



# The Formative Evaluation of the Domestic Violence Prevention Programme (DVPP) Kingdom of Saudi Arabia



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# **The Formative Evaluation of the Domestic Violence Prevention Programme (DVPP)**

## Kingdom of Saudi Arabia

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A society free from domestic violence and child abuse and neglect is a primary right of its inhabitants to live safer lives. We wish NFSP and UNICEF GAO well with their future work and continued partnership to end domestic violence and child abuse in Saudi Arabia.

On behalf of the evaluation team,

**Nadeem Haider,**  
**Managing Director/ Evaluation Lead**  
**AAN Associates**

## LIST OF ACRONYMS

<b>AS</b>	Awareness Specialist
<b>CA</b>	Child Abuse
<b>CAN</b>	Child Abuse and Neglect
<b>CRC</b>	The Convention on the Rights of the Child
<b>CSOs</b>	Civil Society Organizations
<b>COVID-19</b>	Coronavirus SARS-CoV-2
<b>DV</b>	Domestic Violence
<b>DVPP</b>	Domestic Violence Prevention Programme
<b>DAC</b>	Development Assistance Committee
<b>EM</b>	Evaluation Matrix
<b>ESC</b>	Evaluation Steering Committee
<b>FGDs</b>	Focus Group Discussions
<b>GAO</b>	Gulf Area Office
<b>GE</b>	Gender Equality
<b>GEROS</b>	Global Evaluation Reports Oversight System
<b>GoKSA</b>	Government of Saudi Arabia
<b>HRBA</b>	Human Rights-Based Approach
<b>IP</b>	Implementing Partner
<b>IPC</b>	Interpersonal Communication
<b>IR</b>	Inception Report
<b>KIIs</b>	Key Informant Interviews
<b>KSA</b>	Kingdom of Saudi Arabia
<b>MNGHA</b>	Ministry of National Guard (Health Affairs)
<b>MoHRSD</b>	Ministry of Human resource and social development
<b>MoE</b>	Ministry of Education
<b>MoM</b>	Ministry of Media
<b>MoH</b>	Ministry of Health
<b>MTs</b>	Master Trainers
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoU</b>	Memorandum of Understanding
<b>NHC</b>	National Health Council
<b>NFSP</b>	National Family Safety Programme
<b>PWDs</b>	Persons With Disabilities
<b>SDGs</b>	Sustainable Development Goals
<b>ToC</b>	Theory of Change
<b>ToRs</b>	Terms of Reference
<b>ToT</b>	Training of Trainers
<b>UNEG</b>	United Nations Evaluation Group
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

## GLOSSARY

Terms	Definitions
Bullying <sup>1</sup>	Bullying is a form of aggressive behaviour in which someone intentionally and repeatedly causes another person injury or discomfort. Bullying can take the form of physical contact, words, or more subtle actions.
Capacity Building <sup>2</sup>	The process of developing and strengthening the skills, instincts, abilities, processes, and resources that organizations and communities need to survive, adapt and thrive in a fast-changing world
Child Abuse <sup>3</sup>	Child abuse is when someone, whether through action or failing to act, causes injury, death, emotional harm, or risk of serious harm to a child.
Child Abuse and Neglect <sup>4</sup>	Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation.
Child Maltreatment <sup>5</sup>	Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence, and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power
Child Neglect <sup>6</sup>	A parent or caregiver fails to provide adequate food, shelter, clothing, medical care, and supervision or forces a child to do things inappropriate for his/her age.
Community Engagement <sup>7</sup>	The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people
Domestic Violence <sup>8</sup>	A pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone.
Elderly <sup>9</sup>	The definitions can differ for the sexes as life-course events contribute to the aging transitions, for example, retirement from work etc. A chronological definition is 60 or 65 years of age
Formative Evaluation <sup>10</sup>	Formative evaluations are conducted during product development or as a product is still being formed. The goal is to influence design decisions as they are being made. Informative research, you can figure out what participants think about a topic, determine when a feature is not working well and why, and suggest changes based on those findings.
First thousand days <sup>11</sup>	The time spanning roughly between conception and second birthday – is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established
M&E <sup>12</sup>	Monitoring can be defined as: "A continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds". Evaluation can be defined as "the process of determining the worth or significance of development activity, policy or program to determine the relevance of objectives, the efficacy of design and implementation, the efficiency or resource use, and the sustainability of results. An evaluation should (enable) the

1 <https://www.apa.org/topics/bullying>

2 <https://www.un.org/en/academic-impact/capacity-building>

3 <https://www.childhelp.org/child-abuse/>

4 <https://www.childwelfare.gov/topics/can/defining/>

5 <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>

6 <https://www.sciencedirect.com/topics/medicine-and-dentistry/child-neglect>

7 <https://aeese.psu.edu/research/centers/cecd/engagement-toolbox/engagement/what-is-community-engagement>

8 <https://www.un.org/en/coronavirus/what-is-domestic-abuse>

9 [http://apps.who.int/iris/bitstream/handle/10665/66941/WHO\\_NMH\\_NPH\\_01.2.pdf;jsessionid=6BAAC5B143BCDAD1E09C2BD E729AF039?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/66941/WHO_NMH_NPH_01.2.pdf;jsessionid=6BAAC5B143BCDAD1E09C2BD E729AF039?sequence=1)

10 <https://www.sciencedirect.com/topics/computer-science/formative-evaluation>

11 <https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html>

12 <https://ieg.worldbankgroup.org/what-monitoring-and-evaluation>

	incorporation of lessons learned into the decision-making process of both partner and donor”.
Parental Treatment <sup>13</sup>	The way or the methodology in which parents raise and up bring their children and have an important role in influencing the psychological and social composition of children or in the form of their personalities
PWDs <sup>14</sup>	Used to apply to all persons with disabilities including those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with others.
Sexual Violence <sup>15</sup>	any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.
Shaken baby Syndrome <sup>16</sup>	Shaken Baby Syndrome (SBS) is a preventable, severe form of physical child abuse resulting from violently shaking an infant by the shoulders, arms, or legs. SBS may result from both shaking alone or from shaking with impact.

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13 Module on Prevention programme on parental treatment

14 <https://www.un.org/esa/socdev/enable/faqs.htm>

15 [https://www.who.int/violence\\_injury\\_prevention/violence/global\\_campaign/en/chap6.pdf](https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf)

16 <https://www.cdc.gov/violenceprevention/pdf/SBSMediaGuide.pdf>

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## EXECUTIVE SUMMARY

This report is produced as part of the **Formative Evaluation** of the **Domestic Violence Prevention Programme** (hereinafter referred to as DVPP or the Programme) designed and implemented by the **National Family Safety Programme (NFSP)**, a semi-government entity that operates under the Ministry of National Guard (Health Affairs). The Programme was rolled out as a pilot to educate and sensitize communities to the risks of domestic violence (DV) and child abuse (CA) - with particular focus on women, girls, boys and older people.

At the request of NFSP, UNICEF Gulf Area Office (GAO) commissioned this formative evaluation which was implemented parallel to the pilot roll out. AAN Associates<sup>17</sup> was contracted to plan and implement this evaluation (undertaken between November 2020 to October 2021). The evaluation's implementation and analysis (of programme effectiveness and efficiency) were constrained by the absence of key documentation such as a proposal, results framework, budget, progress reports and expenditure statements. Where appropriate and plausible, primary data was gathered to deepen understanding of the intervention, obtain findings (around achievements and challenges) and draw conclusions and recommendations. The report comprises five chapters and a series of appendices.

### Context and Intervention

The Government of Kingdom of Saudi Arabia (GoKSA) recognises both issues of DV and CA. Data (2010-2015) suggest that **one in every three** women in KSA is a victim of domestic violence and the lifetime prevalence of DV ranges between **39.3% and 44.5%**.<sup>18</sup> In KSA in 2020, there were approximately 1,601 cases of CA recorded, subjected to at least one form of child abuse.<sup>19</sup> The breadth and the relative acceptance of these violations justifies the need for intervention. There is growing realization within the GoKSA of the need to address the issue by promoting prevention and instituting measures to effectively respond to DV and CA cases. One key institutional response by the GoKSA includes the formation of NFSP (in 2005), with a mandate to support policy and advocacy actions to help end DV and CA in KSA.

### Object of the Evaluation

The DVPP is a pilot intervention led by the NFSP. The Programme aims to strengthen the capacity of educators, social workers, childcare providers, families and parents to advocate for prevention of DV and more effectively respond to child rights violations. Though originally planned to be rolled out in 2020, implementation was delayed by a year due to COVID-19 related restrictions. The pilot's implementation was initiated in January 2021 for an anticipated 12 months. Implementation of the pilot was initially planned for Riyadh and one other location; however, Programme's geographic scope has been expanded to all 13 provinces (nationwide).

The Programme has three strategic pillars or components i.e., forging partnerships to leverage partners' outreach to target communities (with seven public sector and CSOs);<sup>20</sup> training and capacity building of partners' staff (mainly the staff that interfaces with the communities at large, including social workers, educators, childcare providers and others); and community education and awareness through the cadre of trained network of extension workers (referred to as Awareness Specialists).

The NFSP developed a training package of eight modules comprising: 1) First thousand days of life (module for infant and mother health); 2) Do not shake me (Shaken Baby Syndrome);<sup>21</sup> 3) We wish you safety (prevention module on child neglect) 4) Your family your safety (prevention module

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<sup>17</sup> <http://aanassociates.com/>

<sup>18</sup> The epidemiology of domestic violence in Saudi Arabia: a systematic review," International Journal of Public Health, Springer; Swiss School of Public Health (SSPH+), vol. 64(8), pages 1223-1232, November.

<sup>19</sup> NFSP-Report of the National Registry of Child Abuse and Neglect Cases in Arabic and English 2020.

<sup>20</sup> The public sector partners include: Ministry of Health, Ministry of Education, Ministry of Human Resources and Social Development, and Ministry of Media. The CSO partners include: Al-Mawaddah Institute, Al-Waqar Institute, and Princess Noura Bint Abdulrahman University.

<sup>21</sup> **Shaken Baby Syndrome** is a form of abuse inflicted upon a child.

on parental treatment of children); 5) My child is my responsibility (prevention module on sexual violence against children); 6) No bullying (prevention module on peer violence); 7) They are success (prevention module on violence against women); 8) Charity (prevention module on violence against elderly). The plan included training of Master Trainers (by the NFSP), where each Master Trainer is expected to train at least 100 frontline staff, who in turn organize community sessions and train 200 community members. The Programme's sensitisation approach included application of interpersonal communication approaches (IPC) to reach out to community members to educate them about the problem, causes, manifestations, rights and available recourses, to enable them to take effective preventive and response actions.

## Evaluation Purpose, Objectives and Scope

This evaluation is **formative** in nature. It was commissioned with the intent to focus on learning to inform future design and implementation. The purpose of this evaluation is to systematically assess the design and implementation of the pilot; identify gaps and challenges; and outline recommendations to inform the future scale-up. Evaluation objectives include: i) assessment of the training package for appropriateness to the local context and alignment with national and international standards; ii) obtain feedback from the trainees (Master Trainers and Awareness Specialists) on the training contents and delivery approaches; iii) document perceptions of community members on perceived changes in knowledge, awareness and practices around DV and CA; and iv) identify gaps and challenges and outline recommendations for future upscaling.

The evaluation scope includes assessment of activities undertaken in the pilot phase, implemented in all 13 provinces of KSA from November 2020 – October 2021. The evaluation followed the selected OECD-DAC (Organisation for Economic Co-operation and Development's - Development Assistance Committee) criteria i.e., relevance, effectiveness and efficiency. Keeping in view the nature of the social problems (DV and CA) and evaluation expectations, the evaluators added dimensions of the Human-Rights-Based-Approach (HRBA), gender equality (GE) and equity, considered as cross-cutting programming priorities (addressed as non-DAC criterion).

## Evaluation Design, Methodology and Limitations

The evaluation is **participatory**<sup>22</sup> whereby all key stakeholders were consulted, and their opinions have informed the evaluation findings, conclusions and recommendations. The evaluators applied a **Hybrid** evaluation design<sup>23</sup> featuring two sub-designs i.e., **descriptive content analysis**<sup>24</sup> and **contribution analysis**<sup>25</sup> (more details are available in the report).

The evaluation relied primarily on qualitative methods. A total of **12** Key Informant Interviews (KIIs) were conducted with stakeholders including NFSP, Implementing Partners (IPs) and UNICEF GAO (six male and six female participants). Moreover, **8** Focus Group Discussions (FGDs) were conducted with 23 male and 33 female participants (including Master Trainers, Awareness Specialists and community members). The evaluation team also observed two training events. The evaluators interacted with **68** participants (including 29 male and 39 female participants) who informed the evaluation findings and recommendations. The evaluation is further informed by the findings from the desk research of **72** internal and external documents. The evaluation design, methods and implementation placed a considered focus on the integration of human rights-based programming, gender equality and equity. Integration was ensured by developing separate evaluation questions, tools, analysis and findings sections for three cross-cutting programming priorities.

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<sup>22</sup> **Participatory Evaluation** is an approach that involves the stakeholders of a programme or policy in the evaluation process. This involvement can occur at any stage of the evaluation process, from the evaluation design to the data collection and analysis and the reporting of the study

<sup>23</sup> **Hybrid design** combines specific elements of particular study designs to maximise the quality and rigour of the study output.

<sup>24</sup> **Descriptive content analysis** examines the quantitative and qualitative data collected through methods such as e.g., document analysis and literature review with the aim of summarising the informational contents of these data with respect to the research question. The informational content is presented in a straight and descriptive summary structured according to the needs of the study.

<sup>25</sup> **Contribution analysis** explores attribution through assessing the contribution a programme is making to observed results. ([https://www.betterevaluation.org/en/plan/approach/participatory\\_evaluation](https://www.betterevaluation.org/en/plan/approach/participatory_evaluation)).

Limitations of the evaluation include: remote data collection (created a selection bias for those with access to tools such as internet and phones); lack of documentation (compensated for by collection of primary data); and reduced field data collection (planned FGDs were reduced due to considerable delays in roll out of community sessions).

## Evaluation Findings and Preliminary Conclusions

### Relevance

The Programme is concluded to be 'Relevant' for prioritizing two widespread, multi-faceted social problems (DV and CA) that carry serious consequences for women, boys, girls and older persons. The significance and relevance are illuminated for the fact that these are prevalent issues in Saudi and are embedded in upbringing processes and affects infants, girls, boys, married women and older persons. Over time, there has been growing realization by public authorities to take appropriate policy and institutional actions to address these issues. Prioritization of the issue is evident from the fact that these issues are registered in public sector documents such as Saudi Vision 2030, Child Protection Law (2014) and Regulation on Protection against Abuse (2012), among others. The fact that a NFSP-sponsored initiative is currently being implemented shows the importance that these issues have attained over time. The contents (of the training modules) are largely appropriate, however with an overwhelming focus on addressing behavioural causes of CA and DV. The content excluded the legislative, policy and socioeconomic causes contributing to perpetuation of such behaviours.

### Effectiveness

Keeping in view evaluation expectations, the evaluation team used the three Programme strategies/components for assessment of effectiveness including: i) multi-stakeholder partnerships; ii) training and capacity development of partners; and iii) community education and awareness. For partnerships, the Programme is assessed as 'Partly Effective' for successfully engaging 7 of the 10 planned partners. Moreover, selection of partners offers a mix of public sector and CSO partners, with outreach and technical capacities. There are evident gaps around formalization and coordination/management of partnerships. Similarly, the training and capacity development component is assessed as 'Partly Effective'. Reasons include: i) successful development of eight training modules; ii) application of cascade training approach whereby NFSP trained the Master Trainers, who in turn train Awareness Specialists, expected to organise sessions for community members; and iii) evident coherence and consistency of training contents with national and international norms and standards. Gaps in training content include: lack of relevant information on available response mechanisms for lodging complaint against perpetrators; insufficient training delivery time (e.g., 8 modules in one session highlighted by extension workers); and absence of in house roll-out plans (e.g. duration for completion of planned workshops and target audience) affected the timely completion of the pilot phase. The community awareness component was not assessed, as the Programme is significantly behind schedule (only one IP has managed to conduct<sup>26</sup> limited community sessions). Feedback from community sessions indicate that communities are appreciative of the initiative and are hopeful for the trainings to change public perception on DV and CA over time.

Programme design and implementation thus far is marked by multiple enablers and disablers. The key enablers include: commitment and capacities of NFSP to lead this intervention (with established rapport in the sector); training contents being useful to the communities; and availability of willing and capable partners that provide wider outreach to target communities. The achievements were undermined by multiple disablers including: gaps in formalizing engagement with partners resulting in limited clarity around roles and expectations between NFSP and partners; and limited/no incentives for partners' staff to participate in the Programme. The evaluators noted gaps in the training content and delivery. These include: limited clarity around goals and objectives for each module; inappropriate and missing citations; limited focus on persons with disability

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<sup>26</sup> As of the start of data collection for this evaluation, i.e., October 1, 2021.

(PWDs); and insufficient training delivery time. Gaps in the monitoring system included reliance on self-reporting and lack of instructions to use evaluation tools.

## Efficiency

Based on available information (drawn mostly from primary sources), the approach of leveraging partnerships (using the staff and volunteers from IPs for wider outreach) is deemed cost and time efficient. Programme implementation is behind schedule and the key reasons for delay include: delayed nominations of Master Trainers and finalisation of their agreements; lack of clarity and timeline (from NFSP) for IPs to roll out internal training and community sessions; and unavailability of partner staff due to long breaks from work for observance of rituals (such as Ramadan and Hajj). These delays affected the progress thus far and it looks unlikely that Programme will be completed in the planned 12 months. Using existing human resources (within IPs) undercuts the need for funds. In terms of human resources, adequate staff and volunteers are available with the IPs. However, there are evident capability gaps (mostly in terms of training background of Master Trainers and Awareness Specialists), coupled by limited incentives and motivation for staff and volunteers. This being a pilot, the focus has been on rolling out the programme using the planned approach, rather than exploring alternatives. The evaluators nevertheless looked at successful examples of behavioural change programmes and cited two examples (Egypt and Democratic Republic of Congo), which highlight the use of mass media (including social media) and engagement with influencers (social and religious leaders) for better outreach and influence on changing behaviours around under-discussed issues of the community.

## Gender Equality, Equity and HRBA

**Gender Equality:** The findings suggest partial integration of gender equality principles in the design, implementation and tracking of results. The training contents demonstrate a considerable focus on causes, manifestation, implications, needs and recourses for women, girls, boys and older persons. This shows a demonstrated focus on creating contents based on sex and age. The trainers (both Master Trainers and Awareness Specialists) include a noticeable number of women trainers. This bodes well as these women are likely better able to reach out to women and children, whilst overcoming sex-based segregation. The shift to online training (of trainers and the community sessions) is likely to enable more women and girls to participate. However, the Programme does not focus on tracking gender-based results.

**Equity:** The training contents highlight groups at greater risk e.g., married women, women from low economic strata or low education level, children from broken families or single parents, and others. This bodes well for equity integration in terms of contents. There are gaps, such as limited focus on PWDs, non-citizens and others.

**HRBA:** The Programme was assessed on key elements of HRBA (often referred to as PANEL).<sup>27</sup> The Programme is in compliance with: a) Partnerships: for forging partnerships with relevant actors; b) Empowerment: whereby community members know about their rights; and c) Legality: for aligning with national and international laws. The Programme falls short in complying with the principles of non-discrimination and equality (given the Programme's implementation excluded non-Arabic speakers and people without access to internet to online training), and accountability (implementation lacks a complaint or reporting mechanism).

## Conclusions

Given the enormity of the scale and consequences of DV and CA for victims and the community, the evaluation team concludes that the intervention is much needed for a context like KSA. While the intervention merits continuity, evaluators underline the need for sweeping yet urgent design and operational changes to help women, older persons, boys and girls to benefit fully and widely. The aspects around which a considered re-thinking is needed include: partnership formalisation and management; training content improvements and delivery improvisation; engagement with

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<sup>27</sup> Include Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality. Taken from ENNHRI, 'Human Rights Based Approach', <http://ennhri.org/about-nhris/human-rights-based-approach/>.

and use of mass media and local influencers; and greater technical support from partners such as UNICEF and others. Given the fact that only limited community sessions have been rolled out, the evaluators are unable to comment on their utility and possible influence on larger communal thinking and behavioural changes. The NFSP may need to keep in mind that the problems are multi-faceted, hence would require parallel work around legislative, policy and institutional reforms, besides the DVPP driven community centric behavioural interventions.

## Lessons Learned

- **Formalization of NFSP-IP Engagement:** The Programme's partnership approach is helpful in leveraging human resource and wider outreach. However, implementation has been hampered by gaps in engagement that have resulted in ambiguities around roles and expectations, accountabilities, coordination, planning and reporting. This could primarily be attributed to lack of focus to formalize the relationships at the highest level via an agreement or contract.
- **Unrealistic or Ambitious Planning:** The Programme implemented a cascade training model which is assessed as appropriate given the scope and scale of the pilot. The expectation for each Master Trainer to train 100 Awareness Specialists, who (each one) are required to train 200 community members before the end of this year seems ambitious (given the community sessions roll out has just started). This coupled with the lack of planning and timeline have resulted in significant delays in the roll out of in-house training by the IPs.
- **Utilizing Technology to Deliver Training:** The Programme successfully adapted to the COVID-19 assembly-related restrictions by redirecting to online training. The shift has saved time and cost and has enabled the NFSP and IPs to train 683 participants. However, the trainer's technical capacity and training duration merits considered rethinking around setting pre-qualifications and scope of training contents and expectations.

## Recommendations

The evaluation team suggests a series of recommendations at design and operational levels:

**Design-Level: These recommendations lay the ground for the NFSP to revisit the Programme design before scaling-up:**

1. The NFSP is advised to leverage internal capacities and seek technical assistance (from partners) to develop the package of essential documents to enable clarity around design and to guide implementation, including a: proposal, Theory of Change (ToC), results framework, budget, work plan, monitoring and evaluation (M&E) plan, and others. Key actions include:
  - a. Engage with technical agencies to seek assistance in training (in-house capacity development in Programme design) of NFSP staff and secure support of a consultant/contractor to help draft the key documents;
  - b. Plan and undertake assessments to deepen the understanding of the problems (DV and CA). Use these assessments to inform Programme design;
  - c. Identify key NFSP staff to work closely with the consultant/contractor to develop the essential package of documents (in a consultative manner);
  - d. Engage with existing and potential partners (IPs) and seek their inputs in the development of key documents, and commitments to contribute financially and/or materially;
2. Formalize partnerships with IPs (both public and CSOs) by signing formal Memorandums of Understanding (MoU)/agreements. The formalization of engagement must clearly spell out roles and responsibilities between NFSP and IPs, lay out planning, coordination and reporting mechanisms with enabling tools, where appropriate. Key actions include:
  - a. NFSP to plan and implement a stakeholder mapping exercise and identify a list of potential partners based on commonality of mission and mandates;



- b. NFSP to reach out to existing and potential partners and seek highest level commitments and support for the Programme. Use the opportunity to seek financial and material commitments and include those in the formal engagement;
  - c. Formalize engagement by drafting and signing a contract/MoU with each IP, whilst defining the roles and responsibilities, as well as modes of coordination and communication, accountabilities and resource contributions, and others.
  - d. Work with each partner to develop partner specific work plans and targets, which should be realistic and attainable;
  - e. NFSP to keep regular contact with IPs and encourage cross-partner engagement, site visits and learning exchanges.
3. Revamp the training contents and delivery mechanisms. Continue using the cascade model, however develop separate training kits/products for Master Trainers, Awareness Specialists and community participants.
- a. Engage with and seek technical assistance from agencies (such as UNICEF) to support with review of training contents together with NFSP staff. The review should lay out training delivery strategy and should cover aspects such as duration, remote vs. in-person training, trainers' pre-qualifications, pre-post assessments.
  - b. The future training packages may need to be tailored for layers of participants - Master Trainers, Awareness Specialists and community participants.
  - c. Training design and delivery should continue to follow the cascade model. The IPs should be encouraged to set criteria for selection of trainers.
  - d. NFSP should revisit and update its Programme design and implementation to include gender equality and address the needs of vulnerable groups (like PWD, non-Saudis, non-Arabic speakers, non-citizens etc.).

**Operational-Level: Following recommendation and associated actions are suggested to improve programme implementation.**

- 1. NFSP to develop an internal M&E system, and where required, lend assistance to IPs to develop and implement organization specific M&E plans:
  - a. NFSP to develop an M&E plan as part of the exercise of developing essential documentation for the Programme. M&E planning should focus on input versus outputs and tracking and should prioritize seeking community feedback to help improve design and delivery.
  - b. NFSP to allocate 7% of the intervention's overall resources for M&E activities and assign responsibility within the institution.
  - c. Engage with technical agencies, research and academic institutions to seek help with developing and implementing the M&E plans.
  - d. Undertake periodic baselines, research, reviews, evaluations, and other exercises to gather monitoring data to assess progress and ideas for improvisation.

# **CHAPTER 1**

## **Introduction and Object of the Evaluation – DVP Programme**

This report is produced as part of the **Formative Evaluation** of the **Domestic Violence Prevention Programme** (hereinafter referred to as DVPP or the Programme) designed and implemented by the **National Family Safety Programme (NFSP)**, a semi-government entity that operates under the Ministry of National Guard (Health Affairs). The Programme was rolled out as a pilot to educate and sensitize communities to the risks of domestic violence (DV) and child abuse (CA) — with particular focus on women, girls, boys and older people.

NFSP planned to implement DVPP with the support of relevant public entities and civil society organisations (CSOs), drawing on the wide network of community level workers and volunteers. Under the aegis of NFSP, the intervention was rolled out in partnership with six ministries comprising the Ministry of Health, Ministry of Education; Ministry of Human Resources and Social Development; and Ministry of Media. Along with these public sector entities, the Programme envisaged partnering with three CSOs namely Al-Mawaddah Institute, Al-Waqar Institute and Princess Noura Bint Abdulrahman University.

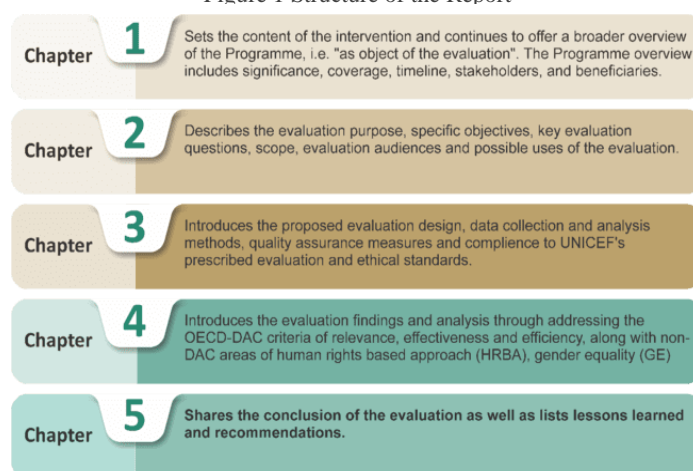
The Programme aims to strengthen the capacity of educators, social workers, childcare providers, families and parents to advocate for prevention of domestic violence and more effectively respond to child rights violations. Though originally planned to be rolled out in 2020, programming was delayed due to COVID-19. The pilot's implementation was initiated in January 2021 for an anticipated 12 months. Moreover, the pilot was planned to be implemented in Riyadh and one other location, however, the geographic scope has been expanded to 13 provinces (nation-wide).

The NFSP sought technical assistance from UNICEF Gulf Area Office (GAO) to support with engagement of consultants to undertake the formative evaluation. UNICEF GAO engaged AAN Associates for the evaluation which was planned and implemented in parallel to the Programme's roll out (from November 2020 - October 2021). It is pertinent to underline that DVPP does not have a documented proposal (including logframe and work plan) or a budget. Where appropriate and plausible, primary data was gathered to deepen understanding of the intervention, obtain findings and draw conclusions and recommendations.

The intent of the evaluation has largely remained same as outlined in the Terms of Reference (ToR) (Appendix 1). However, changes in geographic scope of the pilot (from two planned locations to nation-wide) and delayed implementation (training of extension workers and community sessions are currently being rolled out by partners) required the evaluators to adapt. The evaluation team extended the timeline for field data collection i.e., until October 2021, to engage with community participants who had attended sessions (only two community sessions were organized during this time period). The NFSP attributes COVID-19 related restrictions and weaker coordination with partners as key reasons for considerable delays in implementation. To complete the evaluation within the agreed timeline, the primary data collection for community sessions was reduced (more details are included in Chapter 3).

This report comprises five chapters and a series of appendices as depicted in Figure 1.

Figure 1 Structure of the Report





## 1.1 Intervention Context

This section lays out the broader context in which the intervention was planned and implemented, including a brief introduction to the country, as well as the policy, institutional and political environment surrounding domestic violence.

### 1.1.1. Country Profile

The Kingdom of Saudi Arabia (KSA) lies in the southernmost part of western Asia. With an area<sup>28</sup> of 2,149,690 sq. kilometres (km), the Kingdom occupies 80% of the Arabian Peninsula. It is bordered by the Red Sea to the west; the Arabian Gulf, UAE and Qatar to the east; Kuwait, Iraq and Jordan to the north, and Yemen and Oman to the South. According to the recent estimates (2021), the population of Saudi Arabia is 35 million<sup>29</sup> of which 42.3% are females and 58% are males.<sup>30</sup> Saudi Arabia's economy is mostly dependant on oil. However, the nation has undergone significant transformation over the past four decades from a subsistence economy mainly dependent on traditional small-scale agriculture and trade to a modern, albeit developing, economy characterized by growing diversification of production and income, evolving inter-sector linkages, and expanding regional and global economic integration. This transformation was also complimented by the national strategy known as the "Saudi Vision 2030", developed in 2016 that used the windfall of wealth in social and economic development.<sup>31</sup> The politico-administrative map of Saudi Arabia is illustrated in Figure 2.<sup>32</sup>

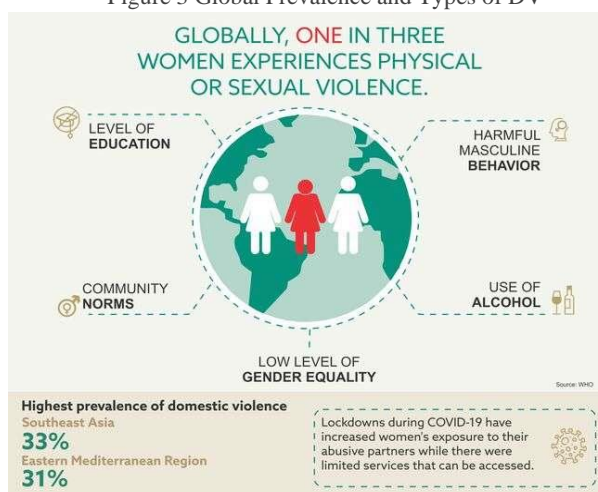
Figure 2 Map of KSA



### 1.1.2. Domestic Violence and Child Abuse: Global and Regional Context

DV and CA are prevailing social issues globally. According to the literature, DV is "actual or threatened physical or sexual violence, or psychological and emotional abuse" inflicted on a victim,<sup>33</sup> whereas child abuse is the "act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse or exploitation"<sup>34</sup> of a child. Globally, **one in every third** women faces violence. It is worthy to note that victims of DV usually suffer from fatal outcomes, including homicide or suicide, injuries, psychological disorders like anxiety, depression, eating disorders, as well as other health effects including pain or physical disorders.<sup>35</sup> Underlying reasons of DV are highlighted in Figure 3.

Figure 3 Global Prevalence and Types of DV



With regards to child abuse, the World Health Organisation (WHO) estimated that up to **one billion children** between the ages of 2 to 17 have experienced physical, sexual, or emotional violence or

<sup>28</sup> <https://www.worldometers.info/world-population/saudi-arabia-population/>

<sup>29</sup> <https://www.worldometers.info/world-population/saudi-arabia-population/>

<sup>30</sup> <https://data.worldbank.org/indicator/SP.POP.TOTL.MA.ZS?locations=SA>

<sup>31</sup> Saudi Vision 2030

<sup>32</sup> [https://www.researchgate.net/figure/Map-of-Saudi-Arabia-showing-the-13-different-provinces-and-locations-of-cities-and\\_fig1\\_228114296](https://www.researchgate.net/figure/Map-of-Saudi-Arabia-showing-the-13-different-provinces-and-locations-of-cities-and_fig1_228114296)

<sup>33</sup> AlHaddan, S. (2015, December). Domestic Violence in Saudi Arabia. Retrieved October 8, 2021, from <https://www.repository.law.indiana.edu/cgi/viewcontent.cgi?article=1026&context=etd>.

<sup>34</sup> United States Children's Bureau. (n.d.). Definitions of child abuse and Neglect - Child Welfare. Retrieved October 8, 2021, from <https://www.childwelfare.gov/pubPDFs/define.pdf>.

<sup>35</sup> <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

neglect in the past year.<sup>36</sup> Violence against children usually occurs in one or more of the six main types of interpersonal violence including maltreatment, bullying, youth violence, intimate partner violence or domestic violence, sexual violence and emotional or psychological violence. Underlying causes of CA include: lower levels of education, lower levels of income, lack of emotional bond between the child and parent, poor parenting practices, family separation or dysfunction, social acceptance of violence, and inadequate social protection. CA has resulted in severe injuries, negative coping behaviours, negative health risk behaviours, impairment of brain and nervous system development, in addition to a wide range of non-communicable diseases.<sup>37</sup>

In the Gulf Area, there are no regional statistics available to indicate the extent of DV<sup>38</sup> and CA,<sup>39</sup> however, different studies conducted locally have highlighted the occurrence of DV and CA.

### 1.1.3. Domestic Violence and Child Abuse in KSA

Domestic violence is considered a public health issue in Saudi Arabia as well as a violation of a fundamental human right.<sup>40</sup> Eleven studies conducted in six cities<sup>41</sup> (Riyadh, Jeddah, Madina, Taif, Arar and Al-Ahsa) revealed that **one in every three women** in Saudi Arabia is a victim of domestic violence and the lifetime prevalence of DV ranges between **39.3% and 44.5%**. In 2012, a total of **292 child abuse cases**<sup>42</sup> were registered by the NFSP—that is mandated to address and prevent the issue of DV and CA. Out of the 292 cases, child neglect constituted **41.3%** of cases, **27%** of which were emotionally abused. According to the National Family Safety Registry (NFSR) — a national registry of DV and CA under the NFSP—boys in KSA are more likely to experience physical maltreatment and neglect than girls, while girls are more likely to experience sexual and emotional maltreatment than their male counterparts.<sup>43</sup> According to a 2020 NFSR report, most perpetrators of CA were parents—with fathers at 29% and mothers at 25%.<sup>44</sup> Underlying causes of DV in Saudi Arabia include, amongst others, poverty, gender inequality and early marriage.<sup>45</sup> Leading risk factors of CA in Saudi Arabia include lack of understanding of children's needs, children with physical or mental disabilities, poverty, unemployment, substance abuse, as well as social acceptance of corporal punishment.<sup>46</sup>

Generally, the national response to domestic violence, particularly to child protection from violence and neglect has been rapidly developing and improving in Saudi Arabia. In 1990, the first child abuse and neglect<sup>47</sup> (**CAN**) case was reported (refer to Box 1 for more statistics). In 1996, Saudi Arabia signed and ratified the United Nations Convention on the Rights of the Child (CRC) and towards the end of the decade, child maltreatment was recognized at major health facilities throughout the country. However, the magnitude of the problem in Saudi Arabia even in these settings, was not known due to the lack of accurate statistics.<sup>48</sup>

#### Box 1: Country Context of CAN

- Between 2000-2008, the prevalence of child physical abuse and neglect was greater than other forms of abuse.
- Child physical abuse and child neglect were the most dominant forms of abuse over the last 15 years in Saudi Arabia. (Al-Kharj 2014).
- Emotional abuse (22–36%), physical (9–29%), and sexual abuse (4.8–6.9%).

Source: Child Abuse in Saudi Arabia; 2015.

In 2004, Saudi Arabia had a series of high-profile child fatalities that attracted the attention of the national media. These developments encouraged governmental and non-governmental bodies to

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> [https://www.europarl.europa.eu/RegData/etudes/STUD/2014/509985/IPOL\\_STU\(2014\)509985\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2014/509985/IPOL_STU(2014)509985_EN.pdf)

<sup>39</sup> <https://www.sciencedirect.com/science/article/pii/S2352646719301188>

<sup>40</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-8156-4>

<sup>41</sup> [https://ideas.repec.org/a/spr/ijphth/v64y2019i8d10.1007\\_s00038-019-01303-3.html#?](https://ideas.repec.org/a/spr/ijphth/v64y2019i8d10.1007_s00038-019-01303-3.html#?)

<sup>42</sup> <http://www.emro.who.int/emhj-vol-19-2013/10/emotional-abuse-among-children-a-study-in-jeddah-saudi-arabia.html#:~:text=In%20Saudi%20Arabia%2C%20a%20total,were%20emotionally%20abused%20%5B12%5D.>

<sup>43</sup> As per the evaluation ToR.

<sup>44</sup> Hospital-Based Child Maltreatment National Registry Annual Report 2020.

<sup>45</sup> As per the DVPP's Training Module "National Prevention Program for Violence Against Women"

<sup>46</sup> As per the DVPP's Training Module « National prevention Programme for Child Neglect ».

<sup>47</sup> Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation.

<sup>48</sup> Child Maltreatment Prevention Readiness Assessment Country Report: Saudi Arabia January 2012

establish agencies focused on preventing child abuse.<sup>49</sup> As a result, the Ministry of Social Affairs established the General Directorate for Social Protection. The Human Rights Commission and the National Society for Human Rights were also founded during this time. On November 2005, Royal Decree No.11471 established the National Family Safety Program (NFSP), a body that is administratively linked to the Ministry of National Guard (Health Affairs). In 2008, the Saudi Cabinet of Ministers issued a resolution that sets out prevention and protection guidelines to address the issue of DV. The Government of Saudi Arabia issued the Saudi Law on the Abuse System, and the Saudi Child Protection Act, in 2013 and 2014, respectively.

Though CA and DV are recognised as public priorities, both are prevailing issues in Saudi Arabia. Between 2017-2019, there were 3,471 recorded cases of DV,<sup>50</sup> decreasing to 2,318 cases in 2020.<sup>51</sup> In the same period, Saudi Arabia recorded 2,994 cases of CA.<sup>52</sup> In 2020, 1,601 cases were recorded, with children being exposed to at least one form of abuse.<sup>53</sup>

### National Family Safety Programme

On 18 November 2005, NFSP was established, a semi-governmental body that is administratively linked to the Ministry of National Guard. NFSP's goal is to support policy and advocacy to end domestic violence and child abuse and neglect in Saudi Arabia, done through partnership, advocacy at both national and community levels, service provision to those affected by violence and referral as necessary. Details of NFSP interventions are given in Figure 4.<sup>54</sup>



Currently, the NFSP is preparing policy and programmatic recommendations to end DV and CA in Saudi Arabia. It is building partnerships between the various groups working on these issues in Saudi Arabia in order to foster joint national action, raising awareness about the dangers that DV and CA pose as well as appropriate responses to these issues.

## 1.2 Programme Introduction (Object of Evaluation)

This section describes key aspects of the Programme that have been evaluated. As outlined above, the non-availability of programme documentation—mainly the proposal, logframe and budget—constrained a detailed write-up of this section. The evaluators thus convened several meetings with NFSP to make up for the documentation gaps.

### 1.2.1 Programme Overview

This is a NFSP-led (planned, resourced and implemented) intervention that aims to raise community awareness of the causes and implications of different forms of DV and CA. The intent is to achieve awareness to help prevent violence and abuse of particular groups and at the same time raise demand for better response services by the service providers.

The NFSP has three departments which include Prevention and Research, Community Services and Training Operations. The Prevention and Research Department is focused on creating evidence-based training programs, the Community Services Department includes a child helpline services as well as advocacy and awareness-raising activities, and the Training and Operations

<sup>49</sup> As per the evaluation ToRs.

<sup>50</sup> NFSP-Report of the National Registry of Child Abuse and Neglect Cases in Arabic 2017-2019.

<sup>51</sup> NFSP-Report of the National Registry of Child Abuse and Neglect Cases in Arabic 2020.

<sup>52</sup> NFSP-Report of the National Registry of Child Abuse and Neglect Cases in Arabic 2017-2019.

<sup>53</sup> NFSP-Report of the National Registry of Child Abuse and Neglect Cases in Arabic 2020.

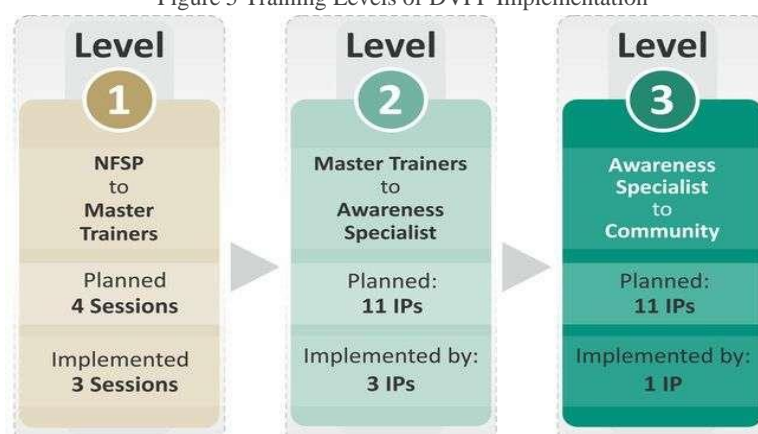
<sup>54</sup> As per the evaluation ToR.

Department covers all staff training, finance, IT, HR and strategic planning. The Programme is led by the Prevention and Research Department and has four parts:

1. Form partnerships with multiple public sector organisations and CSOs to engage in community-based education and awareness. Partnerships formed with seven partners<sup>55</sup> (initially planned for 10 partners). Each partner is expected to appoint a focal point for oversight of activities assigned to the partners such as training of field level staff (with a range of different staff available for these entities) and coordination and reporting to the NFSP.
2. Develop a training manual for training of public sector organisations and CSO partners and their staff and volunteers. The training package comprises eight modules with one on each of the following: 1) First thousand days of life (module for infant and mother health); 2) Do not shake me (shaken baby syndrome); 3) We wish you safety (prevention module on neglecting children) 4) Your family your safety (prevention module on parental treatment); 5) My child is my responsibility (prevention module on sexual violence against children); 6) No bullying (prevention module on peer violence); 7) They are success (prevention module on violence against women); 8) Charity (prevention module on violence against elderly).
3. Train partner entities through a cascade training approach to build a cadre of trainers for community-level awareness sessions. The NFSP trained Master Trainers from each partner. Each Master Trainer is expected to train 100 extension workers e.g., Awareness Specialists, through at least four training sessions of 25 participants each.
4. Trained Awareness Specialists to organise community awareness sessions. As per the plan, each trained Awareness Specialist was then expected to organize multiple awareness sessions to train 200 people.

