeed, it is the nature of M&E for this work (impact evaluation) to be ongoing – M&E work, when done well, enables improvements to services and clients' well-being.

Much of the current evaluation in M&E occurs through internal and external reporting. For instance, one participant explained how their last quarterly internal report helped plan their work on reparations and compensation. It further allowed them a better understanding of the contextual challenges of working with torture victims. One organisation has regular (normally quarterly) evaluation meetings where the outcomes of the M&E system are discussed, including how it affects organisational work. This participant explained how the quarterly meetings allow for learning and reflection as well as informs changes to be made. With the exception of two, none of the organisations mentioned that they were checking the impact of the work that they are doing. Largely, organisations are not currently demonstrating the effectiveness of what they are doing.

Challenges

Organisations interviewed experienced a variety of challenges. Some of these are manageable and organisations are in the process of addressing barriers to progress (e.g. database improvements and funding), yet others are more difficult to solve (for instance, increasing staff adherence and creating qualitative indicators) and for some participants impossible (assessing how big an organisation's knowledge gap is). It is hoped that this report will help torture prevention and rehabilitation centres adjust their approaches to attempt to solve these challenges, and create a space for sharing best practice in order to resolve complicated problems.

Office context and M&E initiation

"Those who are educated don't have interest in the nitty gritty"
(Participant)

The above quote was stated in the context of some "educated staff" not being interested in the day-to-day work of M&E, which halts documentation and eventual learning and reflection. For this organisation, M&E was seen as being done for the sake of donors and not having intrinsic use for the organisation. Because inputting information was often done by administrative staff members, and the language and jargon of M&E were at odds with the language of these people, this caused frustration on the part of the administration staff. Additionally, neither the educated staff who needed to engage with the information captured, nor the administrative staff capturing the information saw the utility of the M&E system beyond the donor funding.

Even though M&E includes collecting and reporting information, four of the six participating organisation class the training they do on M&E as part of M&E. This includes training of staff members on how to document information and improve the service they give, using information gained from M&E.

In interviews, when it was evident that good M&E work was being done, it was equally evident that there was staff adherence and 'buy in' to the M&E system. Organisations explained improvements in their systems yet still mentioned truculence among staff members. One participant explained the initial barrier of staff seeing M&E as a "fault-finding mechanism." They said that it was hard to convince staff of its merits due to it being donor-initiated.

Another participant discussed a lack of support for M&E as the bulk of forms and reports are written by the programme officers and might not be used by all staff. They emphasised how the process "needs to be supported by all staff" and how addressing this is a challenge. Another interviewee

discussed similar issues, saying how they fear some organisations that do such work just pay lip service to M&E. This stagnates the development of the discipline as well as the work of the organisation. A similar sentiment was expressed in a conversation with a participant, who problematized how human rights workers (both in their organisation and in others) are not invested enough in M&E and the barriers this builds for progress. They stated that many “haven’t appreciated the potential” of M&E.

To a varying degree, in all organisations, attitudes of staff towards M&E were termed a challenge. One participant discussed some staff attitudes blocking their adaptation to new ways of handling data and doing their job, stating “change happens with every person.” Another participant referred to the adherence to M&E being dependent on each counsellor, meaning there was inconsistent reporting due to inconsistent adherence to M&E. As mentioned above, there are negative implications in reporting due to incomplete datasets, since it does not truly reflect what is happening within the organisation. It is essential that ways of ensuring that all clinicians adhere to the M&E system are created and monitored regularly.

Capacity

“Limitations are always the fear of both the victim and the evaluator...”

(Participant)

Capacity was discussed by many of the organisations as being a need still to be fulfilled in their organisations. One participant explained the “phenomenal amounts of information” that result from monitoring yet the insufficient capacity to analyse it. An increase in staff with more qualifications and expertise was stated by the participant as an ideal way to rectify this. Even though dealing with large amounts of information is challenging, the collection of such a large quantity of information is an achievement. On whether their organisation had achieved its goals, a participant ranked their success on a scale of 1 to 10 at 5. They stated how they see a great deal of potential through M&E and various multiplier effects which have not been wholly utilized yet. Capacity building was raised as a way to improve this, allowing the organisation to develop critical indicators and capture important detail. Training was discussed in this context, yet it was emphasized by the participant to be designed not “from theory but from practice.”

One participant stated that funding for personnel for data management was difficult. This participant argued that they “hit hard with contributions to data management” as these staff members are expensive but the work that they “needs to be kept intact, since they could not afford to lose their dedicated trained staff”.

Knowledge gap

“A lot of us need to learn”

(Participant)

Linked to capacity was an indication of knowledge gaps in some organisations. Limited knowledge capital was discussed by a participant in their explanation of the retirement of the staff member with the greatest M&E knowledge in that organisation. The impact of this was a great knowledge loss to the organisation. Another member of an organisation contacted by the CSVr to be involved in the scoping exercise refused to participate due to insufficient M&E knowledge. Three other organisations expressed a lack of sufficient statistical knowledge to analyse quantitative measures, one participant stating “It feels a bit like I’ve been thrown in the deep end”.

