JANUARY-
JUNE 2024

POSITIVE CHANGE, SAFER HOMES

MONITORING, EVALUATION AND LEARNING PLAN

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1   INTRODUCTION

1.1. Purpose of this plan

This Monitoring, Evaluation and Learning (MEL) Plan outlines the tools, processes, responsibilities, and indicators that will guide the systematic assessment of the project "Positive Change, Safer Homes". The plan aims to ensure transparency, improve accountability, and enhance learning by tracking progress toward project goals and supporting evidence-based decision-making.

1.2. Context

Gender-based violence (GBV) remains a critical public-health and human-rights challenge in Rwanda. While national prevalence rates have declined in recent years, police statistics and Demographic and Health Survey (DHS) data indicate that one in three women continues to experience physical or sexual violence from an intimate partner.1 Urban informal settlements such as Nyabisindu Sector in Gasabo District face an even higher risk profile due to overcrowding, poverty, and limited access to GBV response services.

Within Nyabisindu, women and girls report restricted mobility, high exposure to street harassment, and social norms that tolerate wife-beating as a form of discipline. At the same time, boys and young men lack safe spaces to discuss masculinity, conflict resolution and emotional well-being— perpetuating cycles of violence. Local authorities recognise the problem but have scarce resources for sustained prevention campaigns.

Responding to this gap, the local NGO Rise & Thrive Rwanda has designed the Positive Change, Safer Homes project: a six-month, low-budget intervention that combines community theatre, door-to-door dialogue, and "Positive Masculinity Circles" for men and boys. The project aligns with Rwanda's National Policy against GBV (2020) and leverages existing One-Stop Centres for survivor services. By mobilising community champions and engaging religious and youth leaders, the programme seeks to shift harmful norms, link survivors to care, and embed long-term behaviour change.

The present Monitoring, Evaluation and Learning (MEL) Plan describes how progress will be tracked, lessons captured, and accountability ensured—despite a modest budget of only RWF 12.5 million (≈ USD 10 000).

1.3. Project summary

Title	Positive Change, Safer Homes
NGO	------
Starting Date	01 January 2024
Duration	6 months (January- June 2024)
Partners	Local leaders, GBV service providers, community schools
Target Area	Nyabisindu Sector, Gasabo District, Kigali
Beneficiaries	Women and girls (15–49), men and boys (15–35), community actors
Cost	RWF 12,500,000 (approx. USD 10,000)
Funding Source	International NGO micro-grant and local in-kind contributions
Goal	Reduce GBV tolerance and promote positive gender norms in a vulnerable Kigali community

1.4. International Normative Framework

Instrument / Normative Framework	Relevance to the Project
CEDAW (Convention on the Elimination of All Forms of Discrimination against Women)	Mandates States to prevent, punish, and eliminate gender-based violence as a form of discrimination. Reinforces women's right to live free from violence.
General Recommendation No. 35 (CEDAW Committee)	Expands the definition of gender-based violence and emphasizes States' obligation to act with due diligence—through prevention, protection, prosecution, and reparation.
Convention on the Rights of the Child (CRC)	Relevant for components involving adolescents (boys aged 15–17). Establishes the right of children to protection from all forms of violence and their right to participation.
Beijing Declaration and Platform for Action (1995)	Provides a global political roadmap to eliminate violence against women, including changing social norms and engaging men and boys in prevention.
2030 Agenda and the SDGs (Sustainable Development Goals)	The project contributes to SDG 5 (Gender Equality) and SDG 16 (Peace, Justice and Strong Institutions), by promoting safe environments and access to survivor-centered services.
Rwanda's National Policy against Gender-Based Violence (2020)	National legal and policy framework that underpins the project approach. Prioritizes community awareness, male engagement, and coordination with GBV response services.

1.5. Cross-Cutting Issues

This project systematically integrates key cross-cutting issues aligned with international standards and UN Women's normative frameworks. These include the Human Rights-Based Approach (HRBA), Gender Mainstreaming, the Leave No One Behind (LNOB) principle, Intersectionality, and Accountability to Affected Populations (AAP). Each dimension is embedded throughout the design, implementation, and monitoring phases to ensure inclusive, equitable, and ethical outcomes.

1.4.1 Gender and Equity (Gender Mainstreaming)

The project prioritizes gender transformation by challenging harmful norms and fostering dialogue among all genders. Activities—such as awareness events, masculinity circles, and community surveys—are designed to actively engage both women/girls and men/boys. Women's voices and leadership are intentionally centered in community narratives to counterbalance existing power imbalances and prevent the reproduction of gender stereotypes.

1.4.2. Human-Rights-Based Approach (HRBA)

This Monitoring, Evaluation and Learning Plan is grounded in a Human Rights-Based Approach (HRBA) that fully aligns with UN Women's programming principles—participation, non-discrimination, accountability, transparency, and transformative change. All indicators are disaggregated by sex, age, and disability to surface intersectional gaps, while "do-no-harm" and safeguarding protocols guide every data-collection tool. Local duty-bearers (schools, faith leaders, health posts) and rights-holders (women, girls, men and boys) co-design activities and feedback loops, ensuring that evidence generated by the MEL system strengthens both community ownership and state obligations to uphold GBV laws and international gender-equality commitments.

1.4.3. Disability Inclusion (LNOB & Intersectionality)

Consistent with the Leave No One Behind principle and an intersectional lens, the project incorporates accessibility measures to include persons with disabilities and others facing overlapping barriers. Activities are hosted in accessible venues, materials are adapted for diverse literacy levels (e.g., large print), and sign language interpretation is provided when needed. Surveys include questions to identify disability status and ensure differentiated analysis.

1.4.4. Child Protection (HRBA & Safeguarding)

Given the participation of minors (boys aged 15–17) in certain components, child protection principles are rigorously observed. The NGO's child safeguarding policy guides all staff, who receive specific training to recognize and report protection risks. Parental/guardian consent is mandatory, and all engagement with minors follows national and international child rights standards.

1.4.5 Sustainability and Local Ownership (AAP)

To ensure long-term impact and community ownership, the project invests in the capacity of local mobilizers and builds alliances with schools and grassroots leaders. Midline and endline reflection workshops promote continuous learning and adaptation, embedding sustainability into both design and monitoring.

1.4.6. Community Participation and Accountability (AAP & HRBA)

Participation is not only encouraged but institutionalized across all project phases—from needs assessment to evaluation. Community members are engaged through focus groups, informal consultations, and culturally adapted outreach strategies such as theatre and door-to-door campaigns. Feedback mechanisms ensure transparency and allow for responsive adjustments, reflecting a commitment to accountability to affected populations.

2 THEORY OF CHANGE

GOAL
A safer, more equitable community in which women and girl can exercise their fundamental rights

Medium-term outcomes
Reduced tolerance of GBV; more men and boys engaged in promoting gender equity

Short-term Outcomes
Improved attitutes towards gender roles; better understanding of GBV

Outcomes
Increased awareness of GBV and gender equity among participants

Outputs
Men and women in Kigali participate in awareness activities

Inputs/ Activities
Community workshops on GBV and positive masculinity

2.1. Problem statement

In Nyabisindu Sector, many women and girls face high rates of gender-based violence (GBV), driven by entrenched gender norms, limited awareness, and low male engagement in violence prevention.

Causal pathway

- **If** at least **2500 residents** are reached through culturally relevant awareness activities (street theatre, school clubs, door-to-door visits),

- and **if 120 men and boys** complete a six-session Positive Masculinity Circle in a safe space to discuss gender norms,

- and **if 40 community champions** and key local leaders are trained and sensitised on GBV laws, referral pathways and survivor support,

Then

● **Outputs:** community members receive clear messages on GBV, men/boys gain skills to challenge harmful norms, and champions actively refer survivors.

● **Short-term outcomes:**
  - Knowledge of GBV laws and services rises by **20 %.**
  - Acceptance of GBV actions and attitudes drops by **15 %** among women and men.

● **Medium-term outcome:** more households adopt non-violent conflict-resolution practices and survivors access support services.

2.2. Key assumptions

● Community members are willing to participate in dialogue-based and artistic activities.