The plan (refer to Figure 5) indicates how the trainings are implemented:

Figure 5 Training Levels of DVPP Implementation



### 1.2.2 Programme Goal

The Programme's overall goal is "to disseminate valid information on preventing domestic violence and child abuse to different segments of the Saudi society."<sup>56</sup> The specific objective is "to educate the community on the importance of protecting families and to empower its members of all ages to build a thriving economy, hence contribute to the Kingdom's vision and future strategies".<sup>57</sup>

<sup>55</sup> Implementing partners includes Ministry of Health, the Ministry of Education, the Ministry of Human Resources and Social Development, the Ministry of Media, Al-Mawaddah Institute, Al-Waqar Institute and Princess Noura Bint Abdulrahman University.

<sup>56</sup> As per the evaluation ToR.

<sup>57</sup> Report on the activation of the National Family Safety Program for the main workshops of the eight preventive programs in the half to 2021.



### 1.2.3 Programme Strategies

In the absence of formalized strategies, the evaluators have utilised DVPP goals as programme strategies (refer to Figure 6 for details).

1. Forging partnerships with the public and CSOs.
2. Building capacities of partners from public and CSOs.
3. Community education and awareness through inter-personal communication.<sup>58</sup>

Figure 6 Key DVPP Strategies



### 1.2.4 Geographic Spread and Implementation Status

The DVPP is a pilot programme which was originally planned to be rolled out in Riyadh and one rural area<sup>59</sup> followed by a national rollout throughout the country. However, NFSP has rolled out the Programme nationwide across all 13 provinces. The change in plan as explained by NFSP indicate that rolling out the Programme in one phase was more feasible, as compared to contacting different implementing partners over different phases of implementation. Refer to Figure 7 that displays the number of Master Trainers trained by NFSP per province during the pilot phase.

Figure 7 Number of MTs per Province



### 1.2.5 Programme Stakeholders and their Role

The Programme involves a range of stakeholders including UNICEF, NFSP and partners (the Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Media (MoM), Ministry of Human Resources and Social Development (MoHRSD), Al-Mawwadah Institute, Al-Waqar Institute and Princess Nourah Bint Abdul Rahman University). Table 1 below shows the list of partners that NFSP is currently engaged with to implement the Programme.

Table 1 DVPP Stakeholders and their Role

Implementing Partners	
Stakeholder Name	Role in the Programme
Public Sector Partners	
Ministry of National Guard (Health Affairs) and the NFSP	DVPP is an initiative of NFSP. <sup>60</sup> NFSP designed the programme, developed the training content and planned roll out at the national level. NFSP trained the Master Trainers from implementing partners on eight training modules. NFSP is also the focal point in terms of documentation, queries or any changes in the design or operations.
MoE, MoM, MoH, MoHRSD	Provided human resources (focal points, Master Trainers, social workers, teachers). These partners use their networks and outreach to create awareness at the community level. They also provide technical support in terms of enforcing a monitoring, reporting and quality assurance mechanism.
Civil Society Organizations	
Al-Mawaddah Institute, Al-Waqar Institute and Princess Nourah Bint Abdulrahman University.	Provided human resources (focal points, Master Trainers, social workers, teachers). These partners use their networks and outreach to create awareness at the community level. They also provide technical support in

<sup>58</sup> As per NFSP's supporting document.

<sup>59</sup> As per the evaluation ToR.

<sup>60</sup> An implementing partner is responsible for nominating focal points and Master Level trainers to receive the training on DVPP from NFSP, to disseminate it to Awareness Specialists and the community.

Table 1 DVPP Stakeholders and their Role

Implementing Partners	
	terms of enforcing a monitoring, reporting and quality assurance mechanisms.
Technical Partner	
UNICEF	UNICEF as a technical partner is responsible for the evaluation of NFSP's pilot phase.

### 1.2.6 Programme Participants (Beneficiaries)

The Programme has three groups of beneficiaries: the public sector (ministries and their respective departments) and CSO staff who were trained on the DV and CA training package; the NFSP who benefited from improving capacities in relation to the Programme's design, development and implementation; and community members (including parents, caregivers, social and religious leaders, adolescent and young boys and girls (students) who benefited from knowing more about the types of DV and CA, causes and implications and prevention mechanisms. *The evaluation team did not have data on the intended number of participants NFSP aimed to accomplish for each beneficiary group.*

### 1.2.7 Programme Resources and Donors

As outlined above, there is no official budget for the intervention.<sup>61</sup> The Programme is designed to minimize costs as partners who are engaged and trained for community education are either public sector workers or CSO-supported staff and volunteers. Therefore, the intervention will not incur additional human resource costs.

### 1.2.8 Significance of the Programme

Find below an overview of significance as identified by different programme stakeholders:

1. The Programme is a demonstration of the deep interest and commitment of the NFSP in addressing the prevailing issue of DV and CA in Saudi Arabia. As such, the Programme is aligned with national policy instruments, particularly Saudi Vision 2030.
2. The Programme is significant for its multi-stakeholder partnerships approach that aims to raise awareness of the general public and front-line staff on the needed preventative and response actions to address cases of violence and abuse.
3. The Programme is also significant for its potential engagement with development partners (such as UN agencies) to advise on and assist in improving Programme design and implementation. The current formative evaluation of the Programme is an example of such efforts.
4. The Programme's success in implementing a multi-sectoral and multi-stakeholder partnership approach to building capacity could be exemplary for other Gulf countries to replicate.

## 1.3 Theory of Change

The Programme is being implemented without a documented Theory of Change (ToC). However, during the inception phase of the evaluation, the evaluators developed and used the following intervention logic (Figure 8) based on the description shared as part of the ToR.

<sup>61</sup> Based on the information shared by NFSP on Sunday, 14 February 2021 12:07 pm via email.

Figure 8 DVPP Theory of Change



## **CHAPTER 2**

# **Evaluation Purpose, Objectives, Scope, Criteria and Questions**



This chapter summarises the evaluation purpose, objectives, criteria and questions as an outline of the scope of the evaluation. The chapter further lays out the significance of the evaluation, relevant stakeholders, and their role and interest in evaluation findings.

## 2.1 Evaluation Purpose

This is a 'Formative Evaluation', with a demonstrated learning focus. The purpose of this evaluation is to systematically assess the design and implementation of the pilot phase and document the achievements against the intended results. The evaluation recommendations are expected to help improve the future design, rollout and replication of DVPP across KSA.

## 2.2 Evaluation Objectives

The following evaluation objectives were refined based on discussions with NFSP during the inception phase of the evaluation. These objectives are largely aligned with the evaluation objectives as listed in the evaluation ToR.

- To assess the Programme's training package to ensure that contents are appropriate to the local context and international conventions and standards and suggest how these could be further improved.
- To evaluate how trainees (both Master Trainers and those in the field) have assessed the training contents and delivery approach/es during the evaluation timeframe and identify changes that should be made for improvement.
- To engage with community groups (men, women, caregivers, community leaders, children, and adolescents—both boys and girls) who attended the virtual sessions within the evaluation data collection phase and assess what could be improved.
- To document key challenges and gaps in Programme design and operation and outline recommendations for improvement and roll out in the future.

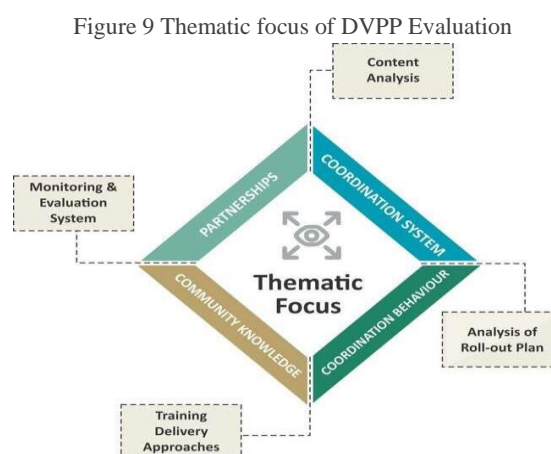
## 2.3 Evaluation Scope, Criteria and Key Questions

This section outlines each of the above evaluation aspects separately:

### 2.3.1 Evaluation Scope

Below are the details of the thematic, chronological and geographic scope of the evaluation.

- **Thematic focus** includes an assessment of i) training content, ii) rollout plan, iii) training delivery approaches and iv) monitoring and evaluation system as indicated in Figure 9.
- The **chronological scope** included all activities implemented in the pilot phase intended to begin at the end of 2020<sup>62</sup> and continue for one year. The expectation was that evaluation fieldwork would be initiated three months after the trainings were delivered. However, the first training session for the Master Trainers was conducted in January 2021 which resulted in the evaluation being completed in parallel to the roll out plan to ensure that evaluation timelines were met. The evaluation was conducted from November 2020 to October 2021.
- The **geographic scope** included all activities implemented at national and sub-national in 13 provinces.

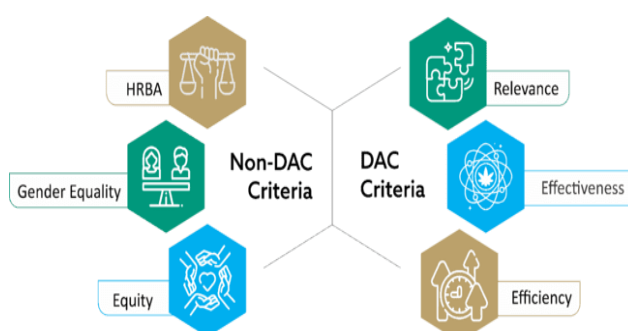


<sup>62</sup> As per the evaluation ToR.

## 2.3.2 Evaluation Criteria and Key Evaluation Questions

The evaluation criteria (as displayed in Figure 10) were based on the components prescribed by the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC)<sup>63</sup> including relevance, effectiveness and efficiency. As this is a formative evaluation (of pilot phase), impact criterion was not part of the ToR nor was assessed as part of the evaluation. The non-DAC criterion included the Human-Rights-Based-Approach (HRBA), gender equality (GE) and equity. HRBA and equity were not part of the evaluation ToR but were added by the evaluators to meet UNICEF's cross-cutting priorities.

Figure 10 Evaluation Criteria



The evaluation questions (as listed in the ToR) were critically reviewed, discussed and rephrased to fit into the Evaluation Matrix (see Appendix 2 for the complete matrix). The Evaluation Matrix was developed following the scoping discussions to establish consensus and evaluation expectations between the Evaluation Steering Committee (ESC) and the evaluation team. Below is the final list of key evaluation questions for DAC and Non-DAC criteria (Table 2).

Table 2 Key Evaluation Questions

Evaluation Criteria Key Questions	
<b>Relevance</b>	<b>EQ1</b> – To what extent DVPP (the Programme) addresses the needs of children and prioritization of capacity development is aligned to the national priorities of the GoKSA?
<b>Effectiveness</b>	<b>EQ2</b> – To what extent has the pilot roll out of DVPP achieved the intended outcomes (including any unintended outcomes), and the training contents are consistent with local needs and context, and national and international standards? <b>EQ3</b> – What design and operational improvements are required to scale-up DVPP to the national level, including a monitoring system (to track achievement of results)?
<b>Efficiency</b>	<b>EQ4</b> – To what extent did DVPP use resources (funds, technical and human resources and partnerships) to achieve maximum cost efficiency, and consider/identify plausible alternatives for improved efficiency?
<b>HRBA, Gender Equality, and Equity</b>	<b>EQ5</b> – To what extent did DVPP (design, content, implementation, achievement of results and monitoring) demonstrate compliance with gender equality, equity and HRBA principles and approaches?

## 2.3.3 Evaluation Stakeholders Role, Interest and Uses of Evaluation

Several key stakeholders were involved in the evaluation with varied interests. Table 3 below outlines the stakeholders' roles and interests, and possible uses of the evaluation.

<sup>63</sup> The Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Table 3 Stakeholders Role, Interest and Uses of the Evaluation

Stakeholder	Role, Interest and Uses of the Evaluation
<b>UNICEF GAO</b>	<p><b>Role:</b> To develop the evaluation ToR; recruit and manage the evaluation team; review and approve deliverables; and facilitate data collection processes if needed.</p> <p><b>Interest:</b> To protect the future of Saudi children by helping NFSP to reshape its current strategies and interventions and inform policy development.</p> <p><b>Uses:</b> To use the evaluation findings to improve the next phase of the Programme. Moreover, UNICEF will support NFSP to advocate with other actors to strengthen multi-stakeholders and multi-sectoral collaborations to reduce and prevent domestic violence and respond to violation of child rights.</p>
<b>NFSP</b>	<p><b>Role:</b> To support the evaluation team in better understanding the Programme by providing relevant documents (if and when required), and by facilitating coordination with local stakeholders for field data collection.</p> <p><b>Interests:</b> To benefit from the evaluation by adopting the right strategy to reduce domestic violence and child abuse in KSA.</p> <p><b>Uses:</b> To identify gaps and areas of improvement in the training content and delivery. Moreover, to use the findings and recommendations to improve future design and implementation of the Programme.</p>
<b>KSA line ministries and CSOs</b>	<p><b>Role:</b> To implement the Programme (both relevant ministries and CSOs) and contribute by informing the evaluation of their views and suggestions about design and delivery.</p> <p><b>Interest:</b> To help the NFSP in improving the Programme and achieving the long-term benefit of reducing violence in KSA.</p> <p><b>Uses:</b> To use recommendations to improve the delivery of trainings on their end.</p>
<b>Communities</b>	<p><b>Role:</b> The communities remain the primary beneficiaries and for that they are expected to share their thoughts, experiences and suggestions around Programme design and implementation.</p> <p><b>Interest:</b> To build and strengthen relationships with the NFSP for a safer and securer community and region.</p> <p><b>Uses:</b> To benefit from improved future programming implemented in all 13 provinces targeting a wider audience.</p>

## 2.4 Evaluation Significance

This section outlines the evaluation significance for different stakeholders including NFSP, public sector and CSO partners (IPs), UNICEF GAO and the communities.

- **NFSP:** This evaluation is significant in terms of offering an objective assessment of the roll out of the pilot phase, and exploring how has this contributed to the achievement of intended results. This evaluation has identified possible improvements in Programme design (training contents, delivery, partnerships, and coordination, M&E) and implementation before possible upscaling to a wider audience. By assessing the alignment of the prevention programme with national and international standards and frameworks, the evaluation enabled the NFSP to advocate and work with relevant public authorities on continuation and national implementation of the DVPP. Additionally, this evaluation improved NFSP's needs-based approach to planning. Furthermore, this process helped NFSP improve its documentation and processing by adding risk mitigation and alternative approaches.
- **UNICEF GAO:** This evaluation enabled UNICEF GAO to better position itself in terms of future engagement (in terms of technical assistance) with respective governments in the region. Moreover, UNICEF GAO will help other countries to benefit from the pilot roll out of the Programme by adopting and/or improving countries' similar planned interventions.
- **Implementing Partners:** This evaluation enabled the implementing partners to use better practices in their deployment of resources to roll out the Programme at advanced level and improve their delivery for the greater good of the Saudi community.
- **Communities (particularly women, children and older persons):** The evaluation enabled communities to share their experiences and suggestions to help improve future roll out. Interaction with communities has, in fact, empowered people by providing the space for community members to voice their opinion about the issue.

## **CHAPTER 3**

# **Evaluation Methodology, Quality Assurance and Ethics**

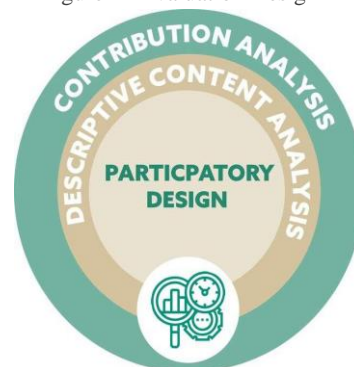
This chapter describes evaluation design, methodology and data sources, sampling strategy, data analysis approach, compliance to United Nations Evaluation Group (UNEG) norms and standards, limitations and mitigation measures, and evaluation implementation and management.

### 3.1 Evaluation Design

The evaluation was guided by the **participatory**<sup>64</sup> approach as it engaged all key stakeholders during all stages of the evaluation—planning, implementation, analysis and dissemination (including the ESC). The evaluation was informed by the opinions, experiences and suggestions of key stakeholders, including implementing partners from ministries and CSOs (master trainers, awareness specialists, focal point); rights holders (men, women); technical and financial partners (UNICEF GAO and NFSP).

The evaluators used a Hybrid Evaluation Design featuring two sub-designs i.e., **descriptive content analysis**<sup>65</sup> and **contribution analysis**<sup>66</sup> (refer to Figure 11 for visual representation of evaluation design). The descriptive content analysis sub-design was used to assess the training contents (of eight modules) for consistency with global and national standards and norms. This was undertaken by the training content development expert and compared with training packages or literature available around the issues. The content was analysed on two bases by making a specific criterion for pedagogical analysis and technical analysis. The **contribution analysis** sub-design helped in assessing how the Programme interventions have contributed to improved knowledge and influenced behaviours around DV and CA in the targeted population. This was done qualitatively by reaching out to different respondent groups at three levels (Master Trainers, Awareness Specialist and community members) regardless of their field of expertise or social role.

Figure 11 Evaluation Design



### 3.2 Evaluation Methods

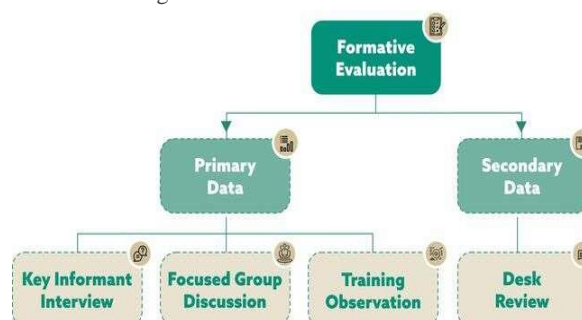
The evaluators have used a **qualitative** approach for this evaluation. The approach enabled cross-verification or validation of data gathered from different sources, including the secondary evidence. The methodological approach enabled achieving depth and coverage, authenticity, reliability and triangulation of findings. The methods used for the evaluation are illustrated in Figure 12.

These methods have been elaborated in the following sections.

#### 3.2.1 Desk Review

The evaluators reviewed **72** documents that included internal and external sources. The desk review continued throughout the evaluation and enabled better understanding of the context,

Figure 12 Evaluation Methods



<sup>64</sup> **Participatory evaluation** is an approach that involves the stakeholders of a programme or policy in the evaluation process. This involvement can occur at any stage of the evaluation process, from the evaluation design to the data collection and analysis and the reporting of the study.

<sup>65</sup> **Descriptive content analysis** examines the quantitative and qualitative data collected through methods such as e.g., document analysis and literature review with the aim of summarising the informational contents of these data with respect to the research question. The informational content is presented in a straight and descriptive summary structured according to the needs of the study.

<sup>66</sup> **Contribution analysis** explores attribution through assessing the contribution a programme is making to observed results. ([https://www.betterevaluation.org/en/plan/approach/participatory\\_evaluation](https://www.betterevaluation.org/en/plan/approach/participatory_evaluation)).

intervention, results, challenges and learning. A systematic approach was applied during desk research which entailed initial screening and classification (whereby documents were organised and catalogued according to the type of documents), broader themes were identified (while keeping in view the Evaluation Matrix), and relevant information was extracted through general reading. The information gathered was used to appropriately respond to evaluation questions either on its own or with the support of the primary data collected through field research. Table 4 below summarises the broader categories of available Programme documents (refer to Appendix 4 for complete list of documents reviewed).

Table 4 Key Programme Documents Reviewed

R	Total
NFSP Annual Progress Reports related documents	6
Research Studies on Child Abuse in KSA	11
KSA Strategies and plans	2
DVPP Training Packages/kits	8
UN Strategic and other plan documents	3
UNICEF Evaluation Documents	9
International frameworks document	2
Documents on Saudi Laws	2
Additional literature search	18
Document on situational analysis and Saudi profile	2
Extended Guidance for Violence Against Children	9

### 3.2.2 Qualitative Data Collection

The evaluators conducted key informant interviews (KIIs), focus group discussions (FGDs) and field training observations to collect qualitative data. The evaluation team planned to obtain the views of all key stakeholders (national, district and community). Data collection was conducted in parallel to the rollout plan (i.e., trainings at three levels) of the DVP Programme. However, due to delay in pilot implementation and limited number of key stakeholders who were aware of the Programme, the evaluation scope of qualitative data collection was revised (agreed with UNICEF) and includes a reduction in numbers of both KIIs and FGDs. The details are in the following sections.

**KIIs:** The evaluators initially planned to conduct a total of 24 KIIs at various levels. However, the scope was reduced to **12** interviews after discussion with UNICEF GAO and NFSP. The evaluators conducted KIIs with key decision-makers at the national level to understand their views, suggestions and perceptions on Programme design, implementation, achievements, challenges, lessons learned and scalability. The respondent's selection was guided by the respondents' role and position in the Programme design and implementation. Open ended and semi-structured guidelines were used at various levels (refer to Appendix 5 for the KII guides). Table 5 below reflects the interviewed key informants:

Table 5: KIIs Conducted

Stakeholder Description	No of KIIs
UNICEF GAO	1
National Family Safety Programme	4
Ministry/Department of Human Resources and Social Development	1
Ministry/Department of Health	1
Ministry/Department of Education	1
Ministry of Media	1
Princess Nourah bint Abdulrahman University	1
Al-Mawwadah Association	1
Al-Waqar Association	1
<b>Total</b>	<b>12</b>

**FGDs:** The evaluators initially planned to conduct 12 FGDs after three months of trainings<sup>67</sup> to understand and explore the knowledge, opinions, perceptions, behaviour, and practices of the

<sup>67</sup> As per the evaluation ToR.



rights holders and service providers. However, due to the delay in rollout of community sessions, the scope was reduced to **8** FGDs after discussion with UNICEF GAO and NFSP (refer to Appendix 6 for FGD guides). The delay was mainly attributed to the IPs not being able to roll out the trainings in the agreed timeframe (one year of the pilot phase). Thus, analysis of FGD presents only the views of participating IP (Al-Mawaddah Association) and not of the ones who still have not rolled out the trainings. The distribution of FGDs is given below in Table 6 below. Each FGD had approximately 4 to 10 participants who were primarily chosen by NFSP based on the participant's availability instead of being randomly selected by the evaluation team, as planned originally.

Table 6 Distribution of Focus Group Discussions

Group Type (Participants Category)	No of FGDs
Master Trainers Level	3
Awareness Specialist Level	3
Community Level (Men and Women)	2
<b>Total</b>	<b>8</b>

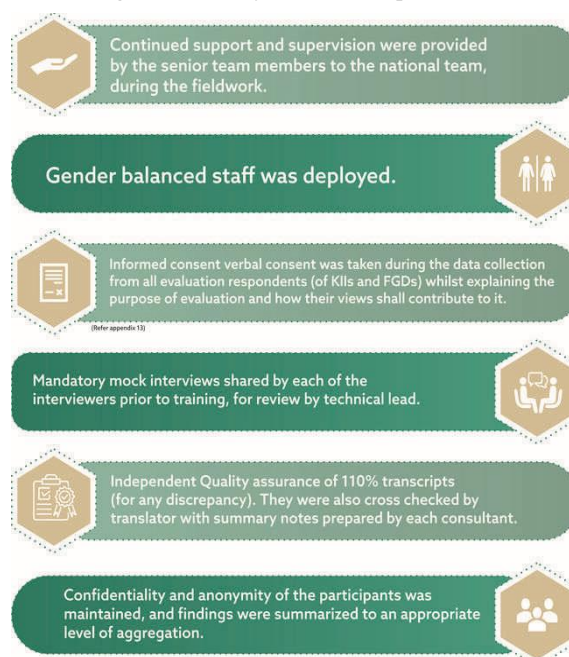
**Training Observation:** In light of the COVID-19 related precautionary restrictions, NFSP conducted all trainings virtually. The evaluation team, therefore, virtually participated in **2** online trainings to observe implementation and the trainer's performance. The team used the training observation checklist (refer to Appendix 7 for the checklist).

### 3.3 Training and Quality Assurance of the Data Collection

The evaluation team was responsible for overall data collection and quality assurance in the process, and therefore services of relevant local sector experts were engaged as per identified need.

The evaluation team trained the field team on data collection tools (KIIs, FGDs and training observation checklists). For the KIIs, a training session (led by the international team<sup>68</sup>) was conducted to train the national experts. Prior to national experts conducting the KIIs independently, mock interviews were recorded and shared with the international core team for quality assurance purposes. For those national team members involved in conducting the FGDs, a separate training session was organized. The training followed a structured agenda (see Appendix 8) and focused on providing an orientation to the field staff on Programme interventions, coverage, evaluation purpose and objectives. Special emphasis was given to explain UNICEF/UNICEF guidelines, norms and field protocols to ensure all ethical guidelines are completely understood for correct application during virtual data collection. Refer to Figure 14 for a summary of quality measures undertaken by the evaluation team.

Figure 13 Quality Measures Implemented



### 3.4 Data Processing and Analysis

Qualitative data analysis was carried out simultaneously with the data collection phase, wherein MaxQDA<sup>69</sup> software was used in a systematic and structured way. The analysis entailed an in-

<sup>68</sup> Due to COVID-19 restrictions, the trainings were conducted remotely.

<sup>69</sup> MAXQDA is a software for qualitative and mixed methods data analysis. MAXQDA can help with systematic analysis and interpretation of the data. It allows the user to develop a system of categories and mark important information in the data with different codes using MAXQDA flexible and powerful coding features.

depth review of the collected data and summarized the unstructured textual content into manageable data relevant to the evaluation criteria. This process was followed by identifying relevant data and its coding which was categorized into common themes. The summarized and analysed data was organized into matrices to extract the matching patterns on different programmatic aspects and perspectives of participants. All key findings were triangulated with secondary sources to make valid judgments and conclusions. The evaluators also utilised and analysed data from secondary sources to develop a contribution narrative.

### 3.5 Integration of HRBA, Gender Equality, and Equity in Evaluation Design, Implementation and Reporting

Evaluation design, implementation and reporting took into consideration UNICEF's cross-cutting programming priorities that included HRBA, gender equality and equity. These priority areas were factored into the design and methods of the evaluation matrix, tools used for data collection, and the analysis and reporting of the findings. This report also includes a special section on the findings and results around HRBA, gender equality and equity, as well as related recommendations. Below is a synopsis of how the evaluation for each priority area was completed:

**HRBA:** The evaluators reached out to relevant duty bearers (NFSP and partner ministries), enablers (partner CSOs) and rights holders (communities i.e., men and women) to conduct the KIIs and FGDs. It is important to note that the respondent selection was primarily done by NFSP and not the evaluators (the bifurcation of number of respondents per category is given in Figure 13).

**Gender Equality:** The evaluators intended to select respondents (for KIIs and FGDs) on the basis of the respondent's gender. As the NFSP led respondent selection, the evaluation team was unable to ensure equal representation of both genders in the evaluation process. The gender distribution of respondents who participated in data collection is presented in Table 7.

**Equity:** The evaluators faced limitations in inclusion of vulnerable groups in the evaluation process. This is primarily because the Programme itself excluded children, PWDs, non-Saudis and non-citizens from its target audience for the trainings. This in turn, has led to the lack of representation of the vulnerable group in the evaluation sample and findings.

### 3.6 Compliance to UNEG and UNICEF's Ethical Norms and Standards

The evaluation adhered to all applicable UNEG ethical norms and standards,<sup>70</sup> and UNICEF procedures on ethical standards<sup>71</sup> as are prescribed in the relevant key guiding documents. The description below outlines key aspects of each dimension (for a detailed description, refer to Appendix 10-11):

- **Integrity:** The selection and deployment of the evaluation team was undertaken after ascertaining that none of these members have an evident conflict of interest, nor has had any role in the design and implementation of the Programme. Similarly, the team was both guided and enabled to perform tasks without any influences.
- **Accountability:** The evaluation team has provided justifiable findings with consideration to stakeholder judgements while ensuring the evaluators independence for transparent and accountable reporting.



Table 7 Gender Distribution

Description	Male		Female		Total
	n	%	n	%	
KIIs with Stakeholders	6	50	6	50	12
FGDs with MTs	10	43	13	57	23
FGDs with Awareness Specialists	8	36	14	64	22
FGDs with Community	5	45	6	55	11
<b>Total</b>	<b>29</b>	<b>43%</b>	<b>39</b>	<b>57%</b>	<b>68</b>

<sup>70</sup> UNEG Norms and Standards of Evaluation (2017); UNEG Evaluation Reports Standards (2015).

<sup>71</sup> UNICEF Procedure for Ethical Standards (2015).



- **Credibility:** The evaluation was conducted by AAN Associates. In the past decade, AAN has conducted over 100 evaluations across 35 countries, working extensively with a range of development partners including UN agencies. A competent and professional evaluation team was deployed to work independently and impartially to implement this evaluation.
- **Avoidance of Harm:** Evaluation team took pre-emptive measures for any unforeseen events in the field and responded accordingly. In light of COVID-19 restrictive measures, the evaluation team virtually conducted the evaluation field work.
- **Privacy of Participants:** The participants were informed of who will have access to their private data, and that an authorised team member will remove all identifying information. All the data was saved in a separate folder which was end-to-end encrypted and accessed by only the core evaluation team.

## 3.7 Limitations and Mitigation Measures

Find below the list of limitations with mitigation measures.

Table 8 Limitations and Mitigation Measures

Limitations	Mitigation Measures
Limited documentation – Programme proposal, logframe, budget, implementation approach, resulting in limited understanding of the Programme.	This remains a significant gap which constrained the evaluation team's findings and analysis. The evaluators in return had to find an innovative approach to fill in the gaps of missing information. The evaluation team met with the planners and implementers of the Programme to understand the Programme better. The findings from the qualitative discussions were triangulated with information from other sources, however, effectiveness and efficiency analysis remain inconclusive due to limited documentation.
Evaluators had limited contact with participants and relied on NFSP for respondent selection.	The evaluators lacked direct access to participants and their information. This hindered the evaluation team's ability to randomly select participants for remote FGDs. As a result, the evaluation team relied on NFSP to select participants to take part in FGDs.
Evaluation scope was reduced due to delays in implementation (in particular the community sessions).	Due to the delays in implementation of the community sessions, the evaluation team was unable to implement the planned number of FGDs with community members. Given the mutual interest of UNICEF and the evaluation team to not seek a contract extension, the scope of primary data collection was reduced (KIs reduced from 24 to 12 and FGDs reduced from 12 to 8. See Section 3.2.2 for more details).

## 3.8 Evaluation Management

This section covers the evaluation management arrangements, evaluation team and functions, implementation phases and deliverables under each evaluation phase.

### 3.8.1 Evaluation Management and Oversight – ESC's Role

The evaluation involved multi-layered oversight and management system that included UNICEF Regional Office and UNICEF GAO. An ESC was formed with representation from governmental, non-governmental and UNICEF staff.<sup>72</sup> Moreover, a Multi-Country Evaluation Specialist based in UNICEF Djibouti served as the Evaluation Manager. The Evaluation Manager and UNICEF GAO in general remained the main focal point for interaction with NFSP during this evaluation.

### 3.8.2 Evaluation Team and Roles

AAN Associates was the primary contractor and designed, planned and implemented the national evaluation. The evaluation team was comprised of two local training experts who led the field data collection. A core team of international experts provided the technical support for data collection,







<sup>72</sup> As per the evaluation ToR.

triangulation, analysis and report writing. The team had adequate representation of female team members (please refer to Appendix 12 for team composition and roles).

### 3.8.3 Evaluation Implementation Phases and Deliverables

The evaluation was implemented from November 2020 to October 2021. Implementation faced some delays owing to the lag in programme implementation (the training roll out was delayed at the NFSP's end). The evaluation was implemented with a participatory approach engaging all relevant stakeholders through ERC. The evaluation followed a phased approach with five key phases i.e., pre-inception, inception, fieldwork, data processing and analysis, and reporting and dissemination. Each phase had a series of activities/tasks (implemented both concurrently and sequentially) and associated deliverables as indicated in Figure 9. The evaluation followed an evolving work plan appended as Appendix 24.

Table 9 Evaluation Phases & Deliverables

Evaluation Phases		Activities	Deliverables
	<b>Pre-inception</b>	<ul style="list-style-type: none"> <li>• Preparation and planning</li> <li>• Desk review</li> <li>• Draft evaluation matrix</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation matrix finalised</li> </ul>
	<b>Inception</b>	<ul style="list-style-type: none"> <li>• Design evaluation tool kit</li> <li>• Draft IR</li> <li>• Preparation of data collection</li> </ul>	<ul style="list-style-type: none"> <li>• Draft inception report</li> <li>• Final inception report</li> </ul>
	<b>Remote data collection</b>	<ul style="list-style-type: none"> <li>• Field team training and deployment</li> <li>• Data collection started</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection completed</li> </ul>
	<b>Preliminary findings</b>	<ul style="list-style-type: none"> <li>• Preliminary data analysis</li> </ul>	<ul style="list-style-type: none"> <li>• PPT of preliminary findings</li> </ul>
	<b>Data processing</b>	<ul style="list-style-type: none"> <li>• Primary/secondary data consolidation</li> <li>• transcription and translation of recording</li> <li>• Data analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Data analysis completed</li> </ul>
	<b>Reporting and dissemination</b>	<ul style="list-style-type: none"> <li>• Draft evaluation report</li> <li>• Feedback addressal</li> <li>• Evaluation report approval and finalization</li> </ul>	<ul style="list-style-type: none"> <li>• Final evaluation</li> <li>• Report submitted</li> </ul>

## **CHAPTER 4**

# **Evaluation Findings, Analysis and Preliminary Conclusions**

This chapter presents the evaluation findings, analysis and preliminary conclusions. The description includes key findings for each sub-questions under each criterion. The findings are drawn from both primary and secondary data sources. Preliminary conclusions for each question are placed at the end of each sub section.

## 4.1 Relevance

### EQ1 – TO WHAT EXTENT DVPP ADDRESSES THE NEEDS OF CHILDREN AND PRIORITIZATION OF CAPACITY DEVELOPMENT IS ALIGNED TO THE NATIONAL PRIORITIES OF THE GOKSA?

The relevance criterion has one key evaluation question with two sub-questions. For evident overlaps between the sub-questions and the findings, the evaluators have opted to merge the findings for both sub-questions. The description ends with preliminary conclusions.

**EQ1.1 - Are domestic violence and child abuse priority protection issues in KSA (for communities and for the government) and does DVPP address the underlying causes?**

**EQ1.2 - To what extent do DVPP supported capacity building interventions (of public sector and civil society actors) align with national priorities (the Saudi government's) to end domestic violence and child abuse in KSA?**

The findings are structured in three parts:

- i) Situation Analysis of DV and CA in KSA;
- ii) Overview of DVPP Strategies Addressing Underlying Causes of DV and CA;
- iii) Public Policy Prioritisation of DV and CA for GoKSA.

#### 4.1.1 Situation Analysis of DV and CA in KSA

This section looks at the prevalence of DV and CA. It lays out findings around types, causes, implications and groups at greater risk, for both DV and CA. The findings are drawn primarily from the secondary data. The readers may take note that there is limited secondary data available, particular with respect to reliability and availability of recent data. The findings are given below:

##### *Domestic Violence: Types and Prevalence, Causes and Implications and High-Risk Groups*

- DV is a widespread reality in Saudi Arabia. Victims are often married women with perpetrators being the spouse. There are three main types of DV i.e., physical, psychological and sexual violence. A 2020 study suggests that the prevalence of domestic violence in Saudi Arabia (between 2010-2015) ranged between **20% and 39%**.<sup>73</sup> It further indicates that **one-third of sampled women** reported to have experienced either psychological abuse or physical violence (more statistics are provided in Box 2).
- DV is driven by multiple causes of which the most common (as reported in a study) include spousal unemployment, accepting attitudes towards violence, early marriage, use of alcohol and gender inequalities.<sup>74</sup>

##### Box 2: Prevalence of DV in KSA

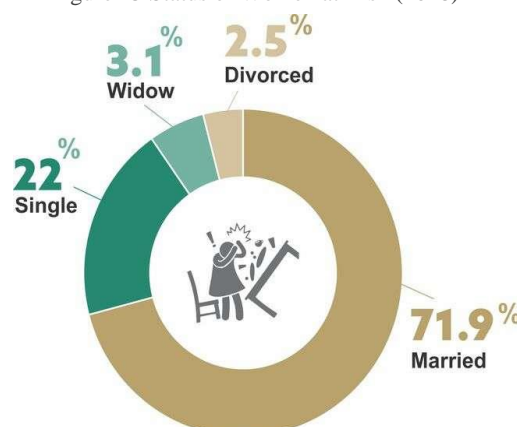
- 33.24% (n=599) had lifetime prevalence of DV.
  - 48.7% (n=460) suffered from psychological abuse.
  - 34.47% (n=360) suffered physical abuse
  - 16.75% (n=159) suffered from sexual abuse.
- Source: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8156-4>.

<sup>73</sup> AlJuhani, S; AlAteeq, M. (2020, February 28). Intimate partner violence in Saudi Arabia: A topic of growing interest. Journal of family medicine and primary care. Retrieved October 7, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7113974/>.

<sup>74</sup> Supra note 1.

- The literature suggests that women and girls are subjected to DV. Those at greater risk include younger women, financially dependent women, women married to illiterate/less educated men, women with husbands having aggressive/abusive behaviour, women in low-income families.<sup>75</sup>
- Reportedly, DV negatively affects women's mental, physical and reproductive health. Violence also negatively impacts the well-being of children. Figure 15 shows the relationship between marital status and risk of facing violence.<sup>76</sup>
- Key stakeholders interviewed as part of the evaluation referred to the prevalence of DV and its varied forms. The stakeholders referred to women being the primary victims and perpetrators being male family members. Moreover, they referred to general apathy or wider acceptability of DV in the communities.

Figure 15 Status of Women at Risk (2018)



### *Child Abuse: Types and Prevalence, Causes and Implications and High-Risk Groups*

- CA is common in Saudi Arabia, and children suffer from a range of abuses including neglect, psychological, physical and sexual abuse.
- According to NFSR, a national registry of child abuse and neglect (CAN) under NFSP, girls are more likely to experience sexual and emotional maltreatment than boys.<sup>77</sup>
- In 2020, cases registered at the NFSR show that 36.1% were negligence case, 31.7% physical abuse, 20.1% psychological abuse and 12.1% sexual abuse (refer Box 3 for more details).<sup>78</sup>
- The experience of surviving CA affects children in a multitude of ways and affects their physical and emotional well-being. Reportedly, victims of sexual abuse suffer from chronic diseases and mental health disorders.<sup>79</sup> The study found a strong correlation between mental health issues (like anxiety, depression, post-traumatic stress disorder) and victims of child sexual abuse.<sup>80</sup>

#### **Box 3: Gender Distribution of CAN Cases**

The 2020 Saudi National Family Safety Registry Report found:

- Males accounted for 54.2% of child neglect cases as compared to 45.8% of females.
- Males accounted for 52.9% of physical abuse cases compared to 47.1% females.
- Females constituted 56.4% of psychological cases compared to 43.6% males.
- Males constituted 53.1% of sexual abuse cases as compared to 46.9% females.
- Females between the age of 1-5 years have constituted 38.9% of reported CA cases compared to 41.2% males.
- Males between 6-12 years accounted to 38.2% of reported cases compared to 35.1% females.
- Females aged between 13-18 were found to be 18.2% of reported cases, while males recorded 12.6% of the cases.

**Source:** The National Family Safety Program (2020). The National Family Safety Registry in the Health Sector Report for the year 2020.

<sup>75</sup> Supra note 1.

<sup>76</sup> Barnawi FH. Prevalence and Risk Factors of Domestic Violence Against Women Attending a Primary Care Center in Riyadh, Saudi Arabia. J Interpers Violence. 2017 Apr;32(8):1171-1186. doi: 10.1177/0886260515587669. Epub 2016 Sep 29. PMID: 26021859.

<sup>77</sup> As per the evaluation ToR.

<sup>78</sup> The National Family Safety Program (2020). The National Family Safety Registry in the Health Sector Report for the year 2020.

<sup>79</sup> Almuneef M. Long term consequences of child sexual abuse in Saudi Arabia: A report from national study. Child Abuse Negl. 2021 Jun;116(Pt 1):103967. doi: 10.1016/j.chiabu.2019.03.003. Epub 2019 Mar 11. PMID: 30871806

<sup>80</sup> Alsulami, A. (2019) The Impact of Childhood Emotional Abuse in the Kingdom of Saudi Arabia: How Adults Relate Past Abuse to their Mental Health. Retrieved from: <https://www.semanticscholar.org/paper/The-impact-of-childhood-emotional-abuse-in-the-of-3A-Alsulami/211212bec43954fab9fd88b7648422c3bcac7b4f>

- The reasons behind CA are numerous and wide-ranging, however the most common include parental unemployment, large family size, divorced parents,<sup>81</sup> single/step-parent households,<sup>82</sup> cultural and societal attitudes towards CA, low education level (in parents), poverty, substance abuse and disability in children.<sup>83</sup>
- Stakeholders consulted as part of the evaluation referred to the problem of CA being widespread in Saudi society. The stakeholders highlighted that low-income groups and broken families (raised by single parents), or orphans are at greater risk. Girls are at greater risk of sexual violence, whereas boys are at risk of physical violence. The practice of using physical violence (corporal punishment) against children in the process of upbringing is largely acceptable in the Saudi society and the available recourses highlight that there are limited consequences for perpetrators.

*"Children are exposed to violence and there are still people who deal with violence as a method of brought up."*

**Source: Key Informant Interview**

*"Abuse is not only an abuse that may be physical or emotional, even neglect and exploitation of the child are forms of abuse"*

**Source: Focus Group Discussions**

#### 4.1.2 Overview of DVPP Strategies Addressing Underlying Causes of DV and CA

Find below key findings around the appropriateness of DVPP strategies to address the underlying causes of DV and CA. This analysis is based on the literature review and primary information gathered as part of the evaluation. To ease comprehension, the findings are divided into two broader categories i.e., socio-economic and behavioural determinants. Readers may note that the determinants are more or less similar for both issues, hence the description offers a merged analysis.

**Table 10: DV and CA Underlying Reasons and Corresponding DVPP Strategies**

Underlying Causes for DV and CA	DVPP Strategies	Evaluators' Assessment
<b>Socio-economic Determinants</b>		
<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Unemployment</li> <li>• Family structures (divorced or single parents)</li> <li>• Low education level</li> <li>• Early marriages</li> </ul>	NA	No specific Programme strategy/intervention that addresses policy-level or broader socio-economic reasons behind DV and CA.
<b>Behavioural Determinants</b>		
<ul style="list-style-type: none"> <li>• Social and cultural acceptance towards DV and CA.</li> <li>• Poor parenting/spousal support (leading to neglect).</li> </ul>	<ul style="list-style-type: none"> <li>• Establish multiple stakeholder partnerships</li> <li>• Build capacities of professional workers</li> <li>• Raise awareness at the community level</li> </ul>	The Programme design includes multiple strategies to address / disseminate information to address the behavioural reasons behind DV and CA. These Programme strategies sought to develop/strengthen partnerships with relevant ministries/CSOs and develop capacities of professional and extension workers who in turn would train community members on preventive modules. The modules were designed to improve/change public perception around acceptability of DV and CA and improve knowledge around types of abuses; underlying reasons; and relevant actors involved in preventing and treating DV and CA. Therefore, the Programme design is

<sup>81</sup> Shata, N. (-1, November 30). An overview of child abuse in Saudi Arabia. Primary Health Care: Open Access. Retrieved October 7, 2021, from <https://www.iomcworld.org/proceedings/an-overview-of-child-abuse-in-saudi-arabia-49229.html>.