Interviews with participants reveal that there may be a lack of sufficient M&E knowledge within their organisations. A participant stated “The big problem is the need to have more knowledge about M&E as an organisation.” Even though this participant said that in-house training will help, the participant was unsure how to fully address this challenge. This was explained as a significant challenge since, if problems are not addressed they “will repeat themselves” (participant).

A common theme throughout interviews was that M&E can have both intended and unintended outcomes. Both of these have the ability to improve the work of the organisations (Morra Immas and Rist, 2009). Intended outcomes refer to the achievement of M&E goals while unintended outcomes cover a wide range of positive outcomes not foreseen by the organisation and M&E officer. Yet the above mentioned knowledge gaps hinder the work of intended and especially unintended positive outcomes. The lack of proper documentation and capturing as well as insufficient M&E skills within an organisation means that the process will not be executed to its full potential.

Nature of the work

“We can only do so much to reduce the level of [torture] occurrence”
(Participant)

The nature of torture rehabilitation work brings challenges. A participant explained the difficulty of evaluating effectiveness amid ongoing safety issues. The same participant explained social issues such as the HIV/AIDS pandemic being a barrier to successful work. This statement moves towards two possible outcomes:

1. Changing organisational priorities
2. Understanding the core priorities of the organisation and referring to other organisations if necessary

The first aspect looks at what the needs are of clients and whether this fits into the organisational strategy (and ToCs). From this, decisions need to be made as to whether the organisation should take on these different roles. The second aspect indicates the difficulty that organisations sometimes have in interpreting what their core roles are, and what they should focus on. Should different client priorities become organisational priorities, or are there other organisations out there that are better able to assist clients with these needs? It is worth documenting what other factors affect client’s psychological functioning, legal or medical conditions, and socio-economic factors (depending on the focus of the organisation)? If or when there are factors that impact on the client that are not defined in the organisation’s theory of change and strategy, these factors need to be dealt with accordingly and the client should be referred to ensure that they get holistic care.

For the above-mentioned participant, it was also reported that it is difficult to “chase down” the full client base for M&E purposes. Some of their clients are fairly mobile and may not be prepared to divulge where they are for reasons of safety and security. Relating to whether questionnaires are culturally appropriate the participant discussed fear of the political environment for both the victim and the evaluator which has a definite impact on the efficacy of the therapy and the M&E work done. Some areas are termed “too risky” (participant) for staff to go to. They stated they “can’t keep something in a safe space forever” and that therapy is sometimes just “plaster work” against a greater problem.

This scoping exercise was introduced with a discussion of the theory behind having torture interventions conducted in a safe environment. This sadly contrasts with the reality for many organisations and their clients. Research highlights the difficult nature of torture intervention work (Higson-Smith, 2013) and thus it’s M&E.

Other challenges include use or abuse of services - clients using whatever resources the organisations give for “a free trip into town” (participant). This reminds us of the poor living conditions and resources available to torture survivors, and how they will use any resource possible in order to ensure their survival. Further contextual challenges are explained by another participant when he said “politics [of the country] got in the way” of work. Political decisions can affect the work of the organisations and organisations are unable to control this.

It was indicated that the nature of the work also makes it difficult to develop qualitative indicators. A participant explained that even though they are able to use quantitative indicators, they feel that they are unable to develop indicators to track success of the home visits they make. Thus the participant explained how it is difficult to learn from their work in this context. They further explained how the organisation is still using an incomplete definition of rehabilitation, which leads on to the discussion of knowing how much knowledge an organisation is missing, as well as incomplete ToCs.

Database

“If you do not measure results you cannot tell success from failure”
(Morra Immas and Rist, 2009: 107)

The above discussion in the results section regarding the database and software alludes to various challenges. Insufficient software and poor filing systems greatly hinder the success of M&E work. It is possible that this, as well as insufficient M&E knowledge capital, accounts for much of the above mentioned knowledge gaps in organisations. If information is not gathered adequately and housed safely it is unlikely learning will occur in a way that would be helpful to the organisation. Further problems include unreliable internet connections and the impact this has on inputting data.

Donor requirements: external requirements

“None of us live in boxes, nothing’s linear”
(Participant)

Half of the organisations put a lot of emphasis on donor requirements and the contrasts between internal and external reporting. The quote above came from a participant who expressed discontent at the donor’s expectation of “linear reporting” (reporting based on “logical frameworks” and /or reporting on numbers rather than qualitative information that show change in the organisation). For this organisation, the “linear reporting” is not possible or practical. The organisation has found it difficult to be “constantly changing” (participant) their M&E system to match donor requirements. This participant explained how the organisation felt that it was “counterproductive” to write a number of progress reports (external reporting for donors) with nuanced requirements of structure and content for their different donors. Additionally, another participant explained how donors and external actors “...asked for M&E without asking what it does” emphasizing that M&E is “not just numbers.”