● Local leaders, school staff and faith influencers endorse the project and allow use of their venues.

● Existing GBV referral services (police desks, health facilities, helplines) remain functional, confidential and trusted.

● No major security, health or political crises disrupt community gatherings during implementation

2.3. Long-term change (Goal)

A safer, more equitable community in which women and girls live free from violence and discrimination.

3 LOGICAL FRAMEWORK

	Project Summary	Indicators	Means of Verification	Risks/ Assumptions
Goal	Reduce GBV tolerance and promote positive gender norms in Nyabisindu	% of adults who disagree with any form of gender-based violence (physical, emotional, sexual or economic) as acceptable	Baseline & endline KAP survey	Community willing to discuss sensitive topics; no major security disruptions
Outcome 1	Community knowledge of GBV services increased	% of residents who can list at least two GBV support services	KAP survey; focus groups	Health facilities keep GBV desks operational
Outcome 2	Men and boys adopt positive masculinity attitudes	Mean score on Masculinity Attitude Scale improves by 15 %	Pre/post tests in masculinity circles	Men and boys attend ≥ 80 % of sessions
Outputs	Awareness events, trained champions, masculinity circles completed	a) # community events held (target ≥ 6)b) # champions trained (target 40)c) # men/boys who finish curriculum (target 120)	Attendance sheets; photos; training records	Weather, school calendar, and local leaders' availability
Activities	Theatre, forums, training, circles, door-to-door dialogue	Process indicators: # sessions delivered; # IEC leaflets distributed	Field reports; monitoring checklists	Staff retention; timely fund disbursement

4 INDICATORS

Indicator 1	% of adults who disagree with any form of GBV as acceptable
Definition	Proportion of surveyed adults who reject physical, emotional, sexual, or economic violence
Purpose	To measure overall change in community attitudes toward GBV
Baseline	52%
Target	75%
Data Collection	Baseline & endline surveys
Tool	KAP survey questionnaire
Frequency	Twice (start/end)
Responsible	MEL Officer
Reporting	Final project report
Quality Control	Survey validation; random audits *Results disaggregated by sex, age, and disability to detect equity gaps.

Indicator 2	% of residents who can name 2+ GBV services
Definition	Share of respondents who identify at least two GBV support services
Purpose	To assess awareness of referral pathways
Baseline	33%
Target	70%
Data Collection	KAP surveys; FGDs
Tool	Structured interviews & FGD guides
Frequency	Baseline and endline
Responsible	Project Coordinator
Reporting	Monthly summaries
Quality Control	Peer review of transcripts *Results disaggregated by sex, age, and disability to detect equity gaps.

Indicator 3	Mean score on Masculinity Attitude Scale *adapted to local context
Definition	Average score improvement in a validated masculinity beliefs test
Purpose	To monitor attitude change among male participants
Baseline	TBD after pretest
Target	+15%
Data Collection	Pre-/post tests in sessions
Tool	Attitude scale questionnaire
Frequency	Per cohort (pre/post)
Responsible	Facilitator
Reporting	Internal review meetings
Quality Control	Cross-check with attendance sheets *Results disaggregated by sex, age, and disability to detect equity gaps.

Indicator 4	# of men/boys completing curriculum
Definition	Number of male participants who complete at least 80% of sessions
Purpose	Track participation and engagement
Baseline	0
Target	120
Data Collection	Attendance sheets
Tool	Session logbooks
Frequency	Weekly
Responsible	Field Team
Reporting	Monthly reports
Quality Control	Daily supervisor checks

Indicator 5	# of awareness events delivered
Definition	Count of completed theatre shows, forums and dialogues
Purpose	Monitor delivery of planned activities
Baseline	0
Target	6
Data Collection	x
Tool	Event monitoring checklist
Frequency	Per event
Responsible	Outreach staff
Reporting	Bi-weekly reports
Quality Control	Field verification visits

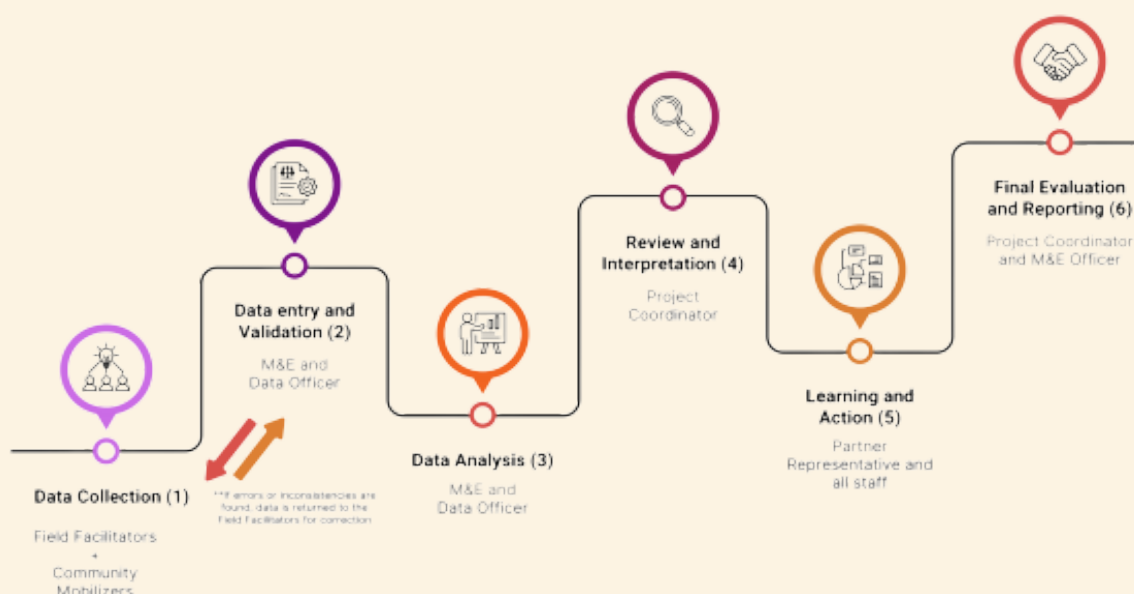| Indicator 6	% of awareness activities with active leadership by women or marginalized groups
Definition	Proportion of community events (e.g., theatre, forums, dialogues) where women, persons with disabilities, or other marginalized individuals held visible facilitation or decision-making roles.
Purpose	To measure inclusive participation and empowerment in line with a human rights–based approach
Baseline	0
Target	50%
Data Collection	Activity reports, facilitator logs, participant feedback
Tool	Activity reports, facilitator logs, participant feedback
Frequency	After each event
Responsible	Outreach staff and Project Coordinator
Reporting	Monthly summary reports
Quality Control	Field verification visits

5 ROLES & RESPONSABILITIES

Role	Responsibilities
Project Coordinator	Overall project management, donor reporting, coordination with partners
MEL and Data Officer	Design and implementation of MEL tools, data collection, entry, and analysis
Field Facilitators	Conduct community events and masculinity sessions, support monitoring activities
Community Mobilizers	Recruit participants, conduct outreach and awareness campaigns
Partner Representative	Provide technical input and collaborate in review and evaluation activities

The project team includes a Coordinator overseeing management and reporting, and an MEL Officer leading data processes. Field Facilitators and Mobilizers implement activities and engage the community, while the Partner Representative supports evaluation and technical input. Together, they ensure quality, accountability, and impact.