<sup>82</sup> Alsehaime A, Alanazi A. The Extent of Negligence of Children in Saudi Arabia: A Literature Review. J Child Dev Disord. 2017; 3:3. doi: 10.4172/2472-1786.100041

<sup>83</sup> Alsehaime A, Alanazi A (2015) The Nature of Domestic Violence against of Children in Saudi Arabia Systematic Literature Review. J Psychol Abnorm Child 4: 146. doi:10.4172/2329-9525.1000146



Table 10: DV and CA Underlying Reasons and Corresponding DVPP Strategies

Underlying Causes for DV and CA	DVPP Strategies	Evaluators' Assessment
		deemed appropriate to address some of the behavioural reasons behind DV and CA cases.

### 4.1.3 Public Policy Prioritisation of DV and CA for GoKSA

This section lays out the prioritisation of DV and CA for the GoKSA. The findings are drawn primarily from secondary data. The relevance is measured with respect to alignment of objectives and strategies as listed in the relevant policies and plans with those of DVPP. While there are several laws and policy guidelines to prevent and treat CA, the legal landscape in Saudi Arabia offers limited focus on DV.

*"The goals of the Programme (DVPP) are exactly in line with and cooperating with the government agencies in the country, such as the Ministry of Health and the Ministry of Education."*

**Source: Key Informant Interview**

Table 11: DVPP Objectives and Strategies Alignment with Sector Policies and Plans

DVPP	Saudi Vision 2030	Regulation on Protection against Abuse (2012)	Child Protection Law (2014)	Evaluators' Assessment
<b>Objectives</b>				
To educate the community on the importance of protecting families and to empower its members of all ages to build a thriving economy, hence contribute to the Kingdom's vision and future strategies.	Envisions to provide families with all the necessary support to take care of their children and develop their talents and abilities.	Aims to spread awareness among community members about the concept of victimization and its implications.	Aims to protect the rights of the child and protect him/her from all forms of abuse and neglect.	<b>Aligned:</b> Overall, the Programme's objective to educate community members on the importance of protecting families (against DV and CA) is well aligned with GoKSA objectives as outlined in its sectoral policies and plans.
<b>Strategies</b>				
<ul style="list-style-type: none"> <li>Establish multiple stakeholder partnerships</li> <li>Build capacities of professional workers</li> <li>Raise awareness at the community level</li> </ul>	<ul style="list-style-type: none"> <li>Provide families with the necessary support to take care of their children.</li> <li>Deepen the participation of parents in the education process, to help them develop their children's characters and talents so that they can contribute fully to society.</li> </ul>	<ul style="list-style-type: none"> <li>Take necessary action to address undesirable social behaviour conducive to creating an environment leading to the occurrence of abuse.</li> <li>Promote awareness and educational programmes that aim to curb abuse through media and other means.</li> </ul>	N/A	<b>Partially aligned:</b> While DVPP is raising awareness at the community level, it does not impart knowledge (through its training content) on the actions the victim needs to take to report incidence of violence and/or abuse. This makes it partially aligned with strategies identified in the sectoral policies and plans as they include addressing not only the causes but also reporting of DV and CA cases.

#### Box 4: Preliminary Conclusions: Relevance

- **RELEVANCE 1:** The DVPP is concluded to be **relevant** on multiple counts. It is relevant because the two social problems that it aims to address are widespread and have serious consequences for both women and children. Initiation of a NFSP-led pilot Programme is a clear reflection of prioritisation of the issue. A series of national development plans including sectoral plans (Saudi Vision 2030, Saudi Child Rights Policy, Protection against Abuse) acknowledge the existence of the problem and prioritise addressing these social problems, which also reflect the issues are public policy priorities.
- **RELEVANCE 2:** The determinants are varied. Underlying reasons for DV include: use of alcohol, spousal unemployment, accepting attitudes towards violence, early marriages, low level of education (in husbands) and gender inequalities. Underlying reasons for CA include: parental unemployment, large family size, divorced/single/step-parent households, cultural and societal attitudes towards CA, low education level (in parents), poverty, substance abuse and disability in children.
- **RELEVANCE 3:** The Programme strategies are relevant for addressing the behavioural causes of CA and DV, including general acceptability of DV and CA and poor parenting/spousal support (leading to neglect). The Programme is engaging with and building capacities of the public and CSO; using a widespread network of community/extension workers to reach out to community members; and educating and raising awareness of community members on their entitlements and the recourses available to them. However, the Programme design does not address legislative, policy and socioeconomic causes of DV and CA.
- **RELEVANCE 4:** The DVPP is partially aligned (in terms of objectives and strategies) with the Government of KSA's development and sectoral plans. The Programme's objectives are aligned with Saudi Vision 2030, Regulation on Protection against Abuse (2012) and Child Protection Law (2014). The strategies are, however, partially aligned mainly due to the fact that there is limited focus to improve the reporting of DV and CA cases. The legal landscape offers limited focus on DV compared to CA.

## 4.2 Effectiveness

As outlined above, the absence of key Programme documents—proposal, results framework (including indicators), work plan and budget—affected the measurement of effectiveness and prevented the use of a conventional evaluation framework in which planned and achieved results are compared. Keeping in view the formative nature of the evaluation, the assessment of effectiveness has been undertaken using the successful implementation of Programme strategies/components (including contribution to intended results).

### EQ2 - TO WHAT EXTENT HAS THE PILOT ROLL OUT OF DVPP ACHIEVED THE INTENDED OUTCOMES (INCLUDING ANY UNINTENDED OUTCOMES), AND THE TRAINING CONTENTS ARE CONSISTENT WITH LOCAL NEEDS AND CONTEXT, AND NATIONAL AND INTERNATIONAL STANDARDS?

The effectiveness criterion has two evaluation questions, where each has one sub-question.

#### EQ2.1 - To what extent DVPPs pilot rollout has been successful in achieving the intended and unintended outcomes?

Keeping in view evaluation expectations, the evaluation team applied the following framework (refer to Figure 16) comprising three elements including: i) multi-stakeholder partnerships; ii) training and capacity development of partners; and iii) community education and awareness. The analysis is followed by a list of enabling and disabling factors that have affected Programme implementation.

Find below key findings for the three components.

Figure 16 Framework for DVPP





### 4.2.1 Multi-stakeholder Partnerships

This section presents findings around the partnerships that NFSP formed with public sector entities and CSOs to leverage the outreach and train/equip their staff to engage with target communities. Find below key findings around partnerships formed and managed so far.

- NFSP planned to engage with 10 other partners for the implementation of the pilot phase. The Programme has managed to partner with seven entities<sup>84</sup> ranging from public agencies to CSOs that offer a wide outreach to target communities. Each partner has appointed a focal point for oversight of activities assigned to the partners, including training of field level staff (range of different staff available for these entities) and coordination and reporting to the NFSP.
- NFSP has engaged with the partners by signing agreements with the Master Trainers and focal persons (nominated for each partner to undertake coordination of delivery of trainings). As these agreements are at the individual level, there are no guidelines on the roles and responsibilities (for both NFSP and partner organisations) to effectively carry out the planned activities.
- The IPs are expected to implement the cascade training model for all eight modules (analysis on the training content in the subsequent section). Some of the IPs who were interviewed showed little interest in delivering trainings on modules that were not related to their organization/agency's mandate or scope of work.
- Limited communication between IPs and NFSP was recorded as a challenge that the IPs faced during Programme implementation. For example, many focal points were unsure of who to reach out to in order to share the Master Trainers' contract agreements or quarterly reports.
- Discussions with public extension workers indicate that they are partly aware of their roles and responsibilities. Master Trainers were aware that they need to train 100 Awareness Specialists on eight modules. However, Awareness Specialists who were interviewed were unclear about the number of training modules they need to deliver and the number of attendees that must be trained. Some public extension workers expressed their dissatisfaction with the lack of incentives (due to the additional workload). It was also noted that some of the Awareness Specialists have decided to withdraw from the Programme owing to the lack of motivation/incentive.<sup>85</sup>

### 4.2.2 Training and Capacity Development

For ease of understanding, the evaluators have divided the findings into three parts, as mentioned below:

- Training Content Analysis
- Consistency with National and International Standards
- Training Delivery

#### *Training Content Analysis*

NFSP primarily developed the training modules. The training package comprises eight modules on the following topics: 1) Child neglect; 2) Shaken baby syndrome; 3) Peer violence in school; 4) First 1000 days; 5) Parental treatment of children; 6) Violence against the elderly; 7) Violence against women; and 8) Sexual violence against children.

The evaluators assessed the training content at two levels: **pedagogical and technical**. The two assessments have been undertaken separately and a detailed analysis for each is annexed as Appendix 13-21.

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<sup>84</sup> Implementing partners includes Ministry of Health, the Ministry of Education, the Ministry of Human Resources and Social Development, the Ministry of Media, Al-Mawaddah Institute, Al-Waqar Institute and Princess Noura Bint Abdulrahman University.

<sup>85</sup> Some trainers expressed their personal preference to have any form of incentive. Evaluators do not have access to exact number of Awareness Specialists that withdrew from the Programme.

**Pedagogical analysis:** The training contents have been assessed using the model developed by Donald L. Kirkpatrick “Evaluating Training Programmes”. The training contents are assessed against the following levels: Reaction, Learning, Behaviour, Results. To avoid any redundancies or repetitions, assessment for pedagogical category on all eight training packages have been merged as one commentary in Table 11.

**Technical analysis:** The evaluators have conducted an analysis of each training package separately. The technical analysis assesses each module’s structure, local specificities, problem identification, legal framework and content’s comprehensiveness.

Table 12 Training Content Analysis

Module	Pedagogical Analysis	Technical Analysis
1. National Prevention Programme for Child Neglect ( <i>We wish you Safety</i> )	<ul style="list-style-type: none"> <li>Training learning objective was the same for all modules and levels (MTs, Awareness Specialists and communal level).</li> </ul>	The module only provides preventive actions against physical neglect. It excludes discussion on the long-term impact of child neglect, and it does not mention the link between child neglect and cognitive impairment, health and development issues.
2. National Prevention Programme for Shaken Baby Syndrome (SBS - <i>Don't Shake me</i> )	<ul style="list-style-type: none"> <li>Training modules lacked a clear overarching goal.</li> <li>Lack of proper citation and referencing (in terms of intellectual property) of the training material.</li> </ul>	The module does not provide new (first time) parents with coping mechanisms for a crying baby, <sup>86</sup> including tips for soothing the baby or healthy ways to deal with parental frustration and anger. Additionally, information is missing for home-based first aid to a baby who has been exposed to SBS, e.g., how to prevent choking if a baby vomited after being shaken?
3. National Programme for Peer Violence in School ( <i>No bullying</i> )	<ul style="list-style-type: none"> <li>Training activities did not have adequate time allocated to it.</li> <li>Training packages suggested delivering the DVPP training for at least two days. Field level interaction shows that training was delivered in a lecture-like format to trainees (MTs and Awareness Specialists) for three to four hours only.</li> </ul>	The module does not address the issue of power imbalance that plays a factor in bullying, neither does the module address the differences between bullying amongst males and females.
4. National Prevention Programme for Mothers and Baby ( <i>First 1,000 days of life</i> )		The module does not mention the importance of the first 1000 days, details around healthy diet for the first 1000 days, and different stages (pregnancy, infancy and toddlerhood) <sup>87</sup> of the first 1000 days.
5. National Prevention Programme for Parental Treatment ( <i>Your family your safety</i> )		The module’s components closely resemble the modules on the first 1000 days and child neglect. It does not provide any information with regards to techniques on how to best deal with children who display challenging behaviour.
6. National Prevention Programme on Violence Against the Elderly ( <i>Charity</i> )		The module lacks a clear explanation as to why the issue of the elderly was chosen. It also lacks situational analysis that would help justify the reason behind choosing this topic.
7. National Prevention		This training module focused on women’s empowerment as the only prevention measure,

<sup>86</sup> Five S’s approach: shushing, side positioning, sucking, swaddling, and swinging gently.

<sup>87</sup> [https://thousanddays.org/wp-content/uploads/1000Days-Nutrition\\_Brief\\_Brain-Think\\_Babies\\_FINAL.pdf](https://thousanddays.org/wp-content/uploads/1000Days-Nutrition_Brief_Brain-Think_Babies_FINAL.pdf)

Table 12 Training Content Analysis

Module	Pedagogical Analysis	Technical Analysis
Programme for Violence Against Women ( <i>They are success</i> )		when the training content should have focused on violence against women. The negative impact of women experiencing partner violence on children was not presented. The module also lacks any information on reporting mechanisms for cases related to violence against women.
8. National Prevention Programme for Violence Against Children ( <i>My child is my responsibility</i> )		The module misses key information regarding the interlinkage between family size and occurrence of sexual abuse, and the fact that housekeepers have been identified as potential perpetrators of sexual abuse. Though the module focuses on different prevention mechanisms, information on available reporting mechanisms is not available.

### Consistency with National and International Standards

The consistency assessment of training modules with national and international standards is given below. The reader is advised to refer to Appendix 22 for a detailed analysis.

- **Consistency with national standards:** The national standards include Saudi Vision 2030, National Transformation Programme 2016-2020, Saudi Child Protection Law of 2014, and Regulation on Protection against Abuse (2012). Details on the Programme's alignment with national standards are given under section 1.1.3.
- **Consistency with international standards:** The international standards and conventions include the Convention on the Rights of Child (CRC), Sustainable Development Goals Agenda 2030 (SDGs), and UNICEF's INSPIRE Framework. All DVPP's eight modules are consistent with international standards.

### Training Delivery

- The Programme uses a cascade training approach to deliver the trainings. This meant that NFSP trains the identified Master Trainers from each partner who is expected to train 100 extension workers (e.g., Awareness Specialists) through at least four training sessions of 25 participants each. These extension workers organise multiple awareness sessions to train 200 people.
- At the time of the evaluation, the Programme has virtually trained **683 participants** (266 Master Trainers, 230 Awareness Specialists, 10 focal persons and 177 community members). The evaluators did not receive information on the number of sessions and duration of each session.
- Discussions with training participants indicate that the trainers were capable and had strong communication skills. The trainers were also praised for their ability to explain modules and relate the content to attendees' daily life experiences. However, some of the trainees shared that the training sessions were not interactive and followed a lecture-like format.
- Respondents shared their satisfaction with the redirection to online trainings. For instance, community members favourably assessed online training, stating that it allowed more attendees to participate in the training (who would have otherwise been unable to attend because of commute or personal commitments).
- Discussion with community members revealed their positive assessment of the training sessions they had attended. According to the respondents, trainings were well structured; content was simple to grasp and understand; and language and examples used closely

*"The trainer was professional, capable and had a great way of training. Its information is integrated, and everything is in evidence and with examples. Very positive and patient person".*

**Source: Focus Group Discussions**

resembled their needs. However, they expressed their reservation on the duration of the sessions citing inability to grasp information in the allocated time.

### 4.2.3 Community Education and Awareness:

The evaluators were unable to conduct the planned number of FGDs with community members (only two were implemented) due to delays in roll out of community sessions. The evaluation team was unable to confirm the number of sessions delivered by NFSP.

- Discussions with community members indicate that the issues of DV and CA are not as prevalent as they were before. This change was attributed to recent NFSP initiatives including helplines, awareness campaigns and relevant legislation that criminalized DV and CA to reduce the rates in KSA.
- Community members shared that the common drivers of DV and CA include inherited violent beliefs, cultural understandings of gender roles, exposure to violent media content, prevailing cultural norms, psychological disorders and poor communication within families.
- FGD participants expressed their satisfaction with the trainers who they thought were technically equipped to lead community trainings. They further shared that the training content was context sensitive as they were able to relate with some of the examples used during the training.
- Community members were hopeful that the trainings will help in creating a platform and generating a conversation on DV and CA. Some of the respondents shared that identification of reporting mechanisms and available resources in training content would have helped the participants (or people they know) to report violent incidents to relevant authorities.

*"My view of my family and children has changed. I didn't think that such problems as violence were caused by social media and technology".*

*"As for violence, it is not only beating, but also verbal violence and alerting our children to harassment and how to protect themselves."*

**Source: Key Informant Interviews**

*"Verbal violence is one of the most common problems that families suffer from because they are unable to avoid it. Therefore, the head of the family must clarify all these matters in a real and clear way."*

*"Knowing the problem is the first stage to solve it, surely these courses have contributed to reducing violence."*

**Source: Focus Group Discussions**

### 4.2.4 Enabling and Disabling Factors

Table 13 lists the enabling and disabling factors that either facilitated the delivery of the Programme or hindered its delivery.

Table 13 DVPP Enabling and Disabling Factors

Enabling Factors	
Factor	Implications on Programme implementation
<b>Established reputation and in-house capacities of NFSP to lead such an intervention</b>	NFSP's long-standing reputation as a pioneer in Saudi society in addressing DV and CA has given the DVPP much-needed legitimacy to execute a programme that focuses on a sensitive topic. Additionally, the NFSP's ownership facilitated establishing partnerships with public entities and CSOs to design and deliver the Programme.
<b>Training contents being useful to the communities</b>	DVPP stands out given the comprehensive design of the training modules that address the needs of all age groups and genders (from early childhood to elderly). In addition, the modules emphasize providing real-life skills and tips rather than merely focusing on intellectual development.
<b>Partnerships enabling wider outreach to target communities at minimal costs</b>	The Programme has strengthened partnerships with appropriate partners that have wide outreach to target audiences. The availability of existing human and technical resources within selected partners enabled the Programme to save costs and use their expertise to implement activities.
Disabling factors	

<b>Absence of key programme documents - targets, work plan and budget</b>	The absence of essential documents (workplan, targets and budget) has caused confusion on different levels of implementation in terms of number of modules to be included in one session; targets (for number of trainees); and selection and eligibility criteria for the trainers. With no workplan, IPs could not be held accountable for not delivering trainings on time which may have contributed to overall delay in implementing the pilot phase.
<b>Mismatch in expectations / roles between NFSP and partners – for non-documentation or formalization of partnerships</b>	Due to lack of legal agreement (in the form of an MoU) with IPs, Programme implementation lacks consistency and accountability. Discussions with stakeholders suggest there is a discrepancy in expectations from NFSP and IPs which may stem from lack of understanding around roles and responsibilities. There is limited to no communication between NFSP and IPs.
<b>No incentives for IP staff to participate in the Programme</b>	The lack of incentives and rewards was identified as a demotivating factor for trainers. Several stakeholders shared that the retention rate is low <sup>88</sup> amongst Awareness Specialists (this claim was not validated as the evaluators did not receive any secondary information on the retention rate). Several respondents were not motivated enough to implement additional tasks without any monetary or significant non-monetary benefits.

## Unintended Results

The secondary and primary data do not indicate any unintended results.

## EQ3 - WHAT DESIGN AND OPERATIONAL IMPROVEMENTS ARE REQUIRED TO SCALE-UP DVPP TO THE NATIONAL LEVEL, INCLUDING A MONITORING SYSTEM (TO TRACK ACHIEVEMENT OF RESULTS)?

This section consolidates different design and operational deficiencies, either shared by the stakeholders or noted by the evaluators. The description below lists the gaps identified while the solutions are outlined as recommendations in the following chapter.

### EQ3.1 - What improvements (design and operational) are needed for DVPP to upscale to the national level?

For ease of the reader, the design and operational gaps have been structured into three categories including:

1. Training content and delivery
2. Programme's monitoring system
3. Assessment of institutional capacity needs (of existing and additional stakeholders)

#### 4.3.1 Gaps in Training Content and Delivery

The summary of the gaps in content design and training delivery are presented below, however, a detailed analysis on the gaps (based on pedagogical and technical analysis) for each module are discussed under the section on Effectiveness (EQ2.1). A rigorous analysis (including gaps) can be found in Annex 13-21.

- Lack of separate goals and objectives is hindering the identification of learning goals for each module.
- Modules are not properly referenced which may breach intellectual property rights. Additionally, the data referenced are outdated, for instance the literature presented in the module on sexual violence against children is twenty years old, hence the modules are missing recent information around the issues of DV and CA.

<sup>88</sup> The evaluators do not have access to the exact figure of the Awareness Specialist retention rate.



- Trainer notes are not structured under one section. The current format requires the reader to go back and forth to understand the guidance notes.
- References made to the section on “legal frameworks” in the modules are not tailored according to the specific topic (e.g., bullying, violence against women, violence against children, etc) resulting in lack of understanding around implications of the relevant laws for each module/topic.
- All eight modules do not focus on PWDs, who are at-risk members of the community.
- Most of the modules fail to include preventive measures for potential victims of DV and CA, and how to protect and/or treat them in case of violence.
- Time allocated for the delivery was noted as insufficient to conduct all activities/exercises included in the modules. This resulted in virtual trainings being non-interactive and lecture based.
- Training delivery is not audience centric as the content is not tailored according to the educational level of participants (i.e., Master Trainers/Awareness Specialists and community members), in terms of lecture formats, structures, pre- and post- tests,<sup>89</sup> learning activities, etc.

*“I have a note on the presentations of the training that does not attract the audience. It was designed in a very ordinary way. I hoped that the presentation would be more attractive.”*

*“The slides were not clear and there was nothing specific for the trainer’s level.”*

**Source: Focus Group Discussions**

### 4.3.2 Gaps in Programme Monitoring System

- The Programme lacks a structured monitoring system and mostly relies on a self-reporting mechanism by IPs which is not currently being implemented and/or utilized by trainers and the community.
- The evaluation tools developed to gauge knowledge after the training session are designed in a generic format (i.e., pre- and post- tests are in true/false format). Furthermore, tools do not include guidelines or instructions for the trainers to administer them.
- The Programme lacks a feedback mechanism to enable participants to register their complaints/feedback for potential course correction.

### 4.3.3 Assessment of Institutional Capacity Needs

- The Programme has selected IPs who are responsible for delivery of all modules. Some of the IPs who were interviewed showed little interest in delivering trainings on modules that were not related to their organization/agency’s mandate or scope of work.
- The Programme is being implemented without a workplan. Additionally, IPs (especially government partners) had conflicting priorities and some of them were unable to deliver trainings leading to delays in implementation.
- Lack of clarity on roles and responsibilities has created confusion among the IPs. Trainers were unsure about the number of sessions they are required to administer trainings (for each module), number of hours for each module, and number of trainees to include in one session.

<sup>89</sup> The evaluators did not observe the implementation of pre-and-post tests in the field. The reference here is based on content analysis (singular template of pre-and-post questions in the training kit) that is used across different implementation levels (Master Trainers, Awareness Specialists and community level).



### Box 5: Preliminary Conclusions: Effectiveness

- **EFFECTIVENESS 1:** The assessment of the Programme's effectiveness remained incomplete and inconclusive due to absence of key documentation (including log frame, proposal, budget, workplan). Keeping in view the evaluation expectations, a three-pillar effectiveness framework was applied including i) multi-stakeholder partnerships; ii) training and capacity development of partners; and iii) community education and awareness.
- **EFFECTIVENESS 2:** The Programme is assessed as "partly effective" for engaging with different public and CSO partners that had outreach and capacity to be part of the community education and awareness drive. There are evident gaps around formalization and coordination/management of partnerships.
- **EFFECTIVENESS 3:** The training and capacity development component is concluded to be "partly effective" for multiple reasons. These include successful development of a comprehensive training manual/package by NFSP (with eight modules); applying a cascade training model (by training cadre of Master Trainers and Awareness Specialists) who would in turn run the community sessions; and training contents largely being consistent with national and international norms and standards. There are gaps such as training content deficiencies around inclusion of reporting mechanisms for victims; insufficient training delivery time and internalization of training; absence of in-house training rollout plans amongst partners and others. These deficiencies have compromised the effectiveness of the component.
- **EFFECTIVENESS 4:** The evaluators administered only two FGDs with community members as part of the evaluation, hence the community awareness component is not assessed. Feedback from community sessions indicate that communities are appreciative of the initiative and are hopeful for the trainings to change public perception on DV and CA (in due time).
- **EFFECTIVENESS 5:** A range of issues enabled and disabled implementation. Key enabling factors are: the NFSP leading this intervention, training content useful to communities and high-risk populations, enabling partnerships with minimal costs. The most significant disabling factors included lack of clarity on roles and expectations between NFSP and partners and no/limited incentives to staff.
- **EFFECTIVENESS 6:** Gaps identified in training content and delivery include: lack of separate goals and objectives, improper citation, exclusion of PWDs in modules and insufficient delivery time. Gaps in monitoring systems included reliance on self-reporting and lack of instructions on use of evaluation tools. Institutional capacity assessment indicates that the lack of a workplan and unclear roles and responsibilities have caused gaps in implementation. Areas of improvements are identified in the Recommendation section (Chapter 5).

## 4.4 Efficiency

### EQ4 – TO WHAT EXTENT DID DVPP USE RESOURCES (FUNDS, TECHNICAL AND HUMAN RESOURCES AND PARTNERSHIPS) TO ACHIEVE MAXIMUM COST EFFICIENCY, AND CONSIDER/IDENTIFY PLAUSIBLE ALTERNATIVES FOR IMPROVED EFFICACY?

The efficiency criterion has one evaluation question with two sub-questions. The efficiency analysis remains incomplete due to absence of key Programme documents such as budget, expenditure statements, and targets and performance reports. The evaluators used the primary data to conduct a basic efficiency analysis.

#### EQ4.1 Did DVPP use the resources (time, funds and human resources) to achieve maximum cost efficiencies?

The evaluators have conducted a basic efficiency analysis in terms of time, financial and human resources based on extended interaction with NFSP and other stakeholders.

### 4.4.1 Time-Adequacy

- NFSP had planned to roll out the pilot (in two locations) in a year. The time is deemed reasonable as it involved the cascade training approach and partners had the infrastructure and commitment to roll out the trainings across two locations.

- Based on discussions with stakeholders, the evaluation team identified that the Programme was initially planned to roll out in 2020. This was delayed by a year because of COVID-19 related restrictions (in 2020).
- Programme implementation is behind schedule as almost 10 months into implementation, community sessions have only been rolled out recently (with only one IP implementing them). Most other IPs (four out of seven) have no clear plans for training the Awareness Specialists and the community component. To the evaluation team, this could be attributed to planning and documentation gaps in terms of the workplan (between NFSP and IPs) and not to the timeline being inadequate.
- From the discussions with stakeholders, multiple factors contributed to the delays. The initiation did not go as planned as a result of delays in receipt of nominations (from IPs); signed commitment letters from the IP-nominated prospective Master Trainers; and delayed delivery of training kits. The observance of rituals such as fasting during Ramadan and Hajj, and regular summer breaks (for public sector workers who tie their annual leaves with the summer months) further delayed the implementation.
- Key achievements of the pilot include the remotely managed training of Master Trainers by the NFSP in which **266** Master Trainers have been trained. The shift to remote training helped in training more people in one session (despite reservations on the quality of delivery).

*"I wish there was a link to re-register and attend the workshop if anyone missed the workshop time or to be on YouTube, programme managers should not forget that the workshop was during the official working hours. There may be pressures on the trainee between focusing on his work and focusing on the workshop".*

**Source: Focus Group Discussions**

#### 4.4.2 Financial Resources

- There is no budget or expenditure document that evaluators could have leveraged to assess the adequacy of funds. The intervention is funded by the NFSP. However, each IP is supposed to make material contributions by allowing staff to participate in training and organising community awareness sessions.
- The partners shared that they did not require any additional funds for planned activities, nor did NFSP have plans to fund any activity. Moreover, they shared that they had adequate manpower and allied resources for them to organize community sessions.
- While the originally envisaged in-person (face to face) trainings required additional costs (venue, logistics and refreshments), the shift to online training removed the need for anticipated resources. However, moving forward (with limited to no COVID-19 related restrictions) the IPs are expected to bear the logistical and transportation costs of conducting in-person trainings.

*"There are human resources, technical resources, and material resources. There was no budget allocated to the programme in terms of material resources."*

*"The activities in this programme are very simple and do not require large amounts of money."*

**Source: Key Informant Interviews**

#### 4.4.3 Human Resources

- The intervention has been planned and implemented (thus far) with no additional staffing for NFSP and its partners. Leveraging existing staff/volunteers of NFSP and IPs is deemed efficient.
- NFSP have adequate training and management capacities. However, placing a dedicated DVPP management team in NFSP may have contributed to improved content development, partnership development and management and monitoring and quality assurance. Similarly, the IPs have adequate staffing with extensive outreach to engage and educate communities. However, from the quality perspective, engaging existing staff compromised the quality of human resources

*"As we talked about (human resource), we rely on stakeholders and partners who provide things that contribute to the dissemination of this topic, whether governmental or non-governmental agencies, and to obtain training of trainers in this field and to spread knowledge. They (partners) are responsible for managing the human resource and technical matters for holding awareness sessions."*

**Source: Key Informant Interviews**

where most of the trainers do not bring an adequate training background and/or professional exposure to the eight modules covered in the training package.

- There are evident gaps around selection criteria of Master Trainers and Awareness Specialists which affected their ability to understand and disseminate messages to communities with full command. Their participation is voluntary with no financial incentive. The only incentive is for the Master Trainers who receive a certificate of participation from the NFSP. This is likely to affect the continued interest, commitment and participation of the trainers.

#### EQ4.2. – Did DVPP consider/identify plausible alternatives (approaches and interventions) to achieve improved efficacy?

The readers may note that the intervention has been rolled out as a pilot, with considered focus on learning and adaptation. The following section is primarily driven by the motivation to identify alternatives that may help improve efficiency.

The evaluators note that the Programme's inter-personal communication approach is efficient, however applicable to limited implementation. Given the intent to go country-wide, it would be useful to use mass media campaigns and community leaders to broaden the outreach. This gap was also highlighted by implementing partners and trainers. The evaluators have therefore outlined two country case studies (Box 6), where engagement with influencers and use of mass media (including social media) facilitated wider outreach to the target audience. NFSP may need to consider these aspects for future implementation (expanded further in the recommendations).

*"As a person, I do not know much about the programme. Unfortunately, I do not see anything about this programme (DVPP) on radio and television. Even via WhatsApp, and Twitter."*

**Source: Focus Group Discussions**

#### Box 6: Regional and Global Case Studies on the Use of Media and Local Influencers

##### Regional Case Study

Egypt presents a solid example of a recent regional intervention that was cost effective and used time efficiently to address CA. In 2019, a national campaign to end violence against children was launched. The campaign was led by the National Council for Childhood and Motherhood in partnership with the Egyptian Ministry of Education and Technical Education and UNICEF Egypt. The campaign used social media, particularly Facebook, to publish videos, posts and a #hashtag that was aligned with the campaign's slogan Calm Not Harm (with a hashtag #CalmNotHarm). The campaign was successful in spurring participation of social media users who joined the campaign by sharing videos and using the official hashtag of the campaign. The campaign ran for six weeks on broadcasted channels. Additionally, three Public Service Announcements were made that called for action. On ground, the campaign disseminated publications at youth centres, megastores, and fitness clubs.<sup>90</sup>

##### Global Case Study

Another example of a cost effective and efficiently run project was in the Democratic Republic of Congo (DRC). From 2015 to 2018, an initiative, led by a faith-based charity called Tearfund and a hospital called HEAL Africa, trained faith leaders (Muslims and Christians) to share messages on gender equality and non-violence in their sermons, prayer and youth groups. The initiative involved males and females to transform understandings of masculinity, address stigma and improve the support for survivors within communities. As such, religious leaders addressed the root causes of violence that stem from gender inequality and harmful social norms. The initiative also trained 15 men and 15 women to be Gender Champions, with each carrying out community dialogues for over six weeks, following a curriculum. According to Tearfund and HEAL Africa, along with their partners, the initiative was deemed successful in reducing over 50 per cent of physical, emotional and sexual abuse by an intimate partner between the baseline and end line.<sup>91</sup>

<sup>90</sup> Source: <https://www.unicef.org/egypt/press-releases/launch-third-phase-awladna-national-campaign-end-violence-against-children>

<sup>91</sup> Source: <https://learn.tearfund.org/-/media/learn/resources/reports/2019-tearfund-consortium-rethinking-relationships-en-evidence-brief.pdf>

## Box 7: Preliminary Conclusions: Efficiency

- **EFFICIENCY 1:** The efficiency analysis remains incomplete and inconclusive due to the absence of key documents. Based on available information (drawn mostly from primary sources), the approach of leveraging partnerships (using the staff and volunteers from IPs for wider outreach) seems cost and time efficient. Programme implementation is running behind schedule (despite considerable time given for the implementation of a pilot of this scale). The key reasons for delay include: delayed nominations of Master Trainers and their commitment letters, no clear plan and timeframe for IPs to roll out internal training and community sessions, and observance of rituals and summer breaks. These delays have affected time efficiency of the pilot roll out as it is unlikely that it will be completed in the envisaged one-year cycle. On funds adequacy, the approach of using existing human resources undercuts the need for a large amount of funds. In terms of human resources, adequate staff and volunteers are available with the IPs. However, there are evident capability gaps (mostly in terms of the training background of Master Trainers and Awareness Specialists), which are exacerbated by limited incentives and motivation for staff and volunteers that are involved.
- **EFFICIENCY 2:** This pilot has so far been implemented with pre-defined approach with modifications were deemed appropriate e.g., shift to remote training. From the successful examples available, the implementers can consider the use of mass media (including social media) and engagement with influencers (social and religious leaders) for wider outreach for issues that are often branded as sensitive and not openly talked about in religiously and socially conservative societies.

## 4.5 Gender Equality, Equity and the Human Rights Based Approach

To demonstrate a concerted focus on evaluating integration (in terms of the Programme's design, implementation and results) of cross cutting priorities (for UNICEF), a separate criterion has been added that includes assessment of gender equality (including UN System-wide Action Plan),<sup>92</sup> equity and HRBA.

### EQ5 - TO WHAT EXTENT DID DVPP (DESIGN, CONTENT, IMPLEMENTATION, ACHIEVEMENT OF RESULTS AND MONITORING) DEMONSTRATE COMPLIANCE WITH GENDER EQUALITY, EQUITY AND HRBA PRINCIPLES AND APPROACHES?

The criterion has one key question with three sub-questions, one each for the three cross-cutting priorities.

#### EQ5.1 – To what extent did DVPP integrate gender equality principles and approaches in design (including training contents), implementation and monitoring and benefitted boys, girls, men, women and older people?

Find below the key findings around integration of gender equality in design, implementation and results levels. A light touch analysis of integration of UN-SWAP has also been incorporated.

### 4.5.1 Integration of Gender Equality in DVPP Design, Implementation and Results

#### Programme Design:

- The Programme design has partly benefitted from the available secondary literature; however, a dedicated gender assessment was not carried out to deepen understanding around gender-specific determinants and consequences of DV and CA. Discussions with stakeholders suggest that women and girls are at more risk to DV and CA (as victims).
- With the absence of results framework and budget, the evaluators are unable to assess gender integration in Programme results and resources allocations.

<sup>92</sup> <https://www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap>.

- NFSP has not given any guidelines to the partners on gender (either sex or age) considerations as part of the selection criteria for Master Trainers and Awareness Specialists. The selection is primarily driven by the candidate's roles (in their respective institutions) and competence.
- The training contents do include age and sex driven content and can be categorised as gender sensitive. The women-specific module covers violence against women and the module focusing on children includes: child neglect; shaken baby syndrome; peer violence in school; mother and baby (First 1000 days of life); parental treatment; and sexual violence against children. There is a separate module focusing on issues affecting the elderly namely; violence against elderly. While the modules highlight underlying reasons behind domestic violence against women, boys, girls and older people and suggest groups at greater risk (discussed further in the equity section below), only limited modules offer contents that outline gender-specific preventive and response measures. For instance, for the bullying module, the differences between what girls and boys experience with respect to bullying are inadequately reflected.

### Implementation:

- NFSP did not provide any gender-specific implementation guidelines or standards to the partners for the roll out of Master Trainers or community trainings. The evaluators found that by using the remote training model (for staff and communities), the potential gender related barriers (of accessing training centres or needing to develop sessions exclusively for women or men) may have become insignificant.
- The interaction with stakeholders suggests that a considerable proportion of Master Trainers and Awareness Specialists were women. This minimized issues relating to organizing sessions for female participants.

*"No, there was nothing related to gender equality matter. On the contrary, participation was available to everyone, whether male or female, and it is possible that the percentage of females working in social work is more than males. It is not a factor of discrimination or discrimination against men, for the nature of work in social work is predominantly women."*

**Source: Key Informant Interviews**

### Results:

- The interaction with NFSP and partners reflects that no one had clarity around gender specific results that the Programme aimed to achieve.
- As per the documentation received from NFSP, the Programme has trained a total of **683** participants. However, age or sex-based disaggregation of the trainees was not available.

**UN-SWAP:** The evaluators used the available programme information to assess if the design incorporated gender equality principles as per UN-SWAP 2.0.<sup>93</sup> There are 17 performance indicators under six main-areas; result based management, oversight, accountability, human and financial resources, capacity and knowledge communication and coherence. Of the 17 performance indicators, only three could be assessed due to the limited documentation available (in terms of programme budget, log frame, etc.). Of the indicators, DVPP meets requirements of one indicator and does not meet requirements for two indicators on gender equality (GE). Refer to Appendix 23 for the evaluation team's assessment on the Programme's compliance with UN-SWAP 2.0 indicators.

### EQ5.2 – To what extent DVPP's design and implementation appropriately assessed, identified, and addressed the special needs of vulnerable groups?

For not having a clear guidance on the equity dimension from NFSP, evaluators have used UNICEF's definition<sup>94</sup> of 'equity' for equity assessment. For UNICEF, equity means that all children

<sup>93</sup>[https://elearning.un.org/CONT/GEN/CS/I\\_Know\\_Gender\\_\(English\)/story\\_content/external\\_files/M03\\_S16\\_16\\_17\\_UN\\_SWAP\\_brochure.pdf](https://elearning.un.org/CONT/GEN/CS/I_Know_Gender_(English)/story_content/external_files/M03_S16_16_17_UN_SWAP_brochure.pdf)

<sup>94</sup> UNICEF, 'What does UNICEF mean by equity approach? Civil society partnerships.



have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. Find below the evaluation team's assessment on of the Programme's compliance with equity principles at its design, implementation and result levels.

## 4.5.2 Integration of Equity in DVPP Design, Implementation and Results

### Programme Design:

- Due to the absence of a results framework and budget, the evaluators are unable to assess equity integration into programme results and resources allocations.
- Programme design showed elements of equity in the training contents. The training contents reflect the groups at higher risks such as married women (as victims of domestic violence) and particularly those who are either uneducated or belong to lower economic strata. Similarly, there are contents that highlight that a child from broken families or single parents are at greater risk of being bullied at schools. However, the contents lack reference to PWDs and non-citizens. In addition, the contents are generally equity neutral when it comes to identification of preventive and response measures available for vulnerable groups.

*"I have a comment regarding the disabled or those with special needs. We need to educate the community about this category before allocating special programmes for them."*

**Source: Focus Group Discussions**

### Implementation:

- NFSP did not provide any equity-specific implementation guidelines or standards to the partners for the roll out of Master Trainers or Awareness Specialists (in terms of selection of trainees or delivery mechanisms).
- Guidance on the required logistical arrangements for in-person trainings (including pens, boards, paper, projector etc.) mentioned in the modules lacked special arrangements that may be required for PWDs.
- Due to COVID-19 restrictions and the redirection to online trainings, the Programme's implementation may have resulted in exclusion of a segment of the population that lacks access to internet and or technological resources to participate in online training.

### Results:

The Programme results do not offer disaggregate results on equity parameters for evaluators to offer any commentary on them.

## EQ5.3 – To what extent the Programme (in both design and implementation) incorporated the HRBA principles?

In this sub-section, the evaluators have assessed the Programme's compliance with the human rights-based approach (HRBA) principles. Key elements of HRBA<sup>95</sup> include Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality (often referred to as PANEL).

## 4.5.3 Integration of HRBA in DVPP Design, Implementation and Results

Table 13 provides key findings and analysis on DVPP's compliance with HRBA principles:

Table 14: DVPP Compliance with HRBA Principles

HRBA Principles	Evaluators' Assessment
<b>Participation:</b> <sup>96</sup>	Anchoring to the architecture of human rights-based programming, the DVPP engaged all key actors including: service providers (NFSP, Ministry of Health, Ministry of Education, etc.), service users (women and men) and influencers

<sup>95</sup> ENNHRI, 'Human Rights Based Approach', <http://ennhri.org/about-nhris/human-rights-based-approach/>.

<sup>96</sup> **Participation:** Everyone is entitled to active participation in decision-making processes which affect the enjoyment of their rights.



Table 14: DVPP Compliance with HRBA Principles

HRBA Principles	Evaluators' Assessment
	(CSOs). Evidence suggests that DVPP was designed after a wider national-level consultative process among NFSP, relevant government ministries and CSOs. This provided the platform for shared responsibility and participation in Programme design and implementation. However, community-level discussions suggest that elders and religious/social leaders were not included in the Programme's design or implementation which could have potentially helped in obtaining community's participation and ownership.
<b>Accountability:</b> <sup>97</sup>	Findings from fieldwork suggest that the Programme lacked consistency with the accountability principle, whereby there is no formal feedback mechanism for Master Trainers (and extension workers) to register their complaints or feedback. Moreover, there are no clear instructions or guidelines prepared for the Master Trainers that could potentially hold them accountable on the delivery of the trainings (in terms of duration of training and workplan with defined timelines on when to schedule trainings, etc.)
<b>Non-discrimination and Equality:</b> <sup>98</sup>	The Programme is partially compliant with the principle of non-discrimination and equality as its design was meant to encourage the participation of all segments of the society. However, the Programme's design did not factor in the language barrier that have restricted inclusion of non-Arabic speakers/non-citizens from benefiting the trainings. Additionally, the COVID-19 restrictions and the redirection to online trainings may have resulted in exclusion of a segment of the population that did not have access to internet and or technological resources to participate in online training.
<b>Empowerment:</b> <sup>99</sup>	The evaluators found that the Programme's design and implementation empowers rights bearers by increasing their knowledge through trainings on their rights and what constitutes a violation to their rights in terms of DV and CA. Discussions with community members (who have participated in trainings) further reflected that awareness has increased amongst them.
<b>Legality:</b> <sup>100</sup>	The evaluators found that the Programme was consistent with international human rights conventions such as CRC (1989). It is also aligned with the national laws and frameworks including the Saudi Vision 2030, Child Rights Policy and the Protection against Abuse.