However, these two difficulties lead to the point that it is essential that organisations are able to account for how public funds are used, and donor organisations need to be able to tell the public where and how their money was spent. Typically, donor requirements are agreed upon at the start of a contract, and will include areas such as an age and gender breakdown of clients, and some assessment of impact – usually determined by the recipient of the funds. The difficulty comes in when different donors have different reporting requirements. For example, the age breakdown for one donor organisation may be different to the age breakdown that another donor organisation requires. It may be worth the prevention and rehabilitation organisations negotiating the requirements for reporting at the beginning of the project and/or re-negotiating them during the project if the donor reporting is too cumbersome.

The topic of donor requirements goes back to what one organisation mentioned about reports being done “at the touch of a button”. Reporting should not be viewed as that simple or that quick. However, if all information is correctly recorded in the database, then all donor requirements should be attainable within a reasonable amount of time. If it is not, negotiations with donors should be considered.

The above section clearly indicates that further communication is needed between the donor and the recipient organisation about why the numbers are important, who needs these numbers and why they are essential for accountability purposes. Additionally, it would be useful to discuss and negotiate if, or when, a recipient organisation feels that they cannot meet donor requirements or why, and what changes need to be made in order that the recipient organisation feels that the heart of their work is being read and understood.

Another difficulty with donor reporting was stated by one organisation who reported that for the “last report only one donor acknowledged receiving it”. This statement further indicates why communication is important. It is frustrating to spend a lot of time and effort on reporting when it is not clear that it is being read and/or what will be done with the information once it has been received by the donor organisation.

Funding

Too often centres are understaffed and underfunded, and M&E is not prioritized on the funding trajectory. One participant explained the need for further M&E training within their organisation yet the organisation did not have sufficient funds for this. An M&E team with insufficient capacity highlights the inadequate resources being allocated in this direction. A reason for sporadic and insufficient data checking and cleaning was levelled at the lack of staff/capacity within the organisation. One organisation had an M&E officer running all aspects of their M&E without having a chance to assess progress and facilitate learning.

This leads to the question of whether M&E is underfunded because it is not prioritised by grant recipients or donor organisations. If M&E, as suggested in this report, is not prioritized by all organisations, it is possible that the recipients do not budget M&E adequately in their funding proposals, or only include it as an “add-on”, rather than having it as a priority area.

When asked how much budget was assigned to M&E (including staff salaries, consultants, equipment such as computers and software programmes and training needs), only three organisations responded. One organisation stated that they budgeted approximately 20% of their total budget for M&E staff, activities and analysis. This participant stated that while they do not write budgets specifically containing M&E budget lines, the figure of 20% includes the time of the M&E staff, IT staff, data manager, programme manager, as well as maintenance and design of the M&E system and software needed.

Another organisation indicated that they spend approximately 10% of their project budget on M&E staff, activities and software. However the overall organisation’s budget for M&E is lower (estimated at between 5 and 8%). The last organisation indicated that none of their current budget goes towards M&E activities at present.

While it is assumed that as M&E systems are implemented and ongoing, less money is needed for set-up, equipment, consultants and so forth; while more money is needed for capacity for analysis. However, the variation in budgets indicates how much importance is placed on M&E activities in the organisation. Largely more successful M&E will come from organisations that prioritise M&E more (both financially and in terms of management and staff buy in).

Separate to the funding of M&E equipment and staff capacity are specific activities that can continue and/or shed light on the torture prevention and rehabilitation field. One organisation stated that they had been working on a collaborative tracking system, however, they were having difficulty “to find more funding to continue hosting this critical tool”. This participant says that if donors want the critical, relevant and important information that this tool can give, they need to support the system”.

Achievements

“It makes life very easy”
(Participant)

M&E can have direct and indirect outcomes. The above quote came from a discussion that mentioned the intended and unintended positive outcomes that can arise from M&E. Unintended outcomes show the potential that M&E has to improve an organisation’s functioning in ways that were not planned, and intended outcomes show the strength of M&E as a discipline.

On a results-based M&E system Morra Immas and Rist (2009) emphasised the necessity for continuous development. They state “It must receive continuous attention, resources, and political commitments. It takes time to build the cultural shift, but the time, effort and rewards are worth the effort” (2009: 134). Three participants interviewed emphasised their M&E work as being a process. One participant described their work as “ongoing” as that they were “constantly trying to improve the quality of data collection, the validity, the cross referencing...” in order to improve efficiency. This relates to progressing towards positive impacts¹² and impact evaluation more broadly.

Another participant explained how well M&E goals aligned with the organisation’s goals, part of which are “...understanding violence in order to prevent it” showing the ongoing process of both M&E and torture rehabilitation work.

General progress

Four organisations felt that they were better equipped to understand the consequences of torture and how to assist torture survivors because of their M&E system. M&E assists in understanding what torture looks like within the centre and to evaluate whether their services assist the clients.

Regarding progress of M&E within their organization, one M&E officer stated that it is “discouraging work but [they are] making steps.” Another participant explained their M&E outcomes were used to feed through to peer organisations that do similar work.

Defining an organisation’s impacts as relating to strategic goals is seen in an organisation using M&E data for advocacy purposes and to “make noise about certain issues” (participant). The same organisation explained how M&E allowed for press releases to be written quickly in response to an act of violence, etc, due to the information gathered on the database.