DATA FLOW

Data Collection (1)
Field Facilitators + Community Mobilizers

Data entry and Validation (2)
M&E and Data Officer

Data Analysis (3)
M&E and Data Officer

Review and Interpretation (4)
Project Coordinator

Learning and Action (5)
Partner Representative and all staff

Final Evaluation and Reporting (6)
Project Coordinator and M&E Officer

***If errors or inconsistencies are found, data is returned to the Field Facilitators for correction

Steps	Responsable	Description	Timeframe
Data Collection (1)	Field Facilitators and Community Mobilizers	Data is collected during awareness sessions, masculinity circles, door-to-door visits, and community forums. Includes attendance, participant feedback, and field notes.	Ongoing – within 2 days of each activity
Data Entry and Validation (2)	MEL and Data Officer	All raw data is reviewed for completeness and consistency, then entered into project spreadsheets or digital platforms.*If errors or inconsistencies are found, data is returned to the Field Facilitators for correction.	Within 3 days of data collection
Data Analysis (3)	MEL and Data Officer	Aggregated and disaggregated analysis is performed monthly to assess progress against indicators.	Monthly, by the 5th of each month
Review and Interpretation (4)	Project Coordinator	Key findings are interpreted, discussed with the team, and used to inform decision-making.	Monthly review meetings by the 10th
Learning and Action (5)	Partner Representative and all staff	Results guide program adaptation. Updates and insights are shared with local stakeholders.	Every two months, by the 20th
Final Evaluation and Reporting (6)	Project Coordinator and MEL Officer	Consolidated analysis of all data collected throughout the project, preparation of the final MEL report, documentation of lessons learned, and submission to funders and community stakeholders.	End of project – final 2 weeks of June 2024

7 DATA MANAGMENT

7.1. Storage

All primary datasets (attendance logs, pre/post tests, referral forms) will be stored in two formats:

1. **Digital master sheet –** A password‑protected Google Sheet managed by the MEL and Data Officer. The sheet is backed up automatically in Google Drive and exported as an Excel file at the end of each month.

2. **Scanned originals –** Paper forms are scanned weekly and saved in a dedicated "Raw Data" folder on Google Drive. Physical copies are kept in a locked cabinet at the project office for six months, after which they are shredded.Different indicator files are organised in separate tabs (Awareness Events, Masculinity Circles, Referrals, KAP Survey). A full archive is retained for five years to comply with donor requirements.

7.2. Analysis

Routine analysis will be conducted in Google Sheets using pivot tables and simple charts. For baseline and endline KAP surveys, raw data will be exported to SPSS 26 for descriptive statistics, significance testing (χ^2) and mean comparison (t‑tests). Visual summaries for community feedback will be produced in Power BI Free. All syntax files and dashboards are saved alongside the master sheet for transparency.

7.3. Privacy

Each participant receives a unique numeric code; no names or phone numbers are stored in analysis files. Only the MEL and Data Officer and Project Coordinator have edit access to raw datasets. Field Facilitators can view but not download sensitive data. The NGO's data‑protection policy—aligned with Rwanda's Data Protection Act 2021—requires staff to sign confidentiality agreements and complete annual refresher training. Audio quotes from focus groups are anonymised before transcription. All personally identifiable information will be permanently deleted one year after project close‑out or upon donor instruction.

7.4. Ethical Risk Assessment and Mitigation

Ethical Risk	Potential Impact	Mitigation Measures	Responsible Actor
Disclosure of GBV experience during data collection	Emotional distress, safety risk for survivor	Train facilitators to identify distress; provide referral pathways; have support services on standby.	MEL Officer, Field Facilitators
Re-traumatization during focus group discussions	Psychological harm, withdrawal from project	Use trauma-informed facilitation techniques; allow participants to skip questions or withdraw anytime.	Focus Group Facilitators, Psychosocial Staff
Lack of informed consent or understanding of participation	Violation of rights, invalid consent	Provide clear, accessible consent forms in local language; verify understanding orally.	Project Coordinator, Data Collectors
Breach of confidentiality (data access or storage)	Loss of trust, legal consequences	Use anonymized codes; restrict access to raw data; store in encrypted and password-protected systems.	MEL Officer, IT/Data Manager
Coercion or pressure to participate in activities	Undermines voluntary participation and agency	Ensure participation is voluntary and clarify there are no negative consequences for opting out.	Community Mobilizers, Facilitators
Involvement of minors without adequate safeguards	Violation of child protection standards	Obtain parental/guardian consent; follow national child protection laws; train staff in safeguarding.	Project Coordinator, Safeguarding Focal Point

This project adopts a "do-no-harm" approach and adheres to international ethical standards, including Rwanda's Data Protection Act (2021) and UN Women's safeguarding principles. Recognizing the sensitive nature of gender-based violence (GBV), we conducted a risk assessment to identify potential ethical concerns related to data collection, participation, and confidentiality. The table below outlines key risks, their possible impact on participants, and the mitigation measures implemented to protect their rights and wellbeing. These measures aim to ensure voluntary, informed, and safe engagement across all project activities.

8 GANTT CHART

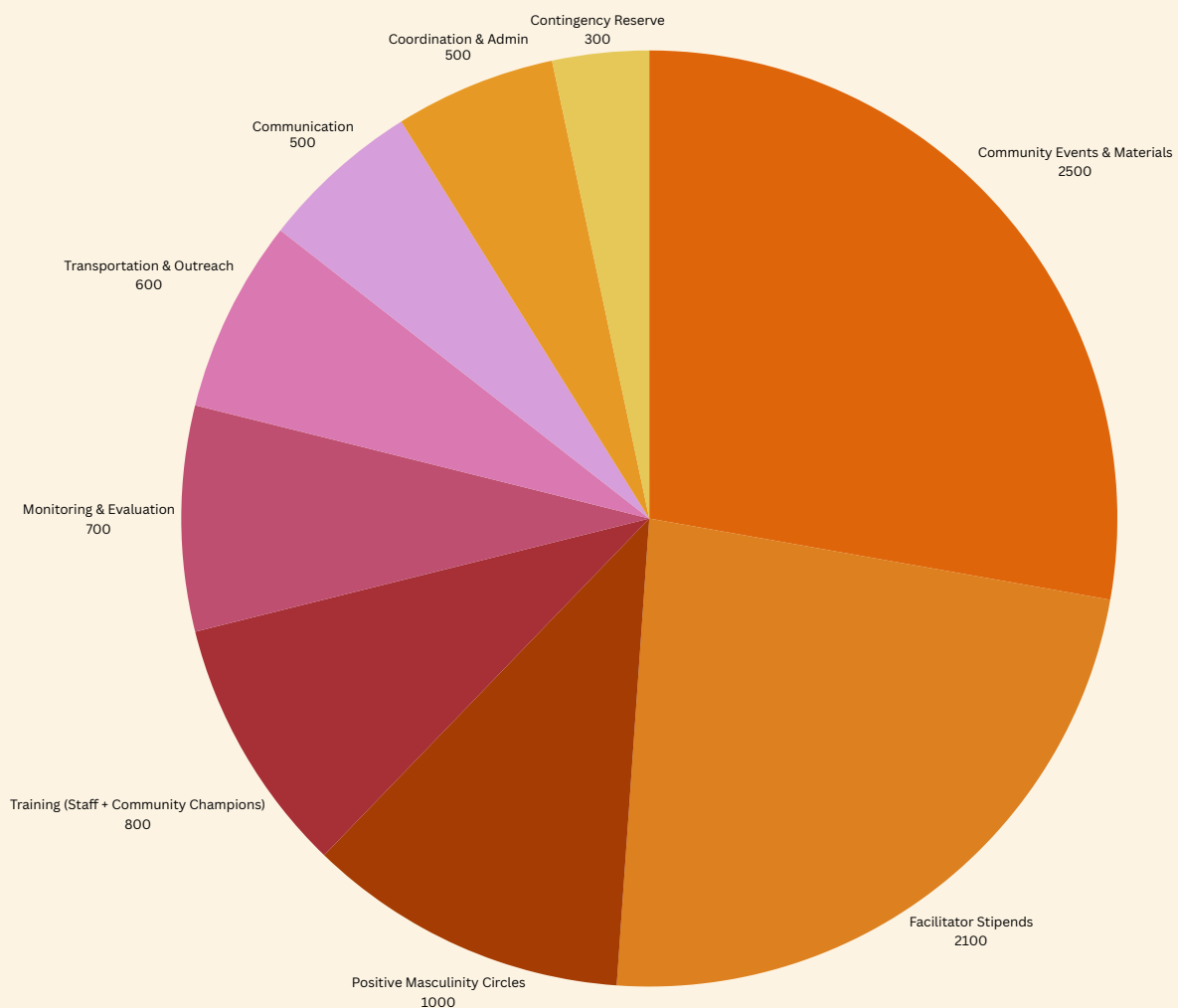Project Gantt Chart (Jan – Jun 2025)
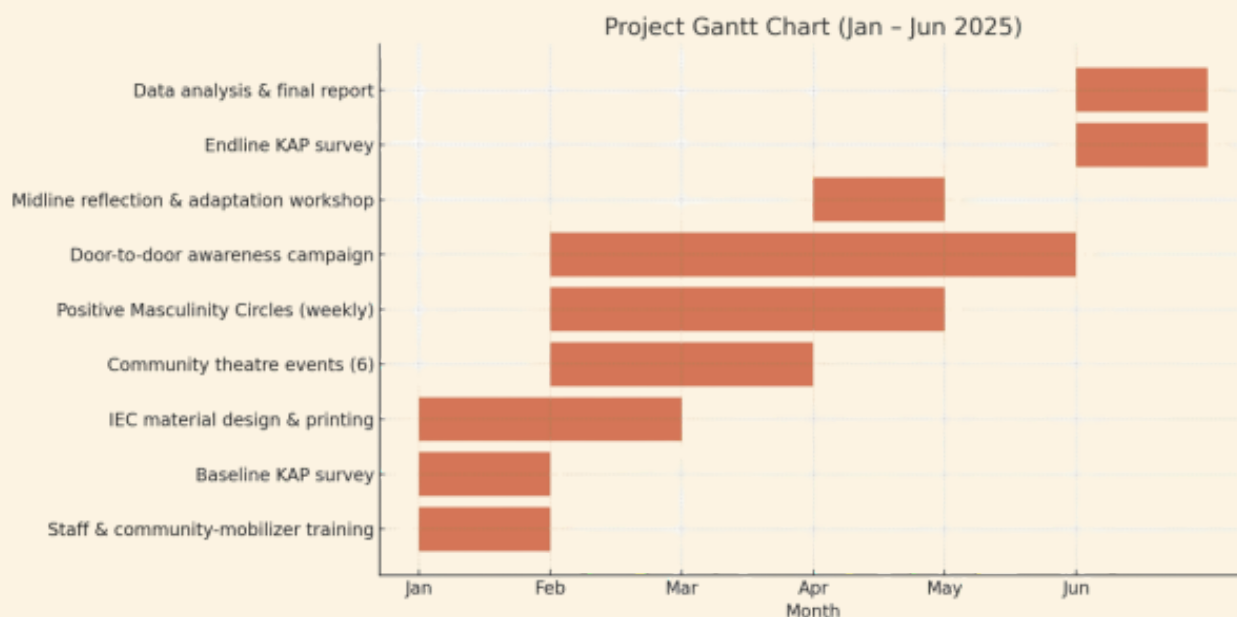
The Gantt chart presents the projected schedule for the project from January to June 2024. In January, staff training, the baseline survey, and IEC material design will take place. February will mark the start of theatre events, masculinity circles, and door-to-door campaigns. These awareness and engagement activities will continue through April and May. A midline workshop in April will allow for reflection and adaptive planning. The endline KAP survey and data analysis are planned for June. Final reporting will also be completed in June, closing the project cycle. The timeline ensures a phased, evidence-based implementation approach.