<sup>97</sup> **Accountability:** Duty-bearers are held accountable for failing to fulfil their obligations towards rights-holders. There should be effective remedies in place when human rights breaches occur.

<sup>98</sup> **Non-discrimination and Equality:** All individuals are entitled to their rights without discrimination of any kind. All types of discrimination should be prohibited, prevented, and eliminated.

<sup>99</sup> **Empowerment:** Everyone is entitled to claim and exercise their rights. Individuals and communities need to understand their rights and participate in the development of policies which affect their lives.

<sup>100</sup> **Legality:** Approaches should be in line with the legal rights set out in domestic and international laws.

#### Box 8: Preliminary Conclusions: GE, Equity, and HRBA

- **GENDER EQUALITY 1:** The DVPP reflects partial integration of gender equality into design, implementation and results. The design level integration is evident in terms of modules or contents that are focused on married women, girls, boys and older people. The modules highlight groups that are at greater risk based on age and sex. Despite not having clear guidelines (from NFSP), the pool of Master Trainers and Awareness Specialists include a significant number of females who are better placed to interact with women, boys and girls, in a conservative environment. The shift to online trainings is enabling more women and girls to attend sessions. The results tracking lacks gender integration.
- **EQUITY 1:** The equity integration is partly evident in terms of training contents highlighting groups at higher risk (married women, women from low economic strata or low education level, children from broken families or with single parents and others). The training content does not generally address PWDs, non-citizens and others. Neither NFSP nor partners have clarity on encouraging participation of groups at greater risk or those who are relatively more vulnerable.
- **HRBA 1:** The Programme is concluded to be largely consistent with the HRBA principles of: i) Participation (by building partnerships with relevant actors); ii) Empowerment (community members feel empowered to know their rights); and iii) Legality (for ensuring consistency with local laws and child rights provisions and commitments enshrined in national and international laws). The Programme is assessed partially compliant with i) Non-discrimination and equality (the Programme's implementation excludes non-Arabic speaking participants and people without internet access) and ii) Accountability (lack of compliant/feedback mechanism and guidelines for master trainers to deliver the trainings).

## **CHAPTER 5**

# **Conclusions, Lessons Learned and Recommendations**

This chapter presents the evaluation conclusions, lessons learned and recommendations. The conclusions are drawn from the findings and the preliminary conclusions as listed in Chapter 4. Towards the end, the evaluation team's recommendations are listed for the key stakeholders to inform the future of the Programme.

## 5.1 Conclusions

**Relevance:** The Programme is concluded to be **relevant** in terms of the need for intervention due to prevalence, magnitude, types, sensitivity, severity and seriousness of impact (for victims) of DV and CA. The victims (women, older persons, boys and girls) are often unaware of rights and recourses available to either prevent and/or respond effectively by leveraging the mechanisms available. Given the fact the perpetrators are often male family members, the victims face stronger social pressure to not seek support. The two issues are gaining greater recognition on public policy agenda for the GoKSA. The Programme's strategies are partially aligned with those of GoKSA's as outlined in the sectoral plans and policies such as Saudi Vision 2030, Saudi Child Rights Policy and Protection against Abuse. This is mainly due to the fact that the training package offers limited focus to improve the reporting of DV and CA cases.

**Effectiveness:** The assessment of effectiveness remains incomplete and inconclusive due to the absence of key documents (results framework, work plans, progress reports). Keeping in view the evaluation expectations, the evaluators applied a three-pillar framework (comprising strategies/components i.e., partnerships, trainings and capacity development and community education and awareness). The partnership strategy or component is found to be 'Partly Effective'. The selection of partners with wide outreach and availability of human resources has been successful. However, there are evident gaps in engagement stemming from lack of formal agreement or MoU. The training and capacity development component is assessed as 'Partly Effective'. The training package comprises eight modules and is implemented through a cascade model (NFSP trains the Master Trainers who train the extension workers, who in turn organise community sessions). Gaps in training contents and delivery were found around inclusion of reporting mechanisms of victims; insufficient training delivery time; absence of in-house training roll-out plans amongst partners. The community sensitisation component was not assessed due to limited number of community sessions. Feedback from community members indicates wider appreciation of the initiative (often considered sensitive) and need to educate and sensitize masses around these issues.

Programme enablers include the NFSP being the appropriate entity to lead the intervention; training contents being useful to communities including high-risk groups; and appropriate selection of partners. The disablers include: absence of key Programme documents (logframe, workplan, budget, reports, etc); non-formalisation of partnerships; no/limited incentives for IP staff.

**Efficiency:** The assessment of efficiency remains incomplete, hence inconclusive. The evaluators noted that the allocated time of one year was adequate for the pilot rollout. The DVPP is behind schedule for multiple planning and implementation reasons (the community component is yet to rolled out by most IPs). The Programme is not cost-heavy for leveraging available human resources of IPs. For human resource adequacy, the IPs have adequate number of staff and volunteers. However, there are evident gaps in training background and professional exposure of staff. The future intervention could benefit from leveraging mass media tools (TV, radio, social media etc.) and messaging through key influencers (social and religious leaders), as experiences around the world suggest greater benefits of such alternatives to inter-personal communication.

### Gender Equality, Equity and HRBA:

**Gender Equality:** The Programme has partially integrated gender equality in its design, implementation and results. The Programme's content has highlighted at-risk groups based on age and sex to include girls, boys, married women and older persons. Although the Programme lacks guiding principles on gender integration, a significant number of females were seen as trainers and facilitators who joined the Programme.

**Equity:** The equity integration is assessed as 'partial'. Some integration is evident from its training content that addressed at-risk groups including women from low education levels, married women,

children from broken families or with single parents. Key aspect that undermined equity integration of the Programme is the lack of focus on PWDs, non-citizens, non-Saudi and others in the training content.

**HRBA:** The Programme is largely consistent with the HRBA principles of a) Participation (by building partnerships with relevant actors), b) empowerment (community members feel empowered by knowing their rights), and c) legality (for ensuring consistency with local and international laws). The Programme falls short in its compliance with non-discrimination and equality (Programme's implementation excludes non-Arabic speaking participants and people without internet access), and accountability (lack of feedback mechanism and guidelines for master trainers to deliver the trainings).

## Conclusions

Keeping in view the evaluation expectations, the report offers an extensive assessment of training contents (refer section 4.2.2 and in Appendices 13 – 21), hence meets Evaluation Objectives 1 and 2 (as listed in the evaluation TOR). The evaluation offers only limited information on influence on community behaviours (Objective 3) for the fact that intervention implementation is seriously delayed whereby the community component has not been rolled out at scale (refer section 4.2.3). The evaluation met Objective 4, as it outlines both design and operational recommendations for improved planning and implementation of the intervention.

As for the future, keeping in view the enormity of scale and consequences (for victims) the evaluators conclude that the intervention is much needed for a context like KSA. Where the intervention merits continuity, the evaluators underline the need for some design and operational changes. The aspects around which a considered re-thinking is needed include partnership formalisation and management; training content improvements and delivery improvisation; engagement with and use of mass media and local influencers; and greater technical support from partners such as UNICEF and others. Given the fact that only limited community sessions have been rolled out, the evaluators are unable to comment on their utility and possible influence on larger communal thinking and behavioural changes. The NFSP may need to keep in mind that the problems are multi-faceted, hence would require parallel work around legislative, policy and institutional reforms, besides the DVPP driven community centric behavioural interventions.

## 5.2 Lessons Learned

The evaluators have identified the following best practices and lessons learned from the Programme design and implementation. These may help to shape the future planning and rollout once the pilot phase ends.

- **Formalization of NFSP-IP Engagement:** The partnership approach remains at the core of Programme delivery, driven by the motivation to leverage the nation-wide presence and outreach of partners (through field staff and institutional presence) to engage them in the community education programme. Where the identification of partners seems appropriate (in terms of availability of staff and commitment to contribute), the implementation has so far been hampered by gaps around engagement with and management of partners by NFSP. There are ambiguities around roles and expectations, accountabilities, coordination, planning and reporting. This could be attributed to lack of focus to formalize the relationship at highest level via partnership agreements or contracts. The formalization of engagement (through a carefully drafted MoU or agreement between NFSP and IPs) may help address the gaps and may enable open communication, mutual accountability, effective coordination and efficient delivery.
- **Unrealistic or Ambitious Planning:** The cascade training approach is deemed appropriate, however the expectations to have each Master Trainer train 100 Awareness Specialists, who are each, in turn, required to host sessions for 200 community members seems ambitious (especially when they are asked to deliver this alongside routine tasks). The limited planning within IPs (around in-house roll out) with no clear directions from NFSP around the timeline has resulted in delayed implementation. IPs may need to work

together with NFSP to create mechanisms to set realistic targets and incentivize people involved.

- **Utilizing Technology to Deliver Training:** The shift from in-person to remote training has proven useful in terms of saving costs and time and enabling NFSP and IPs to train 683 participants (reported by NFSP) so far. The duration of the training and the limited relevance of the training background (of Master Trainers and Extension Workers on specialised health and nutrition issues) remains a concern and merits considered rethinking around setting pre-qualifications and scope of training contents and expectations.

### 5.3 Recommendations

Find below a series of recommendations and associated actions drawn from the evaluation findings and conclusions. These have been refined further based on the feedback received from UNICEF GAO and NFSP.

The recommendations have been framed using an over-arching recommendation (defining scope), followed by a series of suggestive actions that fall under the domain. The description relates the actions to the findings/preliminary conclusions (marked as PC), and at the same time each one is tagged for in terms of the relevant stakeholder and on the priority order.<sup>101</sup>

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<sup>101</sup> Priority status= Immediate (1-3 months), Short-to-medium term (3-6 months), Medium to Long term (6-12 months).



Table 15: Recommendations

Recommended Action	Initiator (Primary/Secondary Stakeholder)	Priority
<p><b>The Programme or intervention of this scale and complexity requires essential documentation for greater clarity (within NFSP) and for IPs to engage meaningfully. The NFSP is advised to leverage internal capacities and seek technical assistance (from partners) to develop a package of essential documents to enable clarity around design and to guide implementation – these may include: proposal, TOC, results framework, budget, work plan, M&amp;E plans, and others.</b></p> <p>The associated actions include:</p> <p>I) Engage with technical agencies to seek assistance in training (in-house capacity development in programme design) of NFSP staff and secure support of a consultant/contractor to help draft the key documents;</p> <p>II) With guidance from the consultant/contractor, the Programme should plan and undertake research and assessments to deepen understanding of the problem, causes, manifestations, vulnerable groups, intervention strategies and entry points. Use these research and assessments to inform Programme design;</p> <p>III) Identify key NFSP staff (including other partners if appropriate) to work closely with the consultant/contractor (with demonstrated intent to build internal capacities) to develop an essential package of documents (in a consultative manner) – proposal, TOC, results framework, budget, work plan, M&amp;E plan and others;</p> <p>IV) Engage with existing and potential partners (IPs) and seek their inputs in the development of TOC, results framework, budget and commitments to contribute financially and/or materially;</p> <p>V) The design of the future Programme must underpin the continuity of the existing strategic model of partnerships, capacity development (of partners), and community education and awareness. The community education component may need to integrate the key influencers and use of social media for desired behavioural changes.</p> <p><b>[PC: EFFECTIVENESS 1, EFFECTIVENESS 6, EFFICIENCY 1, EFFICIENCY 2]</b></p>	NFSP	Immediate
<p><b>Formalize partnerships with IPs (both public and CSOs) by signing formal MoUs/agreements. The formalization of engagement must clearly spell out roles and responsibilities between NFSP and IPs, layout planning, coordination, and reporting mechanisms with enabling tools, where appropriate.</b></p> <p>The recommended actions include:</p> <p>I) NFSP to plan and implement a stakeholder mapping exercise (including public sector partners, CSOs, think tanks, research and academic institutions and private sector) and identify a list of potential partners based on commonality of mission and mandates;</p> <p>II) NFSP to reach out to existing and potential partners and seek highest level commitments and support for the Programme. Use the opportunity to seek financial and material commitments and include those in the formal engagement;</p>	<p>Primary: NFSP</p> <p>Secondary: MoE, MoM, MoH, MoHRSD, Al-Mawaddah Institute, Al-Waqar Institute, Princess Nourah Bint Abdulrahman University</p>	Immediate

Table 15: Recommendations

Recommended Action	Initiator (Primary/Secondary Stakeholder)	Priority
<p>III) Formalize engagement by drafting and signing contract/MoU with each IP, whilst defining the roles and responsibilities, coordination and communication, accountabilities and resource contributions and others. Define mechanisms for review and revisions of the agreements or MoUs;</p> <p>IV) Work with each partner to have partner specific work plans and targets, which should be realistic and attainable;</p> <p>V) NFSP to keep regular contact with IPs and encourage cross-partner engagement, site visits and learning exchanges.</p> <p><b>[PC: EFFECTIVENESS 2,3,5,6; EFFICIENCY 1]</b></p>		
<p><b>Revamp the training contents and delivery mechanisms. Continue using the cascade model, however develop separate training kits/products for Master Trainers, Awareness Specialists and community members. Lay added focus on integrating cross-cutting elements i.e., gender equality, equity and human rights.</b></p> <p><i>Please note that following recommendations may be read in tandem with series of recommendations (on training contents) appended as Appendix 13-21. The recommended actions include:</i></p> <p>I) Engage with and seek technical assistance from agencies such as UNICEF, to support review and improvisation of training contents together with NFSP staff. The review should lay out training delivery strategy and should cover aspects such as duration, remote vs in-person training, trainers' pre-qualifications, pre-post assessments, etc. The engagement with technical partners/consultants should encourage building in-house capacities of NFSP in content development and training delivery;</p> <p>II) NFSP, where appropriate, may produce (or tailor) IP specific training contents and packages (as per the mandate, potential audiences, and training background of potential Master Trainers and Awareness Specialists/extension workers). The future training packages may need to be tailored for layers of participants - Master Trainers, Awareness Specialists and community respondents;</p> <p>III) Training design and delivery may continue to follow the cascade model. The IPs may be encouraged to set criteria for selection of trainers. As and when COVID 19 restrictions are lifted, NFSP should encourage IPs to organize face to face trainings;</p> <p>IV) The training contents should encourage Master Trainers/Awareness Specialists to improvise training contents as per their own needs and profile of participants;</p> <p>V) NFSP to conduct training sessions between the NFSP and the gender and human rights expert to better understand the importance of adopting a gender, equity and HRBA lens in the Programme design and implementation.</p>	NFSP, UNICEF	Short-to-medium term

Table 15: Recommendations

Recommended Action	Initiator (Primary/Secondary Stakeholder)	Priority
<p>VI) NFSP to revisit and update its Programme design and implementation to include gender equality and address the needs of vulnerable groups (like PWD, non-Saudis, non-Arabic speakers, non-citizens etc.),</p> <p>VII) NFSP to consolidate a list of criteria, that will be added to the existing trainers' and trainees' selection criteria, that includes gender equality, equity and aligns with HRBA principles.</p> <p><b>[PC: EFFECTIVENESS 3 and 6, GENDER EQUALITY 1, EQUITY 1, HRBA 1]</b></p>		
<p><b>NFSP to develop an internal M&amp;E system, and where required lend assistance to IPs to develop and implementation organization specific M&amp;E plans:</b></p> <p>The recommended actions include:</p> <p>I) NFSP to develop a M&amp;E plan as part of the exercise of developing essential documentation for the Programme. The M&amp;E planning should focus on input vs outputs tracking and should prioritize seeking community feedback to help improve design and delivery;</p> <p>II) NFSP to allocate 7% of the intervention's overall resources for M&amp;E activities and assign responsibility within the institution;</p> <p>III) Engage with technical agencies, research and academic institutions to seek help with developing and implementing the M&amp;E plans (including for IPs where needed);</p> <p>IV) Undertake periodic baselines, research, reviews, evaluations and other exercises to gather monitoring data to assess progress and ideas for improvisation;</p> <p>V) Create M&amp;E databases and knowledge exchange platforms for internal and external data and knowledge sharing;</p> <p>VI) Advise national survey entities to include relevant indicators and questions in routine surveys to use that periodic information to guide the programming.</p> <p><b>[PC: EFFECTIVENESS 6]</b></p>	NFSP	Immediate

# APPENDICIES

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## APPENDIX 1 - TORS

### Terms of Reference – Saudi Arabia Domestic Violence Prevention Program

#### Background

##### Regional background

The [United Nations Convention on the Rights of the Child](#), which forms the basis of UNICEF's work, establishes every child's right to protection from all forms of violence. The [2030 Agenda for Sustainable Development](#) established in 2015 has reaffirmed a global commitment to protecting children from all forms of violence and to the related goal of gender equality.

The Gulf Countries; the Kingdom of Saudi Arabia (KSA) and other Gulf countries including Bahrain, Qatar, Kuwait and the UAE. These countries have some of the highest per capita income in the world, but the 2014 global downturn in oil prices led to decreased national revenue.<sup>102</sup> In some cases, decreased national revenue in Gulf countries has led to decreased safety net programming for children and their families while the Gulf countries attempt to diversify their economies through a variety of initiatives.<sup>103</sup> According to the GAO Country Programme (CP) 2019-2023, the issues that UNICEF can best support these Gulf countries with include pervasive gender inequality, low levels of enrolment in early child development (ECD) programs, adolescent mental health challenges and substance abuse patterns and other more general child protection concerns.

While all of the aforementioned countries have child protection clauses in their constitutions. However, the [Committee on the Rights of the Child](#) has noted that these protections fail to sufficiently address a number of issues, including discrimination against children with disabilities, minority groups and migrant children.<sup>104</sup> The Committee on the Rights of the Child has also expressed concern about the quality of services available for child victims of sexual abuse and regional child labour, particularly in regards to female children working as domestic laborers. The Committee has also noted low levels of public awareness of alternative forms of violence against children like cyber and in-person bullying.

As all five Gulf states are considering changes to their economic structure in an effort to become less financially dependent upon oil revenues, they are also undertaking significant reform efforts to improve their national child rights protection prevention and incident response systems.

##### UNICEF GAO

The UNICEF Gulf Area Office (UNICEF GAO) supports these efforts by providing Gulf countries with research, technical and advocacy support. As noted in the CP, none of the Gulf countries have sufficient data to effectively monitor country-level plans to improve child-related indicators. Data collection and research has therefore become one of the areas in which UNICEF is providing substantial support to Gulf countries. For example, a 2017 UNICEF assessment found that data was unavailable for 68 per cent of child-related indicators in Saudi Arabia.<sup>105</sup> UNICEF is also working closely with its national partners to provide technical assistance to Gulf countries that will strengthen the capacity of Governments, partners and counterparts to optimize existing child protection schemes. UNICEF is simultaneously working to raise awareness of issues impacting children in the Gulf states and to mobilize resources that will benefit children in the Gulf states.

UNICEF GAO supports the KSA and other Gulf countries with their goals of advancing the rights of children under the framework of a sub-regional programme ending in 2023. This programme emphasizes four priority areas: promoting early childhood development (ECD), strengthening child

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<sup>102</sup> Country Programme 2019-2023

<sup>103</sup> Ibid.

<sup>104</sup> Ibid.

<sup>105</sup> Ibid.

protection systems, improving the collection and quality of data, and strengthening partnerships to amplify results for children.

### Saudi Arabia Background

The KSA is a country of 33.7 million people<sup>106</sup>, of whom approximately one third are migrant workers.<sup>107</sup> Like neighbouring countries, Saudi Arabia is in the midst of an ambitious economic restructuring initiative intended to decrease the country's dependence on oil production revenues. This plan, titled [Saudi Vision 2030](#), has also led the country to amplify its efforts to address educational and protection challenges facing the country's children. As part of the 2019-2023 CP, the KSA has budgeted USD 800,000 to address ECD and child protection each, USD 600,000 to increase evidence on issues facing children, USD 400,000 to forging partnerships for children and USD 150,000 to programme effectiveness initiatives for the 2019-2023 period.<sup>108</sup>

In terms of ECD, pre-primary education is free, but not compulsory, for all citizens. Regionally, 1 in 5 children eligible for pre-primary school do not attend pre-primary school.<sup>109</sup> There is also a need to increase public awareness about the importance of nurturing care and early stimulation.<sup>110</sup>

The national response to domestic violence generally, and to child protection from violence and neglect particularly, has been rapidly evolving in the KSA. The first child abuse and neglect case reported in the KSA was in 1990, and these issues continued to be underreported throughout the 1990s; support for victims was largely provided by private citizens in an ad hoc manner during the 1990s, despite the KSA's 1996 ratification of the Convention on the Rights of the Child (CRC).<sup>111</sup>

The public began to more widely recognize child abuse and neglect as national issues in the 2000s. The World Health Organization (WHO) described child abuse and neglect as a global, culturally embedded problem in 2002, and in 2004 Saudi Arabia had a series of high-profile child fatalities that made it into national media. These developments encouraged governmental and non-governmental bodies to establish agencies focused on preventing child abuse. During this period the Ministry of Social Affairs established the General Directorate for Social Protection. The General Directorate for Social Protection runs 17 Social Protection Committees in various provinces that provide services to all victims of domestic abuse, including children.<sup>112</sup> Each province's committee includes representatives from the social affairs, justice, health and education directorates as well as other related officials who provide both long and short-term response services, including counselling, home visitation and rehabilitation for victims and perpetrators.<sup>113</sup> The Human Rights Commission and the National Society for Human Rights were also founded during this time period.

On November 2005, Royal Decree No. 11471 established the National Family Safety Program (NFSP), a body that is administratively linked to the Ministry of National Guard (Health Affairs). The NFSP's three departments are Prevention and Research, Community Services, and Training Operations. This semi-governmental body's goal is to support policy and advocacy to end domestic violence and child abuse and neglect. It does this through partnership, advocacy at both national and community levels, providing services to those affected by violence and providing referral as necessary. The Prevention and Research Department is focused on creating evidence-based training programs, the Community Services Department includes a child helpline services as well as advocacy and awareness raising activities, and the Training and Operations Department covers all staff training, finance, IT, HR and strategic planning. The NFSP partners with public and private agencies as well as

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<sup>106</sup> World Bank Data, <https://data.worldbank.org/country/saudi-arabia>

<sup>107</sup> Ahmed Al Omran, "Record numbers of foreign workers leave Saudi Arabia," Financial Times, July 10, 2018, <https://www.ft.com/content/c710cf30-8441-11e8-a29d-73e3d454535d>.

<sup>108</sup> Country Programme Document, 2019-2023

<sup>109</sup> Ibid.

<sup>110</sup> Ibid.

<sup>111</sup> Maha Almuneef and Majid Al-Eissa, "Preventing Child Abuse and Neglect in Saudi Arabia: Are we Ready?" *Annals of Saudi Medicine* 31, no. 6 (2011) 635-640.

<sup>112</sup> Ibid.

<sup>113</sup> Ibid.



international organizations to achieve these goals. The NFSP played a crucial role in the creation of a national law to protect those affected by domestic violence.

The NFSP's work currently consists of preparing policy and programmatic recommendations to end domestic violence and abuse in Saudi Arabia, building partnerships between the various groups working on these issues in Saudi Arabia in order to foster joint national action, raising awareness about the dangers that domestic violence and child abuse pose as well as appropriate responses to these issues

A number of significant changes have taken place in Saudi Arabia since 2005 in terms of responding to domestic violence. Firstly, in 2008, the Saudi National Health Council (NHC) agreed to establishing its own child protection teams (CPTs) in major hospitals across Saudi Arabia's provinces.<sup>114</sup> Healthcare providers refer any suspected cases to multidisciplinary CPTs that have received training and supervision from the NFSP.<sup>115</sup> If a case is confirmed, it is referred to one of the 17 Social Protection Committees.<sup>116</sup> In 2008, Saudi Arabia's Minister of Health also endorsed a mandatory reporting law that required healthcare professionals to report child abuse and neglect cases to the National Family Safety Registry (NFSR). This web-based system was instituted in order to gather information on the prevalence of child abuse. The Child Helpline also falls under the auspices of the NFSP and is another child protection resource.

The Family Affairs Council is another governmental body that collaborates with national and local authorities to ensure better services for the family unit by increasing intra-governmental collaboration, identifying challenges facing families, raising awareness about family members' responsibilities in an Islamic context, and facilitating some family services

According to NFSR findings thus far, in Saudi Arabia boys are more likely to experience physical maltreatment and neglect than girls, while girls are more likely to experience sexual and emotional maltreatment than their male counterparts.<sup>117</sup> According to the upcoming prevention programme's manuals, a 2005 study found that 40-45% of perpetrators of child abuse in the Kingdom are relatives of the child victim.

### Programme Background

UNICEF GAO in KSA is working closely with the NFSP to support national efforts to strengthen the capacity of educators, social workers, childcare providers, families and parents to advocate for domestic violence prevention and more effectively respond to violations of child rights. The NFSP has also played a crucial role in cultivating a national commitment to developing the upcoming National Family Safety Program.

The NFSP's Prevention and Research Department is in the process to design a prevention and capacity building programme. The programme seeks to be an example of excellence in the field of violence prevention. It aims to accomplish this by providing prevention and support programs, spreading awareness based on scientific evidence and building professional partnerships with specialists. These specialists will include governmental and non-governmental organizations as well as international organizations working to ensure a safe family environment. The programme plans to roll out through a training of trainers (ToT) process focused on preventing harm to children in Saudi Arabia; the goal of the program is that trainers who have participated the NFSP training programme will then go back to their own localities to train the public and put into practice the principles covered in the training modules. This program aligns with Saudi Arabia's 2030 Vision because it is focused on enhancing the quality of life as well as family and community security of individuals in Saudi Arabia.

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<sup>114</sup> Almuneef and Al-Eissa, "Preventing Child Abuse and Neglect in Saudi Arabia: Are we Ready?", 635-640.

<sup>115</sup> Ibid.

<sup>116</sup> Ibid.

<sup>117</sup> Usama Bin Ghaffar, Meraj Ahmad, Ali Faraz, Arafat Ahmad. "A study of child abuse trend in Saudi Arabia—A review update" Indian Journal of Forensic and Community Medicine, January-March 2019: 5(1): 8-12.

The prevention programme that is the subject of this evaluation is composed of a series of three days courses. The programme, after an initial piloting phase, is intended to be rolled out nationwide. The courses were initially designed to strengthen the capacity of social workers' and educators to respond to concerns in eight subject areas: bullying, neglect, child abuse, mental security, women empowerment, elderly, the first 1000 days and shaken baby syndrome. Two additional components—gaming and disability—have been added since the programme was designed because of emerging national needs. The courses are planned to occur over either four consecutive weeks or over the course of two-week periods twice per year.

Programme participants who will receive these courses will be primarily public educators and social workers. The NFSP will be the central institute responsible for the training of trainers (TOT). The NFSP will also be responsible for monitoring program activities at the sub-national level, certifying attendees and maintaining high program quality standards.

A team from the NFSP designed the program manuals, which were finalized in March 2020. Experts from various fields reviewed the scientific materials included in these manuals throughout 2019. The manuals lay out three days of programming per module, with an estimated four hours of programming per day. Each module therefore requires roughly 12 hours of instruction.

A pilot of this programme will take place either during the second half of 2020 or early in 2021. The piloting period will last one year.

### Theory of change

The general theory of change upon which child protection activities in Saudi Arabia are based stipulates that if Saudi Arabia can accurately diagnose and document domestic abuse and violation of child rights in the country, then Saudi Arabia will be better positioned to appropriately respond to these issues. Saudi Arabia must then build legislative, institutional, and workforce capacity to prevent and respond to domestic abuse and violations of child rights. If Saudi Arabia can deliver on all of these goals, then the country will be well positioned to decrease the incidence of domestic violence and abuse nationally.

This particular programme fits squarely into the capacity building area of this theory of change. If this programme is successful in providing participant trainers with the skills and desire create behavior change in the wider public on child protection topics, then these trainers will go on to change the behavior of the wider public in a variety of child protection areas. The theory of change of this programme in particular therefore relies on a few assumptions. The most notable of these include the assumption that there is sufficient political and financial support to run this program at scale and that the training modules will prompt behaviour change.

### Purpose and Scope

#### Purpose

Given that the programme is at the early stages of being rolled out, evaluation activities will accompany the roll out of the programme so that the evaluation can serve the purpose of improving the programme and documenting its successes and challenges. In a second phase, the evaluation will contribute to measuring the programme's impact at scale once it is running nationally.

#### Objective:

The objective of this formative evaluation, which is the first of two evaluation phases for this intervention, is to provide evidence on whether the programme's training materials and operations are working well. This formative evaluation will examine the content and operations of the pilot Domestic Violence Prevention Programme as well as the pilot's relevance, effectiveness and efficiency in order to ensure that lessons from the pilot are captured and integrated into programme strategy before the programme goes to scale. More specifically, the objectives of the first phase of the evaluation are to:

- Help the NFSP to understand how the package is affecting practices of child protection in practice.
- Provide suggestions on how to fine tune the package before being rolled out at scale across the Kingdom.

- Facilitate the measurement of programme impact by establishing a baseline and by providing specific guidance on what data implementers should collect as part of programme measurement and monitoring activities in order to facilitate a future impact evaluation.

The second phase of the evaluation will assist the NFSP to ensure that the impact of the programme over time will be well documented. It will do this by analyzing the data collected throughout the programme and using this data to measure the impact that the programme has in terms of its ultimate goal of protecting vulnerable children.

## Scope

Timeframe: Chronological scope of evaluation  
Geographical scope: kis jaga, not only data collection scope – national level intervention - chronological, geographical, thematic: what's my thematic scope, 8 components

Thematic scope:

This initial evaluation is planned to occur in parallel with the pilot programme and will set the stage for a subsequent programme evaluation that will occur after the programme is rolled out at a national level.

The evaluation plans to take advantage of NFSP being involved at this early stage of the evaluation, while the programme is still prepared to be rolled out. Discussions on how to best roll out and generate data that will help the evaluation will improve the methodology.

While the prevention programme will eventually cover the entire country, the pilot programme will target Riyadh and one rural area. The present evaluation will cover all areas in which the pilot programme operates, and evaluators will also choose one or two other comparable locales to analyze as a point of comparison. Given the diversity of geography in the Kingdom, the evaluation methodology will allow for a means of gathering input from regions outside the capital. The process for doing this, the tools to be used, and the approach will be developed under the guidance of UNICEF GAO and the NFSP.

The pilot program will take place over the period of one year, beginning at the end of 2020. The evaluation team will begin an evaluation three months after a complete round of trainings has been completed as part of the pilot. The evaluation will examine both the training materials as well as the operational aspects of the pilot to date.

## Evaluability

As mentioned above there is a general theory of change for child protection in KSA and the intervention is based on literature reviews, training packages and awareness campaign materials. The topical literature reviews consist of global and regional data for each component, which will be useful in this formative evaluation.

While there is no formal data from the programme since it has not yet begun, Government of the KSA has undertaken a number of research studies in partnership with the WHO to determine the long-term impact of adverse childhood experiences (ACE Study) and to determine the extent to which the government is prepared to prevent these experience (Child Maltreatment Prevention Readiness Study).<sup>118</sup> From 2010 to 2012, the KSA also conducted research on The International Child Abuse Screening Tools (ICAST) with UNICEF and the International Society for Prevention of Child Abuse and Neglect (ISPCAN).<sup>119</sup> Reports produced by the Government in partnership with UNICEF and other research institutions, NFSR records, and CPT and Social Protection Committee records may provide additional background data for this evaluation.

The evaluation will take advantage of the ability to discuss the rollout with NFSP and ensure that some relevant data are generated during the rollout. With this approach monitoring data from the first rounds

<sup>118</sup> Almuneef and Al-Eissa, "Preventing Child Abuse and Neglect in Saudi Arabia: Are we Ready?", 635-640.

<sup>119</sup> Ibid.

of the pilot programme will be available to the evaluation team and will be an important data source for this evaluation. This data will include post-training satisfaction surveys as well as follow-up surveys with workshop participants XXX months after their initial training workshops.

### Evaluation questions:

The key questions for this evaluation were formulated based on the OECD DAC criteria. The following evaluation questions are not exhaustive and are expected to be further refined during the inception phase, with a particular eye towards analyzing the programme's integration of equity, human rights and gender equality principles. Since this is a formative evaluation for a programme that has only been initiated in the form of a pilot program, the other DAC criteria of long-term change and sustainability did not seem appropriate at this stage.

The assessment will look at relevance, efficiency and effectiveness to determine how well positioned the intervention is to achieve its goals and what improvements can be made before national rollout. The evaluation aims to answer the following questions:

### Relevance

- To what extent is the prevention programme addressing the most pressing needs of children in Saudi Arabia?
- To what extent are the capacity building measures relevant to bridge the capacity gaps identified in national strategies and priorities?

### Efficiency

- To what extent did the pilot programme use resources in a way that allows for cost monitoring and maximizes utility per dollar of investment?
- To what extent did the NFSP consider alternative methods of programme delivery and successfully identify the most effective delivery method?

### Effectiveness

- To what extent is the content of the capacity building workshops evidence-driven and consistent with local, national, and global standards?
- To what extent were the goals set out for individual components of the pilot programme achieved?
- Were there any unexpected results (positive and negative) in the pilot program?
- To what extent is the proposed national program likely of a size and approach that the NFSP will be able to roll it out across the country?
- How could monitoring systems best track the impact of the capacity building interventions (upcoming prevention program courses) in the short and long term?

### Gender

- To what extent does the programme design, content and monitoring take gender into consideration?

### Stakeholders

The following stakeholders have been identified for this evaluation:

- UNICEF GAO
- Ministry of Human Resources and Social Development
- Ministry of National Guard (Health Affairs) and the NFSP
- Ministry of Education
- Related NGOs
- Commercial Human Development Training Institutes
- Child Protection Teams (CPTs) in hospitals

- Social Protection Committees
- National Health Council
- Family Affairs Council

## Methodology

This section provides the preliminary direction of the methodology. The methodology is based on UNEG norms and standards and refers to relevant UNEG and UNICEF guidance materials such as the guidance on integrating human rights and gender into evaluation. It will be further elaborated during the inception phase in the annexes of the inception report, which will include the research instruments and evaluation matrix.

The Evaluation Team will apply a mixed methods approach that is as participatory as possible. Information from the different lines of inquiry will be triangulated to improve the reliability of the findings and to ensure that the recommendations are grounded in the reality. Documents to be reviewed will include but are not limited to: government strategies and policy documents, UNICEF strategic documents, reports produced by the Government in partnership with UNICEF and other research institutions, NFSP records, available CPT and Social Protection Committee records, and pilot programme monitoring data.

Key informants, especially from the government partners, implementing partners and UNICEF should be interviewed to get a deeper understanding of the relevance of the intervention for the various stakeholders. Focus groups might be conducted with implementing partners, UNICEF staff or with beneficiaries as appropriate. Geospatial data, government surveys and other general country information will be reviewed, but it is not foreseen that additional information at that level is generated.

The NFSP will discuss at the design phase of the evaluation which data can be realistically generated to help evaluate the success of the programme, these might include training satisfaction questionnaires, measures to see if the material is understood, and applied.

Most of the data to be analyzed for the evaluation is qualitative in nature. Analytical work will be conducted through a desk review of the secondary data and complemented by key informant interviews and focus group discussions. Special attention will be given to the disaggregation of data by gender and other relevant groups, such as migrant workers. The methodology will ensure that the numbers of men, women, boys and girls are sufficient to disaggregate findings by gender where appropriate.

As a formative evaluation, the methodology will use qualitative methods to take stock of various stakeholders' perspectives on the planned intervention and its pilot. This evaluation is expected to guide the NFSP as it seeks to improve its capacity building intervention to decrease domestic violence in Saudi Arabia.

The evaluation team is expected to work with NFSP to identify two districts that are not involved in the pilot programme. The evaluation team will do some preliminary data collection in these districts and will use this data as a point of comparison to highlight any differences between districts that receive and do not receive the programme's capacity building intervention.

Based on the proposed purpose and scope of the evaluation described in this TOR, the selected Evaluation Team is expected to submit an inception report that includes a detailed methodology. The Inception Report's methodological proposal will incorporate the following components:

- Desk review: In-depth document review of all relevant packages from capacity development interventions, reviews, studies, M&E reports and other documents;
- Key Informants Interviews: Face-to-face interviews with participants of capacity building interventions and programme/project staff, including programme managers;



- **Cost-effectiveness analysis:** A cost-effectiveness analysis through the collection of financial data to calculate cost-effectiveness of capacity development interventions. This analysis will include a discussion of comparative capacity building cases from other contexts.
- **Guidance for future evaluation:** A set of clear recommendations on how to collect data and roll-out the intervention nationally in a manner that will facilitate a future impact evaluation or rigorous evaluation of another type. Specifically, this guidance will provide detailed recommendations for assessments that will be conducted pre and post capacity building workshops.

The evaluation methodology will follow UNICEF guidelines on research and the ethical participation of children. In addition, all participants in the study will be fully informed about the nature and purpose of the evaluation and their requested involvement. Specific mechanisms for feeding back results of the evaluation to stakeholders will be included in the methodology. All the documents, including data collection, data entry and analysis tools, and all the data developed or collected for this evaluation are the intellectual property of UNICEF. The evaluation manager will be responsible for assisting the evaluation team with obtaining research ethics permission as necessary.

### Limitations

There are several potential limitations to the evaluation. Firstly, robust baseline data to support the evaluation process is not available; pre-/ post-activity assessments will be conducted to measure the capacity development interventions outcomes, but this will be the only direct data resulting from the intervention itself. Secondly, given the recent development of the intervention, it will be difficult to assess effectiveness. Thirdly, the intervention is not in its final form, which means that the evaluation team may need to examine multiple iterations of the intervention design.

Additionally, all relevant documents and course materials are in Arabic. The majority of national officials prefer to speak Arabic in workshops, interviews or FGDs. The evaluation team will mitigate language constraints by employing a national expert who will work with the international evaluator to conduct the interviews, FGDs etc. This approach will save time that otherwise would have gone to translation and interpretation.

### Governance

The evaluation team will report to the Multi Country Evaluation Advisor, who will serve as the Evaluation Manager. The Evaluation Manager will be responsible for facilitating the research permissions process and supporting efforts to coordinate meetings in the data collection phase. The Evaluation Manager will provide comments on the inception and draft reports.

The Evaluation Manager will also convene and select members for the Steering Committee. The Steering Committee is a group of stakeholders that provides input and guidance during the evaluation process. The Steering Committee will discuss and approve the terms of reference. The Steering Committee will also endorse all evaluation deliverables, including the inception report, draft evaluation report and final evaluation report. The Steering Committee will also provide feedback on preliminary findings.

Any unforeseen events and challenges that the evaluation might face should be discussed in the Steering Committee. Terms of reference of the Steering Committee will be shared and discussed by the members.

The Executive Director of the NFSP and the Director of Prevention and Research will ensure that all relevant documentation is available to the consultants. They will also support the arrangement of meetings with relevant stakeholders, including partners.

The evaluation team will work closely with the response partners, both governmental and non-governmental, during the evaluation. The Evaluation Manager and UNICEF partners will provide specific information on stakeholders. The Evaluation Manager will also support any coordination which



might be deemed necessary. All local travel should be discussed and approved by the Evaluation Manager in advance.

### Deliverables

The contract will have the following deliverables: Inception Report, Presentation of Preliminary Findings and Recommendations, Draft Report, Final Report and Response to Comments Matrix. In the table below the timeline is laid out. In several of the stages more than one person would work on the deliverable in parallel. The evaluation is expected to be completed within three months. This might be subject to change depending upon the prevailing situation on the ground at the time of the evaluation.

Task	Deliverable	Indicative Timeframe	Responsibility
Desk review and inception report	Inception report	One week	Evaluation team
Acceptance of inception report		Two weeks	Steering committee
Data collection and analysis	Presentation of preliminary key findings from the field to the Steering Committee	Five weeks	- Evaluation team - Steering committee gives comments on preliminary findings
Draft evaluation report	Draft evaluation report	Two weeks	Evaluation team
Report quality assurance	Comments on draft report	One week	Evaluation Manager
Commenting Process	Comments on draft report	One week	Evaluation Manager coordinates the Steering Committee's involvement in commenting
Final evaluation report	Final Report	Two weeks	- Evaluation team - Steering committee endorses

The Report will follow the UNICEF guidelines and be cognizant of relevant UNICEF and UNEG guidelines for evaluation.

The inception report will be written in English at the beginning of the assignment for review and approval by the Evaluation Manager and Steering Committee. The inception report must include the proposed methodology, interview guides and informed consent documents translated into the languages to be used in the field, as appropriate.

The evaluation team will produce a high quality evaluation report in line with UNICEF-adapted UNEG Evaluation Report Standards. The report will have an executive summary suitable for national and international circulation and reporting information of sufficient value for informed decision-making, learning, and accountability. The report must include action-oriented recommendations, required adjustments, potential alternative ways of implementation and lessons learnt from the project supported by facts from the field.

### Team composition

The below sets out the tentative workload of the different specialists, as well as the required skills for the different team members. Ideally the team is mixed in terms of gender and cultural backgrounds. The number of days will change depending on the proposal of the consultant company. The company might consider a smaller team as long as the required skills are available to answer the evaluation questions.

• Team member	• Number of days proposed
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• Team leader /International evaluation expert	• 30 days
• Child protection specialist	• 20 days

<ul style="list-style-type: none"> <li>• Team leader /</li> <li>• International evaluation expert</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant master's degree (evaluation, development studies economics, social science, etc.)</li> <li>• Experience in leading evaluation teams in political environments</li> <li>• Experience in managing evaluations in the UN system</li> <li>• Good understanding of OECD DAC evaluation criteria</li> <li>• Proven expertise in conducting high-quality research, data analysis, evaluation, and institutional policy analysis; a history of advising for international organizations and/or the UN is an asset</li> <li>• Good understanding of integrating gender and human rights into evaluations</li> <li>• Strong interpersonal skills</li> <li>• Ability to work with senior officials</li> <li>• Cultural sensitivity</li> <li>• Fluency in English, proficiency in Arabic (preferred)</li> </ul>
<ul style="list-style-type: none"> <li>• Child protection specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant master's degree (education, development studies, psychology, social science etc.)</li> <li>• Experience in domestic violence prevention in the Gulf</li> <li>• Experience in child protection programming in the Gulf</li> <li>• Experience in analyzing / evaluating training packages/courses</li> <li>• Strong interpersonal skills</li> <li>• Ability to work with senior officials</li> <li>• Cultural sensitivity.</li> <li>• Fluent in English &amp; Arabic; strong Arabic writing skills.</li> <li>• Experience in translation and interpretation for research purposes.</li> <li>• Experience conducting field research on sensitive topics in Saudi Arabia.</li> </ul>

### Payment

All interested institutions or group of consultants are requested to include in their submission detailed costs including:

- Daily rate including hours per day as per UNICEF LTA
- Number of days required per deliverable and activity
- Additional Expenses (external and internal travel, field works, interpretation and translation, workshop costs for training data collectors (flight, hotel, workshop costs, etc), etc.) to be agreed prior to commencing project. The consultants would be required to use their own computers, printers, photocopier etc.