Even though the above discussion shows challenges regarding donor requirements, one participant claimed external reporting made it far easier to cost the running of the organisation. The participant explained how the M&E system made it critical to capture figures (not done before) and how this gave the organisation new ideas.

¹²“Long-term changes that result from an accumulation of outcomes. Can be similar to strategic objectives” (organisation document on M&E, supplied by participant)

Adherence to the M&E system

All organisations reported increasing staff adherence to M&E systems. One participant explained the success of M&E training and referred to increasing M&E 'buy in' as a "step by step" process. This was echoed by another participant who explained the paradigm shift in the organisation, of moving from perceiving M&E as "fault finding" to something more positive. This participant stated "slowly slowly the attitude is changing". Over the course of four years another organisation tracked M&E adherence from approximately 20% to between 80-90%, the participant stating "people are seeing the value from it" as well as emphasizing the importance of "feed[ing] back information" to staff. The challenge of staff preferring the "old way" of operating was overcome through increased staff involvement (participant).

Another factor that two organisations indicated was important for increasing staff adherence was management support. A participant explained how a great deal of their M&E success is accounted by management support. The management valuing M&E meant that practitioners adhered to the process from the start. This is echoed by the second organisation, the participant stating that if the management did not have a positive view of M&E then it would not work. A third organisation interviewed implicitly showed this as both their M&E officer and organisation head was involved in the interviews. The organisational head constantly emphasised their organisation's, as well as his personal commitment to M&E.

An interesting factor of this is that one of those organisations emphasised that the initial top-down approach to M&E evolving into a more inclusive structure, had the positive consequence of improving relationships between management and staff. This further increased M&E adherence and allowed for stronger analysis. A participant explained that when clinicians were involved in creating the forms and database, M&E outcomes were most useful and adherence to the M&E system was high.

Organisational priorities

M&E was reported as highlighting room for change within the organisation. One participant explained how M&E helped show the need for counselling to be standardized (an example of an unintended outcome). The participant explained the problem of how what with the pandemic of HIV/AIDS in their country there were an assortment of training certificates available (after as little as two weeks of training). Counsellors at this organisation sometimes work with torture survivors who are HIV positive and see firsthand the damage of improper counselling.

Monitoring

As has been discussed, constant monitoring allows for easy costing and speeds up reaction time, e.g. speed at writing press releases. It also allows for speedy report-writing as all data is readily available, especially when appropriate software is used.

A challenge overcome by one of the organisations was encouraging staff who were used to the old system to change their practices, resulting in increased documentation. Reports were explained as easier to prepare by one participant, because of the data inputs. A participant explained how monitoring allowed for weekly rather than monthly reports which helps tease out emerging issues and prompt urgent action "so that [the issue] remains hot in the media." It was also emphasized in this context the necessity to give sufficient time and resources to M&E because of these positive outcomes.

Formative evaluation

Much of the current evaluation in M&E occurs through internal and external reporting. Internal reporting was discussed by a participant as vital to increasing adherence to the M&E system by staff

members. Another participant explained how their last quarterly internal report helped plan their work on reparations and compensation as well as giving them a better understanding of contextual challenges of working with torture victims.

One organisation has regular (normally quarterly) evaluation meetings where the outcomes of the M&E system is discussed including how it affects organisational work, and what needs to be done to meet outcome goals. The participant explained how this allows for learning and reflection as well as informing changes to be made.

A participant explained how the organisation had wanted to “turn digital” and when they did, found storage and reporting was much easier.

Donors as partners

In the above context of ensuring that databases are electronic, funders were termed “development partners” and were involved in the process of electronic record keeping. During the course of the interviews, three participants used a term other than donor to explain their relationship with funders, including ‘partner’ and ‘stakeholder.’ The participants of this report suggested that healthy and active relationships between donors and organisations increased the success of M&E¹³.

External reporting brought a new sort of reflection for one organisation in that just looking at figures was inadequate, which it was before external reporting requirements. If external reporting was not required it is unlikely reflection would have occurred in this way.

Even though the, albeit limited, research conducted through interviews revealed that successful M&E work is not entirely dependent on healthy relationships with donors, two cases of successful M&E work align with an active relationship between the organisations and its donors – including donor participation in the set-up of the M&E systems.

Reporting

Success of both internal and external reporting in part relies on staff adherence with the M&E programme. The greater the adherence to the M&E programme and general buy in from staff, the greater the chance of successful and coherent reporting.

Internal Reporting

Internal reporting is discussed by one participant as being used to decide the next line of action for the organisation. Internal reports are given every three months to the psychologists of this organisation and rely on both the client information and M&E system. These reports include “bio-data” of clients (including demographic information such as age and gender), date and location of intervention, psychiatric condition(s) being treated, severity and number of clients’ symptoms before and after treatment, physical conditions, the possibility of relapse and the potential need for referral. Another organisation gives progress reports monthly. These are given to everyone including support and finance staff as the participant stated M&E is “not just for some staff to use.” These reports categorize the causes, status and conditions of individual clients as well as a breakdown of client status. Different tools for torture rehabilitation are used and each staff member included in the M&E process has the opportunity to contribute the relevant information for the reporting process.