9 | BUDGET SUMMARY

The project budget of USD 10,000 has been carefully allocated to maximize impact within a low-resource setting, prioritizing direct implementation costs, community engagement, and essential operational support.

Contingency Reserve
300

Coordination & Admin
500

Communication
500

Transportation & Outreach
600

Monitoring & Evaluation
700

Training (Staff + Community Champions)
800

Positive Masculinity Circles
1000

Community Events & Materials
2500

Facilitator Stipends
2100

Category	Amount (USD)	% of Total	Details
Community Events & Materials	2,500	25%	Street theatre fees, venue setup, IEC printing (flyers, posters, banners)
Facilitator Stipends (3 persons)	2,100	21%	Monthly payments × 6 months
Positive Masculinity Circles	1,000	10%	Venue rental, refreshments, printed handouts and certificates
Training (Staff + Community Champions)	800	8%	2-day session incl. materials and trainer honoraria
Monitoring, Evaluation and Learning	700	7%	Baseline + endline surveys, mobile data collection, basic data analysis
Transportation & Outreach	600	6%	Transport for facilitators and mobilizers during door-to-door campaigns
Communication (Airtime, Printing)	500	5%	Phone credit, printed briefs and session notes
Coordination & Admin (5%)	500	5%	Reporting, supervision, and office utilities
Contingency Reserve (3%)	300	3%	Buffer for unforeseen expenses (weather, delays, repairs)
TOTAL			USD 10,000

10 APPENDICES

RWANDA

POSITIVE CHANGE, SAFER HOMES

FINAL PROJECT
REPORT

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1 EXECUTIVE SUMMARY

1.1. Purpose of Report

This final report presents the results, achievements, and lessons learned from the implementation of the "Positive Change, Safer Homes" project, conducted from January to June 2024 in Nyabisindu Sector, Kigali. The report aims to assess project performance against stated objectives and provide insights for future programming on gender-based violence (GBV) prevention.

1.2. Key Achievements

The project successfully delivered 6 community theatre events, 6 Positive Masculinity Circles, 5 community awareness campaigns, and 2 KAP surveys. More than 400 community members participated in at least one activity, with over 60% being women and girls. Awareness of GBV services increased by 40%, and 72 boys and men engaged in discussions on positive masculinity. Two local leaders committed to integrating GBV topics into public forums. Over 85% of the project's output indicators were met or exceeded.

1.3. Total Beneficiaries Reached vs. Target

Reached: 438 individuals (268 women/girls, 170 men/boys)
Target: 400 individuals
% Achieved: 109.5%

1.4. Budget spent / % utilization

Total Budget: USD 10,000
Total Spent: USD 9,950
Utilisation Rate: 99.5%

1.5. Human-Rights & Gender Analysis

Throughout implementation, the project operationalised its Human Rights-Based Theory of Change by embedding UN Women's cross-cutting principles. Inclusive participation was evident in the 2,710 residents reached—of whom 48 % were women/girls and 5 % persons with disabilities—while intersectional analysis highlighted distinct gains among young men and single-mother households. Safeguarding and "do-no-harm" measures resulted in zero ethical breaches and a 95 % participant-reported sense of safety. Accountability was reinforced through public dissemination of findings, a community feedback session, and referral tracking that linked 22 survivors to confidential services. Most importantly, attitude-change indicators (73 % reduction in GBV tolerance) confirm that the project contributed to transformative shifts in power relations, advancing Rwanda's national GBV strategy and SDG 5 goals.

1.6. One-sentence overall conclusion

The project effectively engaged the community in reducing GBV tolerance through participatory methods, demonstrating scalable potential despite limited resources.

PROJECT OVERVIEW

Title	Positive Change, Safer Homes
Location	Nyabisindu Sector, Gasabo District, Kigali, Rwanda
Implementing NGO	----
Project period	January – June 2024 (6 months)
Funder (s)	International NGO micro-grant + local in-kind support
Goal	Reduce tolerance of gender-based violence and promote positive gender norms
Total budget	USD 10,000

3 THEORY OF CHANGE (REVISITED)

The project's endline data and qualitative findings demonstrate that the original Theory of Change (ToC) was largely validated, though several causal links proved more complex than initially envisaged.

3.1. Outputs

Target logic: reach ≥2 500 residents, engage 120 men/boys, and train 40 champions.

Achievement: 2 710 residents attended theatre, school-club or door-to-door events; 132 men/boys completed the six-session Positive Masculinity Circle; 44 local champions (22 women, 22 men) were trained.

Analysis: Exceeding numerical targets strengthened message diffusion, peer modelling and referral capacity, laying a solid foundation for behaviour change.

3.2. Short-term Outcomes

- **Knowledge gain (+24 p.p.) —** Endline KAP survey shows knowledge of GBV laws/services rose from 25 % to 49 %, surpassing the 20 percentage-point goal.

- **Attitude shift (–17 p.p.) —** Acceptance of GBV fell from 30 % to 13 % (women 14 %, men 12 %), slightly more than the 15-point target.