Payment is contingent on the Steering Committee endorsing each deliverable. Payment is also contingent upon approval by the Evaluation Manager and will be made in three instalments:

- 20 percent after the presentation of preliminary findings– cleared by the Evaluation Manager
- 30 percent after the completion of the draft report– cleared by the Evaluation Manager
- 50 percent on completion of all deliverable to the satisfaction of UNICEF

### Location

The work will be home-based, and the consultants can work remotely except for the duration of the fieldwork. The consultants must have at least one mission in Riyadh to conduct the FGDs, interviews and fieldwork.

### **Official Travel**

All travel arrangements, including insurance and visas, will be managed and paid by the institution. Therefore, expected travel costs must be included as a budget item in the financial proposal.

### **ICT considerations**

The evaluation team will require access to some of the UNICEF internal databases and documents.

### **Ethical Considerations**

The individual consultants and team working on this project must demonstrate personal and professional integrity during the whole evaluation process. He/she/the team must respect the right of institutions and individuals to provide information in confidence and ensure that sensitive data cannot be traced to its source. Further, the team must respect research ethics while working with children, including using age appropriate consent forms, age appropriate data collection, and principle of do no harm. The team and its members must take care that those involved in the evaluation have an opportunity to examine the statements attributed to them. The evaluation process and consultants must be sensitive to beliefs, manners, and customs of the social and cultural environment in which they will work. Especially, the consultants must be sensitive to and address issues of protection, discrimination and gender inequality. Furthermore, the consultants are not expected to assess the personal performance of individuals and must balance an assessment of management functions with due consideration of this principle. Finally, if the consultants or team uncover evidence of wrongdoing, such cases must be reported discreetly to the appropriate investigative body.

The Firm / Evaluation Team will not publish or disseminate the Evaluation Report, data collection tools, collected data or any other documents produced from this assessment without the UNICEF's express permission and acknowledgement.

### **Evaluation Process of the Proposal**

Given that the company has been preselected in the LTA process, proposals will be assessed based on whether the CVs of the proposed team members match the evaluation ToR's requirements as well as the overall team's availability and the price. Financial proposals will be weighted based on their clarity and appropriateness.

All proposals should be sent to [afalosaimi@unicef.org](mailto:afalosaimi@unicef.org). A Bid Selection Committee will review all applications as they arrive. All proposals must meet the minimum requirements described above, and those unable to meet these requirements will not be considered.

### **Unsatisfactory Performance**

In case of unsatisfactory performance, payment will be withheld until quality deliverables are submitted. If the selected organization is unable to complete the assignment, the contract will be terminated by notification letter sent 30 days prior to the termination date. In the meantime, UNICEF will initiate another selection process to identify appropriate candidate.

### **Conditions and Administrative Issues**

The contractor will work on their own computer(s) and use their own office resources and materials in the execution of this assignment. They are expected to arrange for insurance coverage for any eventuality throughout the entire duration of the consultancy. The contractor's fee shall therefore be inclusive of all office administrative costs. However, all expenses incurred on local official travel will be reimbursed upon invoice.

Granting access to UNICEF ICT resources for consultants/non-staff is considered an 'exception,' and therefore shall only be granted upon authorization by the head of the office on justification/need basis. This includes creation of a UNICEF email address, as well as access to ICT equipment such as laptops and mobile devices.

All evaluation consultants must uphold the UNEG Code of Conduct for Evaluation in the United Nations system. All persons engaged under a UNICEF service contract, either directly through an individual

contract, or indirectly through an institutional contract, shall be subject to the UN Supplier Code of Conduct: <https://www.ungm.org/Public/CodeOfConduct>

Please also see UNICEF's Standard Terms and Conditions attached.

## APPENDIX 2: EVALUATION MATRIX

Key Evaluation Questions	Sub Questions	Indicators	Data Collection & Analysis Methods	Information Sources
<b>Relevance</b>				
<b>i. To what extent is the prevention programme addressing the most pressing needs of children in Saudi Arabia? 1.1.1; 1.1.2; 1.1.3</b>				
<b>ii. To what extent are the capacity building measures relevant to national strategies and priorities? 1.2.1; 1.2.2</b>				
<b>EQ1</b> – To what extent DVPP addresses needs of the children and prioritization of capacity development is aligned to the national priorities of the GoKSA?	<b>EQ1.1</b> – Are domestic violence and child abuse priority protection issues in KSA (for communities and for government) and does DVPP address the underlying causes?	<b>1.1.1</b> Evidence of types and extent (prevalence) of domestic violence and child abuse in KSA (including most vulnerable groups) and reasons or causes of the problem.	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Descriptive Comparison Analysis</li> </ul>	<p>Documents including Child Protection Law 2015; Law of Protection from Abuse 2013; Saudi Vision 2030, Global Strategies for preventing VAC, Programme's work plan, Programme annual narrative reports, and others.</p> <p>KIs with NFSP, Ministry of National Guard (Health Affairs), UNICEF officials and other stakeholders.</p> <p>FGDs with male and female parents / social workers, teachers, religious &amp; community leaders, and others.</p>
		<b>1.1.2</b> Evidence of DVPP addressing the cause/s of domestic violence and child abuse in KSA	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Descriptive Comparison Analysis</li> </ul>	
		<b>1.1.3</b> Key Programme stakeholders' (public officials, CSOs, and communities) referral to the prevalence and causes of domestic violence and child abuse in KSA, issues being public policy priority, and DVPP interventions addressing the underlying reasons.	<ul style="list-style-type: none"> <li>Key Informant interviews</li> <li>Focus Group Discussions</li> <li>Thematic Analysis</li> </ul>	
	<b>EQ1.2</b> – To what extent do DVPP supported capacity building interventions (of public sector and civil society actors) align to national priorities (Saudi government's) to end domestic violence and child abuse in KSA?	<b>1.2.1</b> Evidence of overlaps between DVPP strategies and interventions (capacity building interventions in particular) and those of public sector policies and plans of KSA to end domestic violence and child abuse.	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Descriptive Comparison Analysis</li> </ul>	
		<b>1.2.2</b> Public officials' views on capacity building of public sector and civil society actors as priority strategy of GoKSA to end domestic violence and child abuse.	<ul style="list-style-type: none"> <li>Key Informant interviews</li> <li>Thematic analysis</li> </ul>	

Effectiveness				
<p>i. To what extent is the content of the capacity building workshops evidence-driven and consistent with local, national, and global standards? <b>2.1.4</b></p> <p>ii.To what extent were the goals set out for individual components of the pilot programme achieved? <b>2.1.1, 2.1.3</b></p> <p>iii. Were there any unexpected results (positive and negative) in the pilot programme? <b>2.1.2; 2.1.3</b></p> <p>iv.To what extent is the proposed national programme likely of a size and approach that the NFSP will be able to roll it out across the country? <b>2.1.5; 3.1.1</b></p> <p>v.How could monitoring systems best track the impact of the capacity building interventions (upcoming prevention programme courses) in the short and long term? <b>2.1.3; 3.1.1</b></p>				
<p><b>EQ2 –</b> To what extent has the pilot roll out of DVPP achieved the intended outcomes (including any unintended outcomes), and the training contents are consistent with local needs and context, and national and international standards?</p>	<p><b>EQ2.1 –</b> To what extent DVPPs pilot rollout has been successful in achieving the intended and unintended outcomes?</p>	<p><b>2.1.1</b> Evidence of level of achievement vis a vis planned outcomes (including outputs).</p>	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Comparative Analysis</li> </ul>	<p>Documents including; Programme Progress Reports, Domestic Violence Prevention Evaluation Reports, and others.</p> <p>Kills with government partners, development partners, UNICEF staff, civil society partners, and other stakeholders.</p> <p>FGDs and Kills with social workers, teachers, parents in target regions.</p>
		<p><b>2.1.2</b> Evidence of types and scale of unintended results (positive and negative) produced by the DVPP.</p>	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Descriptive Analysis</li> </ul>	
		<p><b>2.1.3</b> Key Programme stakeholders (public sector partner and CSOs) views on:</p> <ul style="list-style-type: none"> <li>- achievement of planned outcomes (including outputs);</li> <li>- unintended results produced by DVPP;</li> <li>- Programme interventions addressing the underlying reasons (causes) for domestic violence and child abuse;</li> <li>- evident or likely changes in knowledge, attitudes and practices (relevant behavioural norms);</li> <li>-adequacy of monitoring system to track progress, generate supportive evidence for informed decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Key Informant interviews</li> <li>Thematic analysis</li> </ul>	
		<p><b>2.1.4</b> Evidence of training contents being evidence driven, and consistent with national and international standards.</p>	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Content &amp; Comparative Analysis</li> </ul>	



		<p><b>2.1.5</b> Public sector extension workers (teachers, social workers etc) and community (parents, caregivers, local leaders/influencers and children) views on:</p> <ul style="list-style-type: none"> <li>- appropriateness of training contents and delivery;</li> <li>- sessions contributing to improved knowledge of the cause and (likely) negative implications for victims of domestic violence and abuse;</li> <li>- the contents (likely) to influence relevant behaviours;</li> <li>- mediums/channels that proved more effective than others and why;</li> <li>- additional interventions, stakeholders, and tools that may facilitate improved results;</li> <li>- population groups who benefitted more than others and why (why others did not as much).</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group Discussions</li> <li>• Thematic Analysis</li> </ul>	
<p><b>EQ3</b> – What design and operational improvements are required to scale-up DVPP to national level including monitoring system (to track achievement of results)?</p>	<p><b>EQ3.1</b> – What improvements (design and operational) are needed for DVPP to upscale it to national level?</p>	<p><b>3.1.1</b> Key Programme. stakeholders (public sector, CSOs) views on:</p> <ul style="list-style-type: none"> <li>- gaps and possible areas of contents improvement – gaps and possible areas of improvement in trainers skills and training/sessions delivery approaches;</li> <li>- gaps and possible areas of improvement in Programme monitoring system;</li> <li>- mediums/channels that proved more effective than others and why;</li> <li>- institutional capacity needs (of existing and additional stakeholders) and approach to address them to help Programme scale-up at national level;</li> <li>- additional interventions, stakeholders, and tools that may facilitate improved results;</li> <li>- population groups who benefitted more than others and why (why others did not as much).</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant interviews</li> <li>• Thematic analysis</li> </ul>	
<p style="text-align: center;"><b>Efficiency</b></p> <p><b>i. To what extent did the pilot programme use resources in a way that allows for cost monitoring and maximizes utility per dollar of investment? 4.1.1; 4.1.2</b></p> <p><b>ii. To what extent did the NFSP consider alternative methods of programme delivery and successfully identify the most effective delivery method? 4.2.1; 4.2.2</b></p>				

<b>EQ4 – To what extent did DVPP use resources (funds, technical and human resources, and partnerships) to achieve maximum cost efficiency, and consider/identify plausible alternatives for improved efficacy?</b>	<b>EQ4.1</b> Did DVPP use the resources (funds, technical and human resources, partnerships) to achieve maximum cost efficiencies?	<b>4.1.1</b> Evidence of budget vs actual expenditures (variances) in relation to - distribution of resources; - achievement of results (overall and component specific); - cost per beneficiary (for bringing or likely to bring intended changes) - cost comparison with country/regional models using same approach.	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Comparative Analysis</li> </ul>	Programme financial documents (budgets, expense sheets); Progress Reports, and others  KIIs with NFSP, Ministry of National Guard (Health Affairs), UNICEF officials and other stakeholders.
		<b>4.1.2</b> Key Programme stakeholders (public sector partner and CSOs) views on: - adequacy of allocated resources vs planned results; - achievement of results efficiently – cost/beneficiary and observed/likely changes: - application of adaptive programming approaches (measures taken) to achieve time and cost efficiencies; - level of satisfaction with cost efficiencies achieved,	<ul style="list-style-type: none"> <li>Key Informant Interviews</li> <li>Thematic Analysis</li> </ul>	
	<b>EQ4.2 – Did DVPP consider/identify plausible alternative (approaches and interventions) to achieve improved efficacy?</b>	<b>4.2.1</b> Evidence of alternative approaches interventions discussed/identified to achieve improved cost and time efficiencies (comparison with regional models).	<ul style="list-style-type: none"> <li>Key Informant Interviews</li> <li>Thematic Analysis</li> </ul>	
		<b>4.2.2</b> Key Programme stakeholders (public sector partner and CSOs) views on: - possible alternative approaches/interventions that may have enabled improved costs and time efficiencies; - cost comparison with country, regional and global models to achieve similar results with fewer resources.	<ul style="list-style-type: none"> <li>Literature / Document Review</li> <li>Comparative Analysis</li> </ul>	

**Gender Equality, Equity, and HRBA**

**i To what extent does the programme design, content and monitoring take gender into consideration? 5.1.1; 5.1.2; 5.1.3**

<p><b>EQ5 -</b> To what extent DVPP (<i>design, content, implementation, achievement of results, and monitoring</i>) demonstrate compliance with gender equality, equity and HRBA principles and approaches?</p>	<p><b>Gender Equality:</b>  <b>EQ5.1 –</b> To what extent DVPP integrate gender equality principles and approaches in design (including training contents), implementation and monitoring and benefited boys, girls, men, women, older people?</p>	<p><b>5.1.1</b> Evidence of DVPP targets, resources (<i>financial</i>) disaggregated by age and sex (<i>in proposal and budget</i>) and design and implementation been informed of gender assessment.</p>	<ul style="list-style-type: none"> <li>• Literature / Document Review</li> <li>• Descriptive Analysis</li> </ul>	<p>Documents including references to UN Convention of Human Rights and Gender; Programme monitoring data, reports; DVP dashboard data, and others</p> <p>FGDs with parents, social workers, teachers and others.</p> <p>KIIs with NFSP, UNICEF, and others</p>
		<p><b>5.1.2</b> Key Programme stakeholders (public sector partners and CSOs) views on:</p> <ul style="list-style-type: none"> <li>- Programme design and implementation having been informed of gender assessment;</li> <li>- (identified) strategies and interventions addressing differential gender needs;</li> <li>- types and scale of benefits created for different gender groups i.e., men, women, boys and girls, and older people;</li> <li>- monitoring system generating gender disaggregated information;</li> <li>- Programme interventions been able to address causes to gender inequality around domestic violence and child abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant Interviews</li> <li>• Thematic Analysis</li> </ul>	
		<p><b>5.1.3</b> Extension workers and community respondents (teachers, social workers, parents, caregivers, local leaders/influencers and children) views on:</p> <ul style="list-style-type: none"> <li>- training/session contents having balanced focus of on men, women, boys and girls, and older people;</li> <li>- types and scale of benefits created for different gender groups i.e., men, women, boys and girls, and older people;</li> <li>- Programme interventions been able to address causes to gender inequality around domestic violence and child abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group Discussions</li> <li>• Thematic Analysis</li> </ul>	
	<p><b>Equity:</b>  <b>EQ5.2 –</b> To what extent DVPP's design and</p>	<p><b>5.2.1</b> Evidence of DVPP design informed of equity assessment (<i>to list vulnerable groups</i>) and targets, interventions, resource allocations are disaggregated by vulnerability.</p>	<ul style="list-style-type: none"> <li>• Literature / Document Review</li> <li>• Descriptive Analysis</li> </ul>	

	implementation appropriately assessed, identified, and addressed the special needs of vulnerable groups?	<b>5.2.2</b> Extension workers and community respondents (teachers, social workers, parents, caregivers, local leaders/influencers and children) views on: <ul style="list-style-type: none"> <li>- Programme identified the most vulnerable groups and targeted them;</li> <li>- types of benefits programme interventions created for the vulnerable groups;</li> <li>- Programme interventions addressed causes of vulnerability of these groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Group Discussions</li> <li>• Thematic Analysis</li> </ul>	
		<b>5.2.3</b> Key DVPP stakeholders (public sector partners and CSOs) identified programme strategies, interventions, and results for the vulnerable (including girls, women, and elderly) and underlying reasons for their vulnerability	<ul style="list-style-type: none"> <li>• Key Informant Interviews</li> <li>• Thematic Analysis</li> </ul>	
	<b>HRBAP:</b> <b>EQ5.3</b> – To what extent the Programme (in both design and implementation) incorporated the HRBA principles?	<b>5.3.1</b> Key DVPP stakeholders (public sector partners and CSOs) identified programme strategies, interventions and results around compliance to HRBA principles of: <ul style="list-style-type: none"> <li>- Participation</li> <li>- Accountability</li> <li>- Non-discrimination</li> <li>- Equality</li> <li>- Empowerment</li> <li>- Legality.</li> </ul>	<ul style="list-style-type: none"> <li>• Key Informant Interviews</li> <li>• Thematic Analysis</li> </ul>	
		<b>5.3.2</b> Evidence of Programme's design and implementation demonstrating compliance to HRBAP principles: <ul style="list-style-type: none"> <li>- Participation</li> <li>- Accountability</li> <li>- Non-discrimination</li> <li>- Equality</li> <li>- Empowerment</li> <li>- Legality.</li> </ul>	<ul style="list-style-type: none"> <li>• Literature / Document Review</li> <li>• Descriptive Analysis</li> </ul>	

## APPENDIX 3 – CONTENT ANALYSIS CRITERIA

### Domestic Violence Prevention Program Training Content Analysis

#### Criteria for Analysis:

1. Pedagogical Analysis pedagogical
2. Technical Analysis

	Criterion	Description
<b>1. Pedagogical Analysis</b>	1.1 Training's overarching goal	Is the overall goal of the training clear? Clear introduction?
	1.2 Module Objectives and Outcomes	Are the module objectives clearly identified? Are they achievable and realistic? Are they aligned with the course aim? Does it provide learners with a clear purpose? Are they too broad, too many or too complex?
	1.3 Module Structure/ Module Plan	Is the course material simple, coherent and logical in order to ensure a good level of understanding and engagement? Do they support the overall aim of the course? Are the learning hours reasonable?
	1.4 Training Methodologies	Is there a variety of activities and training methods designed for different types of learners? Do the materials allow opportunity for group work, problem-solving and peer evaluation?
	1.5 Evaluation Tools	Pre and Post-tests, knowledge checks after each module, etc.
	1.6 Trainer's Notes/ Facilitator Guide	Are there enough instructions for Trainers? Does it provide enough guidance for them?
<b>2. Technical Analysis</b>	2.1 Locally Driven	Does the content of each module take into account local context?
	2.2 Problem/ Issue Identified	Does the module explain the problem and its various manifestations, causes – beliefs, customs and perceptions
	2.3 Legal Frameworks	Are contents aligned with international/ regional norms and standards? Also, is it coherent with national laws and regulations?
	2.4 Content Comprehensiveness	Does the module cover all pivotal issues/ sub-issues? Does it provide the substantive knowledge needed?
	2.5 Add one/ two more technical questions based on the module	Is the content technically accurate & up-to-date? Relevance & coherence of the material

## APPENDIX 4 – DESK REVIEW

Folder	Sub-Folder	Document
<b>EVAC</b> (Extended guidance for Violence Against Children)	<b>EVAC library</b>	01 PICA UNICEF VAC 2018 Expanded Guidance WATERMARK V2 161118
		4.1 Child Protection Systems Strengthening Evaluation and Management Response
		CN MENA EVAC acceleration 20062020
		GA 3 RAM Guidance Revised March 2020
		Goal Area 3 MENAR SMQ Analysis 2020 draft
		MENARO EVAC CP Orientation 7_15_2020
		VAC_Evaluation_Final_Report
		Violent Discipline in the Middle East and North Africa Region
		WHO Global Status Report EVAC Prevention 2020
<b>KSA Vision 2030</b>		National Transformation Plan_En
		Saudi_Vision2030_EN_2017
<b>Legislations</b>		Child Protection Law
		Law of Protection From Abuse
<b>OECD DAC Criteria</b>		evaluation-criteria-flyer-2020
		revised-evaluation-criteria-dec-2019
<b>Profile of Saudi Arabia</b>		Profile of Saudi Arabia
<b>Research and Studies on Child Abuse and Experiences in KSA</b>		234-SaudiParentsPerceptionstowardsSomeChildAbuseandNeglectRelatedFactors
		A study of child abuse trend in Saudi Arabia – A review update
		Adverse childhood experience in Saudi Arabia - A pilot study
		child_maltreatment_prevention_readiness in saudi arabia_english
		child_maltreatment_prevention_readiness_arabic
		Domestic violence and child abuse and neglect study in KSA
		Facts
		Guide to family safety during the COVID 19 pandemic
		National Family Safety Program Studies and Research on Domestic Violence 2009-2019
		Preventing Child Abuse and Neglect in Saudi Arabia
		WHO Child Maltreatment Prevention Readiness Assessment in Saudi Arabia
<b>The National Family Safety Programme</b>		English NFSP Summary
		NFSP Annual Report 2018
		Procedures1
		Report of the National Registry of Child Abuse and Neglect Cases In Arabic and English 2016
		Report on the Activities of NFSP_2011
		The mechanism for dealing with cases of child abuse and domestic violence in the health sector in the Kingdom of Saudi Arabia
<b>Training</b>	<b>Training Package</b>	ViolenceOlderPeople, احسان
		FamilySecurity, أسرته أمانك



Folder	Sub-Folder	Document
Manuals		SexualViolenceChildren , الحملة البيضاء
		First1000days , ألف يوم من الحياة
		Anti-Bullying , لا لتتمر
		ShakenBabySyndrome , لا ترجوني
		Child Neglect , نود لك سلامتك
		ProtectingViolenceWomen . هن النجاح
UN 2030 Agenda for Sustainable Development		UN 2030 Agenda for Sustainable Development
UN Convention on The Rights of the Child		UN Convention on The Rights of the Child
UNICEF	Area Program Document	Subregional programme document Gulf Area (Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates): (English & Arabic)
	Strategic plan	UNICEF_Strategic_Plan_2018-2021
		UNICEF_SP+ECD_brochure_ver15.5
	UNICEF evaluation documents	1a. UNICEF revised Evaluation Policy; 1b. 2013-14-Revised_evaluation_policy-ODS-French
		2a. UNICEF PROCEDURE ON ETHICS IN EVIDENCE GENERATION; 2b. UNICEF Procedure on Ethics in Evidence Generation to trans (1)_FR 112016
		3. Ethical Research Involving Children_eric-compendium-approved-digital-web
		4. UNICEF_adapated_reporting_standards_updated_June_2017_FINAL
		5a. Inception Report Review Template; 5b. Evaluation Report Review template
		6. UNICEF ERB Review Feedback Template v3a; 6b. UNICEF HML IRB Guidance Document for Informed Consent; 6c. Informed Consent Form Example; 6d. Consentement informé – un exemple; 6e. UNICEF HML IRB Guidance Document for the Protection of Subject ID; 6f. UNICEF HML IRB Guidance Document for the Protection of Subject Safety; 6g. UNICEF HML IRB Guidance Document for the Protection of Data
		7. Geros Handbook
		8. UNICEF Style Book
		Criteria for Ethical Review Checklist
United Nations Common Country Strategic Framework		United Nations Common Country Strategic Framework
Other Literature search		The epidemiology of domestic violence in Saudi Arabia: a systematic review
		Child Abuse and Neglect in Saudi Arabia: Journey of recognition to implementation of national prevention strategies
		KSA Demographic survey 2016

Folder	Sub-Folder	Document
		Social and Behaviour Change Strategies for Addressing Violence Against Children In and Around Schools: Case Studies and Lessons Learned
		Population-based health survey in Eastern region of Saudi Arabia
		Equity Assessment survey form
		Violence prevention: the evidence by WHO
		Digital tools and changing behaviour in relation to violence against women
		Kingdom of Saudi Arabia - Central Department of Statistics
		What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls
		Saudi Health Interview Survey results
		Strategies for confronting Domestic Violence: A resource manual
		KSA Sustainable Development Goals Indicator report
		The Nature of Domestic Violence against Children in Saudi Arabia Systematic Literature Review
		Violence against Vulnerable groups by Hilary brown
		GLOBAL STRATEGIES to reduce violence by 50% in 30 years
		Women and social services in Saudi Arabia
		World Health survey Saudi Arabia 2019 (Final Report)

## APPENDIX 5 – KII TOOL

### KEY INFORMANT INTERVIEW GUIDE – STAFF OF UNICEF GAO, UNICEF MENA KEY INFORMANT INTERVIEW GUIDE – STAFF OF NFSP, MINISTRY OF NATIONAL GUARD

#### 1. Warming up

1. What is your position or role in NFSP? how long have you been in that role?
  - a) How is your department involved in the DVPP?
  - b) Could you please elaborate on your own role within the DVPP (design and implementation)?

#### 2.Relevance

2. From your own view, what is the extent of DV and CA in the Saudi Society? (Your own assessment)
  - a) what are its different types and forms? Is there a specific prevalent type?
  - b) What are the most common drivers/factors/reasons of DV and CA?
  - c) Geographically, is there any correlation? (Cities vs. rural areas)
  - d) Which groups (women, men, girls, boys, elderly, adolescents, disabilities, etc.) are most likely to experience violence? and who are the common perpetrators?
3. What is your understanding of DVP programme, its purpose and objectives?
  - a) Are these aligned with the national strategies regarding needs of (children, women and Elderly) in your country? Please elaborate?
4. Is there a specific reason to why have you focused on Capacity Building as a measure to address the DV/CA situation?
  - a) Who are the primary beneficiaries? Which segments of population will be benefitted or affected negatively more than others by the programme? How and why others did not as much? ( -Women, children, teachers, elders etc.).
  - b) Will the views of society change towards domestic violence and awareness of self-rights increase due to the programme? (Examples: evident or likely changes in knowledge, attitudes, and practices (norms)
  - c) What are its gaps/ shortcomings in the design and delivery?
  - d) and if not, how do you think it can be improved for future programming?
5. Other than DVPP, have there been or are there any similar national initiatives that address domestic violence/CA situation in Saudi Arabia?
  - a) If yes, what are they and how have they helped in reducing DV and CA?
  - b) If yes, how is DVPP any different? Do such initiatives complement each other in any form to ensure integration of national efforts?
  - c) What other interventions are required or can be more effective for achieving intended results.
  - d) What else can be done at government/community level to reduce the incidence of domestic violence in the society?
6. Do you think capacity building of public sector actors and CSOs as part of dealing with the DV and Child abuse is a priority of the government of KSA?

#### 3.Effectiveness

7. What, (if at all) were the measurable outputs of the DVPP? and the key outcome?
8. Do you know what monitoring system has been adopted during the design of the programme?
  - a) Do you think this system is adequately able for proper coordination and quality assurance?
  - b) Were there any gaps identified in this monitoring mechanism?

9. How these specific training packages (8 modules) have been selected? Were there any TNA conducted?
  - a) How were these training packages developed (phases of the curriculum design process)? How did the selection of the writing committee/ experts took place?
  - b) How did NFSP choose its implementing partners?
  - c) Some of the key law enforcement agencies are not part of the program (e.g. Ministry of Justice (MoJ) and Ministry of Interior (MoI) in addition to many active NGOs, do you know why?
10. What are Enabling factors in design and delivery to achieve the intended results?
  - a) What are disabling factors that deterred success? How did the DVPP overcome the challenges? how do you think it can be improved for upscaling?
11. What in your view is the positive or negative effect of the intervention of the DVPP? (at individual level, community level etc)
12. What are your own views on the rollout plan and the process of training delivery? Any major challenges faced?

#### **4.Efficiency**

13. Are you aware of the resources available to the DVPP? If yes,
  - a) How adequate and balanced is the distribution of the DVPP resources (funds, time and expertise) to allow it to efficiently deliver its objectives and results and achieve maximum cost efficiencies?
14. Can you give your insights about how is the programme funded?
  - a. What is its total funding size and distribution between different components of the DVPP?
15. What challenges, if any, did the DVPP face in the delivery of its activities/ results?
  - a) What changes have already occurred, or do you foresee as a result of COVID?
  - b) How does the DVPP respond to these changes? Do you think there has been any adjustment made in response to the covid situation?
16. How will you compare DVP with other domestic violence prevention/capacity building programmes in KSA in terms of:
  - a) cost efficiencies and alternate strategies to provide similar results with less cost and time achieving improved results?
  - b) What are your suggestive changes in design and delivery of DVPP to achieve these efficient changes?

#### **5.Gender Equality, Equity and HRBA**

##### **Gender Equality:**

17. How, if at all, did the DVPP factor gender inequalities (gaps between males and females) in its design and implementation of the project?
  - a. Was there a gender-based selection criteria at design stage? Are there any criteria to encourage females/girls to participate in the trainings (as trainers or trainees)? If yes, how was it implemented? How is compliance rate gauged?
  - b. Do you recall any gender related challenges in programme design and delivery, which may have hampered the recruitment/ demand creation of male and female participants? If so, how were they tackled?
  - c. Did NFSP request any of the implementing partners to factor the gender aspect in their rollout plan?
  - d. How, if at all, was it ensured that the content development process of the modules is gender sensitive?

##### **Equity:**

18. How if at all, the programme has identified the most vulnerable groups?
  - a. How will the programme intervention ensure to maximize participation of the most vulnerable population? Please share some examples to support your answer.
  - b. How the programme addresses the special needs of the vulnerable groups? What is the key benefit the programme interventions have created for them?

19. How did the DVPP ensure that its provided support addressed equity issues (providing adequate opportunity to non-Saudis and people with disabilities) in its strategies, implementation, and outcomes?
  - a. Do you have any person with disability actively involved in programme intervention development or implementation?
  - b. Was there a vulnerable group-based selection criteria for programme development and as trainers or training? If so, what was the criteria? How was it implemented? What was the success/ compliance rate?
  - c. How will the programme have ensured that the content, methodology and overall delivery of support is equity sensitive?
20. What changes would you recommend, making the support more inclusive towards most vulnerable population including refugees and people with disabilities?

**HRBA:**

21. What role DVPP played in making mechanisms for master trainers and awareness specialists to fulfil their duties by holding them accountable?
22. Was there any activity conducted, prior to the program design, to inform of any gaps in reducing discrimination (content development, selection, implementation)?
23. From your point of view to what extent and in what ways does the DVPP contribute to the empowerment of community to claim their rights related to DV and CA?

## **KEY INFORMANT INTERVIEW GUIDE – MEMBERS OF IMPLEMENTING PARTNERS**

### **A) Introductory Questions**

- 1) Could you please describe your position and role in your organization?
- 2) Please briefly explain your role as a Focal person.
- 3) How did you become the focal point for your organization? (Appointment, application, etc.)
  - a) how long you have been in that role with the organization?

### **B) Relevance/ Awareness of Problem and the Programme**

- 4) In your view, what is the extent (including how serious) of the problem of Domestic Violence (DV) and Child Abuse (CA) in Saudi Arabia?
- 5) What are the root causes/key drivers?
- 6) which groups and regions are most affected and why?
- 7) What is your understanding of the DVP programme? Please share with us what do you know of DVPP objectives, approaches and interventions?
- 8) In your opinion, is the DVPP initiative the appropriate response to the specific needs to deal with the issue of domestic violence and child abuse?
- 9) How is your organization/ agency involved in the project?
  - a) What does NFSP expect from your organization/agency?

### **C) Effectiveness**

- 10) Now let's talk about, the training programs. Have you attended any of the trainings? If yes,
  - a) Have you reviewed the training contents (8 modules and trainers kits) developed by NFSP?
  - b) How satisfied are you with the training contents in terms of?
    - a. Do you think there was enough focus on domestic violence as much as child abuse?
    - b. Is it relevant to local context/needs?
    - c. Training Methodology and Approach addresses differential needs of learners/ participants? Was there a variety of training activities (simulations, role plays, group work, etc)?
  - c) In your opinion, did the training has sufficient resources to achieve the intended results?
    - a. Human (how many trainers, training ability of the moderator from NFSP)
    - b. Duration of Training (Do you think the time for the workshop was enough to cover all training content?)

- 11) What coordination mechanisms do you follow to facilitate the training sessions? Please elaborate the process.  
*(Inquire at three levels i.e. within ministry/ with MTs/ with NFSP)*
- How do you coordinate with NFSP regarding any upcoming trainings?
  - How do you notify Master Trainers of upcoming training sessions?
  - Means of communication with MTs (via email/ letter/ verbally)?
- 12) Do you have any monitoring and evaluation system to gauge the performance of Master trainers and the quality of their trainings? Is there any mechanism to collect feedback from participants (AS) attending these trainings?
- 13) How do you address any feedback/ suggestions/ complains raised by master trainers? Is there any mechanisms of regular feedback? How do you pass it on to NFSP? Any example?
- From your point of view, are there any gaps/weaknesses/constraints in the feedback mechanism and what can be done to improve it for future? Do you have any suggestions to overcome it?
- 14) Let's talk about your organizations' s plan of implementing DVP programme.
- How many MTs in your organization?
  - Do you take part in the selection of the MTs? How are they being selected?
  - Are you familiar with the mechanisms used to select awareness specialists (AS)? Do you have any direct link with the AS?
  - How do MTs report back on their conducted trainings? Any challenges faced with the awareness specialists' trainings?
  - Did MTs conduct any awareness specialist trainings yet? If yes, how many? Any challenges faced? If yes, how do you handle that?
  - What actions can be taken if MTs didn't conduct any trainings? Is there a timeline given to them?
  - How do/will you track the progress made with the trainings implemented by the awareness specialists to the community?
  - How often do you report back to NFSP (monthly/quarterly/ annually/ ad-hoc basis)?
- D) Gender Equality, Equity and HRBA**
- 15) Did your organization consider gender equality during the selection of master trainers, awareness specialists and the community members?
- Do you recall any gender related challenges/ social norms faced, If yes, please elaborate while explaining how were they tackled?
  - In your opinion, do you see the component of gender equality and equity reflected in the design and implementation of the project?
  - In your opinion, has the project contributed to the increase of knowledge and awareness within communities about their human rights?
  - In your opinion, how far is the program meeting the needs of children, adolescent girls and boys, youth, women, persons with disabilities?



## APPENDIX 6 – FGD TOOL

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### *FGD guide for Master Trainers*

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#### **A) Relevance**

- 1) In your view, what is the extent (including how serious) is the problem of Domestic Violence (DV) and Child Abuse (CA) in Saudi Arabia?
- 2) What are the causes/drivers? which groups and regions are most affected and why?
- 3) Are you familiar with NFSP's Domestic Violence Prevention Programme (DVPP)? Please share with us what do you know of DVPP objectives, approaches and interventions?
- 4) **How is your organization (ministry/department/NGO) involved in DVPP?**
  - What does NFSP expect from your organization/agency? How would it benefit your organization?
  - How would your agency's engagement help address the issue of DV and CA?
  - What are the expectations from your role as Master Trainer? And what is your reflection on these expectations

#### **B) Effectiveness and HRBA/GE/Equity**

- 1) **Have you seen the training contents (8 modules and trainers kits) developed by NFSP? How satisfied are you with the training contents in terms of?**
  - *Do you think there was enough focus on domestic violence as much as child abuse?*
  - *Is it relevant to local context/needs?*
  - *Is there equal/adequate focus of content on men, women, boys, girls and older people?*
  - *How helpful do you find the facilitator guide? Do you think it has enough instructions for you to run your trainings?*
  - *Training Methodology and Approach addresses differential needs of learners/ participants? Was there a variety of training activities (simulations, role plays, group work, etc..)?*
  - Please share if there were any gaps/weakness/constraints in the training content and what can be done to improve it for future?
- 2) **How satisfied are you with the training workshops provided by the NFSP?** Can you please explain briefly about the training process and how were they conducted?
  - On what criteria, if any, were the master trainers selected?
  - Do you have any training/ CP or DV background?
  - Are you satisfied with the training ability of the moderator from NFSP?
  - Were the objectives of the training clearly explained?
  - Do you think the time for the workshop was enough to cover all training content?
  - Were the number of participants suitable for the training?
  - Have you observed any gaps/weaknesses/constraints in the training delivery or methodology? If yes, then what were they and how the future ToT could be improved?
- 3) **Do you think** that the training was successful in making you feel fully equipped/ competent to start delivering it as required? Any suggestions in this regard?
  - What have you learnt from the programme as a trainer? Any additional skill or increase in your knowledge or any knowledge gaps/needs filled due to the trainings?
- 4) **Could you please explain briefly about the ToT process and the rollout plan?**
  - Do you know on what criteria were the awareness specialties selected?
  - How you plan to roll-out this DVPP in your organization/agency? What challenges do you foresee in the rollout? Please elaborate and share with us 6 months Plan if any?
  - How you plan to coordinate and report to NFSP? What challenges you foresee in coordination and reporting to NFSP?

- Do you think that the trainers would be able to use the training content effectively during the community sessions?
  - Do you know on what criteria, if any, will the participants be selected from the community?
- 5) Any final comments/ suggestions for the whole training process and the rollout plan? If you were to pick 1 or 2 things to keep and others to change, what would you pick?

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### *FGD tool for Awareness Specialist*

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#### **A) Introductory Questions**

- 1) Could you please describe a little about your position and organization? Role and responsibilities in general?
  - a) Please briefly explain your role in the DVP programme? (as awareness specialist)
  - b) How long you have been in that role (as Awareness specialist) with the programme?

#### **B) Relevance:**

- 2) In your view, what is the extent (including how serious) of problem of Domestic Violence (DV) and Child Abuse (CA) in Saudi Arabia?
  - a) What are the causes/drivers? which groups and regions are most affected and why?
- 3) Are you familiar with NFSP's Domestic Violence Prevention Programme (DVPP)? Please share with us what do you know of DVPP objectives, approaches, and interventions?
  - Do you think capacity building is the right approach to end domestic violence and child abuse in KSA?
- 4) How is your organization (ministry/department/NGO) involved in DVPP?
  - What does NFSP expect from your organization/agency? How would it benefit you and your organization?
  - How would your agency's engagement help address the issue of DV and CA?
  - What are the expectations from your role as Awareness Specialist? And what is your reflection on these expectations?

#### **C) Effectiveness:**

*Let's talk about the process that NFSP is using to prevent the problem of Domestic violence:*

- 5) Have you seen the training contents (8 modules and trainers kits) developed by NFSP? How satisfied are you with the training contents in terms of?
  - *Do you think there was enough focus on domestic violence as much as child abuse?*
  - *Is it relevant to local context/needs?*
  - *Is there equal/adequate focus of content on men, women, boys, girls and older people?*
  - *How helpful do you find the facilitator guide? Do you think it has enough instructions for you to run your trainings in the community?*
  - *Training Methodology and Approach addresses differential needs of learners/ participants? Was there a variety of training activities (simulations, role plays, group work, etc.)?*
  - Please share if there were any gaps/weakness/constraints in the training content and what can be done to improve it for future?
- 6) Can you please explain briefly about the training process and how were they conducted?
  - On what criteria, were you (AS) selected?
  - After selection, any agenda/ modules or training kits shared with you before the day of training?
  - Were the objectives of the training clearly explained on the day of training?
  - Are you satisfied with the training ability of the master trainer?
  - Do you think the time for the workshop was enough to cover all training content?
  - Were the number of participants suitable for the training?

- Have you observed any gaps/weaknesses/constraints in the training delivery or methodology? If yes, then what were they and how the future trainings (AS) could be improved?
- 7) What have you learnt from the programme as a trainer? Do you think that the training was successful in making you feel fully equipped/ competent to start delivering it as required?
- What additional interventions (suggestions/identify gaps) are needed for normative or behavioral improvements? How can community engagement be improved?
  - Could you please explain briefly about your understanding of further delivering the training at community level? Have you conducted any Community workshops so far?
  - How you plan to roll-out this DVPP in community? Were you provided with clear plan? What challenges do you foresee in the rollout? Please elaborate and share with us 6 months Plan if any?
  - What coordination mechanisms do you follow to facilitate the training sessions? (With community/ with MTs). Please elaborate the process.
  - Do you think that the trainings can bring behavioral changes in the community?
  - Do you know on what criteria, if any, will the participants be selected from the community? (at different community levels? Women, men, children/ single session or separately)
- 8) Any final comments/ suggestions for improving the whole training process and the rollout plan? If you were to pick 1 or 2 things to keep and others to change, what would you pick?

#### **Gender Equality, Equity and HRBA:**

- 9) Did you consider gender equality during the selection of community members?
- e) Do you recall any gender related challenges/ social norms faced, If yes, please elaborate while explaining how were they tackled?
  - f) In your opinion, do you see the component of gender equality and equity reflected in the design and implementation of the project?
  - g) In your opinion, how far is the program meeting the needs of children, adolescent girls and boys, youth, women, persons with disabilities?
  - h) In your opinion who is the most vulnerable section of the community and in your opinion is the programme reaching out to them?
  - i) At community level, have you tried to reach out to those vulnerable group (disable/ poor/ refugees) in selection? And how?

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### ***Focus Group Discussion for Community***

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#### **A) Introductory Questions**

- 1) Could you please describe a little about yourself? Occupation? (If working, probe on type of work):
- c) Which organization have trained you with the programme? And on which training package?

#### **B) Relevance:**

- 2) In your view, what is the extent (including how serious) of problem of Domestic Violence (DV) and Child Abuse (CA) in Saudi Arabia?
- b) What are the common reasons/drivers?
  - c) Which groups are more vulnerable to be a victim of violence?
- 3) Are you familiar with NFSP's Domestic Violence Prevention Programme (DVPP)? What's your understanding of the programme? Please explain
- *How relevant is this training to your daily life?*
  - *How will it reduce the domestic violence and child abuse?*

#### **C) Effectiveness:**

*Let's talk about the process that NFSP is using to prevent the problem of Domestic violence:*

- 4) Can you please explain briefly about the training process and how were they conducted?

- How did you hear about the training? How did you apply/ become part of this training session?
  - After selection, any agenda/ modules or training kits shared with you before the day of training?
  - Were the objectives of the training clearly explained on the day of training?
  - Are you satisfied with the training ability of the Awareness specialist?
  - How many workshops have you attended? How many modules were you trained on in single workshop? Do you think the time for the workshop was enough to cover all training content?
  - Were the number of participants suitable for the training to encourage enough participation (in case you have questions)?
  - Have you observed any gaps/weaknesses/constraints in the training delivery or methodology? If yes, then what were they and how the future trainings could be improved?
- 5) Have you seen the training contents (8 modules and trainers kits) developed by NFSP? How satisfied are you with the training contents in terms of?
- *Do you think there was enough focus on domestic violence as much as child abuse?*
  - *Is it relevant to local context/needs?*
  - *Is there equal/adequate focus of content on different age groups (babies/ children/ teenagers/ adolescent girls and boys/adult) on vulnerable (disable/ poor/ refuge) and on gender (women/ men)?*
  - *Training Methodology and Approach addresses differential needs of learners/ participants (children/teenagers/men/women or illiterate/ literate)?*
  - *Was there a variety of training activities (simulations, role plays, group work, etc.)?*
  - Please share if there were any gaps/weakness/constraints in the training content and what can be done to improve it for future?
- 6) Based on the training that you have attended, how it has benefitted you or your family? In terms of increasing knowledge/ changing behavior? Please explain by giving example.
- How can the programme reach more members of the community?
- 7) In your view (based on training you attended), what benefit a programme has for the following:
- Children
  - Men
  - Women
  - Adolescent
  - Elderly
- 8) Any final comments/ suggestions for improving the whole training process? If you were to pick 1 or 2 things to keep and others to change, what would you pick?