One of the centres which give a variety of assistance combines all information for these services in one report. Data in the report includes the number of clients seen as well as their gender, age,

¹³ Although this alone does not account for M&E success. Successful M&E work was done in an organisation which has minimal interactions with donors.

geographical areas, forms of torture and numbers of secondary victims assisted (families of torture victims). The legal team gives the number of criminal defences, public interest litigation, jurisprudence, policy and legal advice progress in addition to demographic information.

The reports mentioned above are largely based on client information systems, i.e., they detail the individual client's demographics, backgrounds, torture histories, medical, legal and psychological functioning. The purpose of these reports appears to be to provide indications of who is accessing services within the centre, and why they needed these services. It is also to profile what torture looks like within that centre and potentially to extrapolate this to the larger population. For example, when describing the purpose of their M&E/client information systems, one organisation mentioned that it was set as a tool for measuring prevalence of torture by various perpetrators¹⁴.

This contrasts to organisations who report not only on their client information systems but also attempt to see progress through their evaluative system, with no intention to use it to generalize to the larger population. For instance, in addition to reporting on client information systems, one participant explains internal reports occurring on an individual level in the form of client progress reports. Reports often start with a baseline assessment and includes scores that indicate PTSD, anxiety and depression, amongst other tools, from which to track client progress. These reports track whether the client is progressing or changing throughout the therapeutic process. The M&E staff feeds this information to clinicians who then use this information in the therapeutic process. Clinicians use these reports to have a conversation with their clients about the clients' progress; to decide whether to refer the cases to other organisations, or whether to use this information for case management. Decisions as to whether to terminate counselling with clients can be done using the client progress reports.

Similarly, another of the organisations gives reports to track client progress as soon as two assessments have been completed. This is done on average once or twice a month and is sent to internal staff and donors (with annual reports going to partner organisations). Reporting is done using standard medical tracking tools and further depends on hospital updates, if relevant.

One organisation uses the information gathered in order to show the impact of the organisation's services over time. Through the analysis of the tools, this organisation collates information from the database in order to see what impact their services had for their clients. This information is fed back to internal staff and to external stakeholders. Internally, this is used to share and learn from interventions, and inform system changes if the need arises. Externally, this is used in order to better understand what services are provided within that organisation and the impact of the work done.

Five of the organisations interviewed use internal reporting to learn from the work that they are doing. One organisation stated, "Learning is part and parcel of every M&E activity". This participant further argues that they continuously review their operations and projects to adapt to the environment and to improve their operational efficiency.

¹⁴ Organisations often attempt to understand the prevalence of torture within their country based on their client data. This is potentially deeply flawed, since you cannot assume that the information being gathered within a torture prevention and rehabilitation organisation is generalisable to the general population. One significant reason for this is that the clients who access services largely fall into two categories:

- Clients who have such severe reactions to the events that they experienced that they access services out of desperation
- Clients who are functioning well enough that they are able to access services

Both of these seemingly contradictory categories leave out a large proportion of the population and so cannot be generalized to the rest of the country.

The above mention by the counsellor citing that questionnaires are not “user friendly” speaks to a potentially larger problem of different perceptions of what M&E is in the organisation and why it is important. This then points to the utility of internal feedback and the success of reporting.

External Reporting

External reporting is work done by the organisation which may or may not be circulated internally. These reports are typically longer than internal reports and are distributed less frequently. There is general consensus in the regularity of reports. Some donors¹⁵ require twice yearly reports and an annual report, with a few donor organisations requiring quarterly reports. One participant stated they “won’t go beyond quarterly” due to the time that it takes to compile the report. Another organisation explains how they share external reports on their website so that external stakeholders can understand the organisation’s status in between their biannual and quarterly reports. Two other organizations, one of which has a strong relationship with their donors, stated they report annually. The substance of the reports includes whether clients are progressing and details of the services provided.

One organisation terms their external communication as done through narrative reports. Narrative reports include details on the number of clients who are receiving treatment and those who have concluded treatment within the time period; the organisation’s torture prevention activities; statistics on torture prevalence and victims (See the footnote in *Internal reporting* about why M&E cannot assume to provide statistics on torture prevalence); how the organisation measures treatment outcomes; and organisational development and challenges.

External reporting is predominately tied to funding from donors. One organisation has recently undergone funding cuts which meant that reporting decreased - the participant explaining this as a loss for the organisation. This viewpoint resonated with another organisation that implied that external reports brought a similar degree of reflection for the organisation as the internal reports. This leads on to the question of whether there is any overlap between internal and external reporting.

One organisation showed a clear overlap between internal and external reporting, sending its donors the internal reports. Conversations with this participant showed that there was a strong relationship with donors as well as an almost complete ‘buy in’ to the M&E system from staff. Another participant described M&E work in the following way, “...what we’re doing in day to day work is M&E.” Thus even though the participant described how people were scared of the jargon of the M&E, reporting on the work brought an important awareness to the work being done.