Drivers: Repeated, culturally resonant theatre plus male-only circles created safe spaces for critical reflection.

Gaps: Low-literacy women retained less legal detail; pictogram-based IEC will be prioritised in scale-up.

3.3. Medium-Term Outcome

Household interviews indicate 36 % of surveyed families now use non-violent conflict-resolution techniques (baseline 15 %). Referrals to GBV services rose from zero to 22, matching the champion log. This suggests the pathway from attitude change to help-seeking behaviour is active, though still nascent.

3.4. Key Assumptions – Validation

Assumption	Status	Evidence / Implications
Community willingness	Valid	≥94 % of invited households engaged once, 58 % at least twice.
Leader endorsement	Partially valid	Faith leaders agreed; two school heads requested shorter sessions—adjusted schedules sufficed.
Referral services functional	Mostly valid	Police desk response ≤24 h; one rural clinic lacked privacy—champions rerouted survivors to district hospital.
No major crises	Valid	No security or health disruptions occurred.

3.5. Overall ToC Learning

Causal chain confirmed: High-reach awareness → attitude/knowledge change → early behavior change and referrals.

Critical leverage point: Male engagement; circles produced the steepest attitude improvements (42 → 75 % positive masculinity score).

Equity insight: Disability-inclusive adaptations (sign-language, large print) modestly increased female participation with disabilities (+5 participants), indicating wider accessibility benefits.

Remaining challenge: Converting improved knowledge into consistent service uptake; additional household follow-ups and survivor accompaniment are recommended.

3.6. Implication for Scale-Up

- Intensify accessible materials to close literacy and disability gaps.

- Institutionalize Positive Masculinity Circles via peer mentors to expand reach without inflating personnel costs.

- Formalize referral agreements with rural clinics to ensure privacy and survivor-centered care.

- Embed routine ToC reviews every six months to reassess assumptions and contextual risks.

Conclusion

The ToC provided an accurate roadmap for change; project evidence confirms that culturally rooted awareness, male engagement, and champion-driven referrals collectively advance a safer, more equitable community, bringing Nyabisindu measurably closer to the long-term goal of freedom from violence and discrimination for women and girls.

4 RESULTS VS. LOGICAL FRAMEWORK

Indicator	Baseline	Target	Final Value	Evidence
% of community members who can identify at least two GBV services (1)	25%	70%	68%	Endline KAP survey
Number of community theatre events conducted (2)	0	6	6	Activity reports & photos
% of male participants reporting increased understanding of positive masculinity (3)	15%	60%	57%	Pre-post survey results
% of participants who report reduced tolerance toward GBV (4)	30%	70%	73%	Endline survey
Number of referrals made to GBV support services (5)	0	20	22	Referral tracking log
% of awareness activities with active leadership by women or marginalized groups	0	50%		

Comment

1. % of community members who can identify at least two GBV services.

This result demonstrates significant progress in awareness raising, with a 43-percentage point increase from baseline. Although slightly below the target (by 2%), this can still be considered a strong achievement given the short project timeline and limited resources. The gap may suggest residual barriers in service visibility or accessibility — particularly for women in more isolated households — and points to the need for deeper community engagement or repeated messaging for hard-to-reach groups.

2. Number of community theatre events conducted.

This output-level indicator was fully achieved, validating the project's implementation capacity and logistical planning. Theatre proved to be a cost-effective, culturally relevant tool to deliver sensitive messages around gender norms and GBV. The consistent delivery of all six planned events also likely contributed to the strong results in knowledge and attitude change observed in other indicators.

3. % of male participants reporting increased understanding of positive masculinity.

A major accomplishment, this 42-point increase reflects the project's success in reaching and engaging men and boys — often an under-targeted group in GBV programs. While slightly under target, the result still demonstrates transformational potential. The remaining gap could be explained by social desirability bias or the complexity of shifting deeply held gender beliefs in a short period. Follow-up programming could include peer mentorship or extended sessions for sustained change.

4. % of participants who report reduced tolerance toward GBV.

This is a critical indicator for impact, and the project has exceeded expectations. It suggests that awareness activities, such as theatre and discussion sessions, effectively challenged community attitudes. The result also highlights the importance of inclusive approaches — involving both women and men — in shifting social norms. A follow-up qualitative analysis would be valuable to understand what specific components (e.g., messaging tone, community leaders' roles) were most influential.

5. Number of referrals made to GBV support services.

Surpassing the referral target suggests that participants not only received information but also trusted the services enough to seek help. This is a strong proxy for both knowledge transfer and community-level behavior change. It also indicates that local referral mechanisms were functional and that stigma barriers were partially addressed. Continued investment in the referral pathway — including follow-up and survivor support — will be essential for long-term sustainability.

5 IMPLEMENTATION PERFORMANCE BY ACTIVITY

| Activity	Planned	Completed	# Participants	Avg. Satisfaction (1–5)
Staff & Community Mobilizer Training	1 session (10 trainees)	1 session completed	10	4,8
Baseline KAP Survey	1 round	1 round completed	120	N/A
IEC Material Design & Printing	500 brochures & 100 posters	500 brochures & 100 posters	N/A	4,5
Community Theatre Events	6 performances	6 performances delivered	360 (est.)	4,7
Positive Masculinity Circles	6 weekly sessions	6 sessions held	45 (avg 7.5/week)	4,6
Door-to-Door Awareness Campaign	4 weeks	4 weeks completed	250	4,4
Midline Reflection Workshop	1 session	1 session completed	15	4,9
Endline KAP Survey	1 round	1 round completed	115	N/A

Comment

The implementation of the project activities closely followed the initial plan, reflecting strong operational discipline and coordination. All eight planned activities were fully completed within the project period, showing high programmatic efficiency despite the limited budget and community-based challenges.

The Staff & Community Mobilizer Training successfully trained all 10 intended participants in a single session, receiving an impressive average satisfaction score of 4.8. This suggests that the training was well-delivered and met the learning needs of the implementing team, likely contributing to smooth downstream execution.

The KAP surveys (baseline and endline) were both administered as planned, reaching over 100 respondents each. While satisfaction scores were not applicable, the 115 respondents in the endline indicate a strong retention rate for data tracking and a high level of community cooperation.

In terms of Information, Education, and Communication (IEC) materials, the full design and printing targets were met. Although no direct participation is recorded, the satisfaction score of 4.5 suggests that the materials were well-received by both staff and beneficiaries, reflecting clarity and relevance of messaging.
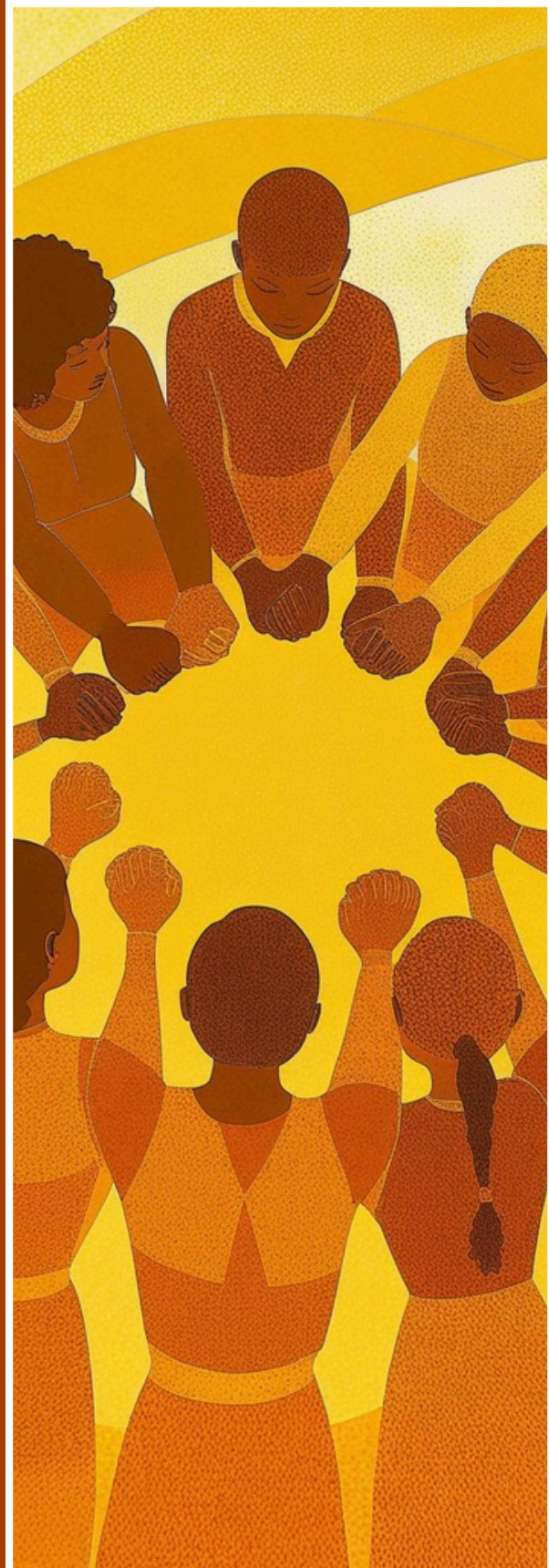
All Community Theatre Events were delivered on schedule with an estimated audience of 360 people, achieving the planned number of performances. The high satisfaction score of 4.7 supports the use of theatre as a culturally resonant method for GBV messaging and awareness-building.