**D) Gender Equality, Equity and HRBA:**

- 9) Did you think gender equality was considered during the selection of community members?
- j) What specific benefits program has for different age groups (babies/ children/ teenagers/ adolescent girls and boys/adult) vulnerable (disable/ poor/ refuge) and gender (women/ men)?
  - k) Whether one segment (e.g. gender/ age groups/ vulnerable) is benefitting more from the trainings than other? Why?
  - l) Example of type of benefit the vulnerable have from the DVP programme?
  - m) In your opinion, how far is the program meeting the needs persons with disabilities? Were any disabled participants in the training?

## APPENDIX 7 – TRAINING OBSERVATION TOOL

### Monitoring Checklist: Facilitator

Facilitator Name: \_\_\_\_\_ Start time: \_\_\_\_\_  
 Observer Name: \_\_\_\_\_ End time: \_\_\_\_\_  
 Title [Dept. & Level of training- (ToT/AS/Community) MTs] Date: \_\_\_\_\_  
 Number of trainer(s)/facilitator(s) Male: 0  
 Female: \_\_\_\_\_ Total: \_\_\_\_\_  
 Number of participants Male: \_\_\_\_\_  
 Female: \_\_\_\_\_ Total: N/A

**Rate the overall performance/effectiveness of the facilitator during the training:**

Skills	Rating				Comments
	Rarely 1	Sometimes 2	Mostly 3	Always 4	
<b>Communication Skills</b>					
Speaks clearly and audibly					
Tone					
Appropriate body language					
Active listening					
<b>Rapport Building</b>					
Created a comfortable and encouraging learning environment					
Friendly attitude					
Encouraging comments/feedback					
<b>Facilitation Skills</b>					
Managing group dynamics					
Effective use of training aids (visual/handouts etc.)					
Using relevant examples					
Handling feedback					
<b>Organisation Skills</b>					
Manages time effectively					
Training material arranged/organized in advance					
Smooth transition among trainers (If more than one)					
<b>Sensitivity</b>					
Ensuring equal participation					
Gender sensitivity					
Use of appropriate language/examples					
Respect for local culture and values					

### Training Delivery & Facility Observation Checklist

Please rate the following activities/situations according to your best judgment

S. No.	Situation/activities	Rating				
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	Learning objectives of the topics have been clearly defined					

2	Participatory education methods used by trainer/facilitator					
3	<b>Facilitation Skills:</b>					
3.1	Trainer/facilitator uses non-verbal communication properly					
3.2	Trainer/facilitator uses verbal communication properly					
3.3	Trainer/facilitator facilitates discussion properly					
3.4	Trainer/facilitator has good command on subject					
3.5	Trainer/facilitator expresses ideas and concepts clearly					
3.6	Trainer/facilitator provides equal participation opportunity to all participants					
3.7	Trainer/facilitator shows confidence during session					
4	<b>Learning Environment:</b>					
4.1	Trainer/facilitator cares for learners' interest					
4.2	Trainer/facilitator encourages active participation					
4.3	Positive rapport of trainer/facilitator with learners					
4.4	Trainer/facilitator properly manages time					
4.5	Trainer/facilitator uses resource materials / training aids properly					
4.6	Trainer/facilitator cares for condition/ requirements of the training venue					

**Rate the given aspects according to** (1= Needs Improvement; 2= Moderate; 3= Effective; 4= No Answer)

Physical/Logistic Arrangements	1	2	3	4	Comments
Availability and distribution of session handouts and reference materials					
Refreshments if any					
Support equipment and learning aids (speakers, projector, Audio-Visual aids, Internet connection, background noise etc.)					

**I. Providing background about NFSP and DVPP**

- a.
- b.

**II. Project Design**

- a.
- b.

**III. Rollout Plan**

- a.
- b.

**IV. Training Content/ 8 Packages**

- a.
- b.

**V. General Comments**

- a.



b.

## APPENDIX 8 – TRAINING OF FIELD TEAM

### Plan for Training of field team

**Date:** XYZ, 2021  
**Duration:** \_\_\_\_AM to \_\_\_\_PM  
**Venue:** Remote

#### Training Objectives

1. Participants develop a reasonable understanding of the NFSP supported Domestic Violence Prevention Programme in Saudi Arabia.
2. Participants are given an orientation of Evaluation focus, key evaluation questions, approach/design and methods, underlying logic model and evaluation hypothesis.
3. Participants receive technical guidance on understanding all aspects of evaluation tools, particularly the nature and significance of all questions, relevant explanation of key terms, instructions to record responses, skip patterns.
4. Participants understand field protocols (usage of electronic devices, coordination, communication, safety, and security), ethical norms and standards to be implemented during data collection particularly while interacting with research subjects (fathers, mothers, social workers, teachers, and other participants of KIIs and FGDs), the evaluation team's expectations on reporting and the outputs of data collection.
5. Participants completely understand evaluation team's expectations on the quality assurance aspects for implementation during data collection, processing and analysis of the collected data and reporting requirements.
6. Finalization of field plan.

#### Participants:

**AAN Team:** Team Lead; Evaluation Coordinator; Child Protection Expert, Quality Assurance Manager, and Country Coordinator

The session-wise agenda for each day is given in the matrix below.

DAY ONE		
Time	Activity	Method / Materials
10:00- 10:25  25 Minutes	Introduction <ul style="list-style-type: none"> <li>• Brief Introduction of AAN Associates and AAN Evaluation Team (5 minutes)</li> <li>• Brief Profile of the partner and Core Team (5 minutes)</li> <li>• Other Participants (5 minutes)</li> <li>• Q &amp; A – (5-10 minutes)</li> </ul>	<ul style="list-style-type: none"> <li>• Self-Introduction</li> </ul>
10:25-11:10  45 Minutes	Overview of the DVPP Programme in Saudi Arabia <ul style="list-style-type: none"> <li>• Context – Legal Framework</li> <li>• Programme Objectives</li> <li>• Key Strategies and Interventions</li> <li>• Key Stakeholders &amp; Role in the Programme</li> <li>• Geographical Coverage and Scope</li> <li>• Q&amp;A</li> </ul>	<ul style="list-style-type: none"> <li>• PPT</li> <li>• Notes</li> </ul>
11:10-11:30 Tea Break		
11:30-12:00  30 Minutes	Overview of Evaluation <ul style="list-style-type: none"> <li>• Evaluation Objectives &amp; Purpose</li> <li>• Evaluation Matrix (DAC Criteria and Questions)</li> <li>• Outline of Evaluation Methods</li> <li>• Qualitative (FGDs, KIIs, field observations/notes)</li> <li>• Evaluation Scope and Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• PPT</li> <li>• Notes</li> </ul>

12:00-04: 45  3-4 Hrs; Excluding the lunch break time	<b>Overview of Qualitative Methods (KIIs, FGDs)</b> <ul style="list-style-type: none"> <li>• Key Definitions/Terms/Types of Questions, skip patterns and how to record appropriate responses</li> <li>• Detailed Discussion on each question of FGDs, KIIs questionnaire including the instructions, focus and significance of each question</li> <li>• Q&amp;A</li> </ul>	<ul style="list-style-type: none"> <li>• PPT</li> <li>• Questionnaire</li> </ul>
04:45 to 05:00  15 Minutes	<ul style="list-style-type: none"> <li>• Sharing of final instructions, field plan and departure of field team for pre-testing</li> </ul> <b>Close of day.</b>	<ul style="list-style-type: none"> <li>• Notes</li> </ul>

#### **Expected Training Outputs:**

1. Clarity established on agreed field plan, quality assurance measures to be enforced in field and other protocols of data collection.
2. Detailed Field Plan

## APPENDIX 9 – INFORMED CONSENT

### Remote/Online Key Informant Interviews – Consent Form

Version: 1 of 1  
Date:

*Note: If the person is illiterate or cannot read or sign, please read out this consent form to the interviewee for his/her verbal consent.*

#### **The Formative Evaluation of the Domestic Violence Prevention programme in the Kingdom of Saudi Arabia.**

My name is **Esraa Saied**. We speak to you on behalf of **AAN Associates** (a Research firm specializing in Evaluations) and **UNICEF Gulf Area Office** supported 'Formative Evaluation' of the NFSP intervention named 'Domestic Violence Prevention Programme' (DVPP) in Saudi Arabia.

The Programme is being implemented to strengthen capacities of public sector and CSOs to educate and sensitize individuals and communities – traditional leaders, men, women, boys, and girls, around effective prevention, and response to the victims of domestic violence and child abuse.

You, as \_\_\_\_\_ are representing your respective entities, and we intend to know from you on host of issues such as relevance of DVPP programme with respect to coordination and mechanism; effectiveness of NFSP's interventions and likely impact on knowledge, attitudes, and behaviors; your organization role and roll-out (including monitoring) plan; views on contents of training modules and participation in training so far. We would very much appreciate your active participation and honest feedback to pass on to NFSP and UNICEF to help them plan better for the future. These views and suggestions will be kept confidential and would only be used for the evaluation of the Programme.

#### **What you should know about this research study:**

1. We give you this consent form so that you may read about the purpose, risks, and benefits of this research study.
2. We cannot promise that this research will benefit you or your family. However, your feedback will help in improving Programme activities related to Domestic violence, Child Neglect, care for Elderly and care for new-borns.
3. You have the right to refuse to take part or agree to take part now and change your mind later.
4. Whatever you decide, it will not affect any benefits you or your family receive from NFSP or Implementing Partner negatively.
5. Please review this consent form carefully. Feel free to ask any questions before you make final decision.
6. Your participation is voluntary.

#### **Purpose**

You are being asked to participate in a programme evaluation of Domestic Violence Prevention that is implemented by NFSP. The purpose/Objectives of this evaluation are:

1. Help the NFSP to understand how the package is affecting practices of child protection in
2. practice.
3. Provide suggestions on how to fine tune the package before being rolled out at scale across
4. the Kingdom.
5. Facilitate the measurement of programme impact by establishing a baseline and by providing

6. specific guidance on what data implementers should collect as part of programme measurement and monitoring activities in order to facilitate a future impact evaluation.

### **Procedure and Duration**

If you decide to participate, the KII will take approximately 1 hour to complete and the discussion will be recorded to prepare notes and feedback from the participants.

The detailed step-by-step procedure is as following:

- You will be approached by the DVPP Evaluation team regarding information on your availability and (if available) scheduling of the remote/online interview.
- After confirmation, Verbal consent for the KIIs will be undertaken from you before the interview is formally started.
- Before the interview is initiated, you will also be informed regarding:
  - To ensure that we do not miss any of your feedback or comments, the interview will be recorded on tape. With your permission we would record the interview only for such purpose. If you do not want this interview to be recorded, we will resort to taking notes only.
  - You will be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members.
  - You will also be informed that your responses will also be kept anonymous and not tied back to you in anyway.
  - Your participation in this interview is voluntary and if we ask you any questions you do not want to answer, let us know and we will go on to the next question.
  - You can also stop the interview at any time without giving any reason.
  - The interview should take about an hour (60 minutes) to complete.

### **Risks and Discomforts**

There is no risk to your physical and psychological health, legal rights or economically. However, if at any time you feel any distress answering our questions let me know, and I will continue to the next question. You can refuse to answer any specific question and end the interview whenever you want.

### **Benefits and/or Compensation**

At personal level there is no benefit and/or compensation. However, the DVPP evaluation will determine the relevance, effectiveness, efficiency, and HRBA, to the extent possible. This will directly help inform the future programming in the country to yield better family safety outcomes at the national level.

### **Confidentiality**

- If you indicate your willingness to participate in this study by signing this document, your responses will be kept confidential and will not be shared with anyone with your name or personal details.
- Access to the data will be limited to only those that require it and have been identified within an approved data protocol. Further, the evaluators will follow Minimum Use guidelines. Only allow access to the minimum datasets required to just those that need it.
- The Evaluators will also remove any personally identifiable information (PII) from the data collection to maintain confidentiality of the participants. The Evaluators will replace PII with research identification codes (ID Codes).
- All data storage files will be password protected and only authorized personnel will be allowed to view the information.

### **Voluntary Participation**

Participation in this survey is voluntary. If you decide not to participate, your decision will not affect your future relations with the Government of Saudi Arabia, its personnel, and NFSP. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty.

**Statement of Consent to be Photographed Audiotaped (for written and/or verbal consent respectively) for record purposes.**

The interview will be photographed and/or recorded on tape to ensure that we do not miss any of your feedback or comments. With your permission we would record the interview only for such purpose. If you do not want this interview to be recorded, we will resort to taking notes only during the interview.

I understand that photographs / audio recordings of me will be taken during the interview. (For each statement, please choose YES or NO by putting your initials or thumb print in the correct box).

I agree to having my photograph taken:

☐

Yes

☐

No

I agree to being audio recorded:

☐

Yes

☐

No

**Authorization**

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS STUDY. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED ABOVE, HAVE HAD ALL YOUR QUESTIONS ANSWERED, AND HAVE DECIDED TO PARTICIPATE.

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**Study Participant Name and Sign or Thumb Impression**

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**Date:**

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**Witness Signature**

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**Date:**

**Principle Investigator:**

Ms. Esraa Saied

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Signatures:

## APPENDIX 10 – UNEG NORMS AND STANDARDS

### Compliance to UNEG Norms and Standards for Evaluation 2017

Norms	Description	Compliance Measures
<b>Independence</b>	Independence consists of two key aspects: <b>Behavioural Independence:</b> the ability to evaluate without undue influence by any party <b>Organizational Independence:</b> independence from management functions & availability of adequate resources to conduct its work	<ul style="list-style-type: none"> <li>• It is the responsibility of Evaluators as well as the leading partner i.e., is UNICEF to keep evaluation independent.</li> <li>• Importantly, the experience of the proposed Evaluation Team itself guarantees that the team tackles any outside influence. The Evaluators will take UNICEF on board if they face any issue which would affect the independence of the evaluation.</li> <li>• The agreement (available in terms of the contract) between parties, at an implicit level, is indicative of sufficient resources (by the Evaluators) to plan and implement a well-designed evaluation.</li> </ul>
<b>Impartiality</b>	Three key elements of impartiality: objectivity, professional integrity, and absence of bias	<ul style="list-style-type: none"> <li>• The Evaluation Team has an in-built culture of working with partiality and objectivity at the time of evaluation design, data collection, data, analysis, and report writing.</li> <li>• The potential of conflict has been considered while forming the team and were considered when forming the team for field data collection, though the Evaluation Team plans on having females as part of data collection for ease of data collection as programme is largely targeted towards women.</li> </ul>
<b>Credibility</b>	Credibility is based on independence, impartiality, and rigorous methodology	<ul style="list-style-type: none"> <li>• Along with following independence and impartiality, the Evaluation Team was transparent by making the final report public (UNICEF Evaluation Database).</li> <li>• Furthermore, the DVPP has many stakeholders including UNICEF, NFSP etc. The Evaluation Team plans to accommodate as many as possible in order to make the final evaluation report credible.</li> <li>• The Evaluation Team has cautiously used the available data. Afterwards, the Evaluators validated and triangulated the data using qualitative analysis.</li> </ul>
<b>Utility</b>	Utility of an Evaluation is determined through the clear intention to use the results, conclusions, or recommendations to inform decisions and future actions. Subsequently, the Evaluations can be used to generate knowledge and empowering stakeholders, other than contributing to the work of an Organisation.	<ul style="list-style-type: none"> <li>• To enhance the utility of the evaluation, after preliminary literature review, a kick-off meeting was initiated, so that the Evaluators and the implementing partners are on the same page.</li> <li>• The evaluation was designed in a way that it enhanced the utility in terms of achieving objectives of learning and accountability. Moreover, the evaluation improved organisational learning and informed decision-making.</li> </ul>



Norms	Description	Compliance Measures
<b>Internationally agreed principles, goals, and targets</b>	The principles and values to which the United Nations is committed, including the 2030 Agenda for Sustainable Development	<ul style="list-style-type: none"> <li>The Evaluators are aware and conform to the principles and values of the UN. The Evaluators are committed to refer to and integrate the international commitments' such as SDGs, to inform the design, processes, and outputs of the evaluation. For this evaluation, the focus is SDG 16.2.</li> </ul>
<b>Human Rights and Gender Equality</b>	The universally recognized values and principles of human rights and gender equality need to be integrated into all stages of an evaluation.	<ul style="list-style-type: none"> <li>The evaluation complied to UN-System wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women (GEEW)</li> <li>The evaluation accounts for HRBA as per the 2003 UN's convention and where relevant United Nations Evaluation Group 2014 (UNEG) guidelines on "Integrating Human Rights and Gender Equality."</li> </ul>
<b>Evaluation Ethics</b>	<p>Ethical principles for evaluation include obligations on the part of the Evaluator to behave ethically in terms of:</p> <p><b>Intentionality:</b> considering the utility and necessity of an evaluation at the outset.</p> <p><b>Conflict of interest:</b> exercising the commitment to avoid conflicts of interest in all aspects of their work.</p> <p><b>Interactions with participants:</b> engaging appropriately and respectfully with participants in evaluation processes, upholding the principles of confidentiality and anonymity and their limitations; dignity and diversity; human rights; gender equality; and the avoidance of harm.</p> <p><b>Evaluation processes and products:</b> ensuring accuracy, completeness, and reliability; inclusion and non-discrimination; transparency; and fair and balanced reporting.</p>	<ul style="list-style-type: none"> <li>The Evaluators fully understand and are committed to ethical behaviour throughout the evaluation, while keeping in view the utility, necessity, and objectives of the evaluation.</li> <li>Any potential conflicts of interest and issues around integrity are investigated and addressed both when forming the core team and when training and selecting field team members.</li> <li>The Evaluators are committed to engaging respectfully with evaluation participants and ensuring that respect to local culture, values, and sensitivities is maintained throughout, ensuring respect to local culture. The Evaluators fully understand and commit to exhibit complete confidentiality of the respondents, during fieldwork, data entry and cleaning. Personal information is kept physically separate as much as possible and consolidated data is handled by a single individual to reduce potential points of failure.</li> <li>The evaluation was planned and implemented as such to ensure consistency and compliance with guidelines available human dignity and diversity, human rights, gender equality, and avoiding from harm both the respondents and Evaluation Team members.</li> <li>The Evaluators are committed to plan and implement an evaluation that ensures accuracy, completeness, reliability, inclusion and non-discrimination, transparency, and balanced reporting while acknowledging varied perspectives.</li> <li>The evaluators ensured to report any misconduct noted during the evaluation to the ESC (if any), and given need, a</li> </ul>

Norms	Description	Compliance Measures
		discreet reporting to UNICEF Office of Audit and Investigation.
<b>Professionalism</b>	Key aspects of professionalism include access to knowledge; education and training; adherence to ethics and to these norms and standards; utilization of evaluation competencies; and recognition of knowledge, skills, and experience.	<ul style="list-style-type: none"> <li>• The Evaluation Team has a team of professionals who have worked with multiple donors like UNICEF, USAID, DFID, and others. The team is well groomed professionally and have extensive experience of working in local and international projects.</li> <li>• Furthermore, by including local partners (for field data collection), the Evaluators are confident of professional conduct of the team deployed.</li> <li>• AAN employs a series of internal checks and quality assurance mechanisms, which enable compliance to the best international practices and standards.</li> </ul>

## APPENDIX 11 – UNICEF ETHICAL STANDARDS

### Compliance to UNICEF Ethical Standards Research, Evaluation

Ethical Considerations	Description	Compliance Measures
Avoidance of Harm	Avoiding harm or injury to participants, both through acts of commission or omission; ensure no harm comes to participants by virtue of inappropriate, unskilled researchers or enumerators.	<ul style="list-style-type: none"> <li>The Evaluation Team have taken pre-emptive measures for any unforeseen event in the field and respond accordingly to any security threats. This applied to respondents as well as data collection team.</li> <li>The data collection team were trained on the security protocols.</li> <li>Similarly, UNICEF, NFSP and GoKSA were guided to look into the application of the principle of avoidance of harm.</li> </ul>
Informed Consent	The voluntary agreement of an individual to participate in evidence generating activity based on sufficient knowledge and understanding regarding it.	<ul style="list-style-type: none"> <li>The purpose and scope of the evaluation were duly informed to participants.</li> <li>Verbal Informed consent was taken from the participants, and they were given option to withdraw at any time of the process and consent was taken from participant before recording the session/ if personal information was required to be used.</li> </ul>
Privacy of Participants	It refers to the rights of the individuals to limit access of others to aspects of their person that can include their thoughts and identifying information. Measures must be taken to ensure participants' privacy during and after the data collection process.	<ul style="list-style-type: none"> <li>The privacy and confidentiality of the participants was maintained, and findings were summarised to an appropriate level of aggregation and participants were also given a clear indication of who will have access to their private data and for what purpose.</li> </ul>
Storage of Data	Confidential participant information or data that is collected must be securely stored, protected, and disposed of.	<ul style="list-style-type: none"> <li>The information and collected data were encrypted or password protected, and only authorised person could have access to the data.</li> <li>Furthermore, the Evaluators aimed at destroying the recordings and related data after acceptance of final evaluation report by key stakeholders (UNICEF, NFSP).</li> </ul>
Protection Protocols for Vulnerable Groups	Protection protocols for vulnerable groups must be in place to provide safe environments for data collection, to safeguard them from abusive or incompetent researchers/Evaluators /enumerators, to respond to any safety concerns or grievances, and to refer them to local supports both during and after the evidence generation activity.	<ul style="list-style-type: none"> <li>Protection/security protocols were followed where there was proof of definite negative outcomes in order to provide safe environment for data collection.</li> </ul>

## APPENDIX 12 – EVALUATION TEAM MATRIX

Name Proposed position	Years of Experience/ Education	Areas of Expertise	Countries of Experience	Language
<b>Mr. Nadeem Haider</b>  <b>Evaluation Team Lead</b>	<b>Over 20 Years</b>  <b>EDUCATION</b> <ul style="list-style-type: none"> <li>• <b>M. Phil:</b> International Relations and Political Studies</li> <li>• <b>MS:</b> Anthropology</li> <li>• <b>Certification</b> in Social Enterprise Management</li> </ul>	<b>Sector Expertise:</b> Child Rights/Protection, Social Protection, Health & Nutrition, WASH, Youth/women empowerment, Education, Birth registration, Emergency preparedness, Disaster risk management, Gender equality, Equity, HRBA. <b>Functional Expertise:</b> Evaluation, Monitoring, Strategic planning, Institutional assessment, Community development/Community Engagements, Advocacy, Knowledge management, Training and facilitation, Proposal development, Mobilization, Network and resources, Technical report writing	Tanzania, Pakistan , Tajikistan, Uzbekistan, Kyrgyzstan, Afghanistan , Yemen, Kenya, Nigeria, Indonesia, Jordan , Viet Nam, Cambodia, Philippines, Moldova , Iran, Somalia , Uganda , Angola, Niger, Ghana, Guinea, Guinea-Bissau, Mali, Chad , CAR	<ul style="list-style-type: none"> <li>• English</li> <li>• Arabic</li> <li>• Urdu</li> <li>• Punjabi</li> <li>• Persian</li> </ul>
<b>Mr Asher Osman Khan</b>  <b>Senior Manager Programs &amp; QA</b>	<b>Over 10 years.</b>  <b>EDUCATION</b> <ul style="list-style-type: none"> <li>• Aviation Sciences (Major: Avionics)</li> <li>• Information Technology Management</li> </ul>	<b>Sectoral Expertise:</b> Conflict and Disaster Management, Governance, WASH, Health & Nutrition, Education, Gender, Economic Growth & Agriculture <b>Functional Expertise:</b> Monitoring, Evaluation & Research, Compliance Management, Programme Management & Quality Assurance.	Ghana, Guinea, Mali, Niger, Nigeria, Afghanistan, Iraq, Spain, Italy, USA, Yemen, KSA, Rwanda, Tanzania	<ul style="list-style-type: none"> <li>• English</li> <li>• Urdu</li> <li>• Pashto</li> </ul>
<b>Ms. Hamna Ishaq</b> <b>Evaluation and QA Consultant</b>	Over 5 Years <b>EDUCATION</b> <ul style="list-style-type: none"> <li>• MSc Social Policy and development</li> <li>• BSc Economic</li> </ul>	<b>Sectoral Expertise</b> WASH, Child Rights, Birth Registration, Gender Equity, Community Development, Water Security, Health, Governance. <b>Functional Expertise</b> Research, Data Analysis, Monitoring, Evaluation	<ul style="list-style-type: none"> <li>• Tanzania</li> <li>• Uganda</li> <li>• Pakistan</li> </ul>	<ul style="list-style-type: none"> <li>• English</li> <li>• Urdu</li> </ul>
<b>Ms. Midhet Nasim</b>	<b>Over 6 Years</b>	<b>Sectoral Expertise</b>	Pakistan	<ul style="list-style-type: none"> <li>• English</li> </ul>

Name Proposed position	Years of Experience/ Education	Areas of Expertise	Countries of Experience	Language
<b>Evaluation Coordinator</b>	<b><u>EDUCATION</u></b> <ul style="list-style-type: none"> <li>Masters of Science in Public Health (Gold Medallist)</li> <li>BSc (hons) Optometry &amp; Orthotics</li> </ul>	Health System Strengthening, Public Health Nutrition, Community Development, Capacity Building, Epidemiology <b>Functional Expertise:</b> Research, Project Management, Data Management, Data Analysis, Monitoring & Evaluation	Zimbabwe	<ul style="list-style-type: none"> <li>Urdu</li> <li>Pashto</li> <li>Hindko</li> </ul>
<b>Ms. Arish Batool Research Assistant</b>	<b>Over 2 Years</b> <b><u>EDUCATION</u></b> <ul style="list-style-type: none"> <li>BS Economics</li> </ul>	<b>Sectoral Expertise:</b> Health, Education, Social Enterprise, Women Empowerment, Gender equality, Child protection, Community engagement/FGM/ECM <b>Functional Expertise:</b> Research, Data Management, Data Analysis	Pakistan, Ghana, Nigeria, Zimbabwe, KSA	<ul style="list-style-type: none"> <li>English</li> <li>Urdu</li> <li>Persian</li> </ul>
<b>Mr. Nazar Naqvi Training Content/ Protection Expert</b>	<b>Over 23 Years</b> <b><u>EDUCATION:</u></b> <ul style="list-style-type: none"> <li>Executive MBA</li> </ul>	<b>Sectorial Expertise:</b> Accounts, Governance, Community Mobilization, Women Empowerment <b>Functional Expertise:</b> Capacity Building, Trainings, Module Development, Evaluations, Designing Training Curriculum	Pakistan	<ul style="list-style-type: none"> <li>English</li> <li>Urdu</li> <li>Punjabi</li> </ul>
<b>Ms. Esraa Farag Training &amp; Research Expert</b>	<b>Over 10 Years</b> <b><u>EDUCATION:</u></b> <ul style="list-style-type: none"> <li>MA Degree in Peace and Conflict Studies</li> <li>BSc Degree in Political Science</li> </ul>	<b>Sectoral Expertise:</b> Child rights, Protection, GBV, CRSV, Human rights, <b>Functional Expertise:</b> Monitoring & Evaluation, Capacity building, Need assessment, Project development, implementation, reporting, Designing specialized training curriculum	Saudi Arabia, Philippines, Egypt	<ul style="list-style-type: none"> <li>English</li> <li>Arabic</li> <li>French</li> </ul>
<b>Ms. Alaa Mazloun National Training Expert</b>	<b>Over 5 Years</b> <b><u>EDUCATION:</u></b>	<b>Sectoral Expertise:</b> Human Rights Law, Counter Terrorism, Terrorism Prevention, Demobilization and Reintegration, Food security.	Egypt, Saudi Arabia and Kuwait	<ul style="list-style-type: none"> <li>English</li> <li>Arabic</li> </ul>

Name Proposed position	Years of Experience/ Education	Areas of Expertise	Countries of Experience	Language
	<ul style="list-style-type: none"> <li>• <b>MA</b> in International Humans Rights Law</li> <li>• <b>BA</b> in Political Science</li> </ul>	<b>Functional Expertise:</b> Project Coordination, Project Development, Implementation and Reporting.		
<b>Ms. Razan Saleem</b>  <b>Translation Expert/Arabic Translator</b>	<b>Over 5 Years.</b>  <b>EDUCATION:</b> <ul style="list-style-type: none"> <li>• Business Administration and English Literature</li> </ul>	<b>Sectoral Expertise:</b> Humanitarian Issues <b>Functional Expertise:</b> Translation	Amman, Jordan, USA, Pakistan	<ul style="list-style-type: none"> <li>• Arabic</li> <li>• English</li> </ul>
<b>Dr. Hayat Ullah</b>  <b>Translation Expert/Arabic Translator</b>	<b>Over 10 Years</b>  <b>EDUCATION:</b> <ul style="list-style-type: none"> <li>• <b>PhD</b> Arabic Literature</li> <li>• <b>M. Ed</b> Teaching Methodologies</li> <li>• <b>M.A</b> (Arabic) Arabic Language &amp; Literature</li> <li>• <b>B.A</b> (Hons) Islamic Studies</li> <li>• <b>M.A</b> Islamic Studies</li> <li>• <b>B.Ed.</b> Teaching Methodologies</li> <li>• <b>B.A</b> Islamic Studies, Arabic</li> <li>• <b>FA/HSSC</b></li> </ul>	<b>Sectoral Expertise</b> Health <b>Functional Expertise</b> Translation, Training, Workshop	Pakistan	<ul style="list-style-type: none"> <li>• Arabic</li> <li>• English</li> <li>• Urdu</li> <li>• Pashto</li> <li>• Punjabi</li> </ul>



## APPENDIX 13 – PEDAGOGICAL ANALYSIS

### Domestic Violence Prevention Programme (DVPP) Training Content Analysis

#### Introduction

Testing newly produced training materials requires their evaluation against a set of criteria related to the content, usefulness and overall quality. This Formative Evaluation of the “*Domestic Violence Prevention Programme*” (DVPP) aims at providing feedback to implementers and users alike, while focusing on possible areas for improvement of the training manuals, rather than a rejection or acceptance. Additionally, this analysis will take the form of ‘Formative Assessment’. It will identify potential and actual problems/ gaps and recommend possible solutions.

The analysis will be divided into two key categories: pedagogical and technical analysis. To avoid any redundancies, the feedback for the pedagogical category for all eight training packages has been integrated into one commentary. This category will entail different criteria and elements of analysis, i.e.: a) Training Goals; b) Training Objectives; c) Training Methodologies; d) Referencing and Bibliography; e) Evaluation Tools, and f) Trainer’s notes.

Inversely, the technical category of the assessment will be analyzed separately for each training package. Analysis criteria for this category will include a) Course structure/plan; b) Local Specificities; c) Problem Identification; d) Legal framework; and e) Content Comprehensiveness.

#### **1. PEDAGOGICAL ANALYSIS**

This category of the analysis draws upon the evaluation model developed by Donald L. Kirkpatrick “Evaluating Training Programmes: The Four Levels”,<sup>120</sup> since this model has been widely used and accepted among scholars, practitioners and international organizations (including WHO).

Kirkpatrick’s four levels of evaluation:

- Level 1. Reaction: Immediate reaction of trainees and how satisfied are they.
- Level 2. Learning: To what degree do participants acquire the intended knowledge, skills and attitudes (based on the learning objectives).
- Level 3. Behaviour: How trainees apply their new knowledge and skills when they are back on the job.
- Level 4. Results: To what degree targeted outcomes occur as a result of the training and its impact on the work progress.

#### **1.1 Training’s Instructional Goal(s)**

**Is the overarching goal of the training clear? What changes are expected as a result of the training?**

##### Findings:

- Instructional goals have not been identified in any of the training packages. It is pivotal that instructional goals be added to the training content of each course to ensure clear training focus with regards to knowledge, skills and behaviours. Learning objectives are the way to acquire the knowledge of knowing how to perform the needed skills, and probably also adopting certain behaviours by the trainees.
- Additionally, clear goals will guide the evaluation team at later stages (Level:3) to find out whether the community level trainee is putting the training goals into practice. In other words, “Is the trainee using the knowledge, skills and behaviours gained during the training and how are they changing his or her work performance?” Hence, it is of the essence to set an instructional goal(s) for each of the training courses.

##### Recommendations:

Add clearly defined objective(s) to the beginning of the training content and ensure that objectives are SMART (Specific, Measurable, Attainable, Relevant and Time-bound). It must state what

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<sup>120</sup> Based on the latest edition published in 2006.

activity the trainee is expected to be able to carry out after completing the training. To ensure that an evaluation could be undertaken, the training design should take into consideration elements such as competencies, instructional goals and learning objectives. The evaluation process must be based on a clear description of all those elements (e.g., a logical framework).

## 1.2 Learning Objectives

**Are the learning objectives clearly defined? Are they achievable and realistic? Are they aligned with the training goals? Do they provide learners with a clear purpose? Are they too broad, too many or too complex?**

### Findings

Training objectives are not clearly defined, which makes it difficult to specify the learning outcomes for different levels of trainers. Although there is an activity about participants' expectations from the training, which creates a great sense of engagement, there is still a need to have learning objectives defined for each target audience. In other words, training objectives for training health practitioners and teachers should be different from training objectives for the community (*audience-oriented*). Clarity regarding expected changes facilitates the evaluation process (including designing pre-and post-tests).

- Instructions for training of trainers (TOT) have not been provided and detailed session plans are missing.
- There is no reference to conducting 'mock' sessions by trainers for practice purposes.

### Recommendations

1. A learning objective is a precise and measurable statement of what specific things the trainee should know or acquire during and after the training. The word "measurable" is important because learning objectives are what will be tested in a level 2 evaluation (Learning level). Objectives need to be clear, precise and realistic. One of the key basic rules of defining learning objectives is that they must be action-oriented (e.g., explain, define, describe, identify, analyse, etc.) and be actions that an instructor/evaluator could see a learner perform. As explained above, these training objectives must be defined based on the audience.
2. A detailed session plan with session objectives for each session may be provided in the manual.
3. The TOT may include mock sessions by participants (trainers) for practice and feedback on their training skills and subject knowledge for improvement.

## 1.3 Referencing and Bibliography

**Acknowledgment and respect intellectual property rights. Have there been acknowledgments of contributions from other writers? Are there accurate references to allow readers to trace the sources of information used?**

### Findings

- It has been noticed that appropriate citation/referencing is missing across all training packages (with very few exceptions). It is critical to address this, not only to avoid intellectual copyright violations, but also because it helps participants access the resources used, whenever needed. There have been some references made (annexed), nonetheless, these are frequently inaccurate or too generic (i.e, using just a link for WHO or MoJ or to a local institution, etc.).
- Examples (Ihsan Module: P.22 is quoted from WHO, risk factors section).

### Recommendations

1. It is of the essence, to revise all training packages using proper citation and referencing while making direct and accurate references to the information used. It should also be reviewed against spelling mistakes (common).

## 1.4 Training Methodologies

**Are there a variety of activities and training methods designed for different types of learners/audiences? Do the materials allow opportunities for group work, problem-solving, and peer evaluation, to make the training more active?**

### Findings

All training packages contain a wide range of training methods. There are six and sometimes seven different learning activities (excluding pre-and post-tests) that include, discussions, case studies, brainstorming, games and roleplays. Since the best way to engage learners and help them remember and understand information is to make sure that they actively participate, one can say that the training packages do fulfill this criterion.

Nevertheless, the following has been noticed:

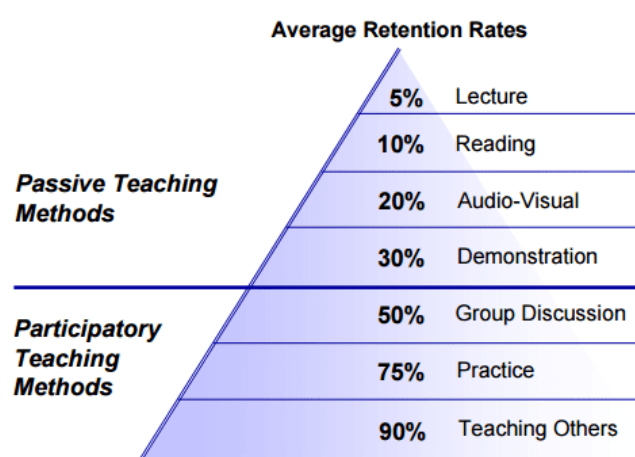
- Training methodologies did not consider the target audience of these trainings. In other words, lecture format and structure, training content, pre-and post-tests, learning activities, and facilitator guides have to be designed based on the target audience. In the context of DVPP, the training audience could be divided into three clusters:
  - Master Trainers
  - Awareness Specialists
  - The public (whether they are adults or children, should also inform the training methods)
- The number of activities used in a training should be proportionate to the training duration, which is not necessarily the case in most of the training packages. Some training packages (e.g., Bullying and Child Neglect) include three consecutive activities of 1.5 hours duration, whereas the total training duration is only set for five hours.
- Most of the training activities are intended to be done individually. Although they could be adapted to work for a group format, there are some activities such as the case studies and program design activities that would be hard to adapt in a way that all trainees could participate.
- One of the activities on “designing a prevention programme” (based on the training subject) is the most important/critical part of the whole training. There is a reference to such a lecture in the agenda used in the facilitator guides, but it doesn’t exist in the training curriculum of all packages. Nonetheless, the training materials of all packages don’t have any sessions devoted to this.
- Some of the activities are based on showing a video. Nonetheless, the source/link of these videos is not provided in the content.
- All of the training packages immediately begin the second day with a substantive activity. However, it would be more beneficial to begin with a recap/summary of the 1<sup>st</sup> day of training.
- Role-play activities include a limited number of thought-provoking questions to guide the trainer on how to best run the discussion.
- Each activity is followed by a discussion session (adequately timed) to allow for reflection on training outcomes.
- The training package recommends that trainers receive two days of training per package (16 days in total). However, FGDs suggested that both Master Trainers and Awareness Specialists have received only 3-4 hours of training in lecture format, as opposed to TOT. As a result, none of the trainers have received adequate training on activities or the facilitator’s guide.
- The proposed methodologies are limited and require limited interaction from participants.

### Recommendations

1. It is suggested that training packages be delivered exclusively to professionals working on targeted subject matter i.e., professionals working in the education sector/schools (teachers, mentors, student supervisors, etc.) would only be trained on the packages related to violence against children, and not modules about violence against elderly or shaken baby syndrome.

2. Training methods (in addition to the content used, tests, activities, etc.) should be informed by and designed based on the target audience. For the DVP implementation, the audience can be clustered into Master Trainers, Awareness Specialists and the public (adults and children).
3. Ensure that recommended training durations reflect time required to complete training activities.
4. Include group work and quizzes in the training manual to make it more interactive and useful.
5. It is strongly recommended to train Master Trainers and Awareness Specialists in a ToT format rather than a 3 to 4 hours lecture-based format (to improve retention rates). This will help these trainers are able to use training content and tools and improve training effectiveness. Based on extensive research, the National Training Laboratories (NTL)<sup>121</sup> developed an effective Learning Pyramid that demonstrates a clear relationship between the teaching method of choice and content retention rates.

## The Learning Pyramid\*



\*Adapted from National Training Laboratories. Bethel, Maine

### 1.5 Evaluation Tools

**What levels of evaluation are included? Pre- and Post-tests, knowledge checks during the training, etc.**

#### Findings

The type of evaluation used is pre-and post-tests. The purpose of this type of evaluation (Learning/ Level 2) is to assess the knowledge and skills gained by trainees in each of the training conducted. However, the following should be noted:

- Pre- and post-tests used in all training packages are identical for all levels of trainers (i.e., the tests for Master Trainers, Awareness Specialists and the community are all the same).
- The tests for each of the training modules do not adequately assess the information provided in the content of the manuals.
- The questions of the test are ambiguous and depend on the memorization of many trivial details. Similarly, the content of the test focuses on a few sections of the manual, rather than covering most parts of the content.
- There are no clear instructions on how to administer these tests (random numbers method, self-rated, peer-rated). There is also no guidance on when to share the results.
- There is no mechanism for immediate feedback from the participants on training sessions.

#### Recommendations

121 Er, Neslihan & Dag, Hasan. (2009). Comparison of cost-free computational tools for teaching physics. 1-4. 10.1109/ICSCCW.2009.5379414.

1. Make separate tests based on the materials covered in each level of the training and the learning objective of each training. The knowledge level expected of a Master Trainer should not be equivalent to that expected of a community member. Additionally, pre- and post-test questions need to be based on specific training objectives (one question per key objective).
2. Adding some clear instructions for trainers on how to administer tests (using random numbers, self-rated, peer-rated) and when to share the results will help in the successful assessment of change in knowledge. Trainers must be told that results of the pre-test could be used as a guide to focus on certain topics, and post-test results to adjust the curriculum to focus more on the areas where most students scored low.
3. Reliability and validity of the test tool should be measured by using experts in the field before applying them in the modules.
4. The Likert scale can be used to assess the change in knowledge more effectively.
5. It is also advisable to design and apply some feedback forms whose purpose will be to get continuous in-process feedback from the participants to find out how they react to the training.
6. Pre-test, post-test, and a key to the pre- and post-test should be included in the training manual.

### 1.6 Trainer's Notes/ Facilitator Guide

**Are there enough instructions for trainers on how to best deliver and run the training? Do these instructions take the target audience into account?**

#### Findings

Overall, all training packages include instructions on how to deliver the training and how to run the different activities. Nonetheless, the following has been noticed:

- **Facilitator guides did not take the target audience into account.** Although, there is a separate section in each training package about delivering the training to the community (nothing about Awareness Specialists), there are not enough instructions about teaching these modules to different segments of society. Additionally, the selection of modules and activities for this level of training could be further enhanced (e.g., in the Ihsan module, two of the four lectures delivered to the community are about the international and local legal framework of violence against older persons).
- The notes are **not structured in an easy-to-use format**. The first few pages only include the duration and order of the sessions, the subsequent pages briefly explain the format of the session, while any guidance on the different activities is provided as separate annexes in a different section of the content. This way of structuring the content forces the reader to go back and forth throughout the module to find the full instructions on any given session.
- In the introduction session in all training packages, trainees are asked to fill in a registration form. Evaluators observed that trainers were not provided a registration form for participants to use.
- Master Trainers and Awareness Specialists should receive two days of training, however this is not being implemented in the roll out plan (see 1.4 above). For the community sessions, the duration for the training is set as Six (6) hours<sup>122</sup>.
- The training agendas used in the facilitator guides are different from the ones presented at the beginning of each training package and, sometimes, from how the sections are ordered. Training agendas also include different titles for the lectures, which could confuse trainers. The evaluation team was unable to locate some of the topics referred to in the agenda (e.g., lecture 6,7 and 9/p.76 in the Ihsan Module).