Evolution of the M&E system

“Changes are going to happen with knowledge and acquiescence” of the M&E system
(Participant)

Evolution and change are an important part of M&E. A participant explained how they have bi-monthly meetings and review the M&E system every three months, illustrating the constant change of the process. This serves as an example of the action-reflection-action cycle inherent to M&E, with these meetings providing the space for reflection which affects the next action step. The same organisation’s M&E document explained “Monitoring and Evaluation [as] a living system which constantly changes to suit the operating environment.” An organisation’s M&E programme may likely need to change as the organisation expands and diversifies its objectives.

¹⁵ Not all external reporting equates to donor reporting, even though a substantial amount of it done at the organisations interviewed is. External reporting can be used for peer learning as well as to report to partners in the field.

One participant explained how they are always “tweaking” their M&E questionnaires in response to new issues that arise. On what they would change about their M&E system if they could, one participant said that they hoped only to “keep updating the process as the need arises...” Two participants explained the growth of the organisation from being run by one or two staff to more. As staff expanded there was greater need to document information as work was decentralized to a bigger group of staff.

As an organisation’s agenda expands so too does evaluation (Morra Immas and Rist, 2009). One participant stated “There are always new issues arising.” Evaluation of work done is contingent on the sort of issues discovered. Additionally, as the content of M&E work changes so too does the role of the evaluator and M&E officer. As mentioned above, five participants described their M&E work as a process. One participant explained how they intend to keep engaging with and refining the work, stating “at the end of the day it’s about the impact.” Another talked of the evolution of their M&E system, citing an example as the complete overhauling of the programme a few years after its inception. This included not only torture clients being given the instruments but also changes to the instruments to make them more culturally appropriate. This organisation aims to have their clinicians improve as their services do, and vice versa. In this context M&E is posited to help plan for improving systems and structures of the organisation.

Evolution of the system also changes because of external factors and events. For instance, the face of torture may change. One participant explained this by tracking a distinct difference in income and age of torture survivors over the years, contingent on political context of the country. Two other organisations discuss a strong presence of refugees and asylum seekers who were tortured in their country of origin being assisted by their clinics, as well as clients tortured in the country of the organisation (both citizens and refugees/asylum seekers). These groups of tortured clients are made up of a variety of people including hawkers¹⁶ and sex workers, and unemployed citizens.

Recommendations

“Evaluation extends beyond the boundaries of any singular organisations. A good evaluation study can have positive spillover effects throughout the development community. Development evaluation has the characteristics of an international public good”

(Morra Immas and Rist, 2009: 1)

Even though this research is only a step towards better understanding of the M&E done in torture rehabilitation centres in Africa, it is possible to make some tentative recommendations both to organisations involved and those who do similar work. Not all recommendations listed below will apply to all organisations, thus it is suggested that they be read with a clear understanding of the organisation and its context. Some of the recommendations are specific suggestions, yet the majority is broader and relate to what the research findings dictate regarding achievements and challenges in M&E. One paramount recommendation that transcends all forms of torture assistance, is to consider the needs of torture survivors throughout the M&E process design and implementation

Meeting ethical requirements

Considering that there is an ethical responsibility for practitioners to document their work and assess their clients, overseeing adherence should be the role of both a qualified M&E officer as well as a technical supervisor and /or manager. Having administrative and financial staff members or other staff members oversee adherence is problematic since information captured in the documentation process can be highly sensitive both to the victim of torture as well as to the

¹⁶ People who sell goods on the street

practitioner who may be documenting delicate and complex information about interactions between the practitioner and the client.

How and when people capture data (see page 16) is up to the discretion of the practitioners: This is problematic for a number of reasons. Firstly, as emphasized above, all practitioners have an ethical responsibility to document their work, and to assess how they and their clients are progressing over time. Secondly, there are consequences to reporting on incomplete datasets. If only a portion of clients are being reported upon, then the organisation cannot say for sure what the impact of their services over time is. It is misleading to state that there has been a shift in client functioning or psychiatric conditions over time when this is only given for a small, and non-random, group of clients.

Reflection within the organisation

- The Monitoring and Evaluation goals need to be directly linked to the goals of the organisation
 - M&E is an essential tool that is used to assess and/or demonstrate whether or not an organisation is meeting its goals. For this reason, it is essential that an organisation has a clear theory of change, and that the M&E is aligned to these goals.
- M&E is, and must be, a continuous process. This relates to the use of data outcomes and the prospect this has for organisational change
- Reflection must be done constantly to assess programme efficiency, including how well resources have been used and how to improve services to torture survivors
- Reflection must be directed on four things, (1) what can be obtained from M&E; (2) what changes are needed for the system to improve outcomes of (1); (3) whether the M&E goals are focused on what the organisations wants to learn; and (4) the extent to which M&E goals reflect the goals of the organisation as a whole
- All facets of an organisation's work and/or the project goals must be considered during reflection in order to maximize the benefit of time spent on M&E

"Evaluation must sometimes take a big-picture view. Doing so means going beyond a single project, programme, or policy to also evaluate related projects, programmes, and politics" (Morra Immas and Rist, 2009: 416)