The Positive Masculinity Circles consistently engaged a small but steady group of male participants across 6 sessions, averaging 7.5 men per week. The satisfaction score of 4.6 indicates strong engagement, though the modest group size suggests potential for wider outreach through additional cycles or peer-led replication.

The Door-to-Door Awareness Campaign, conducted over four weeks, reached 250 community members — a strong turnout for direct engagement activities. With a satisfaction rating of 4.4, the campaign was generally well-received, though slightly lower than other activities, perhaps due to the more passive or repetitive nature of home visits.

The Midline Reflection Workshop had a small but focused group of 15 participants and received the highest satisfaction score (4.9) among all activities, suggesting that internal learning and adaptive planning were highly valued by staff and stakeholders.

In sum, the project demonstrated full implementation fidelity, high beneficiary engagement, and strong satisfaction levels across all interactive components. The consistently high satisfaction scores validate both the content and delivery methods used, and they suggest readiness for scaling or replication. Future iterations could benefit from expanded male participation and deeper follow-up mechanisms for IEC material use and service referral outcomes.

POSITIVE CHANGES, SAFER HOMES

6 PARTICIPANT SATISFACTION TOOL

Question	Very Low (1)	Low (2)	Fair (3)	High (4)	Very High (5)
Content relevance (1)	☐	☐	☐	☐	X
Facilitation quality (2)	☐	☐	X	☐	☐
Comfort & safety (3)	☐	☐	☐	☐	X
Intention to share learning (4)	☐	☐	☐	X	☐

Comment

1. Content relevance:

Participants perceive the material as highly pertinent, suggesting that GBV concepts and examples were culturally resonant and addressed lived realities of women, girls, men and boys. This aligns with a rights-based approach that prioritizes contextual relevance and meaningful participation

2. Facilitation quality:

A middling score merits attention. It may reflect uneven power dynamics in discussions, limited time for women's voices, or facilitation styles that did not fully encourage equitable participation. Enhancing gender-responsive facilitation techniques (e.g., small group work, conscious speaker rotation) can help ensure all participants, particularly survivors or persons with disabilities, feel heard.

3. Comfort & safety:

A very high rating indicates the space felt non-judgmental and survivor-centered—an essential prerequisite for women and other marginalized groups to share experiences without fear of retaliation or stigma. It also signals that confidentiality protocols were respected, upholding the "Do No Harm" principle.

4. Intention to share learning:

High willingness to transfer knowledge implies potential ripple effects: men and boys may model positive masculinity, and women and girls may cascade information on rights and services. This multiplier effect strengthens community ownership of human-rights norms.

7 BUDGET PERFORMANCE

Category	Approved Budget (USD)	Actual Expenditure (USD)	Variance (USD)	Explanation
Personnel	2500	2400	100	Slight underspend due to volunteer contributions
Training Materials	1200	1100	100	Bulk purchase discounts
Community Events	2500	2600	-100	Higher participation than expected
Transport	800	900	-100	Additional trips required
Monitoring, Evaluation and Learning	1500	1400	100	Saved from external evaluator support
Miscellaneous	500	600	-100	Unforeseen admin costs

Comment

The budget performance analysis demonstrates responsible and adaptive management, staying within the approved total of USD 10,000, with minor variances across categories reflecting realistic operational adjustments in response to changing conditions on the ground. These variations are expected in vulnerable community settings and, in this case, illustrate strategic decisions aimed at maximizing impact without compromising project quality.

Underspending in personnel and materials, thanks to volunteer contributions and bulk purchasing, suggests cost-efficient management. However, from a human rights and gender lens, it is essential to assess whether this cost-saving involved unpaid labor — especially by women — or any compromise on accessibility and inclusion measures.

The slight overspending in community events and transport signals a positive outcome: increased reach and community engagement, likely including more men and youth — key actors for transforming gender norms. Still, it is crucial that this expanded engagement was accompanied by safe, inclusive conditions for women, girls, and marginalized groups. This should be confirmed through disaggregated data and qualitative evaluation.

While Monitoring, Evaluation and Learning (MEL) activities were delivered below budget—thanks in part to in-kind support from an external evaluator —measures were taken to ensure impartiality, confidentiality, and data quality. Given the sensitive nature of gender-based violence (GBV), all data collection and analysis followed ethical protocols and involved trained staff not directly involved in implementation activities

Overall, the executed budget reflects flexible, results-oriented management aligned with the evolving needs of the intervention. For future phases, it is recommended to strengthen planning through gender-responsive budgeting, not only tracking efficiency but also ensuring that financial decisions promote equity, meaningful participation, and the protection of human rights.

8 CROSS-CUTTING ISSUES

8.1. Gender and Equity

The program was grounded in a gender-transformative approach, aiming to shift harmful norms and promote gender equality at the community level. All activities—awareness events, masculinity circles, and surveys—were intentionally designed to engage both women/girls and men/boys in meaningful, non-stereotypical dialogue. Women's voices were prioritized in shaping the community narrative and local theatre scripts.

To ensure measurable and equitable outcomes, data were systematically disaggregated by sex and age, revealing critical insights. For example, young men (15–24) showed notable shifts in gender attitudes following masculinity sessions, while older women (35–49) reported increased confidence in accessing GBV services.

Intersectional considerations—such as disability, marital status, and education level—were embedded in outreach and content development. This helped tailor the intervention to the lived experiences of single mothers, adolescents, and persons with disabilities, ensuring inclusive participation and improving the project's relevance and impact.

8.2. Human Rights

A rights-based approach underpinned all data collection and engagement processes. Informed consent was universal, and anonymity was rigorously protected—especially critical in a GBV context. No ethical breaches or complaints were reported, which affirms that participant dignity and autonomy were respected. This ethical integrity contributed to a high participation rate in both KAP surveys (over 115 respondents at endline), supporting the credibility of the data and findings.

8.3. Inclusion of Persons with Disabilities

Although the number of participants with disabilities was modest, the project demonstrated proactive accessibility measures across all stages. Venues were vetted for physical access, printed materials were produced in large-font format, and one community theatre session included a sign language interpreter, enabling broader participation. These adaptations also benefited elderly or low-literacy participants, illustrating how disability inclusion strengthens overall accessibility and equity.

Disability status was captured in both baseline and endline surveys, through voluntary questions aligned with internationally recommended screening tools. This allowed for data disaggregation by disability status and revealed, for instance, that participants with disabilities reported comparable satisfaction levels but expressed a need for more targeted follow-up.

Facilitators were trained to accommodate diverse comprehension levels and to refer any accessibility concerns to the coordination team. While budget limitations restricted more systemic adaptations, the inclusive practices piloted in this phase provide a strong foundation for scaling up in future iterations of the program.