#### Recommendations

1. Revise the structure and format of the facilitator guide section to make it more user-friendly. It might be a good idea if the notes on every lecture/activity are included in the training material itself (maybe as footnotes to the trainers to make them more accessible).

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<sup>122</sup> However, evaluators couldn't observe the community sessions due to delayed programme implementation. Details in Chapter:3

2. The agenda/index used in the training material and the facilitator guide have to be similar, using the same titles and lecture order.
3. It would be much more efficient if there was **one unified format/template for the registration form** to ensure that the required data is collected. This would guarantee a coherent data set and make it easier for NFSP to integrate all data collected on one master sheet. Also, to avoid redundancy, there is no need for the trainees to write down their expectations from this training on the registration sheet as the 1st activity after the pre-test is about expectations for the training.
4. Given the current pandemic, it might be a good idea to include some instructions and guidance, whenever applicable, for online training formats (e.g., simulators, virtual reality tools, etc).
5. It is strongly recommended that the training agenda be revised for the community training. The selection of the lectures could be further enhanced to include topics that are relevant to the community (such as how to respond to and report domestic violence and child abuse).
6. Detailed session plan for trainers may be included with process, instructions, and methodology.
7. Develop PowerPoint slides for the Master Trainer to use in lectures and provide these in each session plan.



## APPENDIX 14 – TECHNICAL ANALYSIS -1

### TECHNICAL ANALYSIS National Child Neglect Prevention Programme “We Would Like Your Safety”

#### 2.1 Course Structure/ Module Plan

Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?

#### Findings

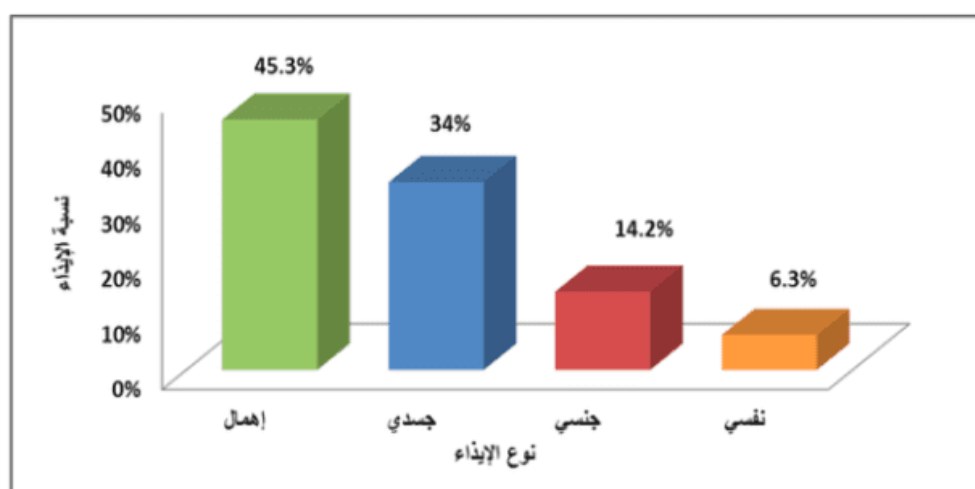
- The general definitions section is not structured in a comprehensible manner. There was more focus on defining the goals and objectives of the “Child Protection System” than child neglect.
- There are not enough visuals in the training material. Especially in the statistics section (p.18-22) which is only full of text, numbers and percentages. For example, data from the Saudi Health Council (National Index) on p.21 is descriptively stated only.
- The Statistics section is too long and there is no context or explanation included in the text. Additionally, it has been noticed that most of the international studies referenced were more than 20 years old.
- References included in the training package do not follow a standard referencing style; some hyperlinks do not open, others are incorrectly numbered, etc.
- There is a lot of unnecessary information in Chapters 2 and 3 that could be removed without affecting the quality of the content.
- The content contains lengthy paragraphs and sections in written form. Trainers and trainees may find it difficult to track and comprehend.
- Point 5 of Chapter 1 states that general negligence includes two or more types of child neglect. However, these types are not explained in the text.

#### Recommendations

1. Align the topic of the training manual with its content and keep the focus on giving solutions. For example, Chapter 4 must be tailored to child neglect prevention mechanisms and strategies.
2. Include more informational graphs, charts and pictures to help catch the readers' attention. The presentation of p.21 in graphical form is shown as an example below:

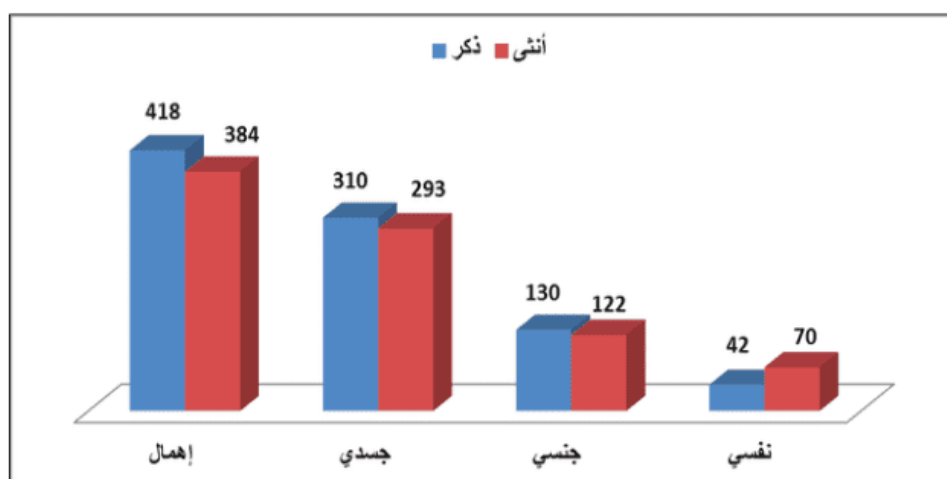
3.

Figure: Types of Child Abuse in Saudi Arabia



الشكل رقم (١-١): توزيع أنماط إيذاء الطفل، (٢٠١١-٢٠١٥)

- Content should be divided into brief sections with headings, titles and numbering to help trainers and trainees to better understand the material. The current presentation of Content causes the reader to lose interest. For example, gender segregation data can be presented better in the following form:



الشكل رقم (٢-١): توزيع أنماط إيذاء الطفل حسب الجنس، (٢٠١١-٢٠١٥)

Figure: Gender Segregation for Each Type of Abuse

- In order to highlight the importance of the topic, the statistics section should be moved to the beginning of the training. It is strongly suggested to shorten this section as well.
- Referencing in-text and in the bibliography should use proper referencing styles (e.g., APA or Vancouver) and recent studies should be cited (not older than 2015) to inform the reader about the recent statistics and the current situation.
- Section 5 of Chapter 1 needs to be explained, and two types of child neglect should be further elaborated.

## 2.2 Locally Driven

**Does the content of each module take into account the local context? Is any national data presented? Local examples?**

### Findings

- The Statistics section included several national and local studies, which provided a local perspective to the problem. It also helps explain to the participants how prevalent the issue

of neglect is. According to all studies mentioned, neglect is one of the dominant forms of child abuse in Saudi Arabia.

- The study done by Al-Saud in 2005 showed child neglect by 87.3 %. This percentage dropped to 45.3% in the years 2011-2016 as per the National Register of Child Abuse and Neglect in the Health Sector of Saudi Arabia. Data after 2016 and reasons for the reduction in child neglect has not been provided.
- There is a chapter that focuses on the national level legal framework, institutions working on child protection, prevention projects and community level institutions. This chapter included some key national programs that work on child protection, nonetheless, the following has been noted:
  - There was no mention of the DVPP as part of the national efforts to prevent/combat child abuse.
  - Most of these projects mentioned have objectives similar to the DVPP, accordingly, it is important to highlight how this training programme/project is any different from the other programmes running already.

### **Recommendations**

1. Provide recent data to present the current scenario on child neglect. The reasons for the reduction in child neglect should be explained.
2. Include reference the DVPP programme, especially as part of the national efforts in Saudi Arabia to prevent child abuse.

### **2.3 Problem/Issue Identified and Solutions have been provided**

**Does the content explain the problem and its various manifestations, causes (e.g. beliefs, customs, and perceptions)? Does it provide any solutions?**

### **Findings**

- The problem of child neglect has been clearly articulated with its different manifestations, causes, effects and types.
- Using the socio-ecological model to identify risk factors provides a comprehensive approach to identifying risks that can lead to child neglect. This is valuable because it recognizes the shared responsibility among individuals, families, communities and society.
- There is emphasis on the fact that many parents do not set out to neglect their children, but some parents are not able to adequately meet a child's needs. Sometimes neglect is unintentional, such as in the case of a young parent who does not understand basic child development (this was also confirmed in FGDs).
- The material includes five types of neglect: physical neglect, emotional neglect, educational neglect, medical neglect, and general neglect. There are enough examples to explain each form of neglect, except for the last type (general neglect).
- There is more focus on the problem than providing solutions. In other words, there is more emphasis on defining what is neglect, its types, impact and risk factors, than on how to respond to cases of neglect or how to prevent it from happening.
- The prevention section (p. 23-27) presents interesting tips to parents/caregivers on how to prevent dangerous incidents from happening. Nevertheless, all these elements only address physical neglect/ harm that children might face.
- Chapter 4, which focuses on prevention, is copied in all eight training packages (word for word) without tailoring it according to the training topic.

### **Recommendations**

1. Expand on the effects that neglect could have on children, which could also extend to their adulthood.
2. Provide more focus on response and prevention mechanisms. Starting with identifying some warning signs that could help in recognizing cases of neglect.
3. Chapter 4 needs to be tailored and examples applied according to the topic of training.

### **2.4 Legal Frameworks**

**Are contents aligned with international/regional norms and standards? Also, is it coherent with national laws and regulations?**

### Findings

- The material is compliant with the Convention on the Rights of the Child (CRC), the 1924 Geneva Declaration, and other international and regional child protection laws, policies and standards (e.g., Charter of the Arab Child Charter).
- The section entailing details of the international legal framework is too long. References to international laws and treaties are made in a detailed fashion. **It is also worth highlighting that this section is repeated in all training packages (verbatim).**
- The International Practices section includes several examples of different prevention programmes (e.g., Triple P, programmes provided by the National Institute of Justice in the US), nonetheless, the reason behind choosing these specific examples is not mentioned, which might give a sense of haphazardness to the reader. Additionally, some of these programmes are covered in an unnecessarily detailed manner (one of the examples takes two pages to explain).
- Projects and activities and the community institutions in the international practices section also include many examples of different international activities/projects related to child abuse and neglect and child protection. Nonetheless, the reason/logic behind choosing these specific examples is not mentioned.
- The national legal framework section includes references to key national laws/royal decrees that relate to child protection. Nonetheless, there was more focus on listing the key national child protection stakeholders and explaining the national protection system, rather than presenting different laws/policies that address child abuse and neglect.

### Recommendations

1. Include more references to laws and policies, especially on the national level, that address the issue of child neglect and abuse rather than focusing on institutions working in the field.
2. Many details about these programmes could be removed and interested participants could do further study by themselves, as long as an accurate reference is included.
3. Both Chapters 2 and 3 could be shortened and merged.

## **2.5 Content Comprehensiveness**

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### Findings

- The effects/impact of neglect section does not provide a comprehensive understanding of the consequences of neglect. Hence, the following elements were underemphasized:
  - When children are neglected, this maltreatment impacts their overall health development. Neglect has been linked to later physical, psychological, and behavioural consequences that extend to a person's adulthood.
  - Cognitive impairment: A lack of appropriate stimulation could lead to enduring intellectual problems. Children with a history of neglect are more likely to have academic problems or delayed or impaired language development.<sup>123</sup>
  - Health and development troubles: Malnourishment may harm brain development. A lack of adequate immunizations and attention to medical problems could lead to a variety of health conditions.
- There are no **warning signs for child neglect** included in the material.
- **Response and reporting** are two key elements that were absent in the training content. There was no emphasis on how one can respond to a child neglect case (if proven or suspected), nor how to report it. These are some key elements of any prevention process.

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Chapter 1. 123 Sylvestre, Audette & Bussi res, Eve-Line & Bouchard, Caroline. (2015). Language Problems Among Abused and Neglected Children: A Meta-Analytic Review. *Child Maltreatment*. 21. 10.1177/1077559515616703.

Since this training will be delivered to the wider community, it is important to explain what to do if someone is reluctant about reporting or in doubt of the case. And how to report it. Etc.

- The materials only highlighted mechanisms of prevention that focus on physical harm of children, and not any other forms of neglect (e.g., emotional, medical, etc.). In the prevention section (p. 23-27), some good tips were provided for parents to prevent physical harm to their kids. It listed the following: burns, suffocation, falling, poisoning, drowning, injuries, electrical shocks and car accidents.
- The manual provides substantive knowledge about child neglect. However, it is a bit lengthy. The section on local experience on preventing child neglect is about 16 pages.
- The career training guide provides some basic information regarding duration, topics, training methods but is not comprehensive. The training methods are named but have not been elaborated.
- Some participatory activities have been suggested in the manual as annexes. However, the activity in Appendix 8 is unclear. Does it relate to Activity 7 and is it a continuation? If Activity 8 is separate, the instructions to participants and the process are missing.

### **Recommendations**

1. Develop the section further by covering the impact of child neglect, to reflect on how neglect can also affect a person's adulthood.
2. Add a section about some warning signs that could indicate the possibility of child neglect. This way it could help teachers/school administrators to address the issue and prevent further deterioration of the situation.
3. It is strongly recommended that more emphasis be placed on the response and reporting mechanisms for suspected or proven child neglect cases.
4. Not to focus only on preventing the physical type of neglect, but also include prevention mechanisms that cover other forms of neglect.
5. The redundant content of the manual may be reduced and important points should be highlighted.
6. The length of the manual may be reduced to make it more focussed and meaningful.
7. Under the Career Training Guide, training methods need to be elaborated.
8. Instruction to participants for Activity 8 of Appendix 8 should be provided for clarity.
9. The manuals should add warning signs in manuals that can help teachers/school administrators to identify children who are witnessing (suspected) neglect. Some of the signs that could indicate the possibility that a child is being neglected include frequent absences from school; lack of needed medical care; stealing or begging for food; etc.

## APPENDIX 15 – TECHNICAL ANALYSIS – 2

### 2. TECHNICAL ANALYSIS

#### **Module One: Ihsan (National Preventive Program for Violence Against Older Persons)**

##### **2.1 Course Structure/ Module Plan**

**Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?**

##### Findings

- Overall, the course is structured simply and coherently. However, the section on the statistics of violence against older persons (p.18-22) is not well structured. Chapter 4 is the least consistent/coherent part. It includes sentences such as: “according to last month/last year’s statistics” and does not include proper referencing, so it is not possible to know which month or year the reference refers to.
- The introduction provides clear background information about violence against older persons, including data and statistics (with no references) to emphasize how important the topic is. However, the introduction lacks an explanation of why violence against older persons should be dealt with as a key issue along with domestic violence and child abuse. There are no references to situational analysis or Training Needs Assessments (TNA) in the manual.
- The section on Alzheimer’s Disease disrupts the flow of the content and the reason for choosing to focus on this specific disease was not mentioned. It is not clear how contextually relevant it is—for example, is it common in the local context? Do most of the victims of elder abuse suffer from Alzheimer’s? Are elders with this disease more prone to experience violence?
- Section C of Chapter 2 (Activities and Projects), includes international conferences/summits related to violence against older persons which seem to negatively affect the smooth flow of the material.
- Some sections do not have a brief introduction at the start to explain why these specific examples or projects have been selected. Examples include: Prevention Programs (p.34-35), Activities and Projects (p.36-37), and Community Institutions (p.38-39). These examples are ambiguous and falsely give a sense of randomness.
- There is duplication on pages 54 and 55 (Ikram Org.). This section has been written twice. The order of topics in the training package (pdf version) is different from what is being presented in the PowerPoint version.
- The training manual does not refer to correct page numbers. For example, the index in the manual refers to Chapter 5; the Training Guide for professionals on p. 71, which is not correct. The index has been developed manually.
- There are mistakes in the titles of the manual e.g., on the second page of the index (p.7) “Prevention of violence against children”. A similar mistake is on page 69.

##### Recommendations

1. Restructure the statistics section. To ensure a smoother and more logical flow, switch the location of the statistics section with the risk-factors section (p.12-14). This way, the risk factors will be followed by the prevention section, and the statistics section will follow the general concepts section.
2. Add another introduction (or improve the existing introduction) that lays the foundation for the rest of the modules. In other words, emphasize how all forms of violence negatively affect society, its security and development. Provide a section detailing typology of violence, while focusing on the most common types in Saudi Arabia. For example, Deborah Prothrow-Stith from Harvard School of Public Health stated that: “Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It’s all connected”. Hence, the choice of these eight specific modules.
3. Move the Alzheimer’s section to a different chapter and provide local context and impact of the disease.



4. Section C of Chapter 2 could be moved to the legal section to improve the flow.
5. Add a preamble for each chapter at the beginning of the chapter itself. This will make it easier for participants to understand what each chapter will cover (there are many sections and sub-sections that are at times puzzling).
6. The document should be reviewed for spelling mistakes and incorrect titles, which are common.
7. Revise the selection of lectures to be covered in the community training.
8. Use automatic formatting for the index to ensure that the page numbers are correct.

## 2.2 Locally Driven

**Does the content of each module take into account local context? Is any national data presented? Are there local examples?**

### Findings

- The local context is integrated across the module. There are clear explanations of the local dimensions for identifying the risk factors using statistics generated by King Abdulaziz Centre for National Dialogue (KACND).
- Chapter 3 focuses exclusively on the local context (legal frameworks, prevention programs, activities and projects, community institutions).
- The module has not highlighted the contribution of NFSP in the local context section.

### Recommendation

1. Add more references to the national legal framework section. Currently, it only includes one Royal Decree.
2. The contribution of NFSP should be added (if any). This would be a perfect opportunity for the participants to know more about NFSP, its objectives and approaches.

## 2.3 Problem/ Issue Identified and Solutions have been provided

**Does the content explain the problem and its various manifestations. Does it explain causes such as beliefs, customs and perceptions? Does it provide any solutions?**

### Findings

- The issue of violence against older persons has been articulated with its different manifestations. The first three chapters provide the theoretical framework of the issue while emphasizing its general concepts, risk factors, legal framework, and international and national application. While the last chapter (Chapter 4) can be understood as the application/ implementation section which aims at building the participant's capacities in the area of prevention with its different levels and strategies.
- Application of prevention tools used in the module is not focused. For example, using the INSPIRE model was perfectly fine for providing an all-inclusive approach to prevention, yet most, if not all, prevention strategies detailed in the model are to be carried out and implemented by the national government (strategic level). There is a need to present some other prevention and response mechanisms that address the tactical level (level of communities, public and caregivers).

### Recommendations

1. Revisit Chapter 4 while including some focus on prevention and response mechanisms on the level of individuals/communities, rather than only the national level. It is important that participants at the end of the training should be equipped with the knowledge and skillset needed to know how to prevent/respond to a case of violence.

## 2.4 Legal Frameworks

**Are contents aligned with international/regional norms and standards? Also, is it coherent with national laws and regulations?**

### Findings

1. The content provides a comprehensive legal framework internationally (UN, WHO). However, there is room for improvement in the section on regional legal frameworks. It would be helpful to include more references to the key regional treaties/declarations.
2. Chapter 3, which focuses only on the local context, covers the legal framework for violence against older persons. However, it does not catch the reader's attention. For example, this

section listed (verbatim) the 17 articles of a Royal Decree about violence against older persons.

3. The citation/reference is either missing or inaccurate (ex. UN, WHO, p.31 Reference 2).

### **Recommendations**

1. Re-write the legal framework section under Chapter 3, while adding further local references.
2. A summary/brief about the 17 articles of the royal decree would suffice. It would be helpful to move the information about the decree to the end of the section. A proper reference to the decree (including the link to where it can be accessed) should be available to enable participants to read further about the details if required.

## **2.5 Content Comprehensiveness**

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### **Findings**

- Using the socio-ecological model, with its four levels, provides a comprehensive way of looking at risk factors for violence against the elderly. The only addition to this section could be, how these factors can inform strategies focusing on preventing violence against old persons.
- The content has listed a comprehensive list of different types of violence against older persons (physical, emotional/psychological, sexual, financial and neglect) with clear definitions and examples. However, details regarding preventing the recurrence are missing.  
In Chapter 2, mentioning different prevention programs available internationally and regionally was very useful in highlighting best practices at different forums. But the purpose of mentioning them here remains unclear.
- The first three sections of Chapter 4 (concepts of prevention, importance of prevention, and levels of prevention) are not very well structured, and they do not fully reflect the titles of the sections. In the third section i.e., levels of prevention; it was very useful to cover prevention phases in such a comprehensive way. However, this section lacks examples to further explain each of the prevention levels.
- The INSPIRE model was developed by WHO to address violence against children. It seemed to be copy-pasted without adopting it to address violence against the elderly (p.68). Additionally, the use of the fifth section i.e., the ability of prevention is not clear.

### **Recommendations**

1. Include more strategies in the prevention section. This would shed light on key prevention principles that could help practitioners select, modify or create more effective programs.
2. Add information on preventing recurrence of violence. For example, how practitioners/caregivers should deal with the victims and help in preventing recurrence.
3. A base statement for mentioning the purpose of providing such examples will add to the content of the module. For example, if the purpose was to achieve geographical diversity (UAE, USA, S.A, Tunisia).
4. Revisit Chapter 4 for structure, formatting and articulation.
5. Apply the INSPIRE model to violence against older persons.
6. Restructure the section on the ability of prevention by re-integrating it into strategies section.

## APPENDIX 16 – TECHNICAL ANALYSIS – 3

### TECHNICAL ANALYSIS

#### 4 Module Two: National Preventive Program for Mother and Infant (1000 Days of Life)

##### 2.1 Course Structure/ Module Plan

**Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?**

##### Findings

- The content of the module is repeated several times. For example, there is repetition in Chapter 1 in the section about the main pillars of the programme (p.11-15) and the negative impact of neglecting the importance of the 1000 days (p.21-23). This repetition negatively affects the flow and the length of the material.
- The content is not ordered in a structured format. For example, there is a prevention section in Chapter 1 (p. 27-29), whereas there is another Chapter 4, which focuses exclusively on prevention itself.
- Many parts of the content are written as a policy brief, rather than a training material. Especially, Chapter 1 lacks infographics, pictures and visual content, especially for key data.
- The following sections have been repeated (verbatim) in all child protection training packages irrespective of their relevance with the topic under discussion:
  - Chapter 2: The legal framework section (international)
  - Chapter 4: The legal framework section (national)
  - Entire Chapter 4
- The agenda for the community training and the selection of the lectures/topics to be covered does not fully deliver the message behind this training package. According to the material, the community should be receiving seven lectures: 1) Introduction to the First 1000 days; 2) Breastfeeding; 3) Anaemia; 4) Malnutrition; 5) Stunting; 6) Low birthweight; 7) Obesity. This seems over time-consuming.
- There is redundancy in the content of the module. For example, Chapter 4 highlighted a few modules e.g., levels of prevention and INSPIRE strategies. However, it is not being applied to the training subject (First 1000 days). It covers violence against children in a very general manner and will not add value.
- The title of Chapter 3 is wrong (p. 49).
- The manually developed index does not contain page numbering and the link with the relevant session/ section is missing.
- Tables and graphs are not available (except a few) for comparative analysis.

##### Recommendations

1. The material should be reviewed for repetition and smoother flow/structure. For example, the material would flow more logically if the general statistics section (p. 24-26) about the First 1000 days was moved to the beginning of the chapter (part of or after the introduction). Similarly, the prevention section in Chapter 1 should be moved to Chapter.
2. The introduction section could be further developed to build a stronger foundation for the importance of the First 1000 days to show the participants how vital this phase is.
3. The selection of lectures for the community must be reviewed (it is missing some key elements of the training).
4. Dedicated time per lecture should be revised by covering all the elements/ topics for the first thousand days that could be captured in only one lecture. This will allow time to cover other key parts of the training (e.g., prevention mechanisms, available national and local support, etc.).
5. The entire Chapter 4 must be reviewed for its value and relevance to the training programme.
6. It might be beneficial to add a section about COVID 19 and its impact and relevance to the First 1000 days section. This will guarantee that the program is relevant to the current context.

7. Create the Index (Table of Contents) using the autoformat tool in MS Word.
8. Graphs and tables may be included in the manual for comparative analysis and better presentation.

## 2.2 Locally Driven

**Does the content of each module take into account local context? Any national data presented? Local examples?**

### Findings

- The content lacks information for the public regarding their legal rights and ways to achieve those. For example, on the national and local level, working mothers can be provided with information about their legal rights that are relevant to the First 1000 days (e.g., maternity leave, paid vs. unpaid leave, etc.).
- It has been noticed that in the community training agenda, lectures covering local agencies and institutions that are relevant to the First 1000 days, are not included. It is pivotal for the community to know of such services (raising awareness).
- Chapter 4 needs to be examined against its relevance to the training subject (First 1000 days). All prevention concepts, levels and strategies mentioned have to be applied to the subject of the training, preferably using national/local examples.

### Recommendations

1. Put more emphasis on national laws that are relevant to the First 1000 days e.g. access to paid sick leave; right to paid maternity leave; local programs to support new parents; etc.
2. Include some local data/statistics around the pillars of the First 1000 days.
3. Including some data on the national or local level would be very useful while delivering this training, especially for the community. Data could include local statistics around maternal mortality, low birth weight, obesity, etc.

## 2.3 Problem/Issue Identified and Solutions have been provided

**Does the content explain the problem and its various manifestations, causes such as beliefs, customs and perceptions? Does it provide any solutions?**

### Findings

- There is no section in Chapter 1 to emphasize the importance of the First 1000 days.
- The topic of the training packages has been clearly articulated. However, there is a lot of emphasis in the curriculum on the problem itself, rather than providing participants/communities with the tools and services needed to overcome it.
- The projects and activities section (p. 41-44) includes the following: 1) A workshop on malnutrition conducted in Syria in 2017; 2) A study on childhood obesity from age 9-15; 3) A national program in Egypt targeting primary school students, and 4) A breastfeeding training that took place in Dubai in 2017. The value of mentioning such activities is unclear. Additionally, some of these activities are not even related to the core subject of the training. Similarly, in the "Community Institutions" section (p. 45-48), the selection of these specific institutions is not clear. The purpose of these for the participants is unknown.
- Chapter 3 (the Activities and Projects section) includes a list of different local and national services that the public can use whenever they need support during the First 1000 days. Which is very useful for the participants (needs to be included in the community training). However, a few of the listed institutions and agencies are not relevant to the programme and the content is missing information on different types of services (e.g., to cover working moms, low family income, etc.).

### Recommendations

1. A section answering the following questions is required to be a part of the content explicitly on explaining to the community the significance of the First 1000 days? What do a healthy 1000 days look like? What are the differences at each stage of the 1000 days? Furthermore, there should be a section focusing on the impact of care in these 1000 days, not only on a person's childhood but also his life.
2. In Chapter 2 (international experiences), the following could be done:

- a. Including international best practices or references (e.g., the Australian parenting website) is very useful, as participants could always use these types of resources as references.
3. Shortening/removing some sections of the content (non-relevant institutions and agencies), would create an opportunity to add new sections that focus on issues like mental health, local data, statistics, and national/ local support programs available, etc.
4. The training directed to the community does not provide the full picture around the First 1000 days. Hence, it is highly recommended to review the selection of lectures directed to the community.

## 2.4 Legal Frameworks

**Are contents aligned with international/regional norms and standards? Also, is it coherent with national laws and regulations?**

### Findings

- Contents are aligned with international and regional laws (Convention on the Rights of the Child, Geneva Declaration, Arab Charter on the Rights of the Child, etc.).
- The legal framework section includes both international and national levels and has been repeated in all child abuse training packages (verbatim).
- The value of sharing the international prevention programs mentioned in the material (three programs in Egypt, one in UAE, and one in Australia) is unclear (p. 37-40). Why these programs specifically? Do trainees need to know all these details about these programs? Would mentioning them as an example be enough? Would it negatively impact the training objectives if this section was removed?

### Recommendations

1. Further highlight the national laws that are relevant/applicable to the First 1000 days (especially to make the community and working moms aware of their legal rights during the First 1000 days of their children's lives.)
2. To review the relevance/value of the sections about international experiences (legislative framework, prevention programs, projects, etc.) as many parts of this chapter could be removed without affecting the training's comprehensiveness.

## 2.5 Content Comprehensiveness

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### Findings

- It has been noticed that the programme focused only on six factors in the First 1000 days (p.11-15), which are: 1) Malnutrition; 2) Anaemia; 3) Stunting; 4) Low birth weight; 5) Breastfeeding; and 6) Obesity. All these elements start with the infant's birth, and does not extend to cover the pregnancy phase (which is a key part of the First 1000 days).
- The element of malnutrition for mothers during pregnancy has been underemphasized, although it's a very important stage of the First 1000 days. Most of the focus was placed on malnutrition for babies and its negative impact.
- The section discussing the negative impact of neglecting the importance of the First 1000 days is not comprehensive. It only includes the aforementioned six elements, nonetheless, there are other ways in which a person could be impacted by his First 1000 days (e.g. brain development, long-term mental well-being). Generally, there needs to be some reflection on how this impact could go beyond the childhood stage and that it the person's general health for the rest of his/her life.
- It has also been noticed that the training delivered to the community (Agenda p. 94-95) is not comprehensive enough, and it is missing some crucial parts of the training. Hence, the selection of the lecture needs to be revised.
- The section covering the national legal framework (p. 50-55) is comprehensive. It entails the key entities/ committees working on child protection in the kingdom.
- In the community training agenda, the section covering the local programmes supporting the First 1000 days, is not included. Such programmes/services should be a key message

during the community training to raise/create awareness about any support options available to the community (p. 58-60).

- Chapter 3, local context, includes many national institutions working on relevant protection issues, in addition to some projects and activities relevant to the First 1000 days. Nevertheless, there is still a need to provide more information (especially to the community) on many other relevant services that could assist during this stage, if they exist e.g., are there any national programmes for food insecurity, wherein low-income families can get support to ensure that during the First 1000 days they can get the nutritious diet needed? Are there any national/local centres that provide antenatal classes, especially for first time parents? etc.
- The professional training guide lacks certain details. There are no notes available for the trainers.
- The guidance to process the sessions is not available in the manual.

The trainings were mostly lecture-format and did not reflect use of interactive tools for capacity building.

### Recommendations

1. Put more emphasis on the pregnancy phase of the First 1000 days. In other words, add some pillars to the programme that speak directly to the pregnancy phase, rather than focusing only after the baby is born.
2. Shed more light on active national/local programmes that provide support, access to nutrition, and care to mothers during the First 1000 days.
3. Mental health was an absent element in the training. Adding it would be very useful to the programme to spread awareness about possible mental health issues that parents, especially mothers, could face. It would also be useful to train participants on how to stay mentally healthy during and after pregnancy.
4. Details may be provided for trainers in the professional training guide section.
5. The steps and processes may be elaborated to conduct the sessions.
6. Group work and quizzes may be included in the manual for interactive and participative sessions.



## APPENDIX 17 – TECHNICAL ANALYSIS -4

### TECHNICAL ANALYSIS National Prevention Program for Parental Treatment “Your Family...Your Security”

#### 2.1 Course Structure/ Module Plan

**Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?**

#### Findings

- The importance of lending support to parents and families in strengthening communities and achieving the best outcomes for children and young people, was highlighted in Chapter 1.
- The structure of the training curriculum was not tailored according to the target audience. For example, the way the material is structured could only be delivered to parents (not health workers, teachers, social specialists, etc.).
- The Statistics section is only using text.
- Overall, the issues detailed in the “Parental Treatment” training package are not structured or demonstrated. Accordingly, the objectives of this training are not clear. Some parts of the curriculum focus on “Child Maltreatment” and in that case, this whole training package could be combined/merged with the “Child Neglect” training package. In other parts of the training, the focus is called: “positive parenting programme”. However, the training does not provide enough strategies/tips for increasing positive interactions between children and parents.
- The Statistics section is lacking some key data/figures regarding the importance of parental treatment and its impact on children.
- In Chapter 2, sections covering examples for prevention projects, activities and examples for community institutions seem redundant. Similarly, Chapters 2 and 3 have been unnecessarily stretched in several sections.
- The agenda for the community training and the selection of lectures must be reviewed. The agenda includes titles for sessions that do not match the training material.
- The content is missing some key information on reporting and response mechanisms, for registering identified cases of parental maltreatment.
- The flow and structure of chapters are not reader-friendly. The reader gets lost or distracted while going through the module.
- The Hickman Curve and the seven INSPIRE strategies pack does not directly link to or explain the relevance of parental treatment.
- The training guide lacks any guidance or instructions for trainers and merely elaborates topics and timings.
- In Chapter 5, training methods (dialogue/ discussions, workshops and brainstorming) have been mentioned. However, an explanation of these methods is missing.
- Chapter 6 on the community training guide lacks instructions and/or guidance and resembles Chapter 5. The community training guide requires a bit different training methodology.

#### Recommendations

1. This training package could be merged with the child neglect package, so it could cover child neglect and maltreatment.
2. The flow and the structure of the training material could be further enhanced. Many parts of the training include unnecessary information.
3. It is highly recommended to use more visuals in the training.
4. The community training agenda should be reviewed.
5. The chapters may be divided into different numbers, sub numbers, and headings and subheadings to create a logical flow. This will make the trainings more user-friendly and keep the attention of the readers.

6. Chapter 2 and 3 need to be shortened and merged.
7. The link and relevance of parental treatment may be established with the Hickman Curve and seven INSPIRE strategies.
8. Guidance and clear instructions may be provided for trainers. This will help trainers to administer the session and topics.
9. In Chapter 5, training methods (dialogue/ discussions, workshops and brainstorming) may be explained briefly for the ease of trainers.
10. A focussed community training guide with training methodology may be provided and be explained briefly.

## 2.2 Locally Driven

**Does the content of each module take into account the local context? Any national data presented? Local examples?**

### Findings

- Chapter 3 focuses exclusively on the local context. It presents the national legal framework along with the national child prevention system and its key institutions.
- The references to a wide range of national projects/activities and to community institutions that work on parenting issues are missing important information about whether these programmes are open for the public or not, where are they taking place, and how participants can join.
- The training material does not focus on transforming restrictive and harmful gender and social norms around gender equalities.

### Recommendations

1. The goal of the programme should also be to spread awareness about national efforts and initiatives whose services can be better achieved if the public has a better understanding of their rights. Hence, it will be useful to provide this information to participants during the community sessions.
2. Incorporate a gender aspect into the training material. Gender inequalities are one of the obstacles that should be covered in the parental treatment discussion.

## 2.3 Problem/ Issue Identified and Solutions have been provided

**Does the content explain the problem and its various manifestations, causes such as beliefs, customs and perceptions? Does it provide any solutions?**

### Findings

- Using the socio-ecological model in identifying factors that influence parenting helped in classifying a wide range of factors that are related to parents, children, community, and social which impact parenting styles.
- The link between parenting and violence prevention was not demonstrated. In other words, violence prevention-focused parenting was not streamlined in the training material, especially since this package is part of a larger programme that aims at violence prevention.
- The section covering healthy parental treatment of children (p. 17-22) provides some basic positive approaches on parenting, e.g., acceptance and caring, democracy, equal treatment, motivation and rewarding. These could be considered as generic parenting techniques that do not appropriately address the complexity of parenting. There are no tips or suggested techniques on how to deal with challenging behaviours that a child might have based on the age group, nor it provides any problem-solving skills.
- There is no mention of any symptoms and signs of child maltreatment. This should enable teachers or health and social workers to identify cases of child maltreatment.
- There was no focus on any response mechanisms. What actions could be taken if a teacher, for example, was able to identify a case of parental maltreatment in any of the students?
- Chapter Four (prevention) addresses violence against children in a very general manner, it is not tailored to the training subject by any means (it is copied word for word in all eight packages). Especially, that parenting is one of the seven key INSPIRE strategies.

- Module contains reasonably good data and figures but lacks proper presentation.

### **Recommendations**

1. It is highly recommended to place more emphasis on parenting interventions that prevent and respond to violence against children. Also, there should be some focus on the identification of maltreatment cases.
2. Tables and graphs may be inserted for meaningful presentation of data to make it attractive and eye-catching.

## **2.4 Legal Frameworks**

**Are contents aligned with international/regional norms and standards? Also, is it coherent with national laws and regulations?**

### **Findings**

- Training content is aligned with international and regional norms and standards. There is a section dedicated to the international legal framework and another for the national legal framework, both sections have been repeated in all other training packages (verbatim).
- The section covering international experiences and examples for prevention programmes, must be revisited. The programs mentioned (except Triple P) have been copied word for word from a translated document<sup>124</sup> without adding much value to the reader nor any information on where these programs are taking place or how to join them.
- Similarly, the section discussing international activities and projects (p. 42-44) entails examples for workshops and seminars that were conducted in other countries around the subject, without highlighting any outcomes for these activities. Hence, the value of including such types of activities (regular workshops and seminars) is highly questionable for the reader. Likewise, the section covers community institutions. Reasons for choosing these specific institutions are unclear, not their value.

### **Recommendations**

1. There is room for improvement in the structure and content of the legal framework section. There need to be more references to international norms and practices, as well as any national laws that directly address the subject if any.
2. There is no value in listing regional or national workshops and seminars that discussed the issue of parental treatment unless any of these events had some milestone outcomes.
3. There is room for developing this material by using some of the best practices, policies, and guidelines developed by organizations like UNICEF, CDC, etc. An example of that is the UNICEF guidance note on “Designing Parenting Programmes for Violence Prevention”.

## **2.5 Content Comprehensiveness**

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### **Findings**

- There is a noticeable absence of any gender considerations in the training material. There must be some gender focus when we discuss parenting, especially in shaping the child’s understanding and beliefs about gender equality.
- The importance of including violence prevention and response, against children and all forms of gender-based violence, within the training material was not demonstrated.
- The impact of child maltreatment was clearly explained. Nonetheless, there needs to be more focus on the long-term impact, i.e., how the impact of maltreatment extends behind childhood, that it could last for the rest of a person’s life.
- There has been more focus on the problem itself than on solutions. There is no emphasis placed on the identification of cases of parental maltreatment. Not being able to identify cases of maltreatment will preclude any response efforts.

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Chapter 2. 124 [Internet]. iacapap.org. 2021 [cited 15 July 2021]. Available from: <https://iacapap.org/content/uploads/A.12-Parenting-ARABIC-2017.pdf>

- There has been a lack of focus on response mechanisms. What could be done in case maltreatment has been identified? How to report it? Etc.
- Providing positive parenting tips for each stage of the child's life (infant, toddler, middle childhood and teenagers). This division will help parents further understand emotional and social changes in a child's life, which will enable them to better deal with their children.
- No particular focus was paid to adolescences. However, evidence shows that parental or caregiver input remains as essential for adolescent wellbeing as for younger children.
- The module covers pivotal issues/sub-issues and good effort has been made to ensure comprehensiveness. However, it is lengthy and difficult to grasp.

### **Recommendations**

1. Include a gender perspective in the training material (helping parents overcome restrictive local gender norms, help in shaping the child's beliefs around gender issues, etc.)
2. Elements such as ways to identify cases of maltreatment, and reporting and responding to cases, must be included in the training (including the community sessions).
3. The content may be made simply and easy to understand.

## APPENDIX 18 – TECHNICAL ANALYSIS – 5

### TECHNICAL ANALYSIS

#### National Preventive Program for Peer Violence in Schools “No to Bullying”

##### **2.1 Course Structure/ Module Plan**

**Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?**

##### Findings

- This module with its current structure could be delivered to parents and teachers. However, if this is meant to target children, then it needs to be structured in a completely different way.
- The introduction section could be further developed. For example, it would be helpful to explain the reason for referring to the bullying programme implemented in 2016, in partnership with UNICEF and MoE. It was unclear how this programme is any different from the one introduced in this training package.
- Listing different types of bullying, with examples, provides a broader angle for looking at bullying. However, the current position of this section is affecting the smooth flow of the content.
- There is no use of any visuals in the training material. For example, sections that include numerous facts and figures. The statistics section consists of seven pages full of text (p. 23-29).
- The position of different sections is affecting the flow of the content throughout the module. For example, the statistics section would flow more smoothly if it was moved to the introduction section, to highlight how important/critical the issue of bullying is and emphasize how severe/prevalent it is in the local context. Additionally, this part of the training is full of numerous studies that became more of a literature review. Hence, studies need to be reviewed and grouped in a more structured fashion.
- Few chapters have redundant information that is increasing the length of content unnecessarily. For example, the text in Chapter 2 (International Practices) and 3 (National Practices). The content provides useful information on the topics and covers the essentials. However, the readers may get lost while reading lengthy sections and be distracted.
- The training agenda for the community training must be reviewed, as some of the key elements related to response and prevention mechanisms are not included.
- Chapter 4 is repeated in all eight training packages, word for word. This chapter, which includes prevention strategies, needs to be tailored based on the training subject (a comment that was brought up several times in the FGDs).

##### Recommendations

1. It is strongly recommended to do some amendments in the training content/structure based on the target audience (especially children).
2. To eliminate any unnecessary information (especially with chapters two and three) and replace it with new sections that cover the absent elements of the training (mentioned below).
3. It is suggested to include more visuals. Using more infographics, charts, pictures or key messages boxes would make the material more intriguing to the reader.
4. The contents may be reduced and divided into sub-topics/ sub-sections for smooth flow of the manual.

##### **2.2 Locally Driven**

**Does the content of each module take into account local context? Any national data presented? Local examples?**

##### Findings

- The statistics section includes several studies applied to the local context, which is key to the training. Nonetheless, the results of these studies need to be better articulated and presented in the training. Rather than just including the main findings as part of numerous studies and figures in the statistics section, it can be presented in a way to emphasize how prevalent the issue is in the local context, how different the types of bullying that boys vs. girls face (gender mainstreaming), and what is the reporting rate based, etc.
- Chapter 3 of the content only focuses on the local context. It includes the national legal framework, key prevention programmes, local projects and activities, and community institutions.
- Two of the programmes mentioned in the training (“Refk” and “Bullying Prevention National Program”) were very similar to the DVPP in their objectives and target audience. Nonetheless, it was not explained how these programs complement each other and how DVPP is any different.
- There is redundancy in a few sections that are part of the chapter. For example, the need for including meetings/conferences about bullying as part of prevention projects and activities is not clear, especially, if these were one-time meetings that have taken place years ago.
- The presentation of national data lacks tables and graphs for easy understanding and comparison.

### **Recommendations**

1. Include more references and explanations to national laws/policies that are tailored to bullying, to help the community to understand their rights and ways to get them if they face peer violence.
2. The national data may be presented in the form of tables and graphs wherever possible to make it eye-catching.