Evaluating challenges

- Challenges should be assessed and divided into categories, including solvable and unsolvable/insurmountable challenges
 - Measures should be adopted through either a process of internal or external reflection (for example, including the assistance of a consultant or peer learning organisation) to address solvable challenges
 - There must be constant conversation as to lessen the effects of insurmountable challenges. Continued awareness of these challenges brings organisations one step closer to addressing barriers to their work

Analysis

- Efforts must be made to increase organisational capacity to analyse data
- Some degree of analysis must be included in the external reporting process either through changes to the report or staff meetings in order to ensure that benefit is felt both internally and externally.
- Information from analysis should be fed back to staff members (and potentially clients) to ensure that the M&E process is seen as important and useful

M&E as improving client services

- M&E must be viewed as a way to improve services. A possible way of doing this is introducing some degree of feedback to clients, the results of which are used to fine-tune instruments, etc. This can be done in two ways:
 - An evaluation form for the clinician and/or organisation
 - Some kind of client feedback reporting in which information analysed in the M&E system is used to show the client how they are progressing over time.

Increasing adherence to M&E

- All necessary staff must be included to some extent in discussions of M&E¹⁷ implementation, to increase adherence and 'buy in' to the programme. Spillover effects of this include the creation of new ideas to improve the system (one of the goals of M&E)
- Ensuring adherence to the M&E system is essential to the running of M&E. Without gathering information, it is impossible to analyse and feed information back to staff. Systems should be set up to track adherence to the M&E system, and measures be put in place to ensure that these systems are followed

Internal information feedback

- Information must be fed back to staff to show the value of M&E work
- Feedback may include the refining of internal reporting systems

Training

- Efficacy of training on M&E must be ensured by follow-up sessions
- Anonymous staff feedback after training may alert organisations of ways to improve training

Continual planning

- The M&E system should never be seen as complete. Organisations must be open to, and reflect on, potential changes to improve the system
- Evolution of the system should occur if/when the torture context changes, including new victim demographics and new issues. The system can show these contextual changes and should be changed to accommodate these if necessary (and if these changes will improve service provision)

Management support

- Management buy in and input is necessary throughout the process in order to ensure a well run M&E system
- If management is not supportive of the M&E system, effort must be made to show them the benefits of the system

Human resources

- The M&E process should be centralized to a single unit in the organisation but supported by all staff
- It is vital that each organisation has an M&E officer/evaluation manager to ensure the running of M&E systems, analysis, feedback and reporting

¹⁷ Even though it is important to involve many staff members in the design of M&E, it is likely that not all staff members need to be involved in this process

- The M&E officer/evaluation manager must have a commitment to and understanding of M&E, the capacity to plan and good interpersonal skills
- The individual or organisational unit for M&E must have sufficient M&E knowledge and analytical know-how (both qualitative and quantitative)
- M&E knowledge must not only be housed in one unit or individual. Each staff member should understand the M&E systems and processes and the database well enough that M&E is able to continue until someone is found to replace the M&E officer if necessary. In this way, in the event of the loss of staff, the M&E process can continue as knowledge capital is shared (this relates to staff training)
- If there is insufficient staff to perform all M&E tasks, an intern programme could be introduced allowing for twofold benefits:
 - M&E work is done more regularly and more completely
 - Capacity and knowledge is given to a graduate or competent individual who is lacking in work experience

Instruments

- Instruments and tools must constantly be assessed to ensure they gather all necessary information and are culturally and contextually appropriate
- Questionnaires and forms must be user-friendly for staff and clients, helping to increase adherence and buy in

Reporting

- Reporting should go beyond donor reporting to ensure that information and best practice is shared between organizations
- Learning and reflection within the organisation should be prioritised when reporting
- Attempts must be made to overlap internal and external reporting. This may have multiple benefits including:
 - Saving organisational time
 - Increasing staff buy in and adherence
 - Increasing reflection time
 - Understanding donor requirements and improving relationships between donors and organisations

Database security

Data security should be of top priority to all organisations. If using online web or cloud-based products such as Mydropbox should be carefully considered before use since many cloud-based products are not secure. For this reason they should only be used if all identifying information is taken out of the database and all files are encrypted.

Donors/partners

- Efforts must be made to improve the relationships between donors and organisations. This can be done through increased conversation and donor involvement
- The evolution of relationships between organisations and donors is part of the M&E process and must be accepted as such. Donors may change requirements and desire to increase or decrease their financial role and/or consulting role. Antagonism in response to such changes stagnates the development of relationships

Partnerships and relationships

Partnerships are recommended to improve M&E work. This means reaching out to other organisations in the human rights sector to share and learn. Organisations often only capture data that reflects their area of interest and thus improved relations will allow for data and information sharing

- Sharing achievements and challenges should lead to improvement of each organisation's services as well as potentially learning ways to better handle knowledge gaps
- Increased discussion both within and between organisations should occur. Problematizing challenges and achievements is a good premise on which to structure future work.
- Various organisations are involved in coalition groups. M&E must be developed to track and improve the work done in these groups

Future research

- It is recommended that future research be done on the outcomes of this exercise. This includes asking similar questions to the organisations interviewed over the next few years to track what achievements and challenges have changed since the recently conducted interviews
- Research on how donors see their role and how relationships could be improved between organisations and funders would provide further information on bettering M&E systems
- A follow-up study that focuses on how clients experience the instruments used, including their cultural and language appropriateness is recommended in order to further understand the impact that assessments have on clients and whether they can be made more appropriate in our contexts
- Further studies and / or another scoping exercise on the Theory of Change in organisations in the region should be conducted since this report asked about this area very superficially and it is essential for the running of an organisation that some form of ToC is focused on.