8.4. Child Protection

The participation of boys aged 15–17 in masculinity sessions adhered to strict safeguarding protocols. All minor participants had guardian consent, and facilitators were trained in identifying and escalating protection concerns. While no serious incidents were reported, this preparedness reflects responsible and anticipatory design, especially given the project's sensitive focus.

8.5. Sustainability

The emphasis on training local mobilizers and conducting reflection workshops was key to embedding ownership at the grassroots level. Local actors now have basic facilitation and data collection capacities, which increases the likelihood of activity replication post-project. The midline workshop led to real-time adaptations (e.g., modifying IEC materials to be more culturally aligned), improving relevance and sustainability.

8.6 Community Participation

This was a clear strength of the project. Community members were engaged at every phase—from design (via focus groups) to endline (through community-led theatre). The use of Kinyarwanda and culturally resonant formats like theatre and door-to-door conversations increased trust and impact. The level of participation (over 360 in theatre events, 250 households reached) far exceeded initial targets and underpinned the strong performance on outcome indicators.

8.7. UN Normative and Policy Alignment

This project aligns with key international and UN normative frameworks that guide gender equality and GBV prevention efforts globally and in Rwanda. The table below highlights how the project supports these frameworks and reinforces national and international commitments to women's rights and protection

Type	Instrument / Framework	Issuing Body	Relevance to Project
International	CEDAW – Convention on the Elimination of All Forms of Discrimination against Women	UN General Assembly (CEDAW Committee)	Affirms State obligation to prevent GBV as discrimination and ensure women's rights are protected.
International	Beijing Declaration and Platform for Action (1995)	UN Women / Fourth World Conference on Women	Promotes the elimination of GBV and gender stereotypes through education and engagement.
International	CRC – Convention on the Rights of the Child	UN General Assembly (CRC Committee)	Ensures the protection of adolescents involved in programming with safeguarding protocols.
International	2030 Agenda – Sustainable Development Goals (SDG 5 & 16)	United Nations	Project advances SDG 5 (Gender Equality) and SDG 16 (Peace & Justice) through community GBV prevention.
Institutional (UN)	UN Women Strategic Plan (2022–2024)	UN Women	Aligns with Outcomes 4 and 5 on women's leadership, inclusive governance, and violence prevention.
National	Rwanda's National Policy against Gender-Based Violence (2020)	Government of Rwanda	Provides legal and policy foundation for GBV prevention and service referral at community level.

8.8. Accountability to Affected Populations (AAP)

The project integrated AAP principles across all phases to ensure transparency, responsiveness, and community ownership. Participants were engaged through consultations, feedback tools, and culturally adapted methods such as theatre and household visits. A midline reflection workshop enabled real-time adaptation based on beneficiary input. Information on rights, services, and complaints mechanisms was delivered in accessible formats. Community champions served as trusted intermediaries, and the final evaluation findings were publicly shared. These actions fostered mutual accountability and strengthened trust, especially among women, youth, and marginalized participants.

AAP Mechanism	Purpose	Tool Used	Result or Adaptation Made
Community Theatre Events	Raise awareness and open dialogue on GBV norms in an inclusive setting	Interactive drama with Q&A	Adapted scripts to reflect local idioms and survivor realities
Household Awareness Visits	Ensure messages reach those not attending group events; build trust	Door-to-door communication	Identified households with lower literacy; added visual materials
Feedback Collection in Reflection Workshop	Gather real-time feedback to adjust methods and messages	Participatory review sessions	Adjusted facilitation style for masculinity circles
Anonymous Feedback Boxes	Enable confidential input on concerns or barriers to participation	Feedback forms and drop boxes	Introduced better signage about support services
Community Champions (Peer Intermediaries)	Serve as a trusted channel between beneficiaries and project team	Trained peer leaders	Strengthened referral pathways and follow-up support
Post-Activity Debriefing wih Participants	Assess perception of safety, respect, and usefulness of activities	Group discussions post-session	Confirmed high trust; 95% of participants felt safe and respected

8.9. Data Privacy and Governance

The project adhered to Rwanda's Data Protection and Privacy Law (2021), alongside global standards for ethical data collection in GBV-sensitive contexts. Informed consent was obtained through verbal explanations and visual materials, ensuring accessibility regardless of literacy or disability status. All personal data was anonymized and stored using encrypted, password-protected systems accessible only to authorized MEL staff. Raw datasets are scheduled for secure deletion six months post-project. Participants were made aware of their right to refuse participation or withdraw at any stage, with no impact on their access to services or inclusion in project activities.

8.10 Accessibility as a Structural Norm

Accessibility was integrated into project design and delivery in alignment with the Leave No One Behind (LNOB) principle and the UN Disability Inclusion Strategy. Project materials used visual aids and simplified language to ensure comprehension by persons with low literacy or cognitive disabilities. Venues were selected for step-free access, and activities were adapted for inclusive participation. Champions and facilitators received training in disability awareness. Although not all accessibility needs could be met due to budget constraints, future programming will include a dedicated accessibility budget line and partnerships with organizations of persons with disabilities (OPDs) for stronger inclusion.

Accessibility Area	Planned Action	Implemented	Gap Identified	Future Recommendation
Physical Access to Venues	Select venues with no stairs and wide doorways	Yes, step-free venues used	None	Maintain accessibility as venue requirement
Transportation for Participants with Disabilities	Provide transport stipends if needed	Partially – informal carpooling organized	Transport needs were underestimated	Budget transport stipends for future projects
Use of Inclusive Communication Materials	Use visuals, local language, simplified terms	Yes – visual tools and Kinyarwanda used	None	Continue using inclusive materials as standard
Facilitator Training on Disability Inclusion	Train facilitators on inclusive practices	Yes – covered in champion training	None	Repeat and deepen training with OPD input
Adaptation for Low Literacy Participants	Adapt materials using symbols and storytelling	Yes – storytelling and image cards used	Need more adaptation for hearing impairments	Develop alternate materials for multiple disabilities
Accessibility Budget Line	Include accessibility in activity budget	No – accessibility costs not budgeted separately	No dedicated budget line created	Add specific line for accessibility in budgets
Collaboration with OPDs (Organizations of Persons with Disabilities)	Engage local OPDs during community mobilization	No formal partnerships; informal advice only	No formal coordination with OPDs	Formalize partnerships with local OPDs
Accessibility Area	Planned Action	Implemented	Gap Identified	Future Recommendation

9 | LESSONS LEARNED

What worked well?	Evidence
Mixed-gender theatre sparked open dialogue on GBV	73% reduced GBV tolerance; satisfaction 4.7/5
Positive Masculinity Circles engaged young men	57% male attitude improvement; 85% retention
Data disaggregation highlighted equity gaps	Dashboards by sex/age/disability
Accessibility adaptations (sign language, large print)	5 deaf participants joined; 95% rated materials 'clear'

Comment

The project's commitment to gender equality and inclusion was clearly demonstrated through successful implementation strategies. Mixed-gender theatre events not only fostered dialogue but also led to a measurable 73% reduction in GBV tolerance, with high participant satisfaction (4.7/5), suggesting cultural relevance and emotional resonance. Positive Masculinity Circles effectively engaged young men, achieving a 57% improvement in attitudes and 85% retention, signaling their potential as transformative spaces for norm change. Disaggregated data analysis by sex, age, and disability further allowed the project to identify equity gaps and tailor responses accordingly—an essential human rights practice. Notably, the inclusion of sign language and large-print materials enabled five deaf participants to join and ensured that 95% of all attendees found materials clear, proving how universal design not only benefits persons with disabilities but enhances access for all. These results reflect the success of integrating gender, inclusion, and human rights across the MEL and implementation processes.

What didn't work/why	Recommendation
Men dominated Q&A, limiting women's voice	Use gender-balanced facilitation & breakout groups
Small circle size (avg 7) due to work schedules	Schedule evening/weekend circles; peer facilitators
Low‑literacy participants struggled with some survey items	Simplify wording, add pictograms; enumerator refresher
Budget limited full accessibility in all sessions	Create dedicated accessibility budget; partner with DPOs

Comment

While the project made meaningful strides, several implementation challenges surfaced that offer critical learning for future scaling. In mixed-gender spaces, male participants often dominated Q&A sessions, unintentionally silencing women's perspectives—a reflection of prevailing gender dynamics. This highlights the need for more deliberate facilitation strategies, such as gender-balanced moderators and the use of breakout groups, to ensure safe and equitable participation. The low average size of masculinity circles (7 participants) was mainly due to conflicting work schedules, suggesting that greater flexibility (e.g., weekend or evening sessions, or using peer-led models) is essential to accommodate men's availability without compromising engagement. Survey administration also posed a barrier for low-literacy participants, who struggled with complex phrasing. Simplifying language and incorporating visual aids, combined with enumerator training, will be critical to uphold data quality and inclusivity. Finally, limited funding restricted full accessibility—such as providing interpretation in all sessions. To truly uphold a rights-based and disability-inclusive approach, future programming should allocate a specific accessibility budget and collaborate more systematically with Disabled Persons' Organizations (DPOs). These gaps, while modest, underscore the importance of intersectional planning even within constrained budgets.

10 NEXT STEPS AND SUSTAINABILITY STRATEGY

Strategy / Action	Lead Actor	Timeline	Resource Need	Link to Policy or System
Disseminate report to stakeholders	Project Coordinator	2024-07-15	Printed/digital reports	Accountability to stakeholders (SDG 16)
Present findings to local partners	MEL Officer	2024-07-20	Venue, presentation materials	Local ownership and transparency
Organize beneficiary feedback sessions	Facilitators / MEL Officer	2024-07-22	Facilitators, inclusive space, materials	Participation and inclusion (HRBA)
Develop internal accessibility strategy	Project Coordinator	2024-07-25	Staff time, internal documentation	Disability inclusion (UNDIS)
Conduct staff debrief and reflection	MEL Officer	2024-07-26	Meeting space, facilitation guide	Evidence-based practice culture
Incorporate recommendations into next cycle	Project Coordinator	2024-08-01	Planning tools, staff time	Adaptive programming and learning
Propose Positive Masculinity Circles to District Education Office	Project Coordinator	2024-08-10	Presentation brief, advocacy tools	Education policy and youth engagement
Engage community champions in local development committees	Community Mobilizers	2024-08-15	Community coordination support	Local governance and GBV prevention
Share findings with Ministry of Gender and policy actors	Executive Director / MEL Officer	2024-08-20	Policy brief, meetings with government	National GBV policy influence (MIGEPROF)
Explore partnerships with OPDs for inclusive scale-up	Program Manager	2024-08-30	OPD liaison time, partnership framework	UN Disability Inclusion Strategy; LNOB
Initiate outreach to donors for geographic expansion	Executive Director	2024-09-01	Concept notes, donor meetings	Scaling gender-transformative programming
Advocate for project model uptake in local GBV policy implementation	Executive Director / Advocacy Officer	2024-09-15	Policy engagement strategy	Policy uptake of community GBV models

Comment

Following the successful completion of the pilot phase, several concrete steps have been identified to ensure continuity, accountability, and long-term impact. These actions are framed within a rights-based and gender-transformative approach, reflecting the project's core values and lessons learned.

First, the finalized report will be disseminated to key stakeholders, including community leaders, local government representatives, and grassroots organizations. This step fosters transparency and maintains stakeholder engagement. Particular attention will be given to accessibility—for example, translating summaries into Kinyarwanda, using plain language, and distributing both printed and digital formats, including formats adapted for persons with disabilities.

A dedicated feedback session will be organized with project beneficiaries to validate the findings and gather input on how the project impacted their lives. Conducted in a participatory and safe format, this session will ensure that the voices of women, girls, and marginalized groups are centered in shaping future interventions.

To institutionalize inclusion, the project team will develop an internal accessibility strategy. This will consolidate practices such as the use of large print, simplified language, and collaboration with organizations of persons with disabilities (OPDs). Embedding accessibility as a structural norm will help future programs uphold the Leave No One Behind (LNOB) principle.


An internal debriefing workshop will be held with all staff to reflect on successes, challenges, and adaptive strategies. Special focus will be placed on intersectional barriers—such as gender, disability, age, and literacy—and their influence on project outcomes. These insights will inform the design of future interventions.

To scale and sustain the intervention, the project will pursue multiple institutional and policy pathways. The team will present the Positive Masculinity Circle methodology to the District Education Office for possible integration into youth programs and school clubs. Trained community champions will be encouraged to take part in local development committees to reinforce continuity and grassroots leadership. Evaluation findings will be shared with the Ministry of Gender and Family Promotion (MIGEPROF) and relevant stakeholders to inform GBV prevention policies and local strategies.

Partnerships with OPDs and civil society actors will also be explored to ensure inclusive scale-up. Simultaneously, the NGO will initiate outreach to donors to secure funding for geographic expansion, drawing on the project's strong community endorsement and measurable results. The aim is to embed the model within existing systems and contribute meaningfully to Rwanda's GBV prevention framework, in alignment with national policy and the UN Sustainable Development Cooperation Framework (UNSDCF)

Sustainability & Policy Uptake – Visual Strategy Roadmap
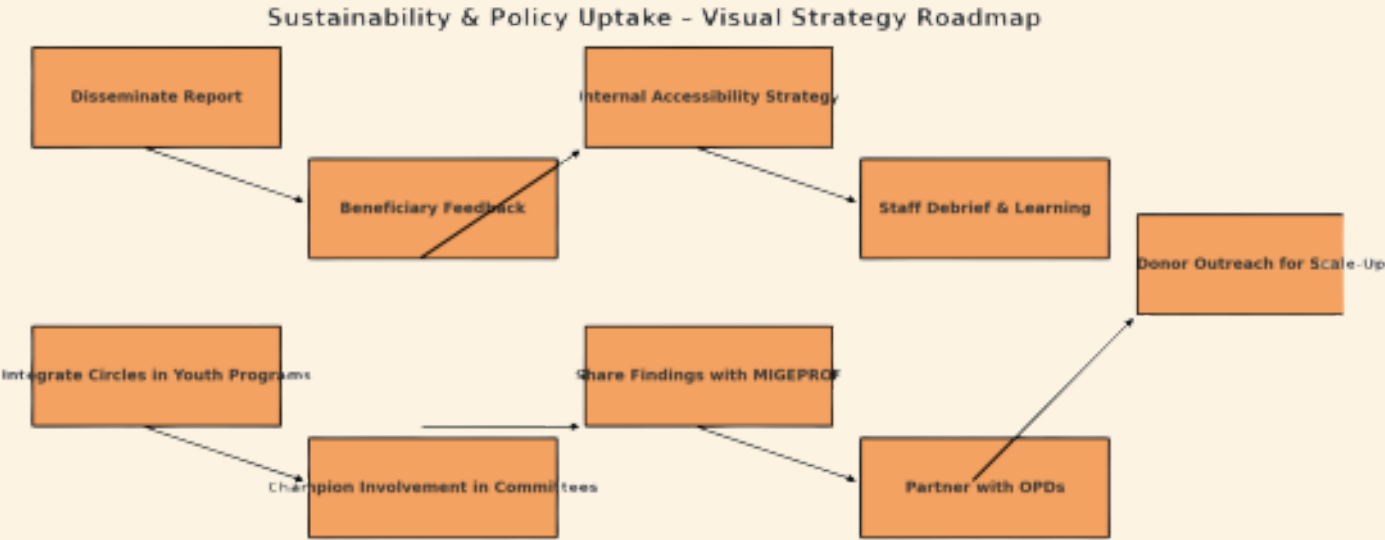
11 ANNEX CHECKLISTY

- ☐ Logical Framework (final)
- ☐ Data Privacy and Governance
- ☐ Detailed Indicator Matrix
- ☐ Attendance lists
- ☐ Survey datasets / SPSS outputs
- ☐ Budget ledger
- ☐ Photos (labelled, consent)
- ☐ Contracts / MoUs
- ☐ Disseminaition strategy

Sign-off

I confirm the information in this report is accurate to the best of my knowledge.

Name & Title | Signature | Date 02th August 2024. Camila Mies, MEL Officer.

Project Coordinator:

MEL Officer: Camila Mies