### **2.3 Problem/Issue Identified and Solutions have been provided**

**Does the content explain the problem and its various manifestations, causes such as beliefs, customs and perceptions? Does it provide any solutions?**

#### **Findings**

- The problem of bullying has been well defined and articulated with causes, risk factors and impact. However, the following questions were not answered:
  - The element of the power imbalance as a factor of bullying was not clearly explained in the materials (what constitutes power imbalance?)
  - The fact that there are similarities and differences among boys and girls in their experiences with bullying was not emphasized. How gender makes the difference?
  - Why children and youth are reluctant to report being bullied?
  - In the section dealing with impact of bullying, details are missing. For example, impact of “kids who bully others” should be mentioned separately for clarification.
  - There has been more focus on the problem itself and its manifestations rather than approaches to prevent/combat the problem. For example, the section on prevention (p.30-31) is only stating issues.

### **Recommendations**

1. Put more emphasis on the response and prevention mechanism and not only on the problem itself, its causes and its impact. Therefore, the prevention section needs to be more comprehensive to include do’s and don’ts for parents and teachers on how to respond to bullying along with key intervention strategies to combat any negative effects caused by bullying.
2. To address the missing elements of training. For example, if children will be attending this training as part of the community, then the material needs to also include some tips to children on how to handle bullying and deal with bullies.

### **2.4 Legal Frameworks**



**Are contents aligned with international/regional norms and standards? Also, is it coherent with national laws and regulations?**

**Findings**

- The material used is compliant with the Convention on the Rights of the Child (CRC) and other international and regional child protection laws, policies and standards. It is also worth highlighting that this section (international legal framework) is repeated in all training packages (verbatim).
- In the international practices section, there are references to six specific bullying prevention programs: Olweus; KIVA; Peer Mediation Programs; Nursing Care Program; Character Education & Social Emotional Learning (CE&SEL); Bullying Prevention Guide in the UAE. Nonetheless, the reason behind choosing these specific programs is not mentioned. Were they selected based on geographical location? Have they proven successful? Or were they just randomly chosen? Also, mentioning such details of the programme feel redundant and make the text look heavy.
- Similarly, the section covering international projects included five specific international projects/activities without identifying the reason behind choosing these programmes specifically.
- As for the national legal framework section (p. 47-52) it is being repeated in all eight training packages (verbatim). Hence, it is suggested to add any additional national laws/policies that are more tailored to the training subject (bullying).

**Recommendations**

1. Include references to national laws/policies that are more related to bullying if there are any.
2. Explain to participants why these specific international programs, activities have been included in the training and not others.
3. Since there will not be a need for the participants to retain the details of each of the regional bully prevention programmes, it is highly suggested that only mentioning them as an example would suffice, instead of mentioning so many details about each of these programmes.
4. Shorten Chapters 2 and 3 of the content, as much of the information included could be removed without impacting the comprehensiveness of the content. Also, this will create some room to add new sections to cover any training missing element (e.g. immediate response mechanisms, prevention tips, etc.).

**2.5 Content Comprehensiveness**

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

**Findings**

- Applying the socio-ecological model to identify risk factors for bullying provides a comprehensive view of the issue. Additionally, applying the model to both the one who does the bullying and the victim was useful in identifying children at risk of being bullied as well as those who are more likely to bully others.
- There is not enough focus on the response mechanisms. There must be more emphasis on how to respond to bullying cases. In this regard, a few questions remained unanswered for example, if a parent/teacher/school administrator suspects a child is being bullied, what actions should be taken? What are the most effective steps he/she should take to protect the victim? Etc.
- There are no tips for parents/guardians of children involved in bullying, for example how to make them aware of the issue and how to prevent such events from continuing.
- Cyberbullying is a key contemporary form of bullying. No such type is mentioned in the module.
- There is no mention of how someone (especially teachers/school administrators) can distinguish bullying from other negative behaviors, for example hazing.

- Prevention of extreme results of bullying are not mentioned. For example, who is more at risk for suicide if bullied? In other words, are there any personality traits or markers that parents and teachers should look for when they know a child is being bullied?
- There is no gender perspective mainstreamed in the training content. For example, how girls and boys are similar/different in facing different forms of bullying and who tends to do more reporting, etc.
- Career Counselling Guide is too general and explains duration, schedule and training methods. However, the training methods have not been explained.
- In Chapter 5, the instructions in the guides for lectures and activities are too brief. The process and explanations are missing.
- Overall learning objectives have been provided in the manual. However, session objectives are missing.
- Instructions/guidance for trainers to process the sessions and methodology is missing.

### Recommendations

1. Place more emphasis on the response mechanisms (especially for parents and teachers) in cases where bullying is conducted or suspected.
2. Add tips for parents whose kids are involved in bullying others. This is important to help parents deal with this situation effectively and healthily.
3. Add a section about cyberbullying, its prevalence and risk. Especially that cyberbullying has unique concerns in that it can be persistent, permanent and hard to notice. Hence, it would be useful to provide parents, teachers and children themselves with enough guidance on how to deal with cyberbullying and how to report it.
4. Focus on gender mainstreaming across the training content and how boys and girls differ when it comes to bullying.
5. Under Career Counselling Guide, training methods should be explained in detail.
6. Process and explanation of activities may be provided with sufficient detail.
7. Instructions/guidance for trainers to process the sessions and methodology may be included in the manual.

## APPENDIX 19 – TECHNICAL ANALYSIS – 6

### TECHNICAL ANALYSIS

#### Shaken Baby Syndrome (SBS) Prevention Programme “Don’t Shake Me”

##### 2.1 Course Structure/Module Plan

**Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?**

##### Findings

- Most importantly, since SBS is a very specific/narrow subject that is not as complex as other subjects covered in other training modules (e.g., bullying, sexual violence), and given the fact that it is easily preventable, this training package should be structured differently from the other training packages. It was not necessary to include the same number of chapters and sub-chapters as in other training packages and should not take the same duration to deliver the training. **It is strongly suggested to abbreviate the training material so this specific package could be delivered in one to two hours, at the most.**
- The content is lacking a connection in explaining SBS as a form of abuse linked to crying babies. It first briefly defines the syndrome and its causes in the introduction and general definition section (p. 10-14). This is followed by a focus on why babies cry and when, and then explaining the PURPLE crying concept.
- The fact that SBS is 100% preventable was not highlighted, though, it is important to emphasize this to all participants. It starts with making sure all parents, caregivers, nannies, etc. understand the danger of vigorously shaking a baby.
- Both Chapters 2 and 3 are long and could be shortened and merged. Many parts could be eliminated (e.g., risk factors, statistics, etc.). For example, in Chapter Two, the prevention section (p. 29-32) does not flow smoothly. Information around the PURPLE programme was very useful, however, the WHO section is irrelevant and could be removed. Similarly, there is no need to share several local examples from the US about similar projects or training programmes on SBS.
- The content is text-heavy and does not use any other form of presentation.
- The Pedagogical Analysis has not been undertaken to address training overarching goals, module structure/module plan, training methodologies, evaluation tools and trainer's note/facilitator guide.
- The index is not correct since it has been developed manually. For example, Chapter 5 refers to page 73, when it is actually on page 75.
- The bibliography/referencing has not been done according to prescribed standards and readers may find it difficult to search and find a referenced text.

##### Recommendations

1. Add a brief section about the immediate response. Some babies will stop breathing after being shaken. If this occurs, CPR can keep the baby breathing while parents wait for medical personnel to arrive (Red Cross offers a list of steps to follow).
2. A smoother transition between different paragraphs/sections is much needed (i.e., between the definition of the syndrome, babies crying, symptoms of the syndrome, etc.).
3. Shorten the training curriculum and make it brief, as the subject does not call for such a lengthy training. Remove the whole section of US examples. This will not affect the effectiveness of the programme. The names of these programmes and their reference links could remain.
4. Pedagogical analysis may be undertaken to analyze training goals, session objectives, session plans, training methodology, evaluation tools and the trainer's notes / facilitator's guide.
5. Using more visuals (charts, pictures, etc.) would be much easier for the reader, especially with sections that include several facts and figures like the statistics section.

6. The index (table of content) should be developed by inserting an table of content with help of MS word. The formatting of the module may be done to ensure consistency in fonts and spacing.
7. The references and bibliography should be standardized (e.g., APA style and Vancouver).

## 2.2 Locally Driven

**Does the content of each module take into account local context? Any national data presented? Local examples?**

### Findings

- Including some national data in the statistics section was useful. This seems to be helpful for the participants in giving them awareness related to the prevention of SBS and its side effects.
- There have been detailed references to national laws, policies, institutions and projects related to SBS.
- It has been noticed that most of the local prevention programmes (p. 45-47) included in the material are irrelevant to the training subject (SBS), it is more applicable to other training packages covering violence against children. For example, the “Weladty” project (p. 52).
- There is a mention of a few relevant local projects and activities (p. 48-53) in the module. The details of the projects are given exhaustively which seems redundant because their durations have surpassed already. Since these projects are ended now, so mentioning such projects would not add any value to followers of current modules. An example of this is the “SBS Prevention Programme”.
- It has been noticed that there is no mention of DVPP, which should be added to the local projects/activities targeting SBS.

### Recommendations

1. Include some national statistics related to the burden of SBS and remove references to national/local projects and initiatives whose durations are completed already.
2. Include a reference to the DVPP programme as one of the national projects aiming at preventing SBS

## 2.3 Problem/ Issue Identified and Solutions have been provided

**Does the content explain the problem and its various manifestations, causes such as beliefs, customs and perceptions? Does it provide any solutions?**

### Findings

- The problem of SBS has been well articulated. Nonetheless, its preventability was not underscored. There has been less focus on mechanisms and approaches to prevent this problem from happening or how to immediately respond when it happens (first aid/ primary care).
- It has been noticed that sections covering local projects and programmes about SBS are not part of the training agenda for the community training. It is important to raise community awareness of all services available, including these projects.

### Recommendations

1. The training agenda for the community training needs to be revised. Include information about national and local services/resources that the community can use if needed.
2. Put more emphasis, not only on the problem and how it happens, but also on its preventability and immediate response for parents and caregivers.

## 2.4 Legal Frameworks

**Are contents aligned with international/regional norms and standards? Also, is it coherent with national laws and regulations?**

### Findings

- Repetition of the same text (verbatim) is observed in all training packages. Such reiteration is not only making the content redundant, but also such duplicated sections lose their importance for the reader. Details are given below:
- International legal framework section: Although the content is aligned with international and regional laws and policies (Convention on the Rights of the Child, Geneva Declaration,

Arab Charter on the Rights of the Child, etc.), mentioning it in all training manuals without tailoring it for the subject area makes it uninteresting.

- **National legal framework section (p. 39-44):** There are references to national laws and systems about child protection in all training manuals.

### **Recommendations**

1. Tailor the (above-mentioned) sections according to the training subject (i.e., SBS) to make it useful for the module. Otherwise, such portions could be removed to maintain content consistency.
2. Chapters 2 and 3 should be merged.

### **2.5 Content Comprehensiveness**

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### **Findings**

- The content is less focused on explaining how SBS is 100% preventable. Furthermore, risks and prognosis because of trauma-related to SBS lacks details.
- The prevention section (p. 22-23) does not provide techniques, especially for first time parents, on how to deal with a crying baby (e.g., five S's approach: shushing, side positioning, sucking, swaddling, and swinging gently).
- The guide is not structured to be easily passed on to guardians other than parents e.g., relatives, nannies, etc.
- Chapter 4 (Prevention) is copied word for word in all eight training packages. It includes some key information about prevention (e.g. levels of prevention, INSPIRE strategies), however, it is not being applied to the training subject. Chapter 4 could be removed from this specific training module, as the subject of SBS, unlike other modules, is not a complex issue that requires complex solutions.
- Generally, the material could be considered largely comprehensive, however, some of the missing material includes: home-based first aid to a baby who has been exposed to SBS, how to prevent choking if a baby vomited after being shaken, and information to help parents better cope with a crying baby, like; tips to soothe the baby along with healthy ways to deal with frustration and anger.
- Tables and graphs have not been developed for comparison or easy understanding by the target audience.
- The Hickman Curve and seven INSPIRE strategies have been repeated in all four modules.
- The "Career Training Guide" (Chapter 6) does not provide required details to trainers. It gives general information, schedule, etc. and session plans are not elaborative.
- The "Community Training Guide" gives some basic and generic information about topics and timetables. However, it lacks the guidance for trainers to plan and conduct the session effectively.
- Pre-test, post-test, and key to pre and post-test for self-assessment have not been provided.

### **Recommendations**

1. Again, since the issue of SBS is not a complex matter like other forms of violence against children (i.e., bullying, or sexual abuse), the training material should not also be complex. It needs to be precise and brief. Accordingly, the training should only focus on the following: Definition of the problem (SBS), its main causes and effects; Some national figures/statistics; How this issue is 100% preventable; Techniques to prevent (primordial prevention) SBS from happening (for parents and caregivers); Local programmes/institutions that parents could reach out for support when needed; First aid, prognosis, and how could it be treated
2. Tables and graphs may be provided wherever possible to catch the attention of readers.

3. The Hickman Curve and seven INSPIRE strategies should be provided in all modules, in case the trainers groups are different. Otherwise, repetition may be avoided and a summary may be given only (if required).
4. The chapter on career training should provide required details to trainers. The session plans may be made more elaborative.
5. Chapter 6, “Community Training Guide”, should provide a detailed plan and instructions to conduct the session effectively.
6. Pre-test, post-test, and key may be attached for easy access in aiding self-assessment.



## APPENDIX 20 – TECHNICAL ANALYSIS – 7

### TECHNICAL ANALYSIS

#### Sexual Violence Against Children Prevention Program "White Campaign"

##### 2.1 Course Structure/ Module Plan

Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?

##### Findings

- The introduction section is not elaborative. It should better explain the critical importance of the topic and why it is part of the programme. It would be helpful to mention some national statistics and facts, along with explaining the impact of sexual violence on the future life of children. Additionally, no information is provided about support systems for the victim at different levels.
- Chapter 1, Section A (general concepts), does not flow smoothly. This is a very important section as it provides an introduction to the course. Paragraphs are not connected, which negatively affects the logical flow of the material.
- The statistics section is in the wrong place in the section. As a result it loses its importance in the structure of the module.
- The prevention section in Chapter 1 includes several repetitions in the "Tips for Parents" section (pg. 30-32) which affects the flow.
- The presentation of content is mostly "text-based". For example, the statistics section consists of six full pages of text.
- There is no evidence of the baseline assessment done to address overarching goals, module structure/module plan, training methodologies, evaluation tools and trainer's note/facilitator guide.
- The preface of the module does not talk about "sexual violence" and refers to "domestic violence" which is not the focus of the module.

##### Recommendations

1. Add a new section that focuses only on response and support mechanisms at different levels (e.g., for children themselves, for parents, for caregivers, teachers, etc.)
2. Improve the flow and the structure of the module by moving the statistics section to the beginning part of the general concepts section.
3. The selection of lectures for the community training must be reviewed to ensure that they include key information (fewer activities are also suggested).
4. Pedagogical analysis should be undertaken to analyze training goals, session objectives, training methodologies, and evaluation tools.
5. The preface of the module should include information on sexual violence to break the taboo attached to the subject.
6. Use more infographics, charts, pictures or key message boxes to make the material more intriguing to the reader. Two charts taken from *National Index Report 2011-2015*, the local study referred to in the statistics section, are given below:

Figure: Victims of sexual violence according to gender

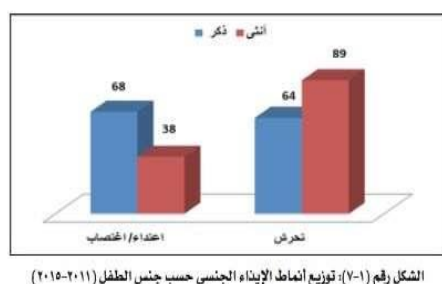
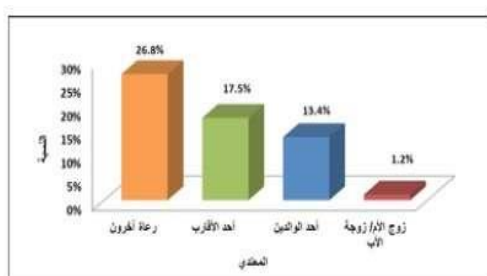


Figure: Types of Perpetrator/ Offenders



## 2.2 Locally Driven

**Does the content of each module take into account local context? Any national data presented? Local examples?**

### Findings

- The local context has been mainstreamed in most parts of the training content. Most specifically in the statistics section, which includes results from different local studies and diverse national statistics/data around child sexual abuse in the Kingdom.
- The literature mentioned in the manuals was outdated (a few were 20 years old) and there is a lack of reference made to local studies (KSA). Instead, literature mostly focused on regional studies in other Arab countries.
- The national data/statistics in Chapter 1 provide clear evidence of the problem. Nonetheless, the way it is presented in the material belittles its value.
- Listing child abuse-related activities (even single-time events) and old projects (e.g., p. 60) is common in the module. However, the purpose of mentioning such events is not clear.
- In the “community institutions” section (p. 65-67), there is no clarity on the use of institutions for the community and participants.

### Recommendations

1. Keep training goals in mind while listing various references to policies, projects and activities, so the material does not deviate from these goals. In other words, put more emphasis on projects and activities that could be of use to the community, and identify where the community can reach out for help and support if needed.
2. Articulate the national data section more appealingly, so that it attracts the participant's attention. It must be highlighted as a key message rather than just some numbers under the statistics section, especially those that address the local context, e.g.:
3. Relation between the size of the family and the occurrence of sexual abuse.
4. Boys are more prone to sexual violence.
5. Housekeepers (servants) are amongst the highest perpetrators.
6. Include ongoing and current activities as well as laws and policies to make the community aware of their rights related to the subject under discussion, rather than mentioning outdated projects.
7. Community session should include information on how and when to reach out to help centres or mentioned institutions when needed.

## 2.3 Problem/ Issue Identified and Solutions have been provided

**Does the content explain the problem and its various manifestations, causes – beliefs, customs, and perceptions? Does it provide any solutions?**

### **Findings**

- The causes of the problem and its various manifestations and impact have been clearly articulated in the content.
- In Chapter 1 (introduction and definitions), the definition for types of sexual violence i.e., **sexual exploitation, sexual abuse, sexual harassment, and sexual assault** are not explained for the participants.
- Chapter 1, Section D, covers the impact of sexual violence against children in a resourceful manner. This section presents the impact of violence as an identification mechanism with a large set of indicators to highlight the risk factors for sexual violence. More specifically, page 20-22 provides an extensive list of expected behaviours for children (based on the age group) who might have witnessed sexual abuse, which allows for early identification of victims (**however the references for this section are missing**).
- The prevention section (Chapter 1) is focused only on prevention mechanisms to prevent sexual violence from happening. It lacks information related to the following questions: as a parent, what actions should I take if my child was exposed to any form of sexual violence? When and how do I report? How do I ensure that my child is getting the necessary care and support to avoid any long-term harm/traumatic reactions? What actions should the victim take if (s)he faced sexual violence?
- The section about early signs for children as potential perpetrators, and how parents could deal with this situation is very valuable and helps with early prevention strategies.
- Using the INSPIRE model is an acceptable way to provide an all-inclusive approach to prevention, yet most of the prevention strategies need to be carried out and implemented by national governments (at the strategic level), i.e., it is addressed to policy and decision-makers. However, the design of the DVP program is meant to target people at the household and community levels.
- Reference M10 is missing in the bibliography and referencing has not been done properly.
- In Chapter 1, statistics on sexual violence against children (p. 23) contain relevant data regarding Saudi Arabia and other countries. A notable graph has been developed for comparison to engage the interest of the target audience.
- The Hickman Curve (p. 73) and seven INSPIRE strategies (p. 74) have been provided in all four modules. If the target audience/trainees are the same, this duplication is repetitive for the reader.
- The “Career Training Guide” chapter (Chapter 6) does not provide required details to trainers. It gives general information, schedule, etc. and session plans are not elaborative.
- The “Community Training Guide” chapter gives some basic and generic information about topics and timetables. The guidance for trainers is absent for planning and conducting the session effectively.
- Pre-test, post-test, and the key to pre and post-test have not been provided.

### **Recommendations**

1. Provide definitions for types of violence at the start of the module. This is because it will help the reader to have an in-depth understanding of the violence type and comply with the interchangeable terms in the training material.
2. Place more emphasis on response mechanisms. Make it clear for different audiences like parents, caregivers, teachers or health workers, what actions should be taken as an immediate response, what reporting mechanisms exist, or even on a longer term how to provide support and care to the victim to overcome any negative impact. Additionally, the above changes can be made separately at two levels: one for children (as an end-user) and another section directed for parents, caregivers, etc.
3. At the tactical level (level of communities, ordinary citizens and caregivers) prevention strategies need to be introduced in the manuals to make them more useful and applicable for the desired audience.

4. Chapter 4 (prevention) needs to shed more light on community-level interventions that aim at changing norms and attitudes of individuals in communities towards sexual abuse and exploitation.
5. Referencing/bibliography should be done in a standardized style (Vancouver, APA, etc).
6. Graphs and tables should be provided when possible to generate interest.
7. The Hickman Curve and seven INSPIRE strategies should be included in all modules as long as trainers are different for each module.
8. The “Career Training Guide” (Chapter 6) may include details and steps to conduct sessions effectively.
9. Chapter 6 may be revisited to provide detailed instructions/guidelines to process and deliver the training sessions.
10. Pre-test, post-test, and key to pre and post-test may be provided.

## 2.4 Legal Frameworks

**Are contents aligned with international/ regional norms and standards? Also, is it coherent with national laws and regulations?**

### Findings

- The material used is compliant with the Convention on the Rights of the Child (CRC) and other international and regional child protection laws, policies and standards.
- The international legal framework is too lengthy for the module. It is also worth highlighting that this section is repeated in all training packages (verbatim).
- The importance of the prevention programmes, projects, activities and community institutions (Chapter 2, international experiences, p. 42-51) is not clear. Additionally, the effect of these specific international and regional examples on the training’s goal and objectives is absent.
- The national legal framework section (p. 53-58), includes references to national laws and child protection systems. This is repeated in all training packages (verbatim). However, national laws or policies with a special focus on the area of sexual abuse against children are lacking in this section.

### Recommendations

1. Chapters 2 and 3 need to be reviewed to eliminate or shorten any unnecessary information. It might also be useful to consider merging both chapters.
2. Include more information/references to any national laws/policies that focus on sexual violence against children. Also, emphasize how these laws could be perceived as preventive measures rather than reactive measures.

## 2.5 Content Comprehensiveness

**Does the module cover all pivotal issues/sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### Findings

- Terms like sexual assault, sexual harassment, sexual abuse and sexual exploitation have not been clearly defined. Rather, they have been used interchangeably.
- Gender has been well mainstreamed across the training material (both in terms of victims and offenders).
- Using the socio-ecological model to identify risk factors for sexual violence against children is considered a comprehensive approach.
- It is critical to note that sexual abuse against children includes acts that do not involve actual physical coercion, and it can often be perpetrated through the use of authority, allegiance, status, and misrepresentation of social norms. Hence, the section covering the types of sexual violence is not elaborative.
- Online sexual violence, which is perceived as an emerging area of concern in the field, is not covered in the training content.
- Chapter 4 (prevention) is copied word for word in all eight training packages. It includes some important information (e.g. levels of prevention, INSPIRE strategies), however, it is not applied to the training subject, The first 1000 days. This chapter covers violence against children in a very general manner. Primary prevention education includes information on

the nature and extent of child sexual abuse, how to identify risks, and how to respond to risks/violations.

- Some key issues have been either overlooked or underemphasized, such as:
  - Instances where the recipient may not be aware of their victimization or that sexual violence has been perpetrated against them. Such acts are serious crimes with significant negative impacts on a child's development and health.
  - Teaching children to protect themselves, using **child sexual abuse-specific school-based prevention programmes** that aim to teach pre-school and school-aged children and adolescents skills to be safe from sexual abuse. Briefly referred to as part of the white campaign p. 61.
  - **Online abuse** school-based prevention programmes. School-based programmes aiming to educate children, parents and teachers about the dangers posed by sex offenders in cyberspace.
  - Due to the complexity of the issues and the needs of those affected, almost all responses to child protection issues involve working across several different service sectors. Hence, coordinated **multi-sectoral responses** to child sexual abuse and exploitation often combine prevention and protection activities delivered by a range of different agencies (education, health, law enforcement, etc.). This concept of complexity, integration and complementarity between institutions is not clearly articulated in the material.
  - Less attention has been given to the area of **recovery and reintegration**. Children and adolescents who have been sexually abused or exploited require comprehensive services that provide a package of multi-sectoral support to address their emotional, practical and social needs to enable recovery and reintegration into communities. Moreover, parents of victims might also need psychosocial and social support to learn about the dynamics and impacts of sexual abuse so that they can better support their children
  - **Justice system** and how national laws/policies need to be preventative rather than reactive.

### **Recommendations**

1. Lay a stronger foundation in the introduction to emphasize how important these issues are and how severe their impact could be on victims.
2. Review Chapter 4 (prevention) to focus on preventive measures that could be undertaken by the community. Focus on signs to help with the identification of cases. The focus should be awareness-driven to fulfil the goal of the training.
3. Add new sections addressing the above-mentioned overlooked key issues.

## APPENDIX 21- TECHNICAL ANALYSIS – 8

### TECHNICAL ANALYSIS

#### National Prevention Program for Violence Against Women

##### “Women are the Success”

### 2.1 Course Structure/ Module Plan

**Is the material presented in a logical sequence? Is it consistent with the proposed learning objectives and outcomes? Are the essentials covered? Are the learning hours adequate?**

#### Findings

- It is unclear whether this training package is about women's empowerment or preventing violence against women and domestic violence. As such, the introduction section focused primarily, on women's empowerment and the national efforts towards achieving this goal. Also, the course brochure focused exclusively on women's empowerment. However, the rest of the training material is focusing on violence against women (with its types, causes, effects, etc.).
- Structure of the legal framework sections (in Chapters 2 and 3) needs to be reviewed. Listing all articles of UN resolutions or Royal Decrees is not needed.
- Sessions (titles) included in the community training agenda do not match the sessions in the training material.
- The preface of the module does not talk about women, even though the topic of the module is violence against women.
- Chapter 1, Heading B (general concepts of violence against women) explains risk factors leading to violence against older people. Heading A is missing in the content.

#### Recommendations

1. Review the structure of the community session agenda.
2. Review the structure of the legal framework sections (in Chapters 2 and 3). Such references could be summarized into key messages/outcomes that participants could benefit from.
3. Preface should be revised to focus on violence against women.
4. Heading B of Chapter 1 (general concepts of violence against women) should be changed to address risk factors leading to violence against women. Heading B should be corrected if A is missing in the content.

### 2.2 Locally Driven

**Does the content of each module take into account the local context? Any national data presented? Local examples?**

#### Findings

- Referring to national strategies and policies, Vision 2030, Royal Decrees, etc is very useful in demonstrating national efforts on the strategic level towards achieving women empowerment. It also showcases the importance of the training and how is it aligned to national strategies.
- The section on women's empowerment demonstrated the Kingdom's efforts in empowering women and strengthening their role nationally. Highlights how Saudi woman have become an effective and integral part of the political, educational, governmental, private and economic sectors.
- There is enough emphasis on national/local projects that focus on women's empowerment and protection. However, it has been noticed that the approach showcase efforts made in this area, rather than focusing on the use for participants to know or benefit. Some of the programs mentioned were not active any longer, yet they are included.
- National data has been included in the module comprehensively. Tables and graphs have not been included.

#### Recommendations

1. Revise the selection of local projects and initiatives included in the training. The question of how this will benefit the participants/audience must be the driving factor for selecting any of these projects.
2. Tables and graphs should be included with data wherever possible.



### 2.3 Problem/ Issue Identified and Solutions have been provided

**Does the content explain the problem and its various manifestations, causes such as beliefs, customs, and perceptions? Does it provide any solutions?**

#### Findings

- Violence against women has been clearly defined with its different forms and manifestations. The material presented the UN definition as well as definitions used in academia. Also, the understanding of how violence against women is perceived as a result of the deep-rooted and structured discrimination against women and the historical imbalance of power relations between men and women was demonstrated.
- The socio-ecological model for identifying risk factors of violence only focuses on factors that make women more vulnerable to intimate-partner violence without focusing on other forms of violence.
- The positive impact of improving gender equality on individuals as well as on society was clearly explained.
- The impact of domestic violence on children is not presented in the material. This type of violence can affect children either directly (suffering abuse themselves) or indirectly (witnessing it). Victimization of children as witnesses is also one of the key issues that were discussed in the Istanbul convention.
- The section covering the prevention of violence against women exclusively discussed women's empowerment. It presented women's empowerment as the only preventive approach to end violence against women. Hence, solutions provided in the training to address violence against women are considered incomplete.
- Accordingly, the majority of national laws, projects, and activities included in the training focused on women's empowerment in the local context, rather than protection of women against violence.
- Chapter 4, focusing on prevention, is being repeated in all eight packages without tailoring it to the training subject.
- There is no emphasis on the issue of reporting and response to cases of violence against women. This should be an important aspect of the training, especially the community sessions.
- The problems of violence have been identified clearly, but trainings do not present solutions.

#### Recommendations

1. Make the distinction between violence against women and gender-based violence and domestic violence.
2. Include more preventive measures, since women's empowerment was the only measure that the material focused on.
3. Include a section about reporting and response mechanisms.
4. Focus and strengthen the solution section.

### 2.4 Legal Frameworks

**Are contents aligned with international/ regional norms and standards? Also, is it coherent with national laws and regulations?**

#### Findings

- On the international level, the only legal framework that the material covered was the UN Declaration on the Elimination of Violence Against Women (VAW), proclaimed by the UN General Assembly resolution 48/104 in 1993. It listed all elements included in the six articles of the resolution (p. 26-33), which is unnecessary.
- In Chapter 2, international practices, the choice and value of the projects and activities presented in the material are unclear. The same applies to the community institutions, the reason behind choosing these specific examples remains unclear, likewise, its value for the participants.
- In Chapter 3, the section on local practices includes the national legal framework, part of which is the Royal Decree Protection System. The material included all 17 articles of this decree, word for word (p.44- 49), which is unnecessary. Additionally, several other national

legal references have been made, most of which focus exclusively on women's protection and empowerment.

### Recommendations

1. To diversify the legal resources/references made on the international and national levels. Refer to other key legal frameworks, such as:
  - Vienna Declaration and Programme of Action, 1993 "Recognizing elimination of VAW in public and private life as a human rights obligation".
  - Convention of the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979. Adopted by the UNGA
  - Beijing Declaration in 1995
  - Istanbul Convention in 2011
2. No need to list all articles for a resolution or a decree. A summary of the key highlights of this decree would suffice.

### 2.5 Content Comprehensiveness

**Does the module cover all pivotal issues/ sub-issues? Does it provide the substantive knowledge needed? Which parts of the curriculum should be strengthened? Which parts should be removed?**

### Findings

- Prejudices, customs, traditions and other practices based on the harmful notion that women are inferior, or on gender stereotypes, further perpetuate violence against women, as the primary reason behind the violence is the victim's gender. This fact was not directly presented in the training.
- Types of violence against women included in the training are not comprehensive. There are some common forms of violence (especially in the local context) that were not discussed, like forced marriage, female genital mutilation, etc.
- Domestic violence and violence against women were sometimes used as synonyms in the training material, which is not accurate. Domestic violence is a form of violence against women, but not the only form.
- This training mostly focuses on the prevention level, only women empowerment has been identified as a prevention tool in this training.
- In Chapter 2, the abbreviation PTSD has been used and it has not been explained.
- Chapter 5 in the professional training guide is quite general and does not provide any guidance to the trainer for the delivery of the sessions.
- Six activities have been included in the chapter and no explanation/guideline has been given to process the activity.
- Chapter 6 on community training guide lacks guidance part for trainers and methodology.
- The link provided in Chapter 7 awareness materials does not open the referred document.

### Recommendations

1. Include different types of violence against women, to spread more awareness. Spreading awareness about patterns of behaviour used by an individual to control his partner is important (e.g., cutting women's access to finances, threats to take the children away, using intimidation, etc.). All these actions serve to exercise power and control over the victim.
2. Focus on different preventive measures other than women empowerment. However, there are many other measures to strengthen prevention efforts, like (education about equality between men and women, awareness-raising campaigns, challenging gender stereotypes, programs for preparators, etc.)
3. Since preventing and responding to violence against women requires a multi-sectoral approach, it is important to make any reference to the different pillars of response, or what is called the 4Ps (Prevention, Protection, Prosecution, and Promoting Coordinated Policies).
4. Reflect on the implications of the COVID 19 pandemic on the issue of violence against women.
5. A complete explanation of abbreviation may be given for the first time or a glossary may be included.

6. Guidelines for trainers may be included in Chapter 5 for delivery of the sessions.
7. Explanation/ guideline may be provided to the trainer for processing six activities.
8. It is also useful to include a section about the cycle of intimate-partner violence and its phases (tension-building, explosion or violence occurrence, and honeymoon phase). This cycle can only be broken by the woman herself or with the help of outside intervention.
9. Guidance for trainers and methodology may be explained in Chapter 6 on community training.
10. It would be useful to refer to the RESPECT women framework for preventing violence against women. It is a framework that has been endorsed by WHO, UN Women, and 12 other UN agencies. Each letter of RESPECT stands for one of seven strategies: Relationship skills strengthening; Empowerment of women; Services ensured; Poverty reduced; Enabling environments created; Child and adolescent abuse prevented; and Transformed attitudes, beliefs, and norms.
11. Correct link should provide in Chapter 7 awareness materials to access guide to preventing violence against women.
12. Finally, it would be very relevant to include a section on gender-based violence in the context of COVID 19, especially since there have been several reports highlighting the increase in the number of cases (25-30%) in the context of COVID.

## APPENDIX 22 – MODULES WITH NATIONAL AND INTERNATIONAL STANDARDS

This table summarizes the modules alignment with the national and international frameworks. Evaluators used binary scale of fully aligned, when the module was consistent with the objectives and goals of the standards or frameworks, and a not aligned when the modules did not align with the objectives and goals of the standards or frameworks.

Module Name	Evaluators Comment
<b>National prevention Programme for Child Neglect</b>	<p><b>National Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with the objectives of building strong foundations within the family system), the National Transformation Program 2016-2020 (Strategic Objective 1 under the Ministry of Labor and Social Development that aims to establish an integrated system for family protection), the Saudi Child Protection System of 2014 (Articles 2,3,5,6), and the Saudi Law on Protection from Abuse of 2013 (Article 15).</p> <p><b>International Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators found that the module is aligned with the Convention on the Rights of Child (Articles 2, 19, and 39), Sustainable Development Goals Agenda 2030 (Target 16.1 and 16.2), and UNICEF's INSPIRE Framework (Norms and Values, Safe Environment, Parent and Caregiver Support, and Response and Support Services Strategies).</p>
<b>National Prevention Programme for Shaken Baby Syndrome</b>	<p><b>National Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with objective of promoting preventive healthcare and providing integrated healthcare), the Saudi Child Protection System of 2014 (Articles 2,3,5,6 &amp; 18.), and the National Health Strategy of 2019.</p> <p><b>International Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators found that the module is aligned with the Convention on the Rights of Child (s 2, 19, and 39), Sustainable Development Goals Agenda 2030 (Target 3.2. and 16.1 and 16.2), and UNICEF's INSPIRE Framework (Norms and Values, Safe Environment, Parent and Caregiver Support, and Response and Support Services Strategies).</p>
<b>National Programme for Peer Violence in School</b>	<p><b>National Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators noted that the Module was aligned with the <b>Ministry of Education's</b> commitment to achieve SDG 4 "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" with initiatives launched as part of the national project to protect students from peer violence and bullying, the Saudi Child Protection System of 2014 (Article 18), and the Saudi Law on Protection from Abuse of 2013 (Article 15).</p> <p><b>International Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators found that the module is aligned with the Convention on the Rights of Child (Articles 2, 19, and 39), Sustainable Development Goals Agenda 2030 (Target 16.1), and UNICEF's INSPIRE Framework (Norms and Values, Safe Environment, Parent and Caregiver Support, and Response and Support Services Strategies).</p>
<b>National Prevention Program for Mothers and Baby "First 1000 days of Life"</b>	<p><b>National Standards and Frameworks:</b> <b>Fully Aligned</b>. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with objective of promoting preventive healthcare and providing integrated healthcare), the Saudi Child Protection System of 2014 (Article 18), and the Saudi National Health Strategy of 2019 (in line with adopting the strategy's preventative approach rather than treatment approach to preserve public health).</p> <p><b>International Standards and Frameworks:</b> <b>Fully Aligned</b>.</p>

	Evaluators found that the module is aligned with the Convention on the Rights of Child (Articles 19 and 39.), Sustainable Development Goals Agenda 2030 (Target 2.2, 16.1 and 16.2.), and UNICEF's INSPIRE Framework (Norms and Values, Safe Environment, Parent and Caregiver Support, and Response and Support Services Strategies).
<b>National Prevention Program for Parental Treatment</b>	<p><b>National Standards and Frameworks:</b> Fully Aligned. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with the objectives of building strong foundations within the family system), the Saudi Child Protection System of 2014 (Articles 2,3,5,6), the Saudi Law on Protection from Abuse of 2013 (Article 15).</p> <p><b>International Standards and Frameworks:</b> Fully Aligned. Evaluators found that the module is aligned with the Convention on the Rights of Child (Articles 2, 19, and 39), Sustainable Development Goals Agenda 2030 (Target 16.1 and 16.2), and UNICEF's INSPIRE Framework.</p>
<b>National Prevention Program on Violence Against the Elderly</b>	<p><b>National Standards and Frameworks:</b> Fully Aligned. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with the objectives of building strong foundations within the family system) and the Saudi Law on Protection from Abuse of 2013 (Article 15).</p> <p><b>International Standards and Frameworks:</b> Not Aligned. Evaluators found that the Module is only partially aligned with the Sustainable Development Goals Agenda 2030.</p>
<b>National Prevention Program for Violence Against Women</b>	<p><b>National Standards and Frameworks:</b> Fully Aligned. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with objectives of promoting women's standing) and the Saudi Law on Protection from Abuse of 2013 (Article 15).</p> <p><b>International Standards and Frameworks:</b> Fully Aligned. Evaluators found that the Module is only aligned with the Sustainable Development Goals Agenda 2030 (Targets 5.1 and 5.2, 10.2 and 16.1) and the Convention on Ending All forms of Discrimination Against Women (CEDAW) (Articles 2, 3, and 5):</p>
<b>National Prevention Program for Violence Against Children</b>	<p><b>National Standards and Frameworks:</b> Fully Aligned. Evaluators noted that the Module was aligned with the Saudi Vision 2030 (in line with the objectives of building strong foundations within the family system), the Saudi Child Protection System of 2014 (Articles 2,3,5,6 &amp; 9) and the Saudi Law on Protection from Abuse of 2013 (Article 15).</p> <p><b>International Standards and Frameworks:</b> Fully Aligned. Evaluators found that the module is aligned with the Convention on the Rights of Child (Articles 2, 19, and 39), Sustainable Development Goals Agenda 2030 (Target 16.1. and 16.2), and UNICEF's INSPIRE Framework (Norms and Values, Safe Environment, Parent and Caregiver Support, and Response and Support Services Strategies)..</p>

## APPENDIX 23 – UN SWAP

The Programme is assessed against the 17 performance indicators to see whether it ‘Approaches requirements’, ‘Meets requirements’ or ‘Exceeds requirements’<sup>125</sup>. Only three (3) could be assessed due to limited information in terms of absence of a programme budget, log frame, monitoring system, or proposal. Of 03 indicators, DVPP meets requirements of one indicator; and could not meet requirements for two indicators on gender equality (GE). Table below sums up evaluators’ commentary and assessment on GE.

No.	Performance Indicators (PI)	Evaluators Commentary & Assessment
<b>Results-based management</b>		
1	PI-1: Strategic planning gender-related SDG results.	<b>not assessed</b> because there is no log frame or programme document that could be used to comment on this indicator.
2	PI-2: Reporting on gender-related SDG results.	<b>not assessed</b> because there is no document to support strategic planning reporting.
3	PI-3: Programmatic gender-related SDG results.	<b>not assessed</b> because there is no programme document
<b>Oversight</b>		
4	PI-4: Evaluation	This formative third-party evaluation (conducted on behalf of UNICEF-GAO) adhered to all applicable UNEG norms and standards (see section XX); therefore, it is assessed as <b>meets the requirement</b> <sup>126</sup> .
5	PI-5: Audit	<b>Not assessed.</b> As the assessment of the audit systems are beyond the scope of the evaluation.
<b>Accountability</b>		
6	PI-6: Policy	<b>Not assessed.</b> As the scope of the evaluation is to assess the DVPP design and operations, the evaluators have not responded to the organization level policy interventions at NFSP or UNICEF GAO.
7	PI-7: Leadership	<b>Not assessed.</b> Since the programme was developed by NFSP, evaluating the senior level managers was not the scope of evaluation.
8	PI-8: Gender-responsive performance management	The target beneficiaries show gender integration by having dedicated modules with strong focus on mothers, married women. However, there is no evidence to suggest that the Programme conducted gender or barrier analysis to understand the bottlenecks and challenges faced by target beneficiaries to inform Programme design or approaches. Thus, the Programme <b>could not achieve</b> on this indicator.
<b>Human and Financial Resources</b>		
9	PI-9: Financial resource tracking	<b>not assessed</b> because there is no financial document that could guide its assessment.
10	PI-10: Financial resource allocation	<b>not assessed</b> because there is no financial disbursement or benchmark document to assess it.
11	PI-11: Gender architecture	<b>Not assessed.</b> Its beyond the scope of current evaluation
12	PI-12: Equal representation of women	<b>Not assessed.</b> Beyond the scope to assess representation of women staff at NFSP or Implementing partners.
13	PI-13: Organizational culture	<b>Not assessed.</b> Assessment of the organization culture whether it fully supports promotion of GE is beyond the scope of the evaluation.
<b>Capacity</b>		
14	PI-14: Capacity assessment	<b>Not assessed.</b> Assessment of the UNICEF GAO/ NFSP capacity building initiatives is beyond the scope of the evaluation.
15	PI-15: Capacity development	<b>Not assessed.</b> Assessment of the UNICEF GAO capacity building initiatives is beyond the scope of the evaluation.

<sup>125</sup><https://www.unwomen.org/-/media/headquarters/attachments/sections/how%20we%20work/unsystemcoordination/un-swap/un-swap-2-tn-en.pdf?la=en&vs=2359>.

<sup>126</sup> Meets the UNEG gender equality - related norms and Standards and Applies the UNEG Guidance on Integrating Human Rights and Gender Equality in evaluation during all phases of the evaluation.



Knowledge, Communication and Coherence		
16	PI-16: Knowledge and communication	The progress report (on rollout plan) does not have specified gender and empowerment sections. Therefore, the Programme <b>could not achieve</b> <sup>127</sup> for internal production and exchange of information on gender equality and women's empowerment.
17	PI-17: Coherence	<b>Not assessed.</b> Assessment of UNICEF GAO coherence structure is beyond the scope of the evaluation.

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<sup>127</sup> Internal production and exchange of information on gender equality and women's empowerment.