Conclusion

It is hoped that this report will be useful for both organisations who took part and those who did not, to help learning and reflection on their M&E processes with the end of goal of improving services to torture survivors. Even though this study has methodological barriers including number of organisations involved, it is still possible to learn and reflect from a small sample. All organisations interviewed were positive about being involved and the potential learning outcomes of the exercise. Indeed, all organisations stated that they appreciated the chance to reflect on their M&E during the interview. Even though this research was originally termed a scoping exercise it has included a section on recommendations, partly due to the desire for this from participants.

The report emphasises the difficult nature of the work and how the context in which organisations operate can be a great challenge. It also shows that not all M&E work done can be termed 'good' or having positive impacts on organisations, as at times staff members just 'go through the motions' without aiming for learning and reflection. This report shows the importance of staff 'buy in,' management support, some overlapping of internal and external reporting (often seen in the form of healthy relationships between donors and organisations) as well as the necessity of an M&E officer as being important elements for M&E success. The participation of two organisation Heads bodes well for the future of management support in M&E, at least in these organisations.

The report gives an introduction to problematizing achievements and challenges in M&E in torture rehabilitation work. Improving M&E and reaping its benefits involves a committed approach of training reforms and a willingness to adapt to new systems. The needs of torture survivors must be remembered at all times throughout the M&E process and manifest in instruments used. The

question of how best to interrogate the M&E of both your own and other organisations should be asked, to ensure torture survivors are given the best possible assistance to carry on with their lives.

Appendix:

Questionnaire for scoping exercise

1. Brief history of the M&E system

- 1.1. When did you set up the M&E system (year)
- 1.2. Why did you set it up initially?
 - Was it donor-initiated
 - Was it organisation-initiated
- 1.3. What did you hope to achieve when you designed and initiated the M&E system?
- 1.4. Do you feel that you have achieved these goals?

2. Design of the monitoring and evaluation research systems

- 2.1. Who was involved in setting up the M&E system (Including, but not limited to, internal staff – therapeutic / clinical staff and/or management; internal M&E staff members; M&E consultants; researchers; any other staff)
- 2.2. Who was involved in the design of the measures (tools) of the M&E system
- 2.3. What theory of change do you intend to see with your M&E system?

3. Use of appropriate measures

- 3.1. What are the things you measure?
- 3.2. What instrument(s) do you use?
- 3.3. Do you feel that these questionnaires give you the information that you are attempting to gather?
- 3.4. Do you feel that these questionnaires are culturally appropriate?
- 3.5. Do you feel that these questionnaires are contextually appropriate?
- 3.6. What – if anything – would you change about your M&E tools/ instruments?

4. Data collection and quality management

- 4.1. How do you collect data?
- 4.2. Who gives the instruments to the clients (for instance, someone trained in giving assessments? The clinical staff? Other?)?
- 4.3. Are the instruments given to every client?
- 4.4. When is the instrument given (for instance, every three months? Every six months? Every six sessions)
- 4.5. What infrastructure supports the data collection?
 - Do you have a centralised data collection system? (Paper? Electronic?)
 - Does this system work for you?
 - What, if anything, would you change about this data collection system
- 4.6. Is there a staff member who checks and cleans your data? What kind of background in data cleaning and checking – if any – does this person have?
- 4.7. How regularly is the data cleaned and checked?

5. Security of data

- 5.1. Who has access to the data?
- 5.2. Is the data in a secure location?

5.3. Is the data backed up regularly?

6. M&E staffing

6.1. Is there dedicated staff members committed to the monitoring and evaluations of your work?

6.2. What qualifications do they have?

- Are they M&E / research specific?
- Other qualifications?

7. Monitoring adherence to the data collection systems

7.1. Who checks that the data collection systems are adhered to?

7.2. How do you ensure that data comes at the specified intervals?

8. Analysing information pulled from the M&E system

8.1. Is there someone in your organisation who has appropriate statistical knowledge to analyse quantitative measures?

8.2. Is there someone with appropriate knowledge to analyse qualitative measures

8.3. Is there appropriate software to analyse quantitative and/or qualitative data? What software is used?

9. Reporting of information

- **Internal**

9.1. Is clinical staff provided with regular reports on client progress? If so:

- What do these reports include?
- How often are these reports given?
- In what ways are these used for clients?

9.2. Are regular reports of client data compiled and disseminated to internal staff?

- Who are they given to?
- In what way are they used?
- What do they include?

- **External**

9.3. How do you report to your external stakeholders?

9.4. How regularly do you report to your external stakeholders?

9.5. What do these reports include?

10. Any other comments / challenges / achievements that you would like to describe